Research article   **Medical research**

Combination of consumption of musa balbisiana colla and herbal mask of varian rice on breast against breast milk production of post partum mothers in Demak district

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ABSTRACT

Background

The process of giving breast milk or breastfeeding is the best way to provide ideal food for baby's growth and development. The provision of exclusive breast milk in reality for six months is not as simple as imagined. Many obstacles arise in an effort to provide exclusive breast milk for the first six months of a baby's life. Not all mothers want to breastfeed their babies for various reasons. For example, fear of being fat, busy, saggy breasts and so on. On the other hand, there are also mothers who want to breastfeed their babies but the mother's milk does not want to go out or the production is not smooth

Research methods

This type of research is True Experimental Design with the design of the Pretest-Posttest Control Group Design. The affordable population in this study was postpartum mothers who carried out exclusive breastfeeding in the working area of the puskesmas kebonagung regency demak in July-August 2018. A sample of 51 people.

Research result

The results showed that the combination of musa balbisiana colla consumption and rice variant herbal mask for breast was effective against the production of breast milk in postpartum mothers with indicators of infant weight, frequency of breastfeeding babies, frequency of infant urination, infant sleep duration

Conclusion

The results of this study can be seen that the intervention given is a combination of consumption of musa balbisiana colla and rice variant herbal mask for breast effective against breast milk production in postpartum mothers

Keywords: Musa balbisiana Colla, Rice variant herbal mask for breast, Breast milk production, Postpartum mother.

BACKGROUND

The process of providing breast milk or breastfeeding is the best way to provide ideal food for baby's growth and development. Giving exclusive breastfeeding in reality for six months is not as simple as imagined. Many obstacles arise in efforts to provide exclusive breastfeeding during the first six months of a baby's life. Not all mothers want to breastfeed their babies for various reasons. For example, fear of being fat, busy, saggy breasts and so on. On the other hand, there are also mothers who want to breastfeed their babies but the milk does not want to go out or the production is not smooth. [1]

Based on data obtained from the Indonesian Health Profile, the percentage of infants given exclusive breastfeeding up to 6 months in 2014 was 52.3% and in 2015 it increased to 55.7% while in 2016 it decreased by 29.5%. [2-4] Based on data obtained from the Health Profile of Central Java Province, the coverage of exclusive breastfeeding in 2014 was 60.0%, but in 2015 it decreased by 56.1% while in 2016 it was 42.7%. [5-7]. The coverage of exclusive breastfeeding in Demak Regency in 2014 was 46.68% and in 2015 it was 55% while in 2016 it was 56.22%. [8] This number is still far from the target of 80%. [9]

Giving ASI from the first day is not always easy because many mothers face problems in doing so. The event that often occurs on the first day of breastfeeding is the difficulty of breast milk coming out. This makes the mother think that their baby will not get enough milk so the mother often takes steps to stop breastfeeding and replace it with formula milk. Besides that there are also mothers who feel afraid and avoid breastfeeding, as a result there will be damaging and static breastfeeding because it will reduce the baby's suction in the breast, the amount of milk released is small. Whereas in developing countries, many mothers feel anxious and use a schedule for breastfeeding, so that the quantity of milk produced is not sufficient for babies. [10]

In order for the mother to succeed in giving exclusive breastfeeding, the mother who is breastfeeding her baby must get additional food to avoid a setback in the production and production of breast milk. If mother's food continues to not meet adequate nutritional intake, naturally the glands in the mother's breast will not work perfectly and will be affected by breast milk production. In previous studies mothers who were breastfeeding were advised to consume vegetables such as vegetable sauropus androgynus, pumpkin, long stamen, banana flower and fruits that contain lots of water such as melon, watermelon, pear and many more juicy fruits that are very well consumed mother suckles. [11]

One type of biodiversity that is owned is the banana flower which is part of a banana plant, of the banana flower is chosen to be able to increase milk production because the price is cheap and to get it is very easy. Banana flower types which are generally sold in the market come from the type of musa akuminata, musa balbisiana colla. According to the community, the musa balbisiana colla tastes better, the texture is softer and does not feel the slightest bit like the taste of the other banana heart. In accordance with the research conducted by Prof. Dr. Made Astawan (2011) the most delicious is the type of musa balbisiana colla can even be eaten raw as fresh vegetables. In addition to carbohydrates, the banana flower also contains protein, minerals (especially phosphorus, calcium and iron), as well as a number of vitamins A, B1, and C. [11]

Other techniques that can affect breast milk production are treatments performed on the breast or breast care, aiming to facilitate blood circulation and prevent clogging of the ASI production channels so as to facilitate the release of breast milk. [12] Previous research was also conducted on breast massage on the release of breast milk smoothness in postpartum mothers showing a not much different result between breast gymnastics and breast massage on the expenditure of smooth breastfeeding in postpartum mothers. Careful and regular breast care can stimulate milk production and reduce the risk of injury while breastfeeding. [13]

Alternative therapies to increase breast milk production in addition to food and breast care are many medicines offered to mothers. One way that can be used is to use a breast mask made from herbs with rice variants. Rice variant breast mask is an herb made from spices such as rice, sticky rice, kaffir lime leaves, roses, cananga, pandanus and yellow leaves that have various properties to treat the skin of the body. The ingredients are formulated in such a way as to become rice powder which is ready to be used for scrubs or masks. Naturally the ingredients used to make rice variant

breast masks are herbs that have natural properties for body treatments such as rice, sticky rice, kaffir lime leaves, roses, cananga, pandanus and yellow leaves. These ingredients contain substances that are very good for health and skin. As for the volatile substances which are believed to be able to provide a relaxing effect and facilitate blood circulation. In addition, these ingredients have laktogogum properties which are able to increase the secretion and breast milk production because they contain flavonoids, polyphenols, alkaloids and saponins, which increases the production of hormones prolactin and oxytocin which work in the production of breast milk and milk removal. [11]

Based on the description, the researcher was interested in conducting a study on the combination of consumption of musa balbisiana colla and rice variant herbal mask for the breast against breast milk production in postpartum mothers.

RESEARCH METHODS

This type of research is True Experimental Design with the design of the Pretest-Posttest Control Group Design. In this design three groups of postpartum mothers were measured for breast milk production and then consumed the banana heart and given a variant of rice herbal mask for the breast. After a sufficient period of time the breast milk production is measured again compared to the production of breast milk before intervention.

The sample in this study were each subject who fulfilled the criteria for being a member of the sample in each group with inclusion criteria:

Mothers who are willing to breastfeed exclusively; Postpartum mothers> 3-14 days; Mothers without nipple abnormalities, pain, mastitis, breast swelling; Willing to be a respondent; Mothers with normal labor; Babies are born quite a month. Mother and baby exclusion criteria: Mothers who have chronic diseases such as hypertension, diabetes, asthma and allergies; Mothers with a history of smoking, drinking alcohol and drugs; Premature babies with low birth weight; Babies with congenital diseases and disorders.

The number of samples for 2 intervention groups and 1 control group were 51 people. The sampling technique used is simple random sampling, ie sampling of members of the population is done randomly regardless of the strata that exist in the population.

Different tests on variable infant weight were carried out Anova and Post Hoc Bonferrori test and paired t-test, on variable breastfeeding frequency, frequency of infant urination and sleep duration with General Linear Models Repeated Measure Anova and Post Hoc Bonferrori test. While the multivariate analysis used is Multivariate Analysis of Variance (Manova).

RESULTS

Effectiveness of Combination of Consumption of Musa Balbisiana Colla and Herbal Mask of Variant Rice on Breast Against Breastmilk Production of Post Partum with indicators of Infant Weight in Control Groups and Intervention Groups

Table 4.6 comparison of differences in infant weight between groups

		N	Mean±SD	F	P
Group	Breast care	17	141,176±50,730	0,084	0,920
	Mask	17	141,18±71,743		
	Combination	17	150±77,055		

One way anova

Based on the results of the Repeated ANOVA test analysis from the mean data of infant weight between groups did not show a significant difference between treatments using breast care versus masks, breast care compared to combinations and masks compared with combinations, where the value of F = 0.084; p = 0.920.

Table 4.7 Results of Analysis of Baby Weight Difference Tests Before and After Intervention Between Control Groups, intervention groups I and 2

Measurement	Breast Care		Mask		Combination	
	Mean	P	Mean	P	Mean	P
Pre Test	3052,94	0,000	3052,94	0,000	3020,59	0,000
Post Test	3194,12		3200		3170,59	
Difference	141,176		147,059		150	

Paired t-test

The results of the study showed that for infant body weight which showed a difference in measurement results only in groups of three groups because of the value of <0.05. This shows that the three groups experienced significant weight gain.

The highest average difference in body weight before and after treatment was in the control group given breast care according to the standard that is 141,176 grams, in the intervention group 2 that was given a mask that was 147,059 grams and in the combination group of 150 grams. This shows that the highest combination of consumption of musa balbisiana colla and rice variant herbal mask has the highest weight gain compared to mask and breast care. While giving masks has a higher increase than breast care.

Table 4.8 Post hoc analysis of infant body weight between groups

	Mean Difference	P
BC vs mask	5,882	1,000
Breast care vs Combination	23,529	1,000
Masker vs Combination	29,412	1,000

Post hoc Bonferroni

From the table can be analyzed that the treatment using breast care is not better (same) when compared to using a mask. Breast care treatment is not better (equal) than the combination. Whereas masks are not better (equal) compared to the combination in increasing milk production. But when viewed from the average difference in combination treatment is better when compared to masks, the mask is better if compared with breast care.

Effectiveness of Combination of Consumption of Musa Balbisiana Colla and Herbal Mask of Variant Rice on Breast Against Breast Milk Production of Post Partum Mother with a Frequency Indicator of Breastfeeding in Control Groups and Intervention Groups

Table 4.9. Results of Repeated Measure Anova Analysis: Frequency of Breastfeeding Between Control and Intervention Groups

Source	Type III Sum of Squares	Df	Mean Square	F	p
Frekuency of Breastfeeding	33,129	2	16,564	3,122	0,053

Based on the table, the results of the Repeated ANOVA test from data on frequency of breastfeeding pre test to post test between groups showed that there was no significant difference between treatments using breast care versus masks, breast care compared to combinations and masks with combinations where $F = 3.122$ and $p = 0.053$. To see which groups are more effective against the frequency indicator of breastfeeding, post hoc bonferroni tests are performed.

Table 4.10. Results of Analysis of Different Frequency Tests before and After Intergroup Intervention

Measurement		Control		Interventions 1		Interventions 2	
		Mean Difference	**P**	*Mean Difference*	**P**	*Mean Difference*	**P**
Pre	Post 8	-0,118	1,000	-1,176	0,656	-2,294	0,001
Pre	Post 1	0,235	1,000	0,234	1,000	-0,529	0,279
Post 1	Post 2	-0,235	1,000	-0,353	1,000	-0,412	1,000
Post 2	Post 3	-0,059	1,000	-0,118	1,000	0,118	1,000
Post 3	Post 4	0,235	1,000	0,353	1,000	-0,118	1,000
Post 4	Post 5	-0,529	1,000	-0,588	1,000	-0,118	1,000
Post 5	Post 6	0,235	1,000	-0,412	1,000	-0,529	1,000
Post 6	Post 7	0,176	1,000	-0,118	1,000	-0,412	1,000
Post 7	Post 8	-0,176	1,000	0,118	1,000	-0,294	1,000

Post Hoc Bonferroni

From the table it can be analyzed that the treatment shows a significant difference in the frequency of breastfeeding in the combination treatment ($p < 0.05$) with a mean difference of 2,294. This shows that the combination treatment is better than breast care or mask, but the mask is not better (equal) than breast care because the measurement results from pre test to post test 8 show no difference in measurement results.

Effectiveness of Combination of Consumption of Musa Balbisiana Colla and Herbal Mask of Variant Rice on Breast Against Breast Milk Production of Post Partum Mother with indicators of Frequency of Infant Urination for Infants in Control Groups and Intervention Groups

Table 4.11. Test of Between Subjects Effect: Frequency of infant urination between control groups, interventions 1 and 2

Source	*Type III Sum of Squares*	*Df*	*Mean Square*	*F*	*p*
Frekuensi of infant urination	267,586	2	133,793	2,429	0,099

Based on the results of the Repeated ANOVA test from the data on the frequency of urination of infants between groups did not show a significant difference between the breast care group compared to masks, breast care compared to combinations and masks compared to combinations where the $F = 2.429$ and $p = 0.099$. To see which groups are more effective against the frequency indicator of infant urination, a post hoc bonferroni test is performed.

Table 4.12. Results of Examination Analysis Different Frequency Before and After Intervention Between Control Groups, Interventions 1 and 2

Measurement		Breast Care		Mask		Combination	
		Mean Difference	**P**	*Mean Difference*	**P**	*Mean Difference*	**P**
Pre	Post 8	-2,941	0,078	-4,000	0,001	-4,706	0,001
Pre	Post 1	-0,412	1,000	-1,294	1,000	-1,000	0,597
Post 1	Post 2	-0,765	1,000	-0,647	1,000	-1,235	0,147
Post 2	Post 3	-0,235	1,000	-0,176	1,000	0,294	1,000
Post 3	Post 4	-0,471	1,000	0,000	1,000	-0,471	1,000
Post 4	Post 5	1,000	0,364	0,294	1,000	0,471	1,000
Post 5	Post 6	-1,412	0,374	-1,765	0,007	-1,941	0,003
Post 6	Post 7	0,000	1,000	-0,059	1,000	0,471	1,000

Post 7	Post 8	-0,647	1,000	0,353	1,000	-1,294	3,63

From the results of the analysis it was found that the treatment showed significant differences in the frequency of BAK in the combination group at pre post 8 (p = 0.001), post 5 post 6 (p = 0.003) and in the mask group at pre post 8 (p = 0.001), post 5 post 6 (p = 0.007). This shows that the combination group is better than masks and masks better than breast care because breast care shows no difference in pre post 8 (p = 0.078).

Effectiveness of Combination of Consumption of Colla Musa Balbisiana and Herbal Rice Variant Mask on Breast against Mother's Breast Milk Production of Post Partum with Frequency Indicator of Sleep Length in Control Groups and Intervention Groups

Table 4.13. Result of Repeated Measure Anova (Test of Between Subjects Effect): Sleep Length between Control Groups, Interventions 1 and 2

Source	*Type III Sum of Squares*	*Df*	*Mean Square*	*F*	*p*
Sleep Duration	28,980	2	14,490	2,102	0,133

Based on the results of the Repeated ANOVA test from the average data the difference in length of sleep between infants did not show a significant difference between breast care compared to masks, breast care compared to combinations and masks compared to combinations where the value of F = 2.102 and p = 0.133. To see which groups are more effective against the frequency of baby's sleep indicator, the post hoc bonferroni test is carried out.

Table 4.14. Results of Analysis of Different Sleep Length Tests Before and After Inter-Control Intervention, Interventions 1 and 2

Measurement		*Breast care*		**Mask**		**Combination**	
		Mean Difference	**P**	*Mean Difference*	**P**	*Mean Difference*	**P**
Pre	Post 8	-0,941	0,387	-1,176	0,007	-1,471	0,027
Pre	Post 1	0,353	1,000	-0,471	1,000	-0,471	1,000
Post 1	Post 2	-0,294	1,000	0,294	1,000	-0,412	0,517
Post 2	Post 3	-0,471	1,000	-0,235	1,000	1,059	1,000
Post 3	Post 4	-0,471	1,000	0,176	1,000	-1,000	1,000
Post 4	Post 5	-0,118	1,000	0,000	1,000	-0,294	1,000
Post 5	Post 6	0,118	1,000	-0,412	1,000	-0.118	1,000
Post 6	Post 7	-0,059	1,000	0,118	1,000	-0,588	1,000
Post 7	Post 8	0,000	1,000	-0,412	1,000	0,353	1,000

Post Hoc Bonferrori

From the table above, it can be seen the results of the analysis of the test of the difference in length of sleep before and after the pre and post test 8 interventions showed there were differences in the length of sleep between the measurements in the mask and combination groups (p value <0.05). From the results of the analysis of the test the duration of infant sleep shows that the treatment using masks (p = 0.007) is better than the combination (p = 0.027) and the combination is better than breast care (p = 0.387) in increasing milk production. But seen from the average difference the most effective intervention is a combination group with a mean difference of 1,471. Whereas the mask with an average difference of 1.176 is more effective than breast care with a p value of 0.387 and an average difference of 0.941.

Multivariate Analysis Results

Table 4.15 Analysis of the effect of the combination of consumption of colla musa balbisiana and rice variant herbal mask on breast milk production in postpartum mothers

Independent Variable	Wilk's Lambda	Hypo-thesis df	Error df	Partial Eta Square	P	Dependent Variable	Post Hoc
Herbal mask of varian rice on breast Combination of comsumption of musa balbisiana colla and herbal mask of varian rice on breast	0,500	10,000	88.000	0,293	0,001	1. Frequency breastfeeding	0,001
						2. Baby's Weight	0,362
						3. Frekuenqy of infant urination	0,003
						4. Sleep duration	0,014

From the table, it can be seen that all the interventions given, namely breast care, masks, and the combination of banana heart consumption and rice variant herbal masks have an influence on breast milk production, with significant effects on breastfeeding frequency, frequency of infant urination, and length of sleep.

Table 4.16 Analysis of the effect of the combination of consumption of colla musa balbisiana and rice variant herbal mask on breast milk production in postpartum mothers

Dependent Variable	Group	Mean Difference	P
Frequency of Breastfeeding	*Breast care* vs Mask	-1,000	0,046
	Breast care vs Combination	-1,706	0,001
	Maks vs Combination	0,706	0,246
Baby's Weight	*Breast care* vs Mask	5,882	1,000
	Breast care vsCombination	58,824	0,851
	Makser vs Combination	52,941	1,000
Frekuency of Infant Urination	*Breast care* vs Mask	-0,706	1,000
	Breast care vs Combination	-2,647	0,008
	Maks vs Combination	1,941	0,071
Sleep Duration	*Breast care* vs Mask	-0,941	0,041
	Breast care vs Combination	-0,941	0,041
	Maks vs Combination	-2,99	1,000

Post hoc Bonferroni

From the table above, it can be seen that for the variable breastfeeding frequency, the most significant group experienced a difference, namely the control group (breast care) and intervention group 2 (mask), for the frequency of BAK there were significant differences in the control group (breast care) and intervention group 2 (mask), and variable sleep duration there were significant differences in the control group (breast care) and intervention group 1 (mask) and intervention group 2 (combination). Whereas for the infant weight variable did not experience any significant differences in all treatment groups, this showed an intervention in the form of breast care, masks, and a combination of consumption of musa balbisiana colla and rice variant herbal masks for 8 days did not have a significant effect on infant weight .

DISCUSSION

Combination of Consumption of Colla Musa Balbisiana and Herbal Mask of Rice Variant on Breasts Effective against Breastmilk Production Of Post Partum Mother's with Baby Weight Indicator

The results of the analysis showed that there were no differences in breast care, masks and

combinations of body weight between groups (P> 0.05). However, clinically, it was found that the average infant weight in the control group given breast care before treatment was 3052.94 grams and after being given intervention for 7 days it increased to 3194.12 grams. The mean body weight of infants in the intervention group I was given breast mask before the intervention was 3052.94 grams and after being given intervention for 7 days it increased to 3200.00 grams. While in the intervention group 2, the combination of the klutuk banana heart and the average breast mask administration the first day baby weight was 3020.59 grams and on the 8th day it was 3170.59 grams.

The highest average difference in body weight before and after treatment was in the combination group of 150 grams with effect size 2 (high), mean difference in mask group 147,059 grams with effect size 1.9 (high) while the average difference in the lowest weight was in the intervention group breast care that is 141,176 grams with a size of 0.09 (low).

Combination of Musa Colla Balbisiana Consumption and Herbal Mask of Rice Variant on Breasts Effective against Breast Milk Production of Post Partum Mother with Baby Breastfeeding Frequency Indicators

The results of the analysis showed P (0.053)> 0.05, which means there was no significant difference in the frequency of breastfeeding between breast care versus masks, breast care compared to combinations and masks compared to combinations. Seen further for the results of the measurement showed that the combination was better when compared to breast care and mask, but the mask was not better (equal) than breast care because the measurement results from the pre test post test 8 showed no difference in the measurement results.

Breast care provides stimulation to the breast which then stimulates the hypothalamus so that prolactin is released from the anterior pituitary which works in the alveolar epithelium to produce milk production. [19] herbal masks for breast, one of the variants that can be used for breast care is the white rice variant. The white rice variant can whiten and brighten the skin, eliminate miliriasis (kringet buntet), shrink pores, accelerate the exfoliation of dead skin cells, regenerate the skin, smooth the skin, tighten the skin, tighten the breasts & buttocks, fade the aging

line, facilitate milk production . Masks work through the mechanism of absorption of masked substances, namely saponins, alkaloids and flavonoids through the process of absorption from the skin layer and then carried by the blood flow to the hypothalamus, which affects the production of breast milk. While the heart of the klutuk banana has several chemical compounds (0.4 grams of flavonoids) which can increase milk production. [20] The three treatments when combined are effective for increasing breastmilk production in postpartum mothers.

The fact of this study supports the results of Elly Wahyuni's research which states that there is an increase in the average frequency of breastfeeding after consuming the colla musa balbisiana for 7 consecutive days. In this case elly wahyuni that the more frequent nursing mothers, the higher the volume of breast milk produced in the mother's body. [11]

Combination of Consumption of Colla Musa Balbisiana and Herbal Mask of Rice Variant on Breasts Effective Against Breast Milk Production of Post Partum Mothers with Baby Urine Frequent Indicators

The results of the analysis using general linear models show that the P value (0.099)> 0.05, which means there is no significant difference in the frequency of infant urination between the control group (breast care), I intervention (mask) and group 2 (combination). However, if viewed further, the frequency of infant urination showed a significant difference between groups in post test 5 to post test 8 (P <0.05). This shows that there is an improvement in milk production.

The difference in frequency of infant urination before and after intervention between groups showing breastcare from pre test to post test 8 showed no difference in measurement results, in intervention group 1 (mask) frequency of infant urination value pre test to post test 8 and post 5 to post 6 shows a significant difference with the difference of 4 and 1.7 while in the intervention group 2 (combination) the BAK frequency value pre test to post test 8 and in post 5 to post 6 shows a significant difference with differences 4 and 1 , 9. Looking at the results of these studies it can be concluded that the combination is more effective in increasing breast milk production in postpartum mothers with frequency of infant urination indicators and the least effective is the breast care group.

Another indicator to see that breastfeeding is sufficient for babies is the frequency of infant urination. The frequency of infant urination who get enough milk for 24 hours at least 6-8 times a day with yellow and clear urine. The pattern of infant elimination depends on the intake of the baby, the baby who drinks breast milk at least 8-10 times a day the clear color and distinctive smell of urine. [21]

Based on the results of the study, the combination of consumption of musa balbisiana colla and rice variant herbal mask for breast can be used as an alternative to maximize the increase in breast milk production in postpartum mothers with a baby frequency of infant urination indicator.

Combination of Consumption of Colla Musa Balbisiana and Herbal Mask of Rice Variant on Breasts Effective against Breast Milk Production of Postpartum Mother's with Indicators of Infant Sleep Length.

The results of the analysis using general linear models show that the value of P> 0.05 means that there is no significant difference in sleep duration between the control group (breast care), intervention group 1 (mask) and intervention group 2 (combination). However, when viewed further the sleep length measurements showed a significant difference in the mask and combination groups in the pre test and post test 8. But in the breast care group there was no significant difference (p> 0.05).

The results of the research analysis found no significant differences after being given breast care, mask and combination interventions. Many factors influence the production of breast milk given the importance of breastfeeding for optimal growth of babies both physically and mentally and their intelligence, so attention needs to be taken so that it can be carried out correctly. The main key to starting breast milk production successfully is to make the baby breastfeed directly from the breast frequently and regularly, based on needs and in the right position. Some of the factors that affect the smooth running of the breast milk are stimulation of the muscles of the mammary gland (breast care), regularity of the baby sucking, mother's condition, mother's eating and resting patterns.

Another indicator to see that breast milk is sufficient for babies is the length of the baby's sleep. Sufficient sleep duration for breast milk is 2-3 hours after breastfeeding or 16-20 hours a day. [21-22] Adequacy of breastfeeding is also indicated by the behavior of babies who are usually calm, not fussy and sleep soundly. However, it should also be noted that the success of breastfeeding is also influenced by the comfort level of the mother which indirectly affects the production of breast milk. Mothers should not schedule breastfeeding. Breastfeeding is best done at the request of the baby (on demand).

In the study of breast milk production is strongly influenced by the frequency of breastfeeding babies. The more frequent the baby is breastfed, the more volume of milk produced will be more because the higher the level of oxytocin in the blood circulation will stimulate prolactin to continue to produce milk, the baby's weight will increase, the frequency of breastfeeding will be more frequent, frequency of infant urination will be more frequent and the baby will feel calm, not fussy and sleep well.

CONCLUSION

Based on the results of the study, it can be concluded that the combination of consumption of colla musa balbisinia and rice variant herbal mask on the breast is effective against the production of maternal ausu water in postpartum mothers in Demak Regency with indicators of assessment of breast milk production: infant weight, frequency of breastfeeding baby water and baby's sleep.

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RECOMMENDATION

For health services

As input for health workers to develop midwifery services and as a plan for adding programs to increase breast milk production for postpartum mothers with standard care for puerperium (Breast Care and Education) and additional consumption of 200 gram musa balbisiana colla and rice variant herbal masks for 1x breast per day for 7 days during puerperium.

For the community

Provide additional consumption of clear vegetable klutuk banana heart 200 grams per day and a variant of rice herbal mask for breast 1x per day for 7 days as a good choice for postpartum mothers to increase mother's milk production

For educational

Institutions As a reference for educational institutions or reading material for students.

For further researchers

Other researchers can develop the intervention provided and measure the indicators of breast milk production by using more sophisticated tools so that they can measure the amount / volume of breast milk for 24 hours.

BIBLIOGRAPHY

[1]. Maritalia D. Care for Postpartum and Breastfeeding Midwifery. Yogyakarta: Learning Library, 2012.

[2]. Republic of Indonesia Ministry of Health. 2014 data and information (Indonesian Health Profile). Jakarta: Ministry of Health of the Republic of Indonesia. 2015

[3]. Sutarjo US. Indonesia Health Profile 2015. Jakarta: Ministry of Health of the Republic of Indonesia. 2016

[4]. Republic of Indonesia Ministry of Health. Indonesian Health Profile Data and Information in 2016. Ministry of Health of the Republic of Indonesia, Pusdatin Ministry of Health of the Republic of Indonesia. 2017.

[5]. Central Java Provincial Health Office. Health Profile of Central Java Province. 2014. Semarang: Central Java Provincial Health Office.

[6]. Central Java Provincial Health Office. Health Profile of Central Java Province. Semarang: Central Java Provincial Health Office. 2015

[7]. Central Java Provincial Health Office. Central Java Province Health Profile. Semarang: Central Java Provincial Health Office. 2016

[8]. Demak District Health Office. Demak District Health Profile. 2016. Demak, Demak District Health Office.

[9]. Republic of Indonesia Ministry of Health. Exclusive breastfeeding situation and analysis. Jakarta: Ministry of Health of the Republic of Indonesia. 2014

[10]. Nainggolan M. Knowledge of primigravida mothers regarding the factors that affect the quality and quantity of breast milk in Simalingkar health center Medan. Knowledge of Primigravida Concerning Factors Affecting Quality and Quantity of Breast Milk at Simalingkar Health Center Medan. 2009

[11]. Wahyuni E, Sumiati S, Nurliani N. Effect of Rock Banana Heart Consumption on Increased Asi Production in Srikuncoro Health Center Area, Pondok Kelapa District, Bengkulu Middle 2012. Health System Research Bulletin., 15(4), 2013.

[12]. Mutika WT. Effectiveness of Breastcare Combination and katuk leaf administration on breast milk production in Normal Postpartum Mothers. 2014

[13]. Afianti S. Effectiveness of breast massage with breast gymnastics on the smooth flow of breast milk in post partum mothers. Purwokerto: FKIK Jenderal Soedirman University. 2012.

[14]. Yudrik J. Developmental Psychology. 4 Ek, editor. Jakarta: Prenadamedia Group, 2015

[15]. Lestari D, Zuraida R, Larasati T. Relationship between Mother's Knowledge Level on Mother's Milk and Mother's Work with Exclusive ASI Giving in Kelurahan Fajar Bulan. Journal of Majority 2(4), 2013

[16]. Indriyani D. Effect of early and regular breastfeeding on breast milk production in post partum mothers with sectio caesarea in Dr. RSUD Soebandi Jember and Dr. H. Koesnadi Bondowoso. Depok, FIK UI, 2006.

[17]. Mardiyaningsih E, Sabri L. Effectiveness of the combination of marmet technique and oxytocin massage on breast milk production in post-section mothers at Central Java Regional Hospital. Sudirman Nursing Journal. 6(1), 2011, 31-8.

[18]. Kent JC, Prime DK, Garbin CP. Principles for maintaining or increasing breast milk production. Journal of Obstetric, Gynecologic, & Neonatal Nursing. 41(1), 2012, 114-21.

[19]. Saryono. Breast Care. Jogjakarta: Mitra Cendikia Press; 2008

[20]. Public Health Nutrition Section F U, Medan. Banana heart as laktogogum. 2012.

[21]. Saribu HJD, Pujiati W. Oxytocin Massage and Breast Care against the Smooth Release of Breast Milk in Post Partum Mothers. Medisains, 13(1), 2017

[22]. Wambach K, Riordan J. Breastfeeding and human lactation, Jones & Bartlett Learning, 2014.