

Article

THE EFFECT OF ACUPRESSURE THERAPY ON BREAST MILK PRODUCTION IN BREASTFEEDING MOTHERS FOR 0-6 MONTHS IN BANTARJAYA VILLAGE, PEBAYURAN DISTRICT, KABUPETEN, BEKASI IN 2023

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A B S T R A C T

Nationally, the coverage of exclusive breastfeeding in Indonesia in 2020 is 66.1%, so that the achievement of exclusive breastfeeding in Indonesia has not reached the target. The results of a preliminary study have never applied Acupressure Therapy when providing obstetric to postpartum mothers. The purpose of this study was to determine the effect of acupressure therapy on breast milk production in breastfeeding mothers 0-6 months in Bantarjaya Village, Bekasi Regency in 2023. The research method uses quantitative methods (Quasi-Experiment), Wilcoxon's statistical test. The population and sample in this study were all breastfeeding mothers 0-6 months in Bantarjaya Village, which was 53 people, using the total sampling technique. Questionnaire instrument. Data analysis is a univariate, bivariate analysis. The results showed that there were breastfeeding mothers whose milk production increased a lot to 43 people (81.1%). Meanwhile, for breastfeeding mothers whose milk production is less / slightly reduced to 10 people (18.9%). The results of statistical tests are known to Asymp. Sig is 0.000 ($P < 0.05$), so it can be concluded that there is an effect of acupressure therapy with an increase in breast milk production in breastfeeding mothers 0-6 months in Bantarjaya Village, Pebayuran District, Bekasi Regency in 2023.

I. INTRODUCTION

The phenomenon that occurs when mothers giving birth to their first child experience breastfeeding problems with non-smooth milk release. In addition, mothers often complain that their babies often cry or refuse to breastfeed. Therefore, breastfeeding will be given for 6 months according to WHO. Indonesia issued

Government Regulation No. 33 of 2013 concerning Exclusive Breastfeeding to protect, support and promote exclusive breastfeeding. The coverage of exclusive breastfeeding in the world reaches 66%. (WHO, 2020).

In Southeast Asia, exclusive breastfeeding results show a number that does not differ much. In comparison, the

coverage of exclusive breastfeeding in India has reached 46%, in the Philippines 34%, in Vietnam 27% and in Myanmar 24%. Nationally, the coverage of exclusive breastfeeding in infants 0-6 months in Indonesia in 2022 is 66.1%, the rate of exclusive breastfeeding in Indonesia is higher than the global rate. (Kemeskes.RI, 2020).

Based on the achievement data for Exclusive Breastfeeding in West Java Province in 2021 it was 76.46% and experienced an increase of 0.5% compared to 2022 of 77%. (West, 2020). Meanwhile, the achievement of exclusive breastfeeding in Bekasi Regency in 2020 is 65.5%. So that the target coverage for exclusive breastfeeding for 0 -6 months is 50%, thus the achievement of exclusive breastfeeding in Bekasi Regency has reached the target. (Profil Kesehatan Kabupaten Bekasi, 2020).

Factors that hinder exclusive breastfeeding are less milk production (32%), working mothers (16%), wanting to be considered modern 4%), nipple problems (28%), influence of formula milk advertisements (16%), family influences (4%), therefore the support of family, community and health workers is needed for breastfeeding so as to create a healthy and quality generation. (Rahayu et al., 2015).

Technique acupressure is one solution to overcome the uneven production of breast milk. This action can help maximize prolactin and oxytocin receptors and minimize side effects from delayed breastfeeding by the baby. (Ene et al., 2022).

Apart from Oxytocin Massage, there are other ways that can be done which are natural and do not contain chemicals. One of the methods used to increase milk production is acupressure. Based on Selly's research (2020), the results in that 60 postpartum mothers experienced an increase in milk volume after the acupressure with a time span of 2 weeks and 4 weeks. (Selly Surya Pratiwi, 2020).

According to a research journal (Ramadani et al., 2019) that there is a significant effect acupressure on increasing milk production in postpartum mothers with a value of $P = 0.004$. Acupressure is a non-invasive procedure, easy to perform, has minimal side effects, and brings closer therapeutic relationship between client and

midwife. It can be concluded that acupressure is an effective method of increasing the volume of breast milk for breastfeeding mothers. (Ramadani et al., 2019).

Acupressure is one of the non-pharmacological techniques that can increase milk production in mothers who are not proficient at producing breast milk, with healing knowledge by pressing, massaging, massaging parts of the body to activate the circulation of vital energy or, which is useful for increasing body stamina, improving blood circulation reducing pain and reduce stress or calm the mind, acupressure can increase the adequacy of breast milk. (Intami et al., 2022).

There are several techniques or other methods to stimulate milk production, including consuming katuk leaves and techniques acupressure which stimulates prolactin and oxytocin. Acupressure This can give orders to the pituitary to release the hormones prolactin and oxytocin. According to the results of Aydia's research, 2019 that there were significant differences between mothers who were given acupressure and not given it acupressure namely 82% and 47% so that there are differences in milk production between the groups that receive the intervention acupressure with those who did not receive the intervention. (Wulandari et al., 2019).

Acupressure is Indonesian traditional medicine originating from Chinese culture by emphasizing certain points using the fingers. Point emphasis effect acupressure can stimulate the pituitary in the brain to secrete the hormone prolactin and the hormone oxytocin into the blood so that milk production increases. Besides that acupressure can increase endorphins which can reduce pain and relax the body. (Renityas, 2020).

Based on the results of a preliminary study conducted by researchers in Bantarjaya Village, Pebayuran District, Bekasi Regency, in 2023 they have never applied Acupressure when providing midwifery care to the mother postpartum. Efforts to overcome breastfeeding problems and increase milk production in postpartum mothers with therapy Acupressure as non-pharmacological therapy. So the application of therapy Acupressure this has never been

applied simultaneously to increase milk production in nursing mothers.

The purpose of this study is to analyze the effect of therapy Acupressure on Breast Milk Production for Breastfeeding Mothers 0-6 months in Bantarjaya Pebayuran Bekasi Village in 2023.

Based on the background above, the researcher is interested in conducting research **“Therapeutic Effects Acupressure on Breast Milk Production for Mothers Breastfeeding Babies 0 – 6 Months in Bantarjaya Village, Pebayuran District, Bekasi Regency in 2023”**.

II. METHODS

This research design uses like an experiment with no control group using the approach one group pretest-posttest design. The measurement design was carried out before and after carrying out the therapeutic intervention Acupressure namely one of the ways of traditional health care which is done by pressing on the surface of the body on acupuncture points using fingers or blunt-tipped tools. The population in this study were all mothers who breastfed babies 0-6 months in Bantarjaya Village, Pebayuran District, Bekasi Regency in July 2023, a total of 53 breastfeeding mothers. The sample of this study was all mothers who breastfed babies aged 0-6 months in Bantarjaya Village, Pebayuran District, Bekasi Regency, totaling 53 breastfeeding mothers. The sampling technique used in this study, namely total sampling. The independent variable in this study is therapy acupressure and the dependent variable is the production of breast milk in mothers who are breastfeeding babies 0-6 months. (Notoatmodjo, 2014).

What was carried out by the researcher was starting with conducting enumerator training, determining respondents according to inclusion and exclusion criteria, research contracts with respondents, officers (enumerators) who conducted research 1 person for 1 breastfeeding mother to completion, interventions carried out by researchers and enumerators who had been trained using a therapeutic regimen acupressure.

Collecting data in this study namely before therapy acupressure held,

researchers distributed questionnaires to mothers breastfeeding babies aged 0-6 months who were samples in the study. After the questionnaire was filled in, the researcher then checked the completeness of the answers from the questionnaire given to the respondents and then collected and corrected by the researcher.

After completion, the researcher gave the application of therapy acupressure which was done 2 times. Phase I was carried out on 02 & 03 June 2023 for 53 mothers breastfeeding 0-6 months and Phase II on 09 & 10 June 2023 for 53 mothers breastfeeding 0-6 months. Assessment of breast milk production is done by pumping breast milk before and after therapy acupressure. Then the researchers gave a questionnaire after the application of therapy acupressure. After everything was finished, the answers in the questionnaire were processed using the SPSS program.

Processing and analysis of data using sample test non parametric wilcoxon test. (Notoatmodjo, 2014).

III. RESULT

Analysis Results

Table 1. Frequency distribution of maternal age, occupation and parity among breastfeeding mothers 0-6 months in Bantarjaya Village.

Characteristics	n	%
Mother's Age :		
- <20 yrs and >35 yrs	30	56,6
- 20-35 years	23	43,4
Total	53	100
Mother's Occupation:		
- Work	17	32,1
- Doesn't work	36	67,9
Total	53	100
Parity :		
- Primipara	27	50,9
- You'll leave us	26	49,1
Total	53	100

Based on table 1 above shows the percentage of 53 mothers breastfeeding 0-6 months based on the mother's age at most, namely at the age of <20 years & > 35 years, namely as many as 30 people (56.6%), the mother's occupation is mostly in mothers who do not work, namely as many as 36 people (67.9%). Most parity in primipara as many as 27 people (50.9%).

Table 2. Percentage of Breast Milk Production Before (Pretest) and After (Posttest) Implementation of Therapy Acupressure.

Milk production		Pretest		Posttest	
		f	%	f	%
Less Production	Milk	24	45,3	10	18,9
Lots of Production	Milk	29	54,7	43	81,1
Total		53	100 %	53	100 %

Based on table 2 above, it shows that milk production is during the pretest or before therapy acupressure the result is less milk production in breastfeeding mothers 0-6 months, namely 24 breastfeeding mothers or 45.3%. After therapy acupressure, then the production of a lot of milk in breastfeeding mothers has increased to 43 people (81.1%). Meanwhile, milk production that was less or slightly decreased or reduced to 10 people (18.9%).

Bivariate Results

Table 3. Statistical Test Results Wilcoxon test Therapeutic Effects Acupressure On the production of breast milk in breastfeeding mothers 0-6 months.

Milk production	asym p. Sig	Negati ve Rank	Positive Rank		Tie s
			N	Mea n Rank	
Pretest	0,002	0 ^a	5	10,5	210,33
Posttest			3	0	50 ⁰

Based on table 3 above, it shows that the statistical test results are known to be Asymp. Sig has a value of 0.002 (P <0.05), so it can be concluded that the hypothesis is

accepted. This means that there is a difference between the results of the Pretest and Posttest, so it can also be concluded that there is an effect of therapy acupressure by increasing milk production in breastfeeding mothers 0-6 months in Bantarjaya Village, Pebayuran District, Bekasi Regency in 2023.

Negative Rank or the difference indicates that there is no deductible value from pretest to value posttest. Positive Ranks or difference (Positive) indicates that there are 20 positive data (N) which means that the 20 breastfeeding mothers experience an increase in milk production from the pretest and posttest values. The Mean Ranks or the average increase is 10.50, which is a lot of milk production, while the number of positive rankings or Sum of Ranks is equal to 210.50. Ties are value similarities pretest and posttest, here value Ties equal to 33, so it can be said that there is no equal value between values pretest and posttest.

DISCUSSION

Therapeutic effect acupressure with Breast Milk Production for Breastfeeding Mothers 0-6 months in Bantarjaya Village, Pebayuran District, Bekasi Regency in 2023.

Based on table 3 above, it shows that the statistical test results are known to be Asymp. Sig has a value of 0.000 (P <0.05), so it can be concluded that the hypothesis is accepted. This means that there is a difference between the results of the Pretest and Posttest, so it can also be concluded that there is an effect of therapy acupressure by increasing milk production in breastfeeding mothers 0-6 months in Bantarjaya Village, Pebayuran District, Bekasi Regency in 2023.

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Ties are value similarities pretest and posttest, here value Ties equal to 33, so it can

be said that there is no equal value between values *pretest* and *posttest*.

According to a research journal (Ramadani et al., 2019) that there is a significant effect *acupressure* to the increase in milk production in postpartum mothers with a value of $P = 0.004$. *Acupressure* is a non-invasive procedure, easy to perform, has minimal side effects, and brings closer therapeutic relationship between client and midwife. It can be concluded that *acupressure* is an effective method of increasing the volume of breast milk for breastfeeding mothers. (Ramadani et al., 2019).

There are several other techniques or methods to stimulate milk production, including consuming katuk leaves and *acupressure* techniques that can stimulate prolactin and oxytocin. *Acupressure* This can give orders to the pituitary to release the hormones prolactin and oxytocin. According to Aydia's research results, 2019 that there are significant differences between mothers who are given *acupressure* without being given *acupressure*, namely 82% and 47% so that there were differences in milk production between the groups that received the intervention *acupressure* with those who did not receive the intervention. (Wulandari et al., 2019).

After doing research on the effect of *acupressure* on *pre-test* and *post-test* Milk production in the experimental group obtained statistical test results using a test *Wilcoxon* obtained p value $(0.000) < \alpha (0.05)$. This means that there is a difference between the median milk production before and after being given *acupressure*. The researcher then compared the results *post-test* between the experimental and control groups by using a test *Mann-Whitney* obtained results p value $(0.000) < \alpha (0.05)$. This result proves that there is a difference between the median *post-test* milk production in the experimental group and the control group. So it can be concluded that H_a is accepted, which means there is an effect of *acupressure* on breast milk production. (Wulandari et al., 2019).

Acupressure is Indonesian traditional medicine originating from Chinese culture by emphasizing certain points using the fingers. Point emphasis effect *acupressure* can stimulate the pituitary in the brain to secrete the hormone prolactin and the hormone

oxytocin into the blood so that milk production increases. Besides that *acupressure* can increase endorphins which can reduce pain and relax the body. Results of adequacy of breast milk after *acupressure* increased 60% on the first day, 75% on the second day, and 85% on the third day. All research conducted experienced significant increase in milk production after *acupressure*. (Renityas, 2020).

According to the results of the study, the average milk production before the intervention was 67.9 ml with a standard deviation of 11.9 ml, the milk production after the intervention was 85.7 ml, the standard deviation was 11.4 ml and the average difference before and after the intervention was 17.9 ml which means *acupressure* is effective in increasing breast milk production which has a real effect. (Yani et al., 2022).

This is also in line with the results of the study that there were differences in milk production before and after the *acupressure* intervention which increased to 46.8%. *Acupressure* or pressure is one of the interventions or non-pharmacological management to stimulate the release of the hormone prolactin. (Ridiansyah et al., 2022).

Effectiveness *acupressure* on milk production based on *systematic literature review* that technique *acupressure* which is conducted gently on the ST16, ST18, CV17, ST36, ST11, SP6 and LI4 meridians for 5-10 minutes regularly 1 x a day can be used as an alternative solution to optimally increase milk production because it is safe, effective and can be learned by anyone who have received information or training *acupressure*. (Ene et al., 2022).

The research results show that *acupressure* effect on milk production with indicators of increasing baby weight and frequency of baby BAK. This means that the average milk production before the intervention was 67.9 ml with a standard deviation of 11.9 ml, the milk production after the intervention was 85.7 ml, the standard deviation was 11.4 ml and the average difference before and after the intervention was 17.9 ml which means *acupressure* effective in increasing milk production with a real effect. (Saputri, 2021).

Research that shows that *acupressure* can show an increase in milk production in postpartum mothers. The

results show that milk production is neglected in the group that does not receive it *acupressure*, but significantly increased postpartum milk production in the receiving group *acupressure* 3 times a week for 3 weeks. (Kurniawan, 2019).

Based on the results of the study, the results of the Paired sample t-test obtained a value of $r = 0.000 < 0.05$, meaning that there was a significant difference in the adequacy of breast milk before treatment and after treatment. *Acupressure* at ST points 1, 17 and 18 for 3 days there was a significant increase, namely an increase in breast milk volume. In addition, where the massage at local points in the breast area aims to increase the production of the hormone prolactin and the hormone oxytocin and to increase the absorption of nutrients which are the basic ingredients for the formation of breast milk. (Renityas, 2020).

Based on research that there is a difference in milk production before and after being given *acupressure* therapy in nursing mothers, namely an increase in breast milk of 46.8%. In its action, this *acupressure* massage uses special *acupressure* points to increase milk production, namely through pressure that is carried out within 5 minutes. This action is a non-pharmacological management to stimulate the release of the hormone prolactin. (Susilawati & Halim, 2018).

Based on the results of the study, the group that was not given pressure point massage experienced an insignificant increase in milk production, while the group that was given pressure point massage experienced a significant increase. Pressure point massage on the CV17, ST18, SI 1 focus with repetition 3 times a week for three weeks can build milk production in post-pregnancy mothers. (Susilawati & Halim, 2018).

The results of this examination showed that of all encounters that received appropriate treatment, there was a very large increase in milk production, but the highest increase was in pressure point massage and a mixture of the two. From this it tends to be assumed that there is an increase in the production of breast milk in post-pregnancy mothers depending on evidence of an increase in the amount of milk that comes out during reciprocal mediation. (Triwidayanti, 2023).

In the same study conducted by Anita Liliana et al (2020) it was found that milk production in the treatment group before being given the *acupressure* technique was all in the insufficient category (100%), but after being given the *acupressure* treatment, milk production was in the sufficient category, 76.5% of the number of respondents was 17 people and the p value of 0.000 means that there is an effect of *acupressure* on breast milk production. (Liliana & Wahyuningsih, 2020).

According to research that the results of the analysis obtained $p = \text{asympt. Sig } 0.008$ so that the p value < 0.05 , there is a significant difference in milk production. This is because the mother has received an explanation that the benefits of *acupressure* at the Zhongfu point (LU-1) are by giving to nification 30 times for 3 days. (Yani et al., 2022).

Characteristics of Breast Milk Production in Breastfeeding Mothers 0-6 months according to Mother's Age.

Based on table 1 above, of the 53 breastfeeding mothers, there were 30 (56.6%) of mothers aged < 20 years & > 35 years, while 23 (43.4%) of mothers aged 20-35 years.

These results are in accordance with the results of previous studies, namely the age of 20-35 years is a healthy production period, where the physical and mental state of the mother is in the best condition and is ready to breastfeed her baby. the reproductive organs are also perfect including the development of the breasts which have shown maturity and are ready to give exclusive breastfeeding. Breastfeeding mothers who are still 22 years old will produce more milk than those aged 35 years and over will decrease their milk production. (Hidayati & Hanifah, 2019).

According to previous researchers, the age factor influences a person's motivation in young adulthood, which is a period of growth in bodily functions at an optimal level, accompanied by a level of emotional, intellectual and social maturity. (Yani et al., 2022).

According to previous researchers, the ideal vulnerable age for reproduction, including producing breast milk, is between

the ages of 19-35 years, but this underage includes a young age where psychological maturity is still lacking, so many mothers show a response of fear, confusion, and nervousness when their baby cries. The mother's uneasy psychological response can affect milk production because it inhibits the prolactin and oxytocin reflexes. At the age of over 35 years, the function of reproductive hormones has started to decrease, but at that age emotional maturity has been reached and usually mothers already have various experiences in breastfeeding, both from themselves and from others. (Saputri, 2021).

Characteristics of Breast Milk Production in Breastfeeding Mothers 0-6 months according to Mother's Occupation.

Based on table 1 above, out of 53 breastfeeding mothers, 17 (32.1%) worked breastfeeding mothers, while 36 (67.9%) breastfeeding mothers did not work.

According to previous researchers, working mothers have difficulty breastfeeding their babies because of limited time compared to mothers who do not work. In this study, 30% of mothers worked as private sector workers and 10% of civil servants. (Renityas, 2020).

Characteristics of Breast Milk Production in Breastfeeding Mothers 0-6 months according to Parity.

Based on table 1 above, out of 53 breastfeeding mothers, there were 27 (50.9%) primipara parity, while 26 (49.1%) nursing mothers had multipara parity.

These results are in accordance with the results of previous studies, namely that multiparous respondents are better at thinking about breast care than primiparas because the experience of previous postpartum mothers is used as a guide in fulfilling nutritional intake needs during pregnancy and the postpartum period so that breast milk production will increase. (Yani et al., 2022).

CONCLUSION

Based on the results of the above research it can be concluded that therapy *acupressure* effective in increasing milk

production in nursing mothers 0-6 months. Therapy *acupressure* helps increase the mother's self-confidence and independence by reducing anxiety, fatigue, pain, and stress which will facilitate increased milk production. Health service providers, especially midwives, can use this intervention as an alternative choice in the management of increased milk production, due to therapy *acupressure* proven effective in increasing milk production but the time and duration of therapy *acupressure* it is necessary for future researchers to consider more closely related to the application of therapy *acupressure* her.

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