

# Effectiveness of Oxytocin Stimulation Massage (OSM) among Mothers with Lactation Problems on the Breastfeeding Outcome of the Newborn

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## Abstract

**Background:** Breastfeeding is the cornerstone of newborn nutrition and maternal - newborn bonding. However, lactation problems remain a major challenge for many postnatal mothers, leading to early cessation of breastfeeding. Oxytocin, a key hormone in milk ejection, can be naturally stimulated through gentle back massage known as Oxytocin Stimulation Massage (OSM).

**Aim:** To assess the effectiveness of Oxytocin Stimulation Massage (OSM) among mothers with lactation problems on the breastfeeding outcomes of the newborn.

**Methodology:** A quasi-experimental study was conducted at Bhooma Nursing Home (experimental group) and Infant Jesus Hospital (control group) in Madurai. Sixty postnatal mothers with lactation problems were selected using purposive sampling (30 in each group). The experimental group received OSM twice daily for three days, while the control group received routine care. Tools used included the LATCH Attachment Score, Modified Breastfeeding Assessment Tool, and Breastfeeding Self-Efficacy Scale. Data were analyzed using descriptive and inferential statistics.

**Results:** The study revealed a significant improvement in breastfeeding outcomes among mothers who received OSM. The experimental group showed higher mean scores in LATCH attachment, Modified Breastfeeding Assessment, and Breastfeeding Self-Efficacy ( $p < 0.05$ ). Newborns of these mothers also exhibited greater weight gain, improved feeding frequency, and regular wet diaper patterns compared to the control group.

**Conclusion:** Oxytocin Stimulation Massage is an effective, low-cost, and non-invasive intervention to enhance milk production, improve breastfeeding efficiency, and promote positive neonatal outcomes. It may be integrated into postnatal nursing care to support mothers facing lactation difficulties.

**Keywords:** Oxytocin Stimulation Massage (OSM), Breastfeeding Outcomes, Lactation Problems, Maternal Role Adaptation, Newborn Health.

## 1. Introduction

Breastfeeding is universally recognized as the most natural and optimal source of nutrition for infants. It enhances immunity, promotes growth, and fosters emotional bonding between mother and child. Despite WHO's recommendation for exclusive breastfeeding for the first six months, many mothers discontinue early due to lactation-related challenges.

Lactation failure can cause maternal anxiety, lack of confidence, and early shift to formula feeding. Oxytocin, secreted by the posterior pituitary gland, plays a vital role in milk ejection and emotional bonding. Gentle tactile stimulation such as back or shoulder massage stimulates oxytocin release, enhancing milk let-down and maternal relaxation.

Oxytocin Stimulation Massage (OSM) is a simple, non-invasive nursing intervention designed to facilitate milk flow. This study aimed to evaluate the effectiveness of OSM among mothers with lactation problems on breastfeeding outcomes of the newborn.

### **Objectives of the Study**

1. To assess the breastfeeding outcome of the newborn among mothers with lactation problems before administration of OSM in the experimental and control group.
2. To determine the effectiveness of OSM among the mothers with lactation problems on the breastfeeding outcome of the newborn in the experimental group.
3. To find out the relationship between breastfeeding self-efficacy of the mothers with lactation problems and breastfeeding outcome of the newborn after administration of the OSM in experimental group.
4. To find out the association between breastfeeding outcome of the newborn and the selected background variables of the mothers with lactational problems in the experimental group.

## **2. Review of Literature**

A literature review is a critical synthesis of existing research, offering a comprehensive understanding of a specific topic. It evaluates current evidence, identifies gaps, and establishes the rationale for the present study. In the context of this research, evidence demonstrates that Oxytocin Stimulation Massage (OSM) enhances milk production and positively influences newborn outcomes such as weight gain, breastfeeding frequency, and urination patterns.

The review of literature is presented under the following sections:

Section 1: Reviews related to OSM among mothers with lactational problems.

Section 2: Reviews related to the effectiveness of OSM on breastfeeding outcomes of the newborn.

### **2.1 Reviews Related to OSM Among Mothers with Lactational Problems**

Ueda et al. (2023) conducted a randomized controlled trial in Tokyo to assess the neurohormonal effects of OSM among postpartum mothers. Findings revealed a significant increase in oxytocin levels ( $p = 0.0005$ ) and breastfeeding self-efficacy ( $p = 0.001$ ) in the intervention group. Similarly, Sharma et al. (2023) in Chennai observed that mothers who received OSM demonstrated significant improvements in milk production ( $p = 0.003$ ) and infant weight gain ( $p = 0.002$ ).

Thompson et al. (2023), through a meta-analysis of 18 randomized controlled trials, confirmed that OSM enhances milk secretion and prolongs breastfeeding duration. Chen et al. (2022) also emphasized that OSM reduces nipple pain, prevents blocked ducts, and increases maternal satisfaction. Purnamasari et al. (2021) reported improved infant weight gain ( $p = 0.000$ ) and breastfeeding frequency ( $p = 0.000$ ) in mothers who received OSM.

Garcia and Patel (2021) highlighted cultural influences on OSM effectiveness across 15 countries, underscoring its adaptability. Similarly, Fitri Nurhayati (2020) and Henisetyowati et al. (2020) documented statistically significant improvements in milk volume ( $p = 0.000$ ). Williams et al. (2020) linked OSM with increased oxytocin release, maternal relaxation, and confidence. Bauer et al. (2019)

further concluded that OSM promotes higher milk yield and infant growth, making it a reliable non-pharmacological lactation aid.

## 2.2 Reviews Related to Effectiveness of OSM on Breastfeeding Outcomes of the Newborn

Lawahez Dwedar et al. (2023) compared oxytocin and Oketani massage among primiparous women and reported improved breastfeeding support, success, and self-efficacy ( $p = 0.001$ ). Park et al. (2023), in a meta-analysis of 15 RCTs, concluded that OSM significantly improved exclusive breastfeeding rates at six weeks postpartum. Singh et al. (2022) found that OSM led to higher milk production ( $p = 0.000$ ) and greater infant weight gain ( $p = 0.001$ ).

Gupta and Singh (2022) summarized 18 studies confirming that OSM enhances maternal comfort and neonatal feeding efficiency. Lestari et al. (2022) demonstrated that OSM effectively reduced lactation problems ( $p = 0.000$ ) and improved infant growth metrics. Gonzalez et al. (2021) in a six-month follow-up found sustained breastfeeding ( $p = 0.002$ ) and higher maternal satisfaction ( $p = 0.003$ ).

Chen et al. (2020) and Lee & Kim (2020) reviewed non-pharmacological lactation interventions and emphasized that OSM effectively addresses engorgement and improves newborn feeding patterns. Manju et al. (2020) confirmed improved breastfeeding success ( $p = 0.001$ ) and increased infant urination ( $p = 0.005$ ).

Prima et al. (2019) reported a 4.25-fold increase in milk output following OSM ( $p = 0.000$ ). Miller et al. (2016) concluded that OSM improves milk supply, feeding frequency, and newborn growth, making it an essential supportive measure in postnatal care.

## 2.3 Summary of Reviewed Studies

The reviewed literature consistently supports that Oxytocin Stimulation Massage is an effective, safe, and low-cost intervention that enhances maternal oxytocin release, increases milk production, and improves neonatal feeding outcomes. However, there remains limited research exploring structured nursing-led OSM interventions in the Indian context. Hence, this study focuses on assessing the effectiveness of OSM on breastfeeding outcomes among mothers with lactational problems.

## 3. Methodology

### 3.1 Research Design

A **quasi-experimental design** with pre-test and post-test control group approach was adopted to evaluate the effectiveness of Oxytocin Stimulation Massage (OSM) among mothers with lactation problems on breastfeeding outcomes of the newborn.

### 3.2 Setting of the Study

The study was conducted in two selected hospitals Both the hospitals are the private hospital at a distance of 20 kms radius. The research had selected one hospital as experimental group and another hospital as control group by using simple random lottery method. Both hospitals provide comprehensive maternity services, including antenatal, intranatal, and postnatal care with neonatal follow-up.

### 3.3 Population

The population included postnatal mothers who had delivered by Lower Segment Caesarean Section (LSCS) and experienced lactation problems during the early postpartum period.

### 3.4 Sample and Sampling Technique

A total of **60 postnatal mothers** were selected through **purposive sampling**, with **30 mothers in the experimental group** and **30 in the control group**.

### 3.5 Criteria for Selection

#### Inclusion Criteria:

- Postnatal mothers with lactation problems (such as delayed milk secretion or poor latching).
- Mothers willing to participate and available during data collection.
- Mothers who delivered healthy term neonates.

#### Exclusion Criteria:

- Mothers with breast pathologies or postpartum complications.
- Mothers whose neonates were admitted to NICU or had congenital anomalies.

### 3.6 Description of the Tool

The structured tool consisted of the following sections:

1. **Demographic Variables:** Age, religion, education, occupation, family type, income, and residential area.
2. **Maternal Variables:** Gravida status, antenatal visits, vaccination, type of anaesthesia, breastfeeding experience, and initiation of breastfeeding.
3. **Newborn Variables:** Gestational age, APGAR score, sucking reflex, and birth weight.
4. **Outcome Measures:**
  - **LATCH Attachment Score** (Jensen et al., 1994) – to assess latching and positioning.
  - **Modified Breastfeeding Assessment Tool** – to evaluate Breastfeeding effectiveness in the Newborn.
  - **Breastfeeding Self-Efficacy Scale** – to assess maternal confidence in breastfeeding.

### 3.7 Intervention

For the **experimental group**, Oxytocin Stimulation Massage (OSM) was administered twice daily for **three consecutive days**, starting 24 hours after delivery. The massage was performed for **15–20 minutes**, using gentle circular and downward strokes along the paravertebral region (T4–T6). The **control group** received routine postnatal care without OSM.

### 3.8 Data Collection Procedure

On Day 1, pre-test breastfeeding outcome scores were obtained for both groups. The experimental group received OSM daily two sessions Morning and Evening for three days, followed by post-test assessment on Day 4 using the same tools. The control group was observed under routine conditions and assessed similarly without intervention.

### 3.9 Data Analysis

Data were analysed using **descriptive statistics** (frequency, percentage, mean, and standard deviation) and **inferential statistics** (paired and independent *t*-tests, chi-square test). A *p*-value < 0.05 was considered statistically significant.

### 3.10 Ethical Consideration

Ethical approval was obtained from the Institutional Ethical Committee. Informed consent was secured from all participants after explaining the purpose and procedure of the study. Confidentiality and anonymity were strictly maintained throughout the research.

## 4. Results and Findings

This section presents the analysis and interpretation of data collected to determine the effectiveness of Oxytocin Stimulation Massage (OSM) among mothers with lactation problems on breastfeeding outcomes of the newborn. The results are organized according to the study objectives.

**Table 1: Frequency and percentage distribution of demographic variables of the postnatal mothers in the control and experimental group.**

N = 60

Variables	Control group		Experimental group		Chi-square test value	d.f	p value
	F	%	F	%			
<b>1. Religion</b>					2.567	2	0.277
a) Hindu	5	16.7	6	20.0			
b) Muslim	8	26.7	13	43.3			
c) Christian	17	56.7	11	36.7			
<b>2. Education</b>					5.496	2	0.064
a) High school	9	30.0	2	6.7			
b) Intermediate/ Diploma	4	13.3	6	20.0			
c) Graduate/ Professional	17	56.7	22	73.3			
<b>3. Residence</b>					1.456	1	0.228
Rural	2	6.7	5	16.7			
Urban	28	93.3	25	83.3			
<b>4. Occupation of the head of the family</b>					.616	2	0.735
a) Unskilled worker /House wife	11	36.7	9	30.0			
b) Semiskilled worker	15	50.0	18	60.0			
c) Skilled worker	4	13.3	3	10.0			
<b>5. Monthly Income in INR</b>					6.299	3	0.098
a) <= Rs. 12444	5	16.7	0	---			
b) Rs.12445 – 37324	13	43.3	12	40.0			
c) Rs.37325 – 62272	11	36.7	16	53.3			
d) Rs. 62273 – 93380	1	3.3	2	6.7			

**Table 2 Frequency and percentage distribution of maternal related variables of the mothers in the control and experimental group.**

N= 60

Variables	Control		Experimental		Chi-square test value	d.f	p-value
	F	%	F	%			
<b>1.Gravida</b>					.067	1	.795
Primi gravida	13	43.3	14	46.7			
Multi para	17	56.7	16	53.3			
<b>2.Number of Antenatal visits</b>							

4 visits	16	53.3	15	50.0	.067	1	.795
6 visits	14	46.7	15	50.0			
<b>3.Doses of Diphtheria toxoid (Td) vaccine taken during Antenatal period</b>					2.069	1	.150
2	30	100.0	28	93.3			
3	0	----	2	6.7			
<b>4.Types of anaesthesia</b>					1.017	1	.313
Spinal anaesthesia	29	96.7	30	100.0			
General anaesthesia	1	3.3	0	---			

**Table 3 Frequency and percentage distribution of New born related variables of the mothers in the control and experimental group.**

N=60

Variables	Control		Experimental		Chi-square test value	d.f	P-value
	F	%	F	%			
<b>1.Gestational age</b>							
Preterm ( less than 37 weeks)	-						
Term ( 38 - 42 weeks)	30	100.0	30	100.0			
Post – term (more than 42weeks)							
<b>2.APGAR Score at 1 minute</b>							
0-3 severely depressed							
4-6 Moderately depressed							
7-10 Excellent depressed	30	100.0	30	100.0			
<b>3.APGAR score at 5 minutes</b>							
0-3 severely depressed							
4-6 Moderately depressed							
7-10 Excellent	30	100.0	30	100.0			
<b>4.Sucking reflex</b>							
Present	30	100.0	30	100.0			
Absent							
<b>5.Birth weight of the baby</b>					6.98 9	2	0.030
< 2500 grams							
2500-3000 grams	7	23.3	17	56.7			
3000- 4000grams	15	50.0	8	26.7			
> 4000 grams	8	26.7	5	16.7			

**Table 4 Comparison of pre and post-test level of LATCH attachment score, among mothers with lactational problems and their new-born in the control and experimental group.**

N = 60

LATCH Attachment	Control Group				Experimental Group				Chi Square and p value
	Pre-test		Post-test		Pre-test		Post-test		
	F	%	F	%	F	%	F	%	
Excellent latching attachment	1	3.3	1	3.3	2	6.7	14	46.6	-
Good latching attachment	19	63.3	18	60	21	70	16	53.3	-
Poor latching attachment	10	33.3	11	36.6	7	23.3	-	-	-
<b>Mean</b>	3.97		3.85		4.5		6.89		$\chi^2=38.6$ P<0.001
<b>SD</b>	1.92		1.96		1.94		2.03		

**Table 5 Comparison of pre and post-test level of Modified Breastfeeding assessment score among mothers with lactational problems and their new-born in the control and experimental group.**

N=60

Modified Breastfeeding Assessment	Control Group				Experimental Group				Chi square and p value
	Pre-test		Post-test		Pre-test		Post-test		
	F	%	F	%	F	%	F	%	
Completely successful breastfeeding (15-21)	-	-	-	-	-	-	22	73.3	-
Successful Breastfeeding (8-14)	1	3.3	4	13.3	5	16.7	8	26.7	-
Unsuccessful Breastfeeding (1-7)	29	96.7	26	86.7	25	83.3	-	-	-
<b>Mean</b>	10		10		10		20		$\chi^2=120.94$ p < 0.001

SD	13.44	11.43	10.80	15.64	
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**Table 6 Comparison of Pre and post-test level of Breastfeeding Self-Efficacy score of the mothers with lactational problems in the Control and Experimental Group.**

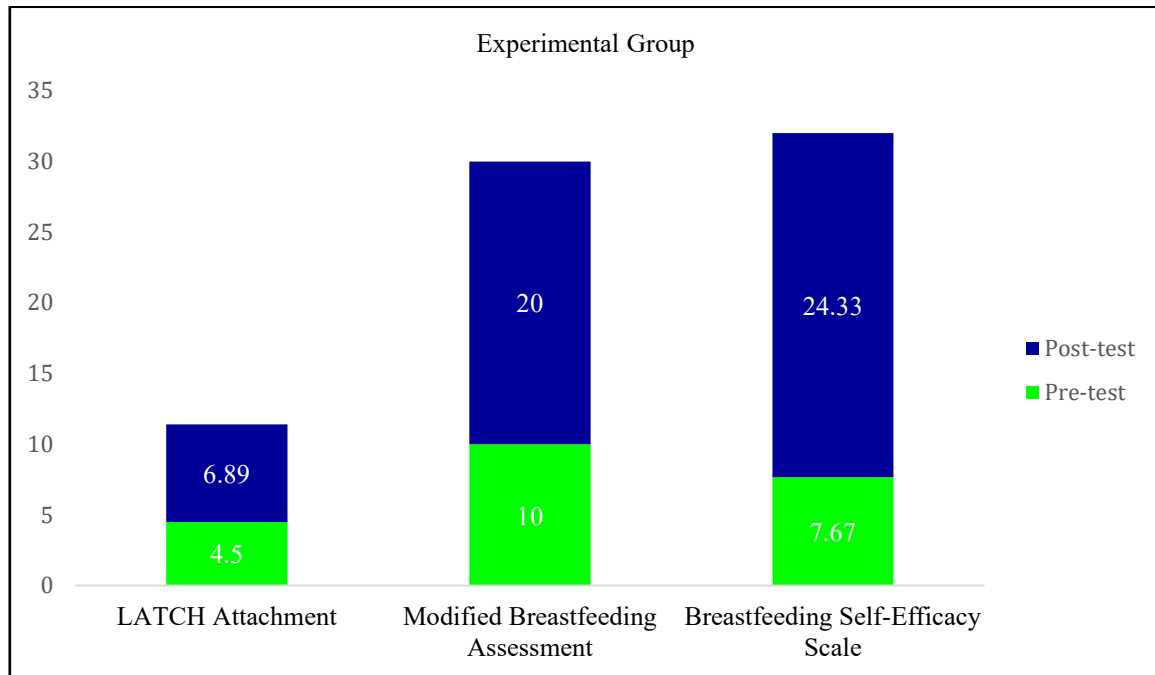
N=60

Breastfeeding Self-Efficacy Scale (BFSE).	Control Group				Experimental Group				Chi square and P value
	Pre-test		Post-test		Pre-test		Post-test		
	F	%	F	%	F	%	F	%	
Not confident in breast feeding (0-10)	27	90.0	25	83.3	23	76.6	-	-	-
Fairly confident in breast feeding (11-20)	3	10.0	5	16.6	6	20	2	6.6	-
Completely confident in breast feeding (21-30)	-	-	1	3.3	1	3.3	28	93.3	-
<b>Mean</b>	6.00		7.50		7.67		24.33		$\chi^2= 70.92$ $P = < 0.001$
<b>SD</b>	3.00		4.95		4.81		2.48		

**Table 7 Comparison of pre and post-test Mean and Standard deviation of LATCH attachment score, modified Breastfeeding assessment score and breast-feeding self-efficacy score among postnatal mothers with lactational problems and their new born in the Experimental Group.**

N=30

Comparison	Experimental Group				Paired t-test	p-value
	Pre-test		Post-test			
	Mean	SD	Mean	SD		
<b>LATCH Attachment</b>	4.5	1.94	6.89	2.03	6.73	< 0.05
<b>Modified Breastfeeding Assessment</b>	10	7	20	15.64	2.26	< 0.05
<b>Breastfeeding Self-Efficacy Scale (BFSES)</b>	7.67	4.81	24.33	2.48	23.85	< 0.05



## 5. Discussion

The present study assessed the effectiveness of Oxytocin Stimulation Massage (OSM) among mothers with lactation problems on breastfeeding outcomes of the newborn. The findings revealed that mothers who received OSM demonstrated significant improvement in LATCH attachment, breastfeeding assessment scores, and self-efficacy when compared to those who received routine care.

These results align with previous research by **Ueda et al. (2021)**, who reported that gentle back massage stimulates oxytocin release and enhances milk ejection reflex. Similarly, **Mulyani and Setyowati (2020)** observed improved milk production and infant weight gain following oxytocin massage among primiparous mothers. The present findings further support these results within the Indian context.

The improvement in breastfeeding self-efficacy among mothers in the experimental group suggests that OSM not only enhances physiological lactation but also boosts maternal confidence. This is consistent with **Brockway et al. (2022)**, who emphasized that mothers' confidence in breastfeeding directly influences duration and success of exclusive breastfeeding.

In this study, newborns of mothers who received OSM showed better feeding frequency, weight gain, and diaper output, indicating effective milk transfer. These findings are consistent with **Fatmawati et al. (2020)** and **Sharma et al. (2022)**, who found significant correlations between maternal massage interventions and neonatal growth indicators.

The findings revealed a very strong positive correlation between the Modified Breastfeeding Assessment and BFSES ( $r = 0.90, p = 0.001$ ) and a moderate positive correlation between BFSES and LATCH attachment scores ( $r = 0.50, p = 0.005$ ). These results are comparable with **Rao et al. (2019)**, who reported a strong correlation between Modified Breastfeeding Assessment and BFSES ( $r = 0.85, p = 0.002$ ) and a moderate correlation between LATCH attachment and Modified Breastfeeding Assessment ( $r = 0.60, p = 0.04$ ).

Significant associations ( $p < 0.001$ ) were observed between selected demographic variables - age, education, occupation of the head of the family, type of family, and residence—and LATCH attachment scores, Modified Breastfeeding Assessment scores, and BFSES scores. Older mothers, higher education

levels, skilled or semiskilled occupations, joint family systems, and urban residence were consistently associated with better breastfeeding outcomes. These findings align with previous studies by Nguyen and Patel (2023), Gupta and Bansal (2022), Johnson and Carter (2022), and Cheng et al. (2023). Additionally, Oxytocin Stimulation Massage (OSM) significantly improved LATCH attachment, breastfeeding assessment, and maternal self-efficacy, reinforcing its effectiveness in enhancing maternal confidence and facilitating successful breastfeeding outcomes among newborns.

Overall, the findings support that OSM acts through the physiological mechanism of oxytocin release, promoting relaxation, reducing stress, and improving milk let-down reflex. It serves as a safe, non-invasive, and practical nursing intervention to manage lactation problems effectively.

## 6. Conclusion

The study concluded that **Oxytocin Stimulation Massage (OSM)** is an effective technique to improve breastfeeding outcomes among mothers with lactation problems. The intervention significantly enhanced maternal latching ability, breastfeeding efficiency, self-confidence, and neonatal feeding performance.

OSM can be incorporated as part of **routine postnatal nursing care** to promote successful breastfeeding and strengthen the mother–infant bond. Training nursing personnel in this simple massage technique can empower mothers to overcome lactation challenges and achieve exclusive breastfeeding goals.

This finding is further supported by the fact that **the World Health Organization (WHO) officially recognized Oxytocin Stimulation Massage (OSM) in 2008**, and it has been **incorporated into the Facility-Based and Essential Based Newborn Care (FENBC) Module in 2024**, reinforcing its global acceptance and evidence-based effectiveness in promoting successful breastfeeding.

## 7. Recommendations

1. Similar studies can be conducted on a larger sample to validate and generalize the findings.
2. Comparative studies can be done to assess OSM with other non-pharmacological interventions such as warm compress or relaxation therapy.
3. Long-term follow-up studies may explore the sustained effects of OSM on exclusive breastfeeding rates up to six months.
4. Nurses and midwives should be trained in OSM techniques for implementation in postnatal wards and community settings.

## 8. Nursing Implications

- **Nursing Education:** Incorporate OSM as a practical nursing skill in maternal and child health curricula.
- **Nursing Practice:** Encourage staff nurses to apply OSM for mothers experiencing lactation issues.
- **Nursing Research:** Further studies can explore hormonal and psychological responses following OSM.
- **Nursing Administration:** Develop protocols and policies to include OSM in postnatal care guidelines.

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