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The effect acupressure therapy on breast milk volume in postpartum mothers

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Abstract

Background: Breast milk is the main source of food for the growth and development of infants. The lack of breast milk is one of the obstacles to the adequate utilization of this substancei. One of the treatments that can help address this issue is acupressure.
Purpose: To determine the effect of acupressure theraphy on breast milk volume in postpartum mothers.
Method: A descriptive quantitative with quasi-experimental specially focusing on pretest-posttest control group. The study took place from April to May 2025 in Bengkulu. The independent variables studied were acupressure therapy, while the dependent variable was breast milk volume. Using accidental sampling and slovin formula 30 participants were selected divided into 2 group included intervention and control group, who meet specific inclusion and exclusion criteria. The analysis proceeded with a univariate test to determine the frequency distribution of respondent's characteristics, followed by bivariate analysis using mann whitney test.
Results: The intervention group had a mean value (Mean±SD) of 10.5±8.3, while the control group showed a lower value of 6.33±4.3. The statistical test produced a p-value of 0.004, which means that there was a significant difference between the two groups ($p < 0.05$).
Conclusion: That acupressure intervention was more effective in increasing breast milk volume than standard care in the control group.

Keyword: Acupressure; Breast Milk; Lactation; Postpartum Mothers.

INTRODUCTION

Breast milk is the best natural food for newborns up to two years old. Breast milk contains complete nutrients and antibodies that play an important role in the formation of the immune system and the growth of the baby (Kusuma, Kristiyanti, Budiarto, 2025). Exclusive breastfeeding for the first six months has been proven to reduce infant mortality rates, prevent malnutrition, and enhance children's intelligence (Putri, Suryani, & Puspitaningsih, 2024). In Indonesia, including in the city of Bengkulu, the exclusive breastfeeding coverage rate has not yet reached the targets set by the government and WHO. One of the main factors for the failure of exclusive breastfeeding is the low volume of breast milk production in postpartum mothers, especially in the first week after delivery. This Problem is often caused by hormonal disturbances, psychological stress, fatigue, and suboptimal breastfeeding technique (Sari, Nursanti, & Widakdo, 2020).

The failure to provide exclusive breastfeeding is that the low volume of breast milk production in postpartum mothers is a problem. To address this issue, various approaches have been used, ranging from pharmacological to non-pharmacological, such as complementary theraphy. One of the non-pharmacological methods that is increasing ly being applied is acupressure, which is a theraphy that involves applying pressure to specific points on the body to stimulate hormone function and improve the circulation of energy (qi) (Julianti, 2024).

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Acupressure is known to stimulate the production of prolactin and oxytocin, two main hormones that play a role in the process of milk production and expulsion. Acupressure points such as SI1 (Shaoze), ST18 (Rugen), SP6 (Sanyinjiao), and GB21 (Jianjing), are known to be closely related to the reproductive organs, mammary glands, and hormonal balance of mothers postpartum (Putri & Syafitasari, 2024).

Until now, research on the effects of acupressure therapy on the increase in breast milk production or volume is still limited and tends to be general. Some studies only assess mothers' perceptions of the increase in breast milk without measuring the volume objectively (Khusniyati, 2025). Most studies are conducted in large hospitals or healthcare centers with complete facilities, which may not necessarily represent the real conditions in areas such as Bengkulu City, where socio-cultural, psychological aspects, and access to complementary therapy also influence the outcomes of interventions (Sihaloho, Syukur, Urnia, Sinaga, Astuti, & Xaverius, 2024).

According to the theory of lactation physiology and the results of scientific research, acupressure theraphy has been proven effective in increasing breast milk production in postpartum mothers. Stimulation of certain points can naturally increase the levels of oxytocin and prolactin, as well as reduce stress levels that often-become barriesrs to breastfeeding. Acupressure is also easy to practice, cost-effective, and can be combined with other interventions to support the success of exclusive breastfeeding. The integration of this therapy in maternal and child health services at primary healthcare facilities can serve as a sustainable and holistic complementary approach in supporting the health of mothers and babies (Pados & Camp, 2024).

The research gap in this study found that acupressure therapy has been used in various regions as an alternative to enhance lactation, with specific and measurable scientific evidence, but in the local context of Bengkulu City, it is still very limited. Therefore, research is needed to prove the effectiveness of acupressure therapy in increasing breast milk volume in postpartum mothers (Hidayahti, Dewi, Yaniarti, Destariyani, & Wahyuni, 2021).

RESEARCH METHOD

A descriptive quantitative with quasi-experimental specially focusing on pretest-posttest control group. The study took place from April to May 2025 in Bengkulu. The independent variables studied were acupressure therapy, while the dependent variable was breast milk volume. Using accidental sampling and slovin formula 30 participants were selected divided into 2 group included intervention and control group, who meet specific inclusion and exclusion criteria.

The inclusion criteria included postpartum mothers and breastfeeding on days 1-7, full-term and baby weight > 2500 grams, normal delivery, mothers who have a breast pump, mothers who are willing to undergo acupressure and receive home visits for 3 days, 2 times a day for 10 minutes. Exclusion criteria required postpartum mothers who consume vitamins or breastfeeding supplements, postpartum and breastfeeding mothers who have complications such as stress or infectious diseases, postpartum and breastfeeding mothers who take blood-thinning medications, and infants who are given formula milk.

Acupressure intervention was performed using an acupressure point guide sheet containing the location and pressure technique for the SI-1 (Small Intestine) point, located on the vertical line from the corner of the little fingernail, and the SP-6 point, located on the medial part of the lower leg. The therapy was performed for 3 consecutive days at a frequency of twice a day. Each session lasted 10 minutes with a pressing technique using a force of ±1.2 kg/cm², which is pressure with the thumb until about one-third of the fingertip turns white. Pressing was performed 30 times in each session on each point according to the standard acupressure procedure to increase milk production in postpartum mothers.

The control group did not receive acupressure therapy, but underwent standard postpartum care commonly provided in independent midwifery practices, such as breastfeeding education, positioning and latching support, and daily breast milk volume monitoring. Thus, the comparison between the two groups allowed researchers to objectively assess the specific effects of acupressure therapy on increasing breast milk volume in postpartum mothers.

The analysis proceeded with a univariate test to determine the frequency distribution of respondent's characteristics, followed by bivariate analysis using mann whitney test.

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RESEARCH RESULTS

Table 1. Characteristics of Respondents (N=30)

Variabel	Group	
	Intervention (n=15)	Control (n=15)
Age (Mean±SD)(Range)(Year)	(26.103±7.349) (20-35)	(25.028±6.831) (20-35)
<20	2/13.3	1/6.7
20-35	11/73.3	12/80.0
>35	2/13.3	2/13.3
Parity (n/%)		
Primigravidae	6/40.0	5/33.3
Multigravidae	9/60	10/66.7
Education (n/%)		
Middle School	2/13.3	3/20.0
High School	8/53.3	9/60.0
Diploma/ Bachelor	5/33.3	3/20.0
Breast Milk Volume (n/%)		
Increase	12/80.0	7/46.7
Decrease	3/20	8/53.3

Tabel 1. Characteristics of respondent with a mean age and standard deviation intervention group (26.103±7.349) and control group (25.028±6.831) ranging from 20-35 years. Most respondents in the intervention group were multigravidae 9 people (60.0%) with the highest level of education being high school 8 people (53.3%), and most experienced an increase in breast milk volume 12 people (80.0%). In the control group, many respondents were also multigravidae 10 people (66.7%) with the highest level of education being high school 9 people (60.0%), this group was dominated by mothers who experienced a decrease in breast milk volume 8 people (53.3%).

Table 2. Mann Whitney Test Result

Group	Mean±SD	p-value
Intervention	10.5±8.3	0.004
Control	6.33±4.3	

The Mann–Whitney test results show a significant difference between the intervention group and the control group in terms of breast milk volume increase. The intervention group had a mean value (Mean±SD) of 10.5±8.3, while the control group showed a lower value of 6.33±4.3. The statistical test produced a p-value of 0.004, which means that there was a significant difference between the two groups ($p < 0.05$). These findings indicate that acupressure intervention was more effective in increasing breast milk volume than standard care in the control group.

DISCUSSION

Breast milk is the main source of nutrition for the growth and development of infants. The lack of breast milk is one of the obstacles to the adequate utilization of this substance. One treatment that can help address this issue is acupressure. Therefore, this research is designed to determine the effect of acupressure on breast milk volume (Polwandari & Wulandari, 2021).

The postpartum period is a critical time for mothers and babies, especially in terms of fulfilling

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the baby's nutritional needs optimally through breast milk. Sufficient breast milk production not only supports the optimal growth and development of the baby, but also strengthens the emotional bond between mother and child and reduces the risk of infections and neonatal mortality. Many postpartum mothers experience barriers in milk production, such as hypogalactia (low milk production). One of the non-pharmacological interventions that is increasingly being studied and applied to address this issue is acupressure therapy (Yulita, Juwita, & Febriani, 2020).

Acupressure is a form of traditional medicine that originates from China, where specific points on the body are stimulated with pressure using the fingers with the aim of smoothening the flow of energy. In the context of lactation, acupressure is believed to stimulate the hormones oxytocin and prolactin that play an important role in the production and release of breast milk (Esfahani, Berenji, Valiani, & Ehsanpour, 2015).

One of the complementary and alternative therapies for midwifery practice is acupressure, which is a natural healing technique that stimulates acupuncture points using finger pressure, palms, or certain tools. The basic concept of acupressure is the restoration of the body's energy balance that flows through meridians. Disruptions in this energy flow are believed to cause diseases, including physiological disorders such as low breast milk production (Gustina, 2024).

Common acupressure points used to increase breast milk production include Point ST17 (Ru Zhong) located on the nipple but is only used as a reference for the center point of the breast. Point ST18 (Ru Gen) is located under the breast, functioning to stimulate milk production. Point SP6 (San Yin Jiao) is a point where three Yin meridians meet, which are related to the reproductive and hormonal systems. Point GB21 (Jian Jing) is located on the upper shoulder, helping to relax muscles and smooth the flow of blood and energy to the breasts (Yu, Takahashi, Moriya, Kawaura, Yamakawa, Kusuka, & Kanda, 2006).

Breast milk production is influenced by two main hormones, prolactin and oxytocin. Prolactin is responsible for the synthesis of breast milk, while oxytocin plays a role in the milk ejection reflex or let-down reflex. Nipple stimulation through baby suckling or external stimulation can stimulate the hypothalamus to release oxytocin from the posterior pituitary (Chen, Ruan, Zhang, Pang, Zhong, Lin, & Chen, 2024).

Previous research has shown that acupressure at certain points can significantly increase oxytocin levels. This can occur because acupressure triggers stimulation of the parasympathetic nervous system, which contributes to the release of oxytocin hormone. Additionally, the relaxation induced by acupressure can reduce stress and anxiety in postpartum mothers, which are factors that inhibit the let-down reflex (Triwidiyanti, Ahmad, Sinrang, Usman, Syamsudin, Arsyad, & Arsyad, 2023).

Acupressure applied at points SI1 and ST18 three times a day for 1-3 minutes increased breast milk production from 13 to 15 respondents. Significantly contributes to the increase in breast milk volume measured by the pumping method. The average volume of breast milk increased by 60-80 ml per day after the intervention. That acupressure at the GB21 point for 15 minutes every day could increase the frequency of breastfeeding and enhance the oxytocin reflex response in postpartum mothers, compared to the control group that did not receive the intervention (Angraini, Febriawati, & Rombe, 2023). Most postpartum mothers with inadequate breast milk production before receiving acupressure therapy at the meridian points (SI 1) and (ST 18) three times a day for 1-3 minutes experienced an increase in breast milk production, which became 15. Therefore, it is recommended to apply acupressure therapy to postpartum mothers to enhance breast milk production (Handajani, Pamungkasari, & Budihastuti, 2018).

Previous research shows that acupressure therapy, acupuncture, and lactation massage have a significant effect on increasing breast milk production, with a moderate to large effect size. This study involved 12 controlled clinical trials with a total of 1.200 respondents (Rosetti & Spatz, 2022). A study explored the experiences of postpartum mothers undergoing acupressure therapy at a community health center. The results show that mothers felt more relaxed, confident, and motivated to breastfeed after receiving regular acupressure therapy. Respondents also reported a significant

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reduction in pain and tension in the breasts (Rahayu, Santoso, & Yunitasari, 2015).

Non-pharmacological interventions such as lactation massage and acupressure can be integrated into midwifery care as part of a holistic approach. This is in line with the Continuity of Care approach which places midwives as companions for mothers during pregnancy, childbirth, and the postpartum period (Ene, Hadi, & Kusumawardani, 2022).

The effectiveness of acupressure therapy on the increase of breast milk volume is influenced by several factors, namely: The technique and acupressure points being precise and consistent pressure will yield optimal results. Frequency and duration of therapy the intervention should be carried out for a minimum of 3-5 consecutive days with a duration of 15-30 minutes per session. The psychological condition of the mother being stressed and fatigued can hinder the work of lactation hormones even though the intervention has been implemented. Family and healthcare support are essential emotional and technical support in promoting breastfeeding success (Ramadani, Zaen, & Hayati, 2019).

This finding indicates that acupressure therapy is effective in increasing breast milk production in postpartum mothers. This is in line with the fundamental principles of acupressure, which is to provide stimulation at specific points on the body to facilitate the flow of energy (Qi) and blood, including to the breast area, thereby supporting the production of oxytocin and prolactin hormones that play important roles in the lactation process (Rahmanindar & Nisa, 2024).

This research is supported by the theory of Traditional Chinese Medicine (TCM) which states that stimulation at acupressure points such as ST18 (Ruzhong) and SP6 (Sanyinjiao) can stimulate blood circulation around the breast glands and enhance the milk let down reflex. In addition, acupressure has also been shown to reduce stress and increase relaxation, two important factors in smooth breastfeeding (Xie, Zhang, Chen, & Zhu, 2025).

The results of this study are consistent with previous studies that state that acupressure increases plasma prolactin levels and accelerates the initiation of breastfeeding. Other research also shows that postpartum mothers who receive acupressure therapy twice a day for 3 days have significantly higher breast milk volume compared to the control group (Suwanto & Estri, 2023).

The effectiveness of acupressure on breast milk production based on a systematic literature review indicates that acupressure techniques performed gently on the meridian points ST16, ST18, CV17, ST36, ST11, SP6, and the meridian point LI4 for 5-10 minutes routinely once a day can be an alternative solution to optimally increase breast milk production because it is safe, effective, and can be learned by anyone. Researchers recommend from the analysis of journals that breastfeeding in postpartum mothers significantly shows that acupressure has no side effects for mothers who breastfeed their babies. The acupressure technique is very easy to perform, can be done by anyone, anywhere, without disrupting other activities of the mother. The recommended acupressure meridian points based on 14 journals are: shangzhong (CV-17), shaoze (SI-1), ying chuang (ST-16), ru gen (ST-18), he ku (LI-4), cu san li (ST-36), and san yin chiao (SP-6), with a recommended application of once a day for 5-10 minutes (Chang, Wang, Chang, & Liao, 2025).

The success of acupressure therapy in this study is also influenced by several other factors such as the mother's age, with the majority of respondents being in the age range of 20–35 years, which is the productive age with optimal physiological readiness for breastfeeding. In parity, multiparous respondents tend to have previous breastfeeding experience, so the lactation reflex is formed more quickly. Education, the majority of mothers have a high school education or above, which allows for a better understanding of the importance of therapy and exclusive breastfeeding. Nevertheless, it is important to note that emotional and environmental support (for example from husbands and healthcare professionals) also contributes to the success of breastfeeding, as explained in Pender's Health Promotion Model (Sulymbona, As'ad, Khuzaimah, Miskad, Ahmad, & Bahar, 2020).

The results of this study provide positive implications for obstetric and maternal nursing practices and public health in the field of reproductive health. Acupressure therapy can be used as a non-

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pharmacological, inexpensive, safe, and easy-to-learn intervention to address lactation issues in postpartum mothers, especially in the first 7 days after childbirth.The application of acupressure can be one of the innovations in integrated maternity services with the Early Initiation of Breastfeeding (IMD) program and Exclusive Breastfeeding, and it can also be used as training for cadres or patient families (Hajian, Soltani, Seyd, Sharifzadeh, Dehghani, Divdar, & Moeindarbary, 2021).

The effect of acupressure massage on breast milk production compared to the control group, because the pressure applied can influence the release of the hormone prolactin which helps in the production of breast milk. Acu-lactation can stimulate the nerves of the breast glands, and the response to this stimulation is sent to the hypothalamus to produce prolactin hormone, which flows to the anterior pituitary gland to release prolactin hormone to the breasts. Subsequently, prolactin hormone will stimulate alveolar cells to produce breast milk. This causes the acupressure-lactation effect on breast milk production (Indrayani, Nurani, & Kurniati, 2022)

The average breast milk production of mothers in the back massage group is lower compared to the acupressure group, with an average breast milk production after back massage intervention being 597.67 nm/dl and acupressure 687 nm/d (Kustiyati & Ningrum, 2024). The meridian points used in acupressure massage include LI4, LU7, PC6, GB21, and the fingertip (SI1), which have been shown to significantly increase breast milk production in postpartum mothers (Harini, Susanti, & Wahyuni, 2023).

CONCLUSION

Acupressure works through both physiological and psychological pathways, making it a promising complementary intervention to support successful breastfeeding, especially for mothers who experience low milk supply during the early postpartum period.

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