

Implementation of Sauropus Androgynus (Katuk Leaves) as a Non-Pharmacological Intervention to Increase Breast Milk Production in Postpartum Mothers at Pelamonia Hospital Makassar

Landi Sangalia^{1*}, Magdalena Limbong¹, Erna Kasim¹ and Nurbaiti¹

¹Sekolah Tinggi Ilmu Kesehatan Makassar, Makassar, Indonesia

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Correspondence:

Jln. Maccini Raya No. 197, Makassar, Indonesia, South Sulawesi;
landisangalia11@gmail.com;
phone number 082349091748.

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Abstract: Breast milk or mother's milk is the best source of nutrition recommended for babies from birth to 6 months of age. However, low breast milk production remains a barrier to exclusive breastfeeding, including at RS TK II Pelamonia Makassar. Sauropus androgynus (katuk leaves) is known as a natural ingredient believed to increase breast milk production due to its active compounds. Identifying how the non-pharmacological implementation of Sauropus Androgynus (katuk leaves) can increase breast milk production in postpartum mothers. This case study used a descriptive method with an observational approach on normal post partum mothers from day 2 to day 7. The intervention involved administering 300 grams of katuk leaf clear soup daily for three consecutive days. The study subjects included two postpartum mothers who met the inclusion criteria: normal postpartum mothers 2–7 days postpartum, primiparous postpartum mothers, postpartum mothers with insufficient breast milk, infants who refuse to breastfeed, and mothers aged 20–35 years. This case study showed a significant increase in breast milk production: Subject I from 9 ml to 78 ml, and Subject II from 13 ml to 86 ml, in addition, there was an improvement in milk output indicators, such as milk leaking, calmer infants, and increased urination frequency. The non-pharmacological use of Sauropus androgynus (katuk leaves) increased breast milk volume in both postpartum subjects. This result suggests that katuk leaves may serve as an effective natural galactagogue. Further research with a larger sample and control group is recommended.

Keywords: Sauropus androgynus (katuk leaves), Breast milk, postpartum mother.

1. Introduction

Breast milk is the best source of nutrition recommended for babies from birth to 6 months of age, as during this period the baby's digestive system is not yet ready to digest other foods. Breast milk helps reduce digestive issues in babies because it is produced directly by the mother, ensuring its freshness and freedom from contamination. Breast milk contains various essential substances, including nutrients,

hormones, immune system components, growth-promoting factors, allergy-preventing substances, antibodies, and anti-inflammatory compounds that protect the baby from the risk of infection. (Febiantri & Machmudah, 2021)

Exclusive breastfeeding can be improved by consuming daunkatuk (*Sauropus Androgynus*), as its nutritional content can stimulate milk production by increasing glucose metabolism, which is necessary for lactose synthesis. The administration of katuk leaf extract can help improve digestive processes, enhance glucose absorption in the digestive tract, and accelerate glucose metabolism in the liver. Improved digestive processes indicate that nutrient absorption, particularly carbohydrates, in the digestive tract occurs more efficiently, thereby increasing the availability of nutrients in the body and enabling them to meet the body's needs and support milk production (Reyaningtyas & Andriyani, 2022)

Sauropus androgynus, or katuk leaves, are believed by many Indonesians to be a traditional food that can increase breast milk production. Katuk leaves contain sufficient amounts of macro nutrients, micro nutrients, and essential minerals (Fitriyasyah, S., Ariani, A., Ekawati Lukman, T. N., Putri, L. A. R., Rakhman, A., Maharani, D. P., & Sari, 2024)

Postpartum is the period after childbirth, also known as the puerperium, which is the approximately six-week period required for the mother's body to restore the function and condition of her reproductive organs. This period begins when the baby is born and continues until the organs return to their normal state (Sarlis, 2020)

The World Health Organization (WHO) recommends that infants receive exclusive breastfeeding for the first six months of life, followed by complementary feeding until the age of two years. The American Academy of Pediatrics (AAP), the Academy of Breastfeeding Medicine (AMB), and the Indonesian Medical Association (IDAI) also emphasise the importance of exclusive breastfeeding for at least six months. UNICEF reports that out of 136.7 million babies born globally, only 32.6% receive exclusive breastfeeding for the first six months of their lives. In developing countries, the percentage of mothers who provide exclusive breastfeeding is only 39% (Febrianti & Widya Sari, 2021)

In Indonesia, exclusive breastfeeding for infants under six months of age is one of the indicators included in the Ministry of Health's strategic plan (renstra) for the period 2020-2024. Even in the previous strategic plan (Renstra) for the 2015-2019 period, the Ministry of Health had already established this indicator as part of the Activity Performance Indicators (IKK) managed by the Nutrition Bureau, as it supports the acceleration of stunting reduction, which is a national priority for the government. In 2020, out of a total of 3,196,303 infants under six months of age, only 2,113,564 infants received exclusive breastfeeding, which is approximately 66.1%. In 2020, 40% of infants under six months of age received exclusive breastfeeding, in line with the set target. Looking at the distribution by province, 32 provinces in Indonesia have successfully met the target for exclusive breastfeeding coverage, while the remaining two provinces, West Papua (34%) and Maluku (37.2%), have not yet met the target. West Nusa Tenggara Province recorded the highest rate of exclusive breastfeeding, at 87.3%. (Ene et al., 2022)

Based on data from the medical records of Pelamonia Makassar Type II Hospital, there were 426 births from January to December 2018, with 149 patients being wives of TNI personnel and 277 patients being BPJS members. Of the total number of births, only 45% of mothers exclusively breastfed their babies. The coverage of exclusive breastfeeding at Pelamonia General Hospital Level II remains low due to inadequate supporting facilities for the programme, resulting in suboptimal services and education for pregnant and breastfeeding mothers. This situation arises because there is no information disseminated through media such as posters or leaflets, and there are no lactation rooms available (Hikmawati Basri Laita, 2020)

According to research by Rahim et al. (2023), the results showed that 83.3% of participants experienced an increase in breast milk production after consuming katuk leaf tea. This indicates that katuk leaves, which are rich in nutrients, are effective in stimulating breast milk production.

According to research by Dolang et al. (2021), consuming katuk leaf decoction has a significant effect in increasing breast milk output. This is evident from pre-treatment measurements, where breast milk volume was only around 30 ml. After consuming katuk leaf decoction, the amount of breast milk produced increased significantly, reaching 60 to 80 ml.

According to research by Suwanti and Endang (2020) in the treatment group, before consuming katuk leaves, 53.3% of breastfeeding mothers had sufficient breast milk production. The results showed that katuk leaf consumption increased breast milk production in 70% of breastfeeding mothers to the higher category. Meanwhile, in the control group, initial observations indicated that 53% had sufficient breast milk production. However, after one month, only 37% remained in the sufficient category, and 30% showed an increase to the higher category.

2. Materials and Methods

This case study uses a descriptive design with a case study approach. This case study aims to explore the administration of *Sauropus androgynus* (katuk leaves) to increase breast milk production in postpartum mothers. The case study was conducted in the Cempaka room, one of the care units at Pelamonia Makassar Type II Hospital. The activity was carried out over three consecutive days, from 27 to 29 April 2025.

The study subjects included two postpartum mothers who met the inclusion criteria: normal postpartum mothers 2–7 days postpartum, primiparous postpartum mothers, postpartum mothers with insufficient breast milk, infants who refuse to breastfeed, and mothers aged 20–35 years. Exclusion criteria include postpartum mothers with a history of chronic illness and postpartum mothers currently undergoing treatment with medications known to affect breast milk production.

In this case study, the following instruments were used: *Sauropus Androgynus* (katuk leaves) 300 grams, water 200 ml, sliced garlic, red onion, chilli peppers, sugar, salt, a pot, a basin, a soup spoon, a knife, and a bowl to prepare the food to be consumed by the respondents. Additionally, a breast pump, measuring cup, and observation sheet were used to assess increases in breast milk production following the implementation, using the following criteria: Score 1–3 = insufficient breast milk, Score 4–6 = adequate breast milk, Score 7–8 = abundant breast milk. Criteria for insufficient breast milk = < 30 ml, sufficient breast milk = 30–60 ml, abundant breast milk = > 60 ml. In this case study, the approach used included interviews, observation, and documentation.

3. Results and Discussion

This case study was conducted in the Cempaka Room of Pelamonia Makassar Type II Hospital for three consecutive days, starting on 27–29 April 2025. There were two subjects in this case study: Subject I (Ms. 'F') and Subject II (Ms. 'J'). Both subjects met the criteria for postpartum mothers and had received an explanation from the author.

The author began the study by establishing a trusting relationship with the clients, agreeing on the timing of the case study, and explaining its purpose. After receiving the explanation, the clients were asked to sign the informed consent form prepared by the author.

Table 1
Results of Observations on the Non-pharmacological Implementation of *Sauropus Androgynus*(katuk leaves) to Increase Breast Milk Production

Respondent I (Mrs. 'F')					
N o	Day/Date	Imple mentati on	Time for administering katuk leaf decoction (3x a day)	Measur ement Time ASI	Breast Milk Production
1	Sunday,	Day 1	Morning (09:20),		PRE H-I

	27/04/2025		Afternoon (14:00), Night (20:00)	09:00	9 ml (Insufficient breast milk)
2	Monday, 28/04/2025	Day 2	Morning (09:35), Afternoon (14:00), Night (20:00)	09:05	POST H-1 / Hasil H-2 27 ml (Insufficient breast milk)
3	Tuesday, 29/04/2025	Day 3	Morning (09:15), Afternoon (14:00), Night (20:00)	08:55	POST H-2 / Hasil H-3 49 ml (Sufficient breast milk)
4	Wednesday, 30/04/2025	Day 4	-	09:00	POST H-3 78 ml (High Breast Milk)

Description:

Low breast milk = < 30 ml, Adequate breast milk = 30–60 ml, High breast milk = > 60 ml

Table 1 shows that the results of the observation of the non-pharmacological implementation of *Sauropus androgynus* (katuk leaves) administered to respondent Mrs. 'S' on the first day, Sunday, 27 April 2025 at 09:00, before the implementation, the breast milk produced was 9 ml (Low Breast Milk Production), After the implementation was administered, breast milk production was measured on Monday, 28 April 2025 at 09:05, and the breast milk production increased to 27 ml (Low Breast Milk Production).

On the second day of the observation of the implementation of non-pharmacological treatment with *Sauropus androgynus* (katuk leaves) administered to respondent Mrs. 'F,' specifically on Monday, 28 April 2025 at 09:05, prior to the implementation, the breast milk production was 27 ml (insufficient breast milk), then after the implementation was administered, a measurement of breast milk production was conducted on Tuesday, 29 April 2025 at 08:55, and the breast milk production increased to 49 ml (sufficient breast milk).

On the third day, the results of the observation of the non-pharmacological implementation of *Sauropus androgynus* (katuk leaves) administered to respondent Mrs. 'F' were as follows: on Tuesday, 29 April 2025 at 08:55, before the implementation, the breast milk production was 49 ml (sufficient breast milk), then after the implementation was administered, breast milk measurement was conducted on Wednesday, 30 April 2025 at 09:00, and the breast milk production increased to 78 ml (Adequate Breast Milk).

Table 1
Results of Observations on the Non-pharmacological Implementation of *Sauropus Androgynus* (katuk leaves) to Increase Breast Milk Production
Respondent I (Mrs. 'J')

N o	Day/Date	Imple mentati on	Time for administering katuk leaf decoction (3x a day)	Measur ement Time ASI	Breast Milk Production
1	Sunday, 27/04/2025	Day 1	Morning (10:00), Afternoon (15:00), Night (21:00)	09:40	PRE H-I 13 ml (Insufficient breast milk)
2	Monday, 28/04/2025	Day 2	Morning (10:10), Afternoon (15:00), Night (21:00)	09:55	POST H-1 / Hasil H-2 35 ml (Sufficient breast milk)

3	Tuesday, 29/04/2025	Day 3	Morning (10:15), Afternoon (15:00), Night (21:00)	10:00	POST H-2 / Hasil H-3 59 ml (Sufficient breast milk)
4	Wednesday, 30/04/2025	Day 4	-	09:40	POST H-3 86 ml (High Breast Milk)

Description:

Low breast milk = < 30 ml, Adequate breast milk = 30–60 ml, High breast milk = > 60 ml

Table 2 shows that the results of the observation of the non-pharmacological implementation of *Sauropus androgynus* (katuk leaves) administered to respondent Ny "J" on the first day, Sunday, 27 April 2025 at 09:40, before the implementation, the breast milk produced was 13 ml (insufficient breast milk), After the implementation, breast milk production was measured on Monday, 28 April 2025 at 09:55, and the breast milk production increased to 35 ml (sufficient breast milk).

On the second day, the results of the observation of the non-pharmacological implementation of *Sauropus androgynus* (katuk leaves) administered to respondent Mrs. 'J' on Monday, 28 April 2025 at 09:55 before the implementation, the breast milk production was 35 ml (sufficient breast milk), After the implementation, breast milk production was measured on Tuesday, 29 April 2025 at 10:00, and it increased to 59 ml (sufficient breast milk).

On the third day, the results of the observation of the non-pharmacological implementation of *Sauropus androgynus* (katuk leaves) administered to respondent Mrs. 'J' were as follows: on Tuesday, 29 April 2025 at 10:00 AM, before the implementation, the breast milk production was 59 ml (sufficient breast milk), then after the implementation was administered, breast milk measurement was conducted on Wednesday, 30 April 2025 at 09:40, and the breast milk production increased to 78 ml (Adequate Breast Milk)

Discussion

Based on the results of the case study conducted on Subject I, Mrs. 'F,' and Subject II, Mrs. 'J,' regarding the non-pharmacological implementation of *Sauropus androgynus* (katuk leaves) to increase breast milk production in postpartum mothers, conducted over three consecutive days from 27 to 29 April 2025.

On the first day, the non-pharmacological implementation of *Sauropus Androgynus* (katuk leaves) on Ms. 'F' resulted in an increase in breast milk production to 27 ml, categorised as 'Insufficient,' after the implementation was administered on Monday, 28 April 2025, at 09:05. Meanwhile, for Ms. 'J,' after the implementation on Monday, 28 April 2025, at 09:55, the breast milk production was 35 ml, categorised as 'Adequate.' A discrepancy was observed between the two respondents on the first day, where after the implementation of *Sauropus Androgynus* (katuk leaves), the post-implementation breast milk production for Subject I, Ms. "F" was 27 ml, while for subject II, Mrs. 'J,' it was 35 ml. This could occur because Mrs. 'J's' body had begun to adapt to the lactagocic content in the katuk leaves, resulting in increased breast milk production. This caused Mrs. "J"'s baby to have a stronger sucking reflex compared to Mrs. 'F"'s baby.

On the second day of the visit, the non-pharmacological implementation of *Sauropus Androgynus* (katuk leaves) on Mrs. 'F' after administration on Tuesday, 29 April 2025, at 08:55, resulted in increased breast milk production to 49 ml, categorised as sufficient breast milk. Meanwhile, for Mrs. 'J,' after the implementation on Tuesday, 29 April 2025, at 10:00 AM, the breast milk production was 59 ml, categorised as 'Sufficient.' There is a discrepancy between the two subjects: Subject I, Mrs. 'F,' produced 22 ml of breast milk on the second day of *Sauropus Androgynus* (katuk leaf) implementation, while Subject II, Mrs. 'J,' produced 24 ml of breast milk. There is a difference of 3 ml in the breast milk volume of subject I, Mrs. 'F,' while subject II, Mrs. 'J,' has a difference of 2 ml. This is due to differences in the number of milk glands and the baby's

sucking reflex, where after the implementation of Sauropus Androgynus (katuk leaves), the baby of subject I, Mrs. 'F,' sucked more strongly because more breast milk was produced compared to the first day.

On the third day of the visit, the implementation of Sauropus Androgynus (katuk leaves) on Mrs. 'F' after administration on Wednesday, 30 April 2025, at 09:00, resulted in 78 ml of breast milk produced, categorised as abundant breast milk. Meanwhile, for Mrs. 'J' on the third day after administration, on 30 April 2025 at 09:40, the breast milk production was 86 ml, categorised as 'abundant breast milk.' On the third day of Sauropus Androgynus (katuk leaf) implementation, there was no significant difference between Subject I Mrs. 'F' and Subject II Mrs. 'J,' as both produced more breast milk after the implementation. This is because the bodies of both respondents had already adapted to the lactagogue content in the katuk leaves, resulting in more stable breast milk production. Additionally, the baby's sucking reflex continuously stimulates the breasts, combined with consistent breastfeeding frequency and duration, and the more frequently the breasts are emptied, the more breast milk is produced.

From the results of the above case study, it can be concluded that there was an increase in the daily production of breast milk after the implementation. The increase in breast milk production was observed consistently from the first day to the third day in subject I Ny 'F' and subject II Ny 'J,' indicating that the administration of Sauropus Androgynus (katuk leaves) is effective in stimulating breast milk production in postpartum mothers.

According to Rosdianah et al. (2021), in the implementation of Sauropus Androgynus (katuk leaves) in postpartum mothers, the alkaloid and sterol content in katuk leaves (Sauropus Androgynus) plays a role in stimulating breast milk production, making it effective when consumed either as a vegetable or as a side dish.

This research is supported by the theory of Herawati et al. (2021), who state that katuk leaves, scientifically known as Sauropus Androgynus, are one of the common vegetables found in Southeast Asia. This plant is believed to support increased breast milk production in breastfeeding mothers, thereby meeting the baby's breast milk needs more optimally. This benefit is related to the nutritional content of katuk leaves, which include protein, calories, and carbohydrates.

This study aligns with the research by Triananinsi et al. (2020), which found that consuming katuk leaves can significantly improve the smoothness of breast milk production in breastfeeding mothers. This is because katuk leaves contain active compounds, such as polyphenols and steroids, which can stimulate the prolactin reflex, thereby encouraging the alveoli in the breasts to produce more breast milk. Additionally, these compounds can also stimulate the oxytocin hormone, which functions to facilitate the process of breast milk release and flow.

4. Conclusions

Based on the case study conducted by the author regarding the 'Non-pharmacological implementation of Sauropus Androgynus (katuk leaves) to increase breast milk production in postpartum mothers' on clients Mrs. "F" and Mrs. 'J' at Pelamonia Makassar Type II Hospital for 3 (three) consecutive days from 27-29 April 2025, Furthermore, based on this case study, two postpartum mothers on their fifth day, both primiparas, were administered Sauropus Androgynus (katuk leaves) with the aim of increasing breast milk production. Therefore, it can be concluded that the proper and correct administration of Sauropus Androgynus (katuk leaves) has the potential to increase breast milk production in postpartum mothers. The non-pharmacological use of Sauropus androgynus (katuk leaves) increased breast milk volume in both postpartum subjects. This result suggests that katuk leaves may serve as an effective natural galactagogue. Further research with a

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