THE INFLUENCE OF THE MARMET TECHNIQUE ON BREAST FLOW IN POST PARTUM MOTHERS AT ROSITA'S PRIVATE MIDWIFE PRACTICE

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ABSTRAK : PENGARUH TEKNIK MARMET TERHADAP KELANCARAN ASI IBU POSTPARTUM DI PMB ROSITA

Latar belakang : Masalah pada ibu menyusui seperti ASI tidak keluar di awal kelahiran sering ditemukan, upaya yang dapat dilakukan adalah memerah atau memompa ASI

hingga bayi dapat menyusui. Salah satu teknik untuk melancarkan ASI yaitu menggunakan teknik marmet.

Tujuan : tujuan penelitian ini adalah untuk mengetahui pengaruh teknik marmet terhadap kelancaran ASI pada ibu post partum.

Metode : Jenis penelitian ini adalah penelitian *pre eksperimental* dengan rancangan *post test only design control group.* Populasi dalam penelitian ini adalah seluruh ibu post partum normal 6 jam sampai 3 hari post partum yang mengeluhkan ASI nya belum keluar, ibu yang ingin memberikan ASI ekslusif kepada bayinya, berat badan lahir bayi normal (2500-4000 gram) yang berada di wilayah Bidan Praktik Swasta Rosita Kota Pekanbaru pada bulan Maret s/d Juni 2018. Pengambilan sampel menggunakan *purposive sampling* berjumlah 10 orang kelompok yang dilakukan teknik marmet dan 10 orang kelompok yang tidak dilakukan teknik marmet.

Hasil : Hasil uji *mann whitney* menunjukkan ada pengaruh teknik marmet terhadap kelancaran ASI pada ibu post partum dengan nilai (ρ = 0,001) < α = 0,05. Hasil penelitian pada ibu post partum yang dilakukan teknik marmet memiliki nilai median lebih tinggi yaitu 12,00 dengan nilai *minimum* 11 dan *maximum* 12 dibandingkan ibu post partum yang tidak dilakukan teknik marmet memiliki nilai median 6,00 dengan nilai *minimum* 5 dan *maximum* 12.

Kesimpulan : Ada pengaruh teknik marmet terhadap kelancaran ASI pada ibu post partum di bidan praktik swasta Rosita kota pekanbaru tahun 2018. (Nilai ρ-value 0,001 < α 0,05).

Saran : diharapkan bagi bidan untuk memberikan edukasi pada ibu post partum tentang teknik marmet yang berguna untuk kelancaran ASI

Kata kunci : Kelancaran ASI, Teknik Marmet.

ABSTRACT

Background: Problems in breastfeeding mothers such as not having breast milk come out at the beginning of birth are often found, efforts that can be made are expressing or pumping breast milk. until the baby can breastfeed. One of the techniques to promote breastfeeding is using the marmet technique.

Purpose: the purpose of this research is to find out the influence of the marmet technique on the flow of breast milk in postpartum mothers.

Method: This type of research is descriptive research.*pre-experimental*with a plan *post test only design control group*. The population in this study were all normal postpartum mothers 6 hours to 3 days postpartum who complained that their breast milk had not come out, mothers who wanted to give exclusive breast milk to their babies, normal birth weight babies (2500-4000 grams) who were in the area of Rosita Private Midwife Practice, Pekanbaru City in March to June 2018. Sampling used*purposive sampling* totaling 10 people in the group that did the marmet technique and 10 people in the group that didn't do the marmet technique.

Results: Test results*mann whitney* shows that there is an influence of the marmet technique on the smoothness of breast milk in postpartum mothers with a value of (ρ = 0.001) < α = 0.05. The results of the study on postpartum mothers who used the marmet technique had a higher median value, namely 12.00 with a value of*minimum* 11 and*maximum* 12 compared to post partum mothers who did not perform the marmet technique had a median value of 6.00 with a value of *minimum* 5 and*maximum* 12.

Conclusion: There is an influence of the marmet technique on the smooth flow of breast milk in postpartum mothers at the private midwife practice Rosita in Pekanbaru City in 2018. (ρ-value 0.001 < α 0.05).

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Suggestion: It is hoped that midwives will provide education to postpartum mothers about the Marmet technique which is useful for smooth breast milk flow.

Keywords: Fluency of Breastfeeding, Marmet Technique.

INTRODUCTION

The postpartum period is a period calculated from when a mother gives birth, until 6 weeks after. During this period, the mother experiences physical changes and reproductive organs that have returned to their pre-pregnancy state, lactation (breastfeeding) period, and psychological changes in facing a new family. During the postpartum period, breast care is a very important action to care for the breasts, especially to facilitate the release of breast milk (Fifi Ria Ningsih Safari et al., 2023). Common problems that occur in postpartum mothers include bleeding, infection, foul-smelling lochia (from the vagina), uterine subinvolution, abdominal and pelvic pain, preeclampsia/eclampsia, excessive dizziness and weakness, headaches and blurred vision, body temperature. The mother rises > 38°C, the breasts become red and swollen fever and pain, swelling of the face and extremities, and postpartum depression (Harismayanti & Latief, 2025). Frequent obstacles to breastfeeding include a lack of breast milk production and insufficient prolactin and oxytocin stimulation (Sulaeman et al., 2019). A factor contributing to mothers' reluctance to breastfeed is insufficient breast milk production due to a lack of oxytocin and prolactin stimulation (Widiya Ningrum et al., 2023).

The incidence of breast milk insufficiency is not directly stated, but recent data shows that exclusive breastfeeding rates in Indonesia remain low. The 2022 Indonesian Demographic and Health Survey (IDHS) data shows that 52.5% of babies are exclusively breastfed, while 20.7% of mothers do not breastfeed at all, and 62% have stopped breastfeeding. Several factors that hinder the smooth flow of breast milk include lack of workplace support, maternal stress, the physical condition of the mother and baby, and the initial administration of formula milk, which causes a decrease in breast milk production. Failure to provide exclusive breastfeeding can be caused by insufficient breast milk production. Factors that cause insufficient breast milk production include improper attachment of the baby to the nipple, which reduces the mother's body's stimulation to produce breast milk, insufficient breastfeeding intensity, formula milk use, medication and contraceptive consumption, and the need to care for the baby after birth, which can be compared to mothers with good knowledge. Meanwhile, the other two variables, age and occupation, do not affect the failure of exclusive breastfeeding. A mother's knowledge of breast care plays a role in the smooth flow of breast milk. Mothers will apply their knowledge or practice it, causing mothers to experience stress due to fatigue and lack of sleep. This condition reduces the release of the hormone oxytocin, which plays a role in milk production. Consequently, milk production decreases (Lustiani et al., 2024).

One non-pharmacological method proven effective in stimulating breast milk production is the Marmet technique. This manual technique combines massage and manual breast milk expression to stimulate the milk ejection reflex (MER). This technique is considered safe, requires no equipment, and can be performed by the mother herself or with the assistance of a healthcare professional. Previous studies have shown that the Marmet technique increases breast milk production and flow, even in mothers with minimal breastfeeding experience. In the context of healthcare services in Indonesia, particularly in areas with limited access to lactation facilities and aids, the Marmet technique is a strategic and highly relevant choice for implementation at the primary care level, such as community health centers (Puskesmas) (Ismawati et al., 2025).

RESEARCH METHODS

This type of research is descriptive research.*pre-experimental*with a plan *post test only design control group.* The population in this study were all normal postpartum mothers 6 hours to 3 days postpartum who complained that their breast milk had not come out, mothers who wanted to give exclusive breast milk to their babies, normal birth weight babies (2500-4000 grams) who were in the area of Rosita Private Midwife Practice, Pekanbaru City in March to June 2018. Sampling used*purposive sampling* A total of 10 people were given the marmet technique and 10 people were given the breast massage group. The marmet technique in this experimental group was carried out for 3 days and was assessed on the 4th day. This marmet technique was carried out once a day for 20-30 minutes before the mother breastfeeds her baby. Data analysis used the SPSS computerized program with a 95% confidence level α = 0.05.

RESEARCH RESULTS

The results of the research that has been carried out can be seen in the table below.

Univariate analysis

Table 1
Frequency Distribution of Postpartum Mothers' Age at PMB Rosita Pekanbaru

Postpartum Mothers' Age	f	%
20-35	10	50
> 35	10	50

Based on the table above, it shows that, of the 20 postpartum mothers, the majority of the mothers were aged 20-35 years, as many as 10 people (50%), and > 35 years as many as 10 people (50%).

Table 2
Frequency Distribution of Postpartum Mothers' Education at PMB Rosita Pekanbaru

Postpartum Mothers' Education	f	%
Elementary School/Middle School	2	10
High School	15	75
Collage	3	15

Based on the table above, it shows that, of the 20 postpartum mothers, the majority of the mothers had a high school education, namely 15 people (75%).

Table 3
Frequency Distribution of Postpartum Mothers' Occupations at PMB Rosita Pekanbaru

Postpartum Mothers' Occupations	f	%
Not Working	8	40
Working	12	60

Based on the table above, it shows that, of the 20 postpartum mothers, the majority of the mothers were working, namely 12 people (60%).

Bivariate analysis

Table 4
Smooth Breast Milk Flow in Postpartum Mothers at the Private Practice Midwife Rosita, Pekanbaru

Sample	Median	Max	Min
Marmet Technique	12,00	12	11
Breast Massage	6,00	12	5

In table 1 above, it can be seen that the median value of breast milk flow in post partum mothers who performed the marmet technique is 12.00 with a value *minimum* 11 and value*maximum* 12. Meanwhile, the median value of breast milk flow in postpartum mothers who received breast massage was 6.00 with a value of*minimum* 5 and value*maximum* 12.

Table 5
The Influence of the Marmet Technique on the Smoothness of Breastfeeding in Postpartum Mothers at Rosita's Private Practice Midwife Pekanbaru City in 2018

Sample	Mean Rank	SD	SE	ρ-*value*	N
Marmet Technique	14,40	0,316	0,100	0,001	10
Breast Massage	6,60	2,667	0,843	0,001	10

In table 2 above, it can be seen from the 10 post partum mothers who were given the marmet technique *mean rank* higher, namely 14.40 (SD = 0.316) compared to postpartum mothers who did not undergo the Marmet technique, namely 6.60 (SD = 2.667). Results*uji mann whitney* It was found that there was an influence on the smooth flow of breast milk in postpartum mothers who used the Marmet technique (ρ = 0.001).

DISCUSSION

Breast milk (ASI) is an emulsion of fat in a solution of protein, lactose, and inorganic salts secreted by the mother's mammary glands and serves as infant food. Foremilk is low in fat and high in lactose, sugar, protein, minerals, and water. The milk then changes into hindmilk, which is rich in fat and nutrients (Widiya Ningrum et al., 2023). Evidence suggests that breast milk production in the first few days after birth is a barrier to early breastfeeding. Breastfeeding in the first hours after birth, if not, Delayed breastfeeding can lead to delayed breastfeeding. Delayed breastfeeding can impact the release of the hormone prolactin, which stimulates breast milk production during breastfeeding. Lack of breast milk production by

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mothers can lead to ineffective breastfeeding (Harismayanti & Latief, 2025).

Failure to provide exclusive breastfeeding can be caused by insufficient breast milk production. Factors that cause insufficient breast milk production include: improper attachment of the baby to the nipple during breastfeeding, which reduces the mother's body's stimulation to produce breast milk; insufficient breastfeeding intensity; formula feeding; and the use of medications and contraceptives. The need to care for the baby after birth can cause stress in the mother due to fatigue and lack of sleep. This condition will reduce the release of the hormone oxytocin, which plays a role in breast milk production. As a result, breast milk production is reduced (Lustiani et al., 2024)

Some efforts that can be done to help increase breast milk production in postpartum mothers include breast care, oxytocin massage, and the marmet technique. Breast care is a breast care procedure performed by the postpartum mother or assisted by others, starting on the first or second day after giving birth. Breast care is very important for breast care, especially to facilitate milk flow, maintain breast hygiene, especially nipple hygiene to avoid infection, soften and improve the shape of the nipple so that the baby can suckle well, and stimulate the glands and hormones prolactin and oxytocin to increase smooth milk production. Breast care after childbirth aims to keep the breasts clean and easy for the baby to suckle. After giving birth, lactation is controlled by two types of reflexes. First, the milk production reflex. When the baby suckles the nipple, a hormone called prolactin is produced, which regulates the cells in the alveoli to produce milk. This milk is collected in the milk ducts. Second, the let-down reflex. A baby's sucking also stimulates the production of another hormone called oxytocin, which causes the muscle cells around the alveoli to contract, pushing milk toward the nipple. Therefore, the more frequently a baby suckles, the more breast milk is produced (Life Human et al., 2025). Breast milk production is often hampered by a lack of prolactin stimulation. Breast care can be used to stimulate prolactin in mothers after childbirth. Breast care is a breast care procedure performed starting on the first or second day after delivery. Breast care is beneficial for facilitating milk flow, preventing clogged milk ducts, and improving blood circulation (Dariani & Khadijah, 2021). The recommended technique for expressing breast milk is using your hands and fingers because it is more practical, effective, and efficient than using a breast pump. Cloe Marmet's method of expressing breast milk is called the Marmet technique. This Marmet technique combines expressing and massaging (Iis Kuraisin Ligiawati & Dewita Rahmatul Amin, 2024) (Alfianti & Risnawati, 2023).

The marmet technique is one of the methods used to stimulate the breast so that the milk produced is more optimal. The marmet technique is a combination of how to express breast milk and massage the breast so that the milk reflex can be optimal. The technique of expressing breast milk with a marmet method aims to empty the breast milk from the lactiferous sinus located below the areola so it is hoped that by emptying the breast milk at the lactiferous sinus it will stimulate the production of prolactin. The production of the hormone prolactin is expected to stimulate the mammary alveoli to produce breast milk. The more breast milk is removed or emptied from the breast the better breast milk production (Dariani & Khadijah, 2021); (Iis Kuraisin Ligiawati & Dewita Rahmatul Amin, 2024). This technique is considered safe, requires no equipment, and can be performed by the mother herself or with the assistance of a healthcare professional. Previous studies have shown that the Marmet technique increases milk production and flow, even in mothers with minimal breastfeeding experience. In the context of healthcare services in Indonesia, particularly in areas with limited access to lactation facilities and aids, the Marmet technique is a strategic and highly relevant option for implementation at the primary care level, such as community health centers (Puskesmas) (Ismawati et al., 2025) (Mas'adah, 2019).

The results of this research found that the median value of breast milk flow in postpartum mothers who performed the marmet technique was 12.00 while the median value of breast milk flow in postpartum mothers who performed breast massage was 6.00. In post partum mothers who are given the marmet technique have *mean rank* higher, namely 14.40 (SD = 0.316) compared to postpartum mothers who received breast massage, namely 6.60 (SD = 2.667). Results *uji mann whitney* It was found that there was an influence on the smooth flow of breast milk in postpartum mothers who used the Marmet technique (ρ = 0.001).

This research is in line with the research (Siagian & Zega, 2022) stating that there is an influence in giving the marmet technique on the smoothness of breast milk production in postpartum mothers at the Kurnia clinic in 2022. Likewise with the results of the research (Musniati, 2023) which shows that the marmet technique is the most influential on the smoothness of breastfeeding of postpartum mothers. The technique of expressing

breast milk using the Marmet method aims to The release of breast milk from the lactiferous sinuses located under the areola is expected to stimulate prolactin release. This release of the hormone prolactin is expected to stimulate the mammary alveoli to produce breast milk. The more breast milk is released, the better the breast milk production (Qiftiyah & Dewi Setyowati, 2023) (Badriyah & Yunartha, 2023).

The marmet massage technique releases milk manually and helps the milk production reflex. Stimulating the let down reflex at the beginning of the milking process can produce 2-3 times more milk than without using this technique. The marmet technique develops massage and stimulation methods to help activate the milk production reflex. The success of this technique lies in the combination of massage and milk production. This technique is effective and does not cause problems. If these techniques are done effectively and correctly, there should be no more problems with breast milk production or breast milk production. This technique can be learned easily according to the instructions. Of course, the more often a mother practices pumping with the Marmet technique, the more she will get used to it and will not have any problems (Nasution et al., 2023) (Rajadiah et al., 2024).

Factors that influence breast milk production include: the mother's health status; a healthy physical condition will support optimal breast milk production, both in quality and quantity. Anxiety can also affect breastfeeding. After giving birth, mothers will have difficulty caring for their babies or performing daily activities. This condition causes mothers to feel helpless and anxious about their own and their baby's health. This anxiety causes mothers to feel disturbed and depressed. When mothers experience stress, adrenaline is released, which causes vasoconstriction of the alveolar blood vessels. As a result, the let-down reflex is inhibited, preventing milk flow and causing blockage. Another factor is breast milk ejection, which is influenced by the baby's sucking and receptors located in the ductal system. Therefore, the role of prolactin and oxytocin is absolutely essential, in addition to other factors, during the breastfeeding process (Azizah & Ambarika, 2022) (Cut & Abdurrahman, 2023).

Successful breastfeeding is supported by psychological preparation, initiated during pregnancy. A strong desire and motivation to breastfeed will encourage mothers to consistently strive to breastfeed their babies, regardless of the circumstances. With strong motivation, mothers will persevere, even when faced with obstacles, and will continue to breastfeed. Nipple stimulation will influence the let-down reflex (milk release reflex), ensuring a smooth milk flow (Azizah & Ambarika, 2022) (Enggar, 2023).

CONCLUSION

There is an influence of the marmet technique on the smooth flow of breast milk in postpartum mothers at the private midwife practice Rosita in Pekanbaru City in 2018. (ρ-value 0.001 < α 0.05).

SUGGESTION

It is hoped that health workers, especially midwives, can teach and practice directly with postpartum mothers how to carry out the Marmet Technique in order to increase the production and smoothness of breast milk.

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