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The Effect of Acupressure and Lavender Aromatherapy on Breast Milk Production and Uterine Involution in Post Partum Mothers

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Abstract: During the postpartum period, two processes occur: uterine involution and lactation. Acupressure can help maximize prolactin and oxytocin receptor activity, minimize the side effects of delayed breastfeeding in the baby, and influence oxytocin release, which triggers uterine muscle contractions and retraction, thereby accelerating uterine involution. Lavender aromatherapy induces a relaxing effect through the central nervous system, which can help increase oxytocin production—a hormone that plays a role in boosting breast milk production—and triggers uterine contractions to accelerate uterine involution. The objective of this study is to determine the effects of acupressure and lavender aromatherapy on breast milk production and uterine involution in postpartum mothers before and after intervention. The study used a quasi-experimental pretest-posttest design with a control group. The population consisted of breastfeeding postpartum mothers at the PMB in Curup City, Rejang Lebong Regency, and the PMB in Aceh Besar City. The sample was selected using simple random sampling and included 82 respondents divided into two groups of 41 each. The research instrument consisted of a questionnaire designed to gather information about the respondents' characteristics, as well as an observation sheet to monitor breast milk production and assess uterine involution. The acupressure therapy intervention involved applying pressure to three specific points: Large Intestine 4 (LI 4), Stomach 36 (ST 36), and Small Intestine 1 (SI 1). This was complemented by the use of lavender aromatherapy. The study results indicated that both acupressure and lavender aromatherapy had a significant impact on breast milk production and uterine involution ($P \leq 0.05$). Overall, the administration of acupressure and lavender aromatherapy proved to be effective in enhancing breast milk production and promoting faster uterine involution in postpartum mothers.

Keywords: Acupressure; Breast Milk; Involution Uteri; Lavender aromatherapy; Post Partum

Introduction

The postpartum period is when the reproductive organs recover to return to their pre-pregnancy state, especially the uterus, in a process called involution (Lailiyana & Sartika, 2021). During the postpartum period, women undergo two key processes: uterine involution and lactation. The hormone oxytocin plays a crucial role in uterine involution, which is the process by which the uterus returns to its pre-pregnancy size. Effective uterine involution is important as it can help prevent postpartum hemorrhage, a major cause of maternal mortality during this period (Widiawati & Utami, 2020). The maternal mortality rate in Indonesia was 305 deaths per 100,000 live births in 2015. In 2021, hemorrhage became the second leading cause of

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maternal mortality (Kemenkes, 2022). Breast milk is the very first gift that a newborn receives in life (Sabba et al., 2022). Breast milk is the ideal nutrition for babies because it contains colostrum, which is rich in antibodies, and provides proteins that strengthen the immune system, reducing the risk of infant mortality. Exclusive breastfeeding is recommended for infants from birth to 6 months, which is a crucial period for a child's development. Breastfeeding should continue until the age of 2 years (Kemenkes, 2022). Breastfeeding can improve infant survival and promote healthy development (Arumsari et al., 2018). Breastfeeding is also beneficial for the mother, as it helps accelerate uterine involution (Lailiyana & Sartika, 2021).

According to WHO data from 2023, the global rate of exclusive breastfeeding was only 45% (WHO, 2024). In Indonesia, the exclusive breastfeeding rate in 2021 was 56.9%, with rates of 66.3% in Bengkulu and 55.4% in Aceh (Kemenkes, 2022). Rejang Lebong Regency stood at 64.67%, (BPS, 2022), and Aceh Besar at 49% (Dinas Kesehatan Aceh, 2021). The low rate of exclusive breastfeeding for infants under six months may be due to delayed breast milk production in the first few days postpartum, leading to the use of formula milk shortly after birth (Kemenkes, 2022).

Acupressure is a non-pharmacological treatment technique that involves applying pressure to specific points on the body (Liliana & Wahyuningsih, 2020). Acupressure helps maximize prolactin and oxytocin receptor activity and minimize the side effects of delayed breastfeeding in infants (Lailiyana & Sartika, 2021). Research Ramadani et al. (2019) indicates that acupressure significantly increases breast milk production in postpartum mothers. Acupressure influences oxytocin release, triggering uterine muscle contractions and retraction, which, in turn, compresses blood vessels, reducing blood supply to the uterus. Effective uterine contractions are essential for accelerating uterine involution. These contractions reduce the site of placental implantation and minimize postpartum bleeding (Lailiyana & Sartika, 2021). The study by Lailiyana & Sartika (2021) found that postpartum exercises and acupressure are effective. Compared to postpartum exercises, acupressure is more effective in accelerating the process of uterine involution (Lailiyana & Sartika, 2021).

Lavender aromatherapy induces a relaxing effect through the central nervous system, which helps increase oxytocin production and thereby boost breast milk production, as the hypothalamus in the central nervous system is responsible for producing oxytocin (Hayati et al., 2020). Uterine involution is influenced by the release of oxytocin, which causes contractions and retraction of the uterine myometrial muscles (Ainun et al., 2020). A study by Kurniati et al. (2019) found that oxytocin massage using lavender essential oil influences breast milk production (Kurniati et al., 2019). There is an effect on breast milk production in mothers before and after lavender aromatherapy and breast care (Hayati et al., 2020).

The aim of this study was to assess the effects of acupressure and lavender aromatherapy on breast milk production and the process of uterine involution in postpartum mothers. This evaluation took place before and after the intervention at the Maternal and Child Health Centers in Curup and Aceh Besar.

Method

The research design was quasi-experimental, employing a pretest-posttest design with a control group. In this study, the researcher administered an intervention consisting of acupressure and lavender aromatherapy to the study group, while the control group received conventional postpartum care.

The population for this study consists of postpartum and breastfeeding mothers at the PMB in Curup City, Rejang Lebong Regency, and the PMB in Aceh Besar City. The sample for this study comprises postpartum mothers who are breastfeeding on their first day at the PMB in Curup City, Rejang Lebong Regency, and the PMB in Aceh Besar City.

The total sample was divided into an intervention group and a control group, each with 37 participants. With an estimated dropout rate of 10% (4 participants), the required sample size per group is 41, for a total of 82. The intervention group received acupressure and lavender aromatherapy, while the control group received conventional postpartum care.

The data collection tool utilized in this study was a questionnaire designed to assess the characteristics of the respondents. An observation sheet was used to document breast milk production and evaluate uterine involution in postpartum mothers both before and after the intervention. The acupressure therapy intervention involved applying pressure to three specific points: Large Intestine 4 (LI 4), Stomach 36 (ST 36), and Small Intestine 1 (SI 1), each for a duration of 60 seconds. This intervention was accompanied by the administration of lavender aromatherapy. Uterine involution was measured by assessing the height of the uterine fundus using a measuring tape on the first and seventh days postpartum. Breast milk production was evaluated by measuring the volume of breast milk (in cc) before and after the intervention.

Data analysis employed the nonparametric Mann-Whitney U test, with a significance level set at $\alpha = 0.05$ and a confidence interval of 95%.

Result and Discussion

Respondent Characteristics

The characteristics of the respondents. In the intervention group, the majority of respondents were aged 26 years or older, accounting for 65.9%, while in the control group, this figure was 68.3%. Regarding employment status, the majority of respondents were unemployed, accounting for 58.5% in the intervention group and 87.8% in the control group as shown in Table 1.

Table 1. Respondent Characteristics

Respondent Characteristics	n	Percentage %
Age		
Intervention		
- < 26 years	14	33.3
- ≥ 26 years	27	65.9
Control		
- < 26 years	13	31.7
- ≥ 26 years	28	68.3
Occupation		
Intervention		
- No	24	58.5
- Yes	17	41.5
Control		
- No	36	87.8
- Yes	5	12.2
Education		
Intervention		
- SD/SMP	9	22.0
- SMA	22	53.6
- PT	10	24.4
Control		
- SD/SMP	8	19.5
- SMA	27	65.9
- PT	6	14.6

Breast Milk Production

Table 2 shows that the average breast milk production in the intervention group on Day 1, before the intervention, was 3.83 (standard deviation = 1.447), and after the intervention, it was 6.59 (standard deviation = 3.834). In the control group, on day 1 before the intervention, the average breast milk production was 3.93 (SD = 1.649); after the intervention on day 1, the average breast milk production was 5.80 (SD = 1.939). In the intervention group, on day 6 before the intervention, the average breast milk production was 35.88 (standard deviation = 27.306); after the intervention, the average was 60.27 (standard deviation = 28.381). In the control group, on day 6, the average breast milk production before the intervention was 29.95 (standard deviation = 7.301), and after the intervention, it was 37.66 (standard deviation = 9.270).

Table 2. Breast Milk Production

Breast Milk Production	Intervention Group n=41		Control Group n=41	
	Mean	SD	Mean	SD
1 Day before Intervention	3.83	1.447	3.93	1.649
1 Day after Intervention	6.59	3.834	5.80	1.939
7 Days before Intervention	35.88	27.306	29.95	7.301
7 Days after Intervention	60.27	28.381	37.66	9.270

Uterine Involution

Table 3. Uterine Fundal Height

Uterine Fundal Height	Intervention Group n=41		Control Group n=41	
	Mean	SD	Mean	SD
1 Day before Intervention	11.02	1.037	11.10	1.908
7 Day before Intervention	4.54	0.925	5.44	1.205

Table 3 shows that the average uterine fundal height in the intervention group on Day 1 before the intervention was 11.02 with a standard deviation of 1.037, and on Day 7 after the intervention, it was 4.54 with a standard deviation of 0.925. In the control group, on day 1 before the intervention, the average uterine fundal height was 11.10 with a standard deviation of 1.908; on day 7 after the intervention, the average uterine fundal height was 5.45 with a standard deviation of 1.205.

Difference in average breast milk production before and after the intervention

The results of the statistical test comparing mean breast milk production between the intervention and control groups, as shown in Table 4, revealed a p-value of <0.05 for the pre-intervention to post-intervention comparison. These results indicate a statistically significant difference in mean breast milk production between the pre- and post-intervention periods.

Table 4. The difference in average breast milk production before and after acupressure and lavender aromatherapy

Variable	Mean	SD	*Z*	*p*
Intervention Group				
Before	3.14	1.882	-5.280	0.000
After	0.02	28.07		
Control Group				
Before	4.45	2.734	-5.888	0.000
After	7.86	9.246		

* *Wilcoxon Singened Rank Test*

Difference in the mean rate of uterine involution before and after intervention

Table 5. The difference in the average height of the uterine fundus before and after acupressure and lavender aromatherapy

Uterine Fundal Height	Mean	SD	*Z*	*P*
Intervention Group				
Before	11.02	1.024	-5.616	0.000
After	4.50	0.944		
Control Group				
Before	11.10	1.885	-5.603	0.000
After	5.45	1.194		

* *Wilcoxon Singened Rank Test*

The results of the statistical test comparing the mean uterine fundal height between the intervention and control groups, as shown in Table 6, revealed a p-value of <0.05 for the pre-intervention to post-intervention comparison. These results indicate a statistically significant difference in the mean uterine fundal height between the pre- and post-intervention periods.

Difference in the mean uterine involution between the intervention group and the control group

The results of the statistical test comparing mean breast milk production between the intervention and control groups, as shown in Table 6, revealed that the intervention group's mean breast milk production after the intervention was 60.27, while the control group's was 37.66. The p-value was found to be $p < 0.05$. Thus, the administration of acupressure and lavender aromatherapy in the intervention group was more effective in increasing breast milk production than in the control group, which received only conventional postpartum care. These results indicate that acupressure and lavender aromatherapy affect breast milk production in breastfeeding mothers.

Table 6. Differences in average breast milk production and fundal height between the intervention group and the control group

Variable	Mean	SD	*p*	Minimun-Maximum
Breast Milk Production				
Before in the Intervention Group	3.83	1.447	0.707	2-10
Before in the Control Group	3.93	1.649		0-10
Breast Milk Production				
After in the Intervention Group	60.27	28.381	0.000	28-180
After in the Control Group	37.66	9.270		25-64
Uterine Fundal Height in the Intervention Group				
Before in the Intervention Group	11.02	1.037	0.163	8-12
Before in the Control Group	11.10	1.908		7-13
Uterine Fundal Height in the Intervention Group				
After in the Intervention Group	4.50	0.925	0.001	3-6
After in the Control Group	5.45	1.205		3-9

**Mann-Whitney Test*

The results of the statistical test for the difference in mean uterine fundal height between the intervention and control groups, as shown in Table 6, revealed a mean uterine fundal height of 4.50 in the intervention group after the intervention and 5.44 in the control group. The p-value was found to be $p < 0.05$. Thus, the administration of acupressure and lavender aromatherapy in the intervention group was more effective in accelerating uterine involution than in the control group, which received only conventional postpartum care. These results indicate that acupressure and lavender aromatherapy have an effect on uterine involution in breastfeeding mothers.

The results of the study indicate that acupressure and lavender aromatherapy have a significant effect on breast milk production and uterine involution in postpartum mothers ($p < 0.05$). This finding is based on a study in which postpartum mothers received acupressure and lavender aromatherapy for 7 days. Breast milk production and uterine fundal height were assessed before the intervention and after the intervention from day 1 through day 7.

In this study, acupressure therapy was administered by applying pressure to three points: Large Intestine 4 (LI 4), Stomach 36 (ST 36), and Small Intestine 1 (SI 1), each for 60 seconds, accompanied by the administration of lavender aromatherapy. Uterine involution was assessed by measuring the height of the uterine fundus using a Metlin ruler on the first and seventh days. Breast milk production was assessed by measuring breast milk volume (cc) before and after the intervention.

The postpartum period is the time during which the reproductive organs undergo recovery to return to their

pre-pregnancy state, particularly the uterus, a process known as involution. During this period, lactation also occurs, which is crucial for successful breastfeeding. The provision of breast milk (ASI) strengthens the bond between mother and baby and influences the child's growth and development. The breastfeeding process also offers numerous benefits for the mother, including accelerating the involution process (Lailiyana & Sartika, 2021).

Research Wulandari et al. (2019), found that acupressure affects breast milk production, with a p-value of 0.000 < α (0.05). Acupressure can stimulate the nerves of the mammary glands; the resulting signal is sent to the hypothalamus, which produces the hormone prolactin, which is then transported to the anterior pituitary to be released into the breasts. Subsequently, prolactin stimulates the alveolar cells to produce breast milk. This is what causes the effect of acupressure on breast milk production.

Breast milk is the primary source of nutrition for newborns; exclusive breastfeeding for infants aged 0–6 months is crucial, as this period is the golden period of child development until age 2 (Ahmed et al., 2023; Kemenkes, 2022; Nayak & Fernandes, 2023; Pakilaran et al., 2022). Breast milk secretion is influenced by two hormones: prolactin, which stimulates milk production in the alveoli, and oxytocin, which influences milk ejection (Aryani et al., 2021). The lactation process is a highly complex interaction involving mechanical, neural, and various hormonal stimuli (Widayati et al., 2022). Barriers to exclusive breastfeeding are typically caused by insufficient milk flow and milk production, which can result from inadequate stimulation of prolactin and oxytocin hormones that play a crucial role in milk production (Hayati et al., 2020).

A decrease in breast milk production and let-down in the first few days after childbirth may be caused by a lack of stimulation of the hormones prolactin and oxytocin, which play a crucial role in maintaining a smooth flow of breast milk. Oxytocin influences the release of prolactin, which stimulates breast milk production in the mother during breastfeeding. Therefore, stimulation of the oxytocin reflex is necessary before breast milk is expressed or pumped (Kurniati et al., 2019).

Reseach of Rahmanindar & Nisa (2024), found that lactation acupressure massage affects breast milk production in postpartum mothers. Acupuncture therapy is a traditional Chinese therapy where one of the treatments used is to increase breast milk production in postpartum mothers (Widayati et al., 2022). Massage technique: press 30 times until a tingling sensation is felt. Acupuncture to increase breast milk production can be performed by massaging the intersection of the perpendicular lines from the corner of the little fingernail. At a location situated 4 finger-widths below the kneecap on the outer edge of the shinbone (Kemenkes, 2016). Acupressure can reduce pain, stress, and anxiety, thereby improving breast milk quality (Annisa & Mufdilah, 2024).

The use of lavender essential oil in aromatherapy can help mothers relax and feel comfortable, which may increase breast milk production. The primary active components in lavender oil responsible for its anti-anxiety (relaxing) effects are linalool and linalyl acetate (Sahriana & Nulhakim, 2023). When inhaling lavender aromatherapy, the scent produced induces a relaxing effect on the central nervous system. This relaxation effect on the central nervous system can help increase oxytocin production, a hormone that plays a role in boosting breast milk production, as the hypothalamus located within the central nervous system is responsible for producing oxytocin (Hayati et al., 2020). Uterine involution is influenced by the release of oxytocin, which causes contractions and retraction of the uterine myometrial muscles (Widiawati & Utami, 2020).

A study Lailiyana & Sartika (2021) found that postpartum exercises and acupressure are beneficial for uterine involution. Compared to postpartum exercise, acupressure is more effective in accelerating the process of uterine involution, as evidenced by statistical test results showing a significant difference in the mean height of the uterine fundus between the group of postpartum mothers who received a combined intervention of acupressure and postpartum exercise and the group who performed postpartum exercise without acupressure therapy (p=0.000), as well as a difference in the average height of the uterine fundus between the group of postpartum mothers who received acupressure and the group who performed postpartum exercises (p=0.023).

Uterine involution is the return of the uterus to its pre-pregnancy state, both in shape and position (Widiawati & Utami, 2020). The involution process can occur rapidly or slowly; factors influencing uterine involution include muscle activity. This can cause muscle contraction and retraction after childbirth, which is necessary to clamp off blood vessels following placental delivery; continuous contraction helps reduce the size of the muscle tissue (Widiawati & Utami, 2020).

When postpartum women receive acupressure intervention, applying pressure to the ST 36, LI 4, and SI 1 points stimulates the release of endorphins and oxytocin (Anna et al., 2024). Oxytocin causes uterine muscle contractions and retraction, which compress blood vessels and reduce blood flow to the uterus. This process helps to reduce the size of the placental implantation site and minimize bleeding (Widiawati &

Utami, 2020). The physiological effect of oxytocin is to stimulate uterine smooth muscle contractions during and after childbirth, thereby accelerating uterine involution (Abimulyani & Sawedi, 2025; Egam & Veronica, 2023; Widiawati & Utami, 2020). The physiological effect of oxytocin is to stimulate uterine smooth muscle contractions during and after childbirth, thereby accelerating uterine involution (Ainun et al., 2020). Uterine involution refers to the contraction and retraction of uterine muscle fibers after the delivery of the baby and associated parts. This includes the uterine volume and the endometrial portion of the placenta returning to a non-pregnant state (Wang et al., 2021). Oxytocin receptors on the uterine smooth muscle membrane open calcium and sodium ion channels and cause membrane depolarization, which allows calcium ions to enter the cell, resulting in contractions that help accelerate the process of uterine involution (Anna et al., 2024).

Conclusion

The combination of acupressure and lavender aromatherapy is an effective non-pharmacological method for supporting postpartum recovery. This intervention works by stimulating the hormones oxytocin and prolactin, which not only increase breast milk production—the best nutrition for infants—but also accelerate uterine involution, reducing the risk of postpartum hemorrhage. Research results indicate that administering acupressure and lavender aromatherapy effectively increases breast milk production and accelerates uterine involution in postpartum mothers, as confirmed by statistical testing ($P \leq 0.05$). It is hoped that healthcare providers, particularly those in Midwife-Led Practices (MLPs), will adopt this complementary therapy as a standard of postnatal midwifery care to enhance the well-being of both mothers and infants.

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Author Contributions
Conceptualization, KUR. ; methodology, KUR. ; validation, W.I. and KZ.; formal analysis, DMB.; investigation, KUR.; resources, KUR.; data curation, DMB and Yus.; writing—original draft preparation, KUR.; writing—review and editing, KUR.; visualization, KUR and W.I. All authors have read and agreed to the published version of the manuscript.

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Conflicts of Interest
The authors declare no conflict of interest.

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