

The Effect of Oxytocin Massage on Breast Milk Production and Self-Efficacy During the Postpartum

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Abstract:

Oxytocin massage is a complementary intervention designed to enhance breast milk production and support breastfeeding success during the postpartum period. Insufficient milk supply and low maternal confidence are frequently reported barriers to achieving exclusive breastfeeding. This study aimed to determine the effect of oxytocin massage on breast milk production and self-efficacy among postpartum mothers. A quasi-experimental design with a non-equivalent control group was used. The study involved 52 participants, who were divided into an intervention group and a control group, each consisting of 26 participants, on the third day after delivery. Data were collected using an oxytocin massage checklist, a measuring cup to assess milk production, and a self-efficacy questionnaire. The Wilcoxon test with a significance level of $\alpha = 0.05$ was employed for data analysis. The results indicated a significant difference in breast milk production between the intervention group and the control group, with a p-value of 0.000. A significant difference in self-efficacy was also observed, with the intervention group scoring higher than the control group, as indicated by a p-value of 0.001. These findings demonstrate that oxytocin massage effectively increases both breast milk production and maternal self-efficacy in breastfeeding. Beyond physiological benefits through oxytocin release, the intervention also enhances psychological readiness, making oxytocin massage a recommended supportive therapy for postpartum breastfeeding success.

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INTRODUCTION

Exclusive breastfeeding in developing countries saves approximately 1.5 million babies each year. Therefore, the World Health Organization (WHO) recommends exclusive breastfeeding as the only food for babies up to 6 months of age. Breastfeeding refers to the practice of exclusively feeding infants aged 0-6 months with breast milk, without providing any other drinks or food, except for medicines and vitamins (Oktarianita et al., 2024). Mothers should start breastfeeding within the first hour after giving birth and provide exclusive breastfeeding for the first six months of the baby's life. After six months, babies are recommended to start receiving safe and adequate complementary foods, while breastfeeding should continue until the age of two years or longer (Mohammed et al., 2023). Babies who are exclusively breastfed for six months appear to have lower rates of gastrointestinal infections, and mothers of these babies have more prolonged local amenorrhea (Wu et al., 2022).

Exclusive breastfeeding is one of the most effective ways to ensure optimal health and survival for infants, playing a crucial role in reducing infant mortality. Despite strong recommendations from health organizations that infants should be exclusively breastfed for the first six months of life, many

babies around the world still do not receive breast milk as their sole source of nutrition during this critical period. This gap can be attributed to various factors, including lack of awareness, cultural beliefs, workplace constraints, and limited support for mothers (Mohamed et al., 2023; Safira & Luthfiyana, 2024). As a result, numerous infants miss out on the essential nutrients, antibodies, and immune protection that only breast milk can provide, increasing their vulnerability to infections, malnutrition, and other health complications. Addressing these barriers through education, policy support, and community-based interventions is crucial for enhancing breastfeeding practices and ultimately improving child health outcomes (Alotiby, 2023).

The milk production process itself often hampers breastfeeding. Insufficient and delayed milk production can result in an inadequate milk supply for the baby. Milk production can be influenced by two factors, namely production and release. The hormone oxytocin influences milk release. Oxytocin is released through nipple stimulation. Stimulation occurs when the baby sucks through the mouth, through massage of the mother's breast area, and through massage of the back. The mother will feel relaxed and calm, allowing oxytocin to be released and enabling breast milk to flow quickly (Triansyah et al., 2021; Puspitasari et al., 2023). A decrease in breast milk production and release in the first few days after giving birth can be caused by a lack of stimulation of the hormones prolactin and oxytocin, which play a vital role in the smooth production and release of breast milk. Efforts to stimulate the release of oxytocin can be achieved through oxytocin massage, an effective method for increasing lactation and recommended for all breastfeeding mothers during the initiation of breastfeeding and for maintaining continuous breastfeeding (Lismidiati et al., 2022).

Oxytocin massage is a stimulation designed to maintain or encourage breastfeeding and prevent infection, thereby enabling exclusive breastfeeding for the baby. The oxytocin hormone stimulates smooth muscles to contract, squeezing breast milk from the alveoli, lobes, and ducts, and causing its release through the nipple (Istighosah & Sari, 2021; Wahyuningsih et al., 2022). Increase breast milk production for postpartum mothers with oxytocin massage using innovative massage tools. One method that can increase breastfeeding calmness and increase milk production is oxytocin massage. Oxytocin massage is a massage that spreads along the spine to the sixth and seventh ribs, and is an effort to stimulate prolactin and oxytocin hormones after giving birth (Wulandari et al., 2020; Sari et al., 2023).

Breastfeeding self-efficacy is defined as a mother's belief in her ability to breastfeed (Tsaras et al., 2021). Psychological problems arise in breastfeeding mothers with a high potential to reduce milk production, which can affect a mother's ability to provide nutritious food for their babies. Stress can affect lactation by decreasing oxytocin levels in breastfeeding mothers. The most practical and affordable way for a mother to feed her baby is to continue breastfeeding. Efficacy is important in breastfeeding, as it serves as a measure of a mother's ability to breastfeed (Sarimin et al., 2021).

The effect of oxytocin massage on milk production was studied by Sehhatie et al (2020), who found that oxytocin massage and breast care affect milk production. Oxytocin released through suckling during breastfeeding or through touch during social interaction produces a similar spectrum of effects. The activation of parvocellular neurons stimulates several aspects of social behavior, creating calmness and well-being, and reducing levels of fear, stress, and pain, thereby affecting milk production during the postpartum period (Moberg, 2024).

Research conducted by Ahmadinezhad et al. (2024) states that many factors influence a mother's success in breastfeeding and exclusive breastfeeding, including the mother's knowledge and attitude, support system, social and economic status, and self-efficacy in breastfeeding. A study has shown that the level of self-efficacy in breastfeeding is associated with a higher success rate in both breastfeeding initiation and continuation (Shafaei et al., 2020).

To date, no research has been found on the combined effects of oxytocin massage on breast milk production and self-efficacy in postpartum mothers. Based on the above studies, the researchers are interested in determining the effects of oxytocin massage on breast milk production and self-efficacy in postpartum mothers to obtain more significant results.

METHODS

The study used a quasi-experimental design with a non-equivalent control group method. The independent variable was oxytocin massage, while the dependent variables were milk production and self-efficacy. The study population consisted of all mothers who had spontaneous postpartum on day 3. The study consisted of an experimental group and a control group, each comprising 26 members, for a total sample size of 52 participants. The sampling technique used was non-probability sampling.

The instrument used was a standard operating procedure for oxytocin massage, a Breast Pump, and the BSES-SF (Breastfeeding Self-Efficacy Scale-Short), which has been tested for validity and reliability. The Indonesian version of the BSES-SF has good internal reliability (internal consistency), with a Cronbach's alpha of 0.917. The research was conducted at the Community Health Center Sukorame in Kediri City from May 25 to July 25, 2025.

The inclusion criteria for the study were mothers in their third day postpartum who agreed to participate and mothers in their third day postpartum who had experienced normal pregnancies. The exclusion criteria for the study were mothers whose babies were receiving exceptional care at the hospital and therefore could not be breastfed, mothers who fed their babies formula, and mothers whose babies had died. The intervention group received oxytocin massage, performed twice daily, in the morning and evening. Each massage session lasts for 10 minutes, and the control group received standard postpartum midwifery care. This study used the Wilcoxon Matched-Pairs Signed Test with an alpha value of 0.05.

This study received ethical approval from the Health Polytechnic of the Ministry of Health, Malang. The ethical clearance was granted prior to the commencement of the research activities. All procedures in this study were conducted in accordance with ethical standards. The institution ensured that the research adhered to the ethical guidelines for the protection of human subjects.

RESULT

Table 1. General Characteristics of Participants

Participant characteristics	Intervention Group n=26		Control Group n=26		P-Value
	F/M	%SD	F/M	%SD	
Age	25.62	6.080	23.12	5.210	0.561
Occupation					
Not working	14	45.2%	18	69.2%	
Working	12	38.8%	8	30.8%	
Education					0,658
Low	1	3.8%	4	15.4%	
Medium	19	73.1%	19	73.1%	
High	6	23.1%	3	11.5%	
Types of Labor					0.650
Normal	20	76.9 %	23	88.5%	
Sectio Caesarea	6	23.1 %	3	11.5%	

Table 1 shows that the 52 postpartum mothers in the intervention and control groups were relatively homogeneous. Most participants in the intervention and control groups were aged 23-26 years. In terms of employment, almost half of the participants in the intervention group were unemployed (14, or 45.2%), while in the control group, nearly half of the participants were unemployed (10, or 69.2%). In terms of education, most participants in the intervention group had a secondary education (19, 73.1%), and a similar proportion of participants in the control group also had a secondary education (19, 73.1%). Regarding the type of delivery, almost all participants in the intervention group (20, 76.9%) had spontaneous deliveries, and a similar proportion of participants in the control group (23, 88.5%) had spontaneous deliveries.

Table 2. Results Of Differences in Breast Milk Production Between the Intervention Group and the Control Group

Variable	Intervention Group (n=26)		Control Group (n=26)		P-Value
	Mean	SD	Mean	SD	
Breast Milk Production (ml)	37.56	17.808	15.44	371.35	0.000

Based on the results of the “Test Statistic,” the P-Value of breast milk production measurements using a breast pump is $0.000 \leq 0.05$. Therefore, it can be concluded that it is accepted. Thus, it can be said that there is a difference in breast milk production between the intervention group and the control group. Due to the significant difference, it can be stated that oxytocin massage has a notable influence on breast milk production during the postpartum period.

Table 3. Results of Differences in Self-Efficacy Between the Intervention Group and The Control Group

Variable	Intervention Group (n=26)		Control Group (n=26)		P-Value
	Mean	SD	Mean	SD	
Self efficacy	62.85	16.82	46.03	345.98	0.001

Based on the results of the “Test Statistic,” the P-Value of the self-efficacy measurement is $0.001 \leq 0.05$. Therefore, it can be concluded that it is accepted. Thus, it can be said that there is a difference in self-efficacy between the intervention group and the control group. Given the significant difference, it can be concluded that oxytocin massage has an impact on self-efficacy during the postpartum period.

DISCUSSION

According to the study's results, nearly half of the participants pursued formal education at the high school level, which is consistent with studies that indicate women without formal education experience a decline in breastfeeding indicators compared to women with primary, secondary, or higher education. This is concerning because children of women without formal education are more likely to live in poor environments and are therefore at higher risk of morbidity and mortality due to lack of breastfeeding compared to children of women with higher education (Neves et al., 2021). Working women often find it challenging to balance their roles as mothers and employees after giving birth; they are torn between quitting their jobs and breastfeeding; in addition, working mothers experience anxiety about a lack of breast milk after returning to work after giving birth, and breastfeeding time is reduced due to a lack of breastfeeding opportunities at their workplace, so they tend to give their babies formula (ÇİÇEK et al., 2024). A mother's full-time job is a determining factor

that influences breast milk production for exclusive breastfeeding for 6 months (Amer & Kateeb, 2023).

Older women are more likely to experience low milk production, indicating a correlation between age and maternal age (Jin et al., 2024). Increased maternal age is associated with a significant increase in the risk of metabolic disorders and pregnancy complications, such as chronic/gestational hypertension, diabetes, and excessive labor bleeding, all of which have been linked to lactation disorders (Farah et al., 2021). Other studies suggest that maternal age does not impact milk production in terms of milk protein or lactose concentration at various stages of lactation, and it does not appear to be related to the concentration of calcium, magnesium, copper, phosphorus, or potassium in milk. There is no conclusive evidence indicating a relationship between maternal age and changes in milk fat and fatty acid concentrations. Furthermore, the vitamins in breast milk are primarily influenced by the mother's diet, rather than her age (Xuejing & Ongprasert, 2022).

The impact of delivery methods on breastfeeding initiation affects milk production. Babies born via cesarean section, especially emergency cesarean sections, often have difficulty initiating breastfeeding, mainly due to delayed skin-to-skin contact and the effects of anesthesia on neonatal reflexes. Previous studies reported that the adverse effects of cesarean section on infant breastfeeding outcomes are permanent. Other studies also show that women who give birth via cesarean section may require early breastfeeding support to ensure successful lactation (Lian et al., 2022).

Oxytocin massage is one solution to overcome uneven milk production. The massage is performed along the spine (vertebrae) to the fifth and sixth ribs, aiming to stimulate the prolactin and oxytocin hormones after giving birth. The hormone oxytocin is released through stimulation of the nipples by the baby's mouth or through massage of the mother's spine. By massaging the spine, the mother will feel calm and relaxed, have a higher pain threshold, and exhibit more affection towards her baby, leading to the release of the hormone oxytocin and increased flow of breast milk (Ujung & Hutabarat, 2024). Therefore, the researchers concluded that oxytocin massage affects breast milk production. Another study also mentioned that back massage and breast care are complementary therapies for primiparous women postpartum, which can help increase oxytocin hormone levels (Purnamasari & Hindiarti, 2023).

Spinal massage and neurotransmitter stimulation activate the medulla oblongata, which sends signals to the hypothalamus and posterior pituitary gland to release oxytocin, resulting in milk ejection. This spinal stimulation also relieves tension and stress, facilitating the release of oxytocin and increasing milk secretion, aided by the baby's suckling immediately after birth. Breastfeeding is influenced by two mechanisms: milk production and milk ejection. Prolactin regulates milk production, while oxytocin regulates milk ejection. Oxytocin is secreted in response to nipple stimulation during breastfeeding or spinal massage. Spinal massage promotes calmness, relaxation, and maternal affection, increasing oxytocin release and accelerating milk (Widia & Meihartati, 2021). Breast care aims to improve blood flow and avoid blockages in the milk production pathway, which can facilitate milk ejection. Additionally, oxytocin massage can trigger the letdown reflex, causing milk to flow out by stimulating the release of this hormone. Oxytocin massage has become a therapeutic approach that can reduce levels of Adrenocorticotropic Hormone (ACTH), thereby facilitating hormone secretion and increasing prolactin, which in turn promotes milk production (Uvnäs-Moberg et al., 2024).

Self-efficacy refers to mothers' belief in their ability to maintain exclusive breastfeeding even after returning to work. Self-efficacy reflects the psychological belief that one is capable of continuing exclusive breastfeeding (Vilar-Compte et al., 2021). Other studies also mention that oxytocin

massage has been proven effective in facilitating the return to breastfeeding, increasing milk production, and achieving exclusive breastfeeding success (Sandriani et al., 2023).

To date, no research has been found on the combined effects of oxytocin massage on breast milk production and self-efficacy in postpartum mothers. The primary limitation of this study is that there has been limited research on the effect of oxytocin massage on self-efficacy. The author must conduct further research by collecting scientific evidence to strengthen the results of this study. The strength of this study lies in its potential to serve as a new reference, particularly regarding the effects of oxytocin massage on breast milk production and self-efficacy during the postpartum period.

CONCLUSION

Based on the findings, it can be concluded that oxytocin massage has a significant positive impact on both breast milk production and maternal self-efficacy in the postpartum period. The results showed a statistically significant difference in breast milk production between the intervention and control groups after the treatment. Similarly, postpartum mothers who received oxytocin massage demonstrated higher levels of self-efficacy compared to those in the control group. Overall, this study confirms that oxytocin massage is an effective non-pharmacological intervention for enhancing lactation and strengthening maternal confidence during the postpartum phase.

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CONFLICT OF INTEREST

There is no conflict of interest in this article.

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