

Original Article

Effect of a combined woolwich massage, acupressure, and Breastfeeding Exclusive Self Training (BEST) for moms e-book intervention on ineffective breastfeeding: A case study

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Abstract

Background: Ineffective breastfeeding may be associated with an inadequate breast milk supply, suboptimal infant latch, breast pain, maternal anxiety, and limited access to understandable breastfeeding information. An approach combining physical stimulation and digital education may provide comprehensive support for mothers experiencing breastfeeding difficulties.

Objective: This case study aimed to describe the implementation of a combined Woolwich massage, acupressure, and BEST for MOMS e-book intervention among mothers experiencing ineffective breastfeeding.

Methods: A descriptive case study design was employed involving two breastfeeding mothers with infants aged 0–1 month in Sekarjaya Village, East Baturaja District, Indonesia. The intervention was delivered over six visits and comprised breastfeeding education using the BEST for MOMS e-book, demonstration and guided practice of Woolwich massage, and acupressure at the CV17 and ST18 points. Data were collected through maternal nursing assessments, observations of breastfeeding practices and outcomes, procedural checklists, and the Breastfeeding Self-Efficacy Scale–Short Form. The data were analyzed descriptively by comparing each participant's condition before and after the intervention.

Results: Following six visits, both participants demonstrated improvements in breastfeeding status. Infant feeding frequency increased from 5–6 times to more than eight times per day, while urination frequency increased from 4–5 times to eight times per day. Breast milk flow and infant latch also improved. The infants appeared calmer after feeding, whereas maternal breast pain and anxiety decreased. The participant who initially experienced more pronounced breast swelling and pain required a longer period of adaptation.

Conclusion: The combination of Woolwich massage, acupressure, and education through the BEST for MOMS e-book may be implemented as a supportive intervention for mothers experiencing ineffective breastfeeding. Studies involving larger samples, comparison groups, and standardized outcome measurements are required to determine the effectiveness of this combined intervention.

Background

Breastfeeding is the process of providing breast milk to an infant directly from the mother's breast. Exclusive breastfeeding is recommended from birth to six months of age without additional food or fluids, except for medicines or vitamins recommended by health professionals. Breast milk contains nutrients that are appropriate for infant growth and development. Breastfeeding is also associated with infant weight gain and the continued fulfillment of nutritional needs during early life. In addition, breastfeeding strengthens the emotional relationship between mother and infant through physical contact, affectionate responses, and interaction during feeding (Astutik & Purwanti, 2021; Firawati, Jamila, & Kasim, 2023). Correct breastfeeding techniques, maternal knowledge, and maternal attitudes are essential

foundations for an optimal breastfeeding process (Wita Solama, 2021).

Ineffective breastfeeding occurs when a mother and infant experience barriers during the breastfeeding process. These barriers may include insufficient breast milk production, poor milk flow, suboptimal infant latch, breast pain, maternal anxiety, and limited maternal skills in maintaining breastfeeding. Certain postpartum conditions may aggravate breastfeeding problems because pain, fatigue, and restricted mobility can reduce maternal comfort during breastfeeding (Ekasari & Adimayanti, 2022; Vijayanti, Isro'in, & Munawaroh, 2022). Negative perceptions, stress, and low self-confidence may inhibit oxytocin release and consequently interfere with milk ejection (Rosa, Pome, Fildzah, & Rustiati, 2023). Ineffective breastfeeding may compromise adequate infant intake, increase infant fussiness,

reduce maternal confidence, and disrupt the continuation of exclusive breastfeeding (Nurhidayah, 2023).

Exclusive breastfeeding coverage in Indonesia continues to require attention, particularly at the regional level. Nationally, exclusive breastfeeding coverage reached 68.6% according to the 2023 Indonesian Health Survey. Coverage in South Sumatra was reported to reach 75.73% in 2024; however, coverage was only 54.9% in Ogan Komering Ulu Regency and 69.6% in Sekarjaya Village (Dinkes OKU, 2023). These figures remain below the national target of more than 80%. Several factors may influence exclusive breastfeeding, including maternal knowledge and readiness, family circumstances, access to information, and support from health professionals (Hanifa, Putri, Pangestu, & Hidayani, 2024). Maternal dietary and rest patterns also require attention because both are associated with breast milk production among breastfeeding mothers (Hikmah, Musa, & Putri, 2023).

Health education is an important strategy for strengthening mothers' ability to maintain breastfeeding. Breastfeeding education can be provided during both the antenatal and postpartum periods to ensure that mothers have adequate understanding, readiness, and skills. A study of antenatal classes indicated that mothers' learning experiences should be relevant, understandable, and responsive to their needs (Avignon, Gaucher, Baud, Legardeur, Dupont, & Horsch, 2023). A systematic review also found that prenatal breastfeeding education may improve postpartum breastfeeding practices (Kehinde, O'Donnell, & Grealish, 2023). The development of breastfeeding support through training, peer support, and community-based approaches further suggests that structured support can strengthen breastfeeding initiation and continuation (Clarke et al., 2023; Clarke et al., 2025).

Android-based e-books may enable mothers to access breastfeeding information independently, practically, and flexibly. Mothers can reread e-book materials when breastfeeding difficulties arise at home. Education delivered through an e-book may improve maternal knowledge of the importance of maintaining exclusive breastfeeding (Nurlaily, Rohmatika, & Susilaningsih, 2022). Android-based breastfeeding counseling has also been reported to support exclusive breastfeeding during the COVID-19 pandemic because digital media allowed mothers to obtain information without depending entirely on face-to-face services (Rosa,

2022). Holistic breastfeeding education and the BEST for MOMS resource may strengthen mothers' understanding of positioning, attachment, signs of adequate milk intake, breast care, and strategies for overcoming breastfeeding barriers at home (Rosa, Rohana, & Ulfa, 2022; Rosa, 2023; Rosa, Wahyuni, Sari, & Ulfa, 2024).

Woolwich massage and acupressure are nonpharmacological interventions that may complement breastfeeding education. Woolwich massage is intended to promote comfort, relaxation, and stimulation of the breast area, thereby helping mothers prepare for breastfeeding and supporting milk flow (Fitriani, Dianna, & Dewi, 2021; Malatuzzulfa, Meinawati, Nufus, & Rolling, 2022; Wahyuni et al., 2021; Widadi, Nugraheni, & Marwiati, 2023). Acupressure may be applied at selected points to promote relaxation, reduce stress, and support milk ejection (Ene, Hadi, & Kusumawardani, 2022; Nugraeny, Sumiatik, & Hayati, 2022; Zidni Mayla Adzkia, 2022). Stimulation of the CV17 and ST18 points has been associated with the timing of breast milk expression among breastfeeding mothers (Rusliani, Navelia, & Dewi, 2024). Although e-book education, Woolwich massage, and acupressure have been described separately in previous studies, evidence regarding their combined application among mothers experiencing ineffective breastfeeding remains limited. Therefore, this case study aimed to describe the implementation of a combination of Woolwich massage, acupressure, and the BEST for MOMS e-book among two mothers experiencing ineffective breastfeeding in Sekarjaya Village, East Baturaja District.

Methods

Study Design

This study employed a descriptive case study design. The design was selected to describe the process of implementing a combination of Woolwich massage, acupressure, and the BEST for MOMS e-book among mothers experiencing ineffective breastfeeding. The descriptive case study was not intended to test general effectiveness; rather, it documented changes in breastfeeding status among two participants after a structured nursing intervention.

Participants and Study Setting

The case study involved two breastfeeding mothers experiencing ineffective breastfeeding in Sekarjaya Village, East Baturaja District, within the

service area of the Sekar Jaya Community Health Center. Mothers with infants aged 0–1 month were selected because the early breastfeeding period represents an important adaptation phase for both mother and infant. During this period, poor latch, breast pain, maternal anxiety, and inadequate milk flow commonly occur; therefore, early support is required to prevent persistent breastfeeding difficulties.

Inclusion and Exclusion Criteria

The inclusion criteria were mothers who agreed to participate in the case study, experienced ineffective breastfeeding, had an infant aged 0–1 month, owned an Android-based mobile phone, and were able to access the BEST for MOMS e-book. The exclusion criteria were severe mental disorders that impeded communication or intervention delivery, breast cancer, and medical conditions contraindicating breast massage or acupressure.

Instruments

The instruments comprised a maternal nursing assessment form for breastfeeding mothers, a breastfeeding outcome observation form based on the Indonesian Nursing Outcome Standards, Woolwich massage and acupressure checklists, standard operating procedure forms for both techniques, and the Breastfeeding Self-Efficacy Scale–Short Form. Breastfeeding outcomes were assessed through feeding frequency, infant urination frequency, breast milk flow, infant latch, maternal ability to position the infant, infant response after feeding, breast pain, fatigue, and maternal anxiety. Each indicator was evaluated descriptively using assessment findings, observation, and interviews conducted before and after the intervention.

The Breastfeeding Self-Efficacy Scale–Short Form was used to describe maternal breastfeeding self-efficacy. The instrument consists of 14 statements rated on a five-point Likert scale. Total scores range from 14 to 70, with higher scores indicating greater breastfeeding self-efficacy. Woolwich massage and acupressure checklists were used to ensure that the procedures followed the required steps, including equipment preparation, hand hygiene, participant comfort, accuracy of the

stimulation area or point, duration, and evaluation of participant responses.

Intervention Procedure

The intervention was delivered during six visits. Each visit included a brief assessment of the mother and infant, education using the BEST for MOMS e-book, technique demonstration, guided practice, evaluation of maternal ability, and recommendations for independent practice at home. Woolwich massage was initially performed by the researcher or a nurse familiar with the procedure, after which the mother was trained to perform a simplified technique independently according to her tolerance. Acupressure was applied to the CV17 and ST18 points using gentle, controlled pressure. During each visit, Woolwich massage lasted approximately 15–20 minutes, acupressure lasted approximately 10–15 minutes, and e-book education lasted approximately 10–15 minutes.

Data Collection Procedure

Data collection began with preliminary identification conducted in collaboration with community health volunteers, followed by participant eligibility screening using the inclusion and exclusion criteria, explanation of the case study, informed consent, baseline assessment, intervention implementation, and final evaluation. The baseline assessment included history taking, a simple physical assessment of the breastfeeding mother, observation of breastfeeding, and assessment of breastfeeding status indicators. Evaluations were conducted at every visit to identify maternal and infant responses to the intervention.

Data Analysis

Data were analyzed descriptively by comparing each participant's condition before and after the intervention. Assessment findings, observations, procedural checklist results, and changes in breastfeeding indicators were presented narratively and in summary tables. The analysis emphasized individual changes in each participant rather than statistical testing or generalization of intervention effectiveness.

Table 1. Procedures Conducted During the Six Intervention Visits

Visit	Focus	Implementation	Evaluation
1	Initial assessment	History taking, breast examination, breastfeeding observation, baseline instrument completion, and orientation to the e-book.	Breastfeeding problems and baseline data were documented.
2	Education and Woolwich massage	Education on positioning, infant latch, signs of adequate milk intake, and a 15–20-minute Woolwich massage demonstration.	The mother understood the main steps and began guided practice.
3	Massage and acupressure practice	Guided Woolwich massage and acupressure at CV17 and ST18 for 10–15 minutes.	Maternal comfort, milk flow, and infant response were evaluated.
4	Independent practice and family support	The mother repeated the techniques, reviewed the e-book, and the family received guidance on providing support.	Adherence to home practice and barriers encountered at home were evaluated.
5	Progress evaluation	The researcher assessed feeding frequency, infant urination, pain, anxiety, latch, and maternal technique.	Technical errors were corrected and feedback was provided.
6	Final evaluation	Breastfeeding observation, procedural checklists, and breastfeeding self-efficacy assessment were completed.	Final outcomes were summarized and a follow-up plan was provided.

Ethical Considerations

This study received ethical approval from the Health Research Ethics Committee of the Health Polytechnic of the Ministry of Health Palembang. The case study followed nursing ethical principles, including informed consent, confidentiality, comfort, safety, and the participant's right to refuse or discontinue participation. Participant identities were anonymized as Participant 1 and Participant 2. The intervention was conducted with attention to maternal comfort, hand hygiene, and privacy, and the procedure was discontinued when a participant reported excessive pain or discomfort.

Results

The case study involved two participants who completed six intervention visits. The intervention for Participant 1 was conducted from April 23 to May 3, 2025, whereas the intervention for Participant 2 was conducted from April 24 to May 3, 2025. Both participants experienced ineffective breastfeeding associated with an inadequate breast milk supply within the service area of the Sekar Jaya Community Health Center. The baseline assessment showed similar primary problems in both participants, including low breast milk output, suboptimal feeding frequency, infant urination fewer than eight times per day,

poor infant latch, and frequent crying during feeding.

Participant 1 demonstrated low breast milk output, an infant feeding frequency of six times per day, infant urination five times per day, frequent crying during feeding, and inadequate placement of the areola in the infant's mouth. Participant 2 presented with more complex problems, including low breast milk output, an infant feeding frequency of five times per day, infant urination four times per day, frequent crying during feeding, suboptimal latch, swelling of the right breast, pain during feeding, a tendency for the infant to feed more often from the left breast, and fussiness after feeding. These baseline differences indicated that Participant 2 experienced more pronounced physical and psychological barriers than Participant 1.

Discussion

Based on these case study, both participants received the nursing diagnosis of ineffective breastfeeding associated with an inadequate breast milk supply, in accordance with the Indonesian Nursing Diagnosis Standards (SDKI DPP PPNI, 2017). The diagnosis was supported by major and minor indicators, including maternal anxiety, inadequate infant attachment, suboptimal milk flow, infant urination fewer than eight times per day, noncontinuous sucking, infant fussiness,

and breast pain. These findings are consistent with case reports among postpartum mothers indicating that ineffective breastfeeding may result from physical and psychological barriers and suboptimal breastfeeding techniques (Ekasari & Adimayanti, 2022; Vijayanti, Isro'in, & Munawaroh, 2022). They are also consistent with

evidence that latch technique influences breastfeeding ability among postpartum mothers (Nurhidayah, 2023). Therefore, the problems experienced by both participants required education, technical practice, measures to improve physical comfort, and psychological support.

Table 2. Summary of Changes in Breastfeeding Status

Indicator	Participant 1: Before	Participant 1: After	Participant 2: Before	Participant 2: After
Feeding frequency	6 times/day	>8 times/day	5 times/day	>8 times/day
Infant urination frequency	5 times/day	8 times/day	4 times/day	8 times/day
Breast milk flow/production	Low	Increased	Low	Increased
Infant latch	Suboptimal	Improved	Suboptimal	Improved
Maternal pain and anxiety	Mild complaints	Decreased	Right breast swelling, pain, and anxiety	Decreased, but required a longer adaptation period
Infant response	Frequently cried during feeding	Calmer after feeding	Fussy and frequently cried after feeding	Calmer after feeding

The principal nursing intervention was breastfeeding education based on the Indonesian Nursing Intervention Standards and combined with Woolwich massage, acupressure, and the BEST for MOMS e-book. E-book education provided information on breastfeeding positions, infant latch, signs of adequate milk intake, breast care, and strategies for managing breastfeeding barriers at home. The digital approach supported independent learning because mothers could review the material at any time. This finding is consistent with evidence that e-book education can improve maternal knowledge regarding the importance of exclusive breastfeeding (Nurlaily, Rohmatika, & Susilaningsih, 2022). Android-based media are also relevant because Android-based breastfeeding counseling may support exclusive breastfeeding when access to face-to-face services is limited (Rosa, 2022).

The education provided in this case study was also consistent with broader approaches to breastfeeding education. Education during the antenatal and early postpartum periods can prepare mothers to understand the benefits of breast milk, recognize breastfeeding barriers, and seek assistance when problems arise. Mothers' experiences of antenatal classes indicate that education should be delivered clearly, tailored to

their needs, and closely connected to their experiences (Avignon et al., 2023). A systematic review showed that prenatal breastfeeding education may improve postpartum breastfeeding practices (Kehinde, O'Donnell, & Grealish, 2023). Peer-support and structured training interventions similarly underscore the importance of proactive, focused, and continuous support throughout breastfeeding (Clarke et al., 2023; Clarke et al., 2025).

Woolwich massage was administered to promote relaxation and stimulate breast milk flow. The intervention was introduced gradually so that the mothers remained comfortable and could repeat a simplified technique at home. Stimulation of the breast area may improve maternal comfort, increase readiness to breastfeed, and facilitate milk ejection. This observation is consistent with research reporting an association between Woolwich and oxytocin massage and smoother milk production among breastfeeding mothers (Fitriani, Dianna, & Dewi, 2021). It is also consistent with reports that Woolwich massage may increase milk production among postpartum mothers (Malatuzzulfa et al., 2022; Retnawati, Khoiriyah, & M., 2024; Wahyuni et al., 2021; Widadi, Nugraheni, & Marwiati, 2023).

Acupressure was administered at the CV17 and ST18 points as supportive stimulation for breast milk flow. Gentle pressure was applied while maintaining maternal comfort, and the intervention was not continued when excessive pain occurred. Acupressure may support breast milk production through physiological stimulation, relaxation, and reduction of maternal stress (Ene, Hadi, & Kusumawardani, 2022; Zidni Mayla Adzkia, 2022). Acupressure has also been used in community services to support breast milk flow among breastfeeding mothers (Nugraeny, Sumiatik, & Hayati, 2022). The involvement of community health volunteers in acupressure may support exclusive breastfeeding by providing mothers with practical assistance within their immediate environment (Intami, Yunartha, Pratiwi, & Arista, 2022). Stimulation of the breast-related CV17 and ST18 acupoints has been reported to influence the timing of breast milk expression among breastfeeding mothers (Rusliani, Navelia, & Dewi, 2024).

After six visits, both participants demonstrated improvements in breastfeeding status. Infant feeding frequency increased to more than eight times per day, infant urination increased to eight times per day, breast milk flow increased, infant latch improved, and the infants appeared calmer after feeding. The mothers also reported reductions in pain and anxiety following education, demonstrations, and guided practice. These changes are consistent with the principle that breastfeeding support should integrate knowledge, practical skills, physical comfort, and maternal confidence. A combination of breast care and acupressure has also been reported to improve breast milk production and breast care practices among breastfeeding mothers (Rosa, Aisyah, Dina Oktavia, & Rustiati, 2025). Holistic breastfeeding education and the BEST for MOMS book may help mothers understand breastfeeding through a practical and comprehensive approach (Rosa, Rohana, & Ulfa, 2022; Rosa, 2023; Rosa, Wahyuni, Sari, & Ulfa, 2024).

Differences between the outcomes of Participant 1 and Participant 2 should be interpreted in relation to their respective baseline conditions. Participant 1 improved more rapidly because her initial complaints were less severe, the infant's feeding and urination frequencies were higher, and marked breast swelling was absent. Participant 2 required a longer adaptation period because of

right breast swelling, pain during feeding, the infant's preference for feeding from one breast, and greater maternal anxiety. Breast pain and swelling may make mothers hesitant to breastfeed optimally, whereas anxiety may interfere with the milk-ejection reflex. Breast milk production may also be influenced by nutritional intake, rest, and food choices among breastfeeding mothers (Astuti, 2020; Hikmah, Musa, & Putri, 2023). These findings suggest that the success of breastfeeding support depends not only on the intervention technique but also on breast condition, pain severity, breastfeeding experience, family support, and adherence to independent home practice.

Family support was also important during intervention implementation. Mothers who receive family assistance in remembering feeding schedules, maintaining comfort, and supporting independent practice may find it easier to sustain breastfeeding behaviors. Social support is associated with intended breastfeeding duration and may help mothers maintain breastfeeding practices (Lyons et al., 2023). Partners' experiences in breastfeeding-support interventions likewise indicate that family involvement may strengthen maternal confidence and breastfeeding continuation (Blixt, Axelsson, & Funkquist, 2024). The one-student-one-client approach has also shown that individualized assistance may improve maternal readiness for breastfeeding (Khoiriyah et al., 2024). In a community setting, the BEST for MOMS e-book may facilitate family support because family members can access the same information and assist mothers in applying recommendations at home.

Overall, this case study indicates that a combination of Woolwich massage, acupressure, and the BEST for MOMS e-book can be implemented in a structured manner among mothers experiencing ineffective breastfeeding. The combined approach addresses several maternal needs by increasing knowledge through the e-book, strengthening skills through demonstration, promoting relaxation through Woolwich massage, and providing nonpharmacological stimulation through acupressure. Maternity and community nurses may consider this approach as part of supportive breastfeeding care. At the community level, implementation may be supported by community health volunteers, family members, and accessible

digital media. Nevertheless, the findings should be interpreted cautiously because the study included only two participants and did not use a comparison group. Further studies with larger samples, quasi-experimental designs, and more rigorous outcome measurements are required to evaluate the effects of the intervention more robustly.

Conclusion and Recommendation

The application of combined Woolwich massage, acupressure, and the BEST for MOMS e-book among two mothers experiencing ineffective breastfeeding was followed by improvements in breastfeeding status after six visits. Improvements included an increase in infant feeding frequency to more than eight times per day, an increase in infant urination frequency to eight times per day, greater breast milk flow, improved infant latch, and reduced maternal breast pain and anxiety. The intervention may serve as a supportive approach in maternity and community nursing because it combines education, skills demonstration, physical stimulation, and psychological support. However, these findings do not establish general effectiveness because the study used a descriptive two-case design. Nurses may use the findings to inform the development of more structured breastfeeding education, while future research should involve larger samples, comparison groups, and standardized outcome measures.

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The authors declare no competing interests.

Declaration on the Use of AI

No AI tools were used in the preparation of this manuscript.

Data Availability Statement

Data sharing is not applicable to this article.

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