COMPARISON OF HOLISTIC CARE HYPNOLACTATION MODEL BY SELF-TALK FOR BREASTMILK PRODUCTION IN POSTPARTUM WOMEN

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Article Information	Abstract
	Breast milk production is crucial for mothers to provide exclusive breast milk to their babies. Holistic care in midwifery offers an alternative or complementary approach to conventional medical treatment. It aimed to enhance the health of postpartum mothers through education and various health services, recognizing that health issues are not solely physical and can be addressed through non-medical interventions. This study investigated the impact of Hypnolactation and self-talk on breast milk production in postpartum mothers. The research utilized a quasi-experimental design, specifically, a pretest-posttest with a control group. The holistic care model implemented communication science techniques to promote relaxation, deep breathing, positive suggestions, and confidence building in postpartum mothers. The study was conducted in the Meteseh Boja Kendal village area from June to August 2023. The analysis employed paired testing, with a sample of 35 out of 42 postpartum mothers selected through purposive sampling. The results revealed that 100% of mothers who received Hypnolactation achieved sufficient breast milk levels, whereas 66.7% of those who practiced self-talk achieved the same, with 33.3% having inadequate levels. Hypnolactation demonstrated greater efficacy in enhancing breast milk production in the Meteseh Boja Kendal area. Applying hypnolactation and self-talk increased the secretion of endorphins, prolactin, and oxytocin, potentially influencing the mother's breastfeeding ability and the body's capacity to produce breast milk. Future research should consider using action research methods, expanding sample coverage over an extended period, and examining additional factors such as postpartum mothers' dietary intake. ***Keyword**: Hypnolactation, Self Talk, Breast Milk Production, Postpartum*

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1. Introduction

Breast milk is widely recognized as a comprehensive source of infant nutrition, meeting their physical, psychological, social, and spiritual needs. It contains diverse nutrients, hormones, immune elements, growth factors, and anti-allergens [1]. Research has shown that breastfeeding can significantly enhance infant survival rates compared to those not receiving breast milk.[2] Several factors influence the quality and smoothness of breast milk production. These include maternal nutrition, breast care, contraceptive use, exposure to

secondhand smoke, and the presence of the prolactin hormone, which stimulates mammary glands. Additionally, motivational support from various environments can impact milk production.[3]

In 2020, the Ministry of Health Information Data Center (Pusdatin) reported that 39.6% of infants in Central Java received exclusive breastfeeding until 6 months, ranking it among the 34 provinces in Indonesia. In the same year, Semarang City contributed to 80.3% of babies receiving exclusive breastfeeding, totaling 9,431 babies, while 19.7% did not receive exclusive breastfeeding. [4]

Postpartum mothers commonly face challenges with initiating breastfeeding, including fatigue, low milk supply, nipple soreness, nighttime sleep disturbances, and stress related to their new role, which can be overwhelming. Anxious and stressed mothers may disrupt lactation and impact milk production by inhibiting milk secretion [5]

Mothers can reduce lactation stress by engaging in regular exercises like yoga and gymnastics, improving sleep patterns, maintaining a nutritious diet for breastfeeding, and practicing self-talk. Self-talk involves an internal dialogue with oneself, often influenced by unconscious thoughts, beliefs, questions, and expressions of ideas. Health workers can also help prepare mothers for lactation through techniques like hypnolactation [6]

A preliminary study conducted in Meteseh Village, Boja City, observed that out of a total population of 39,895 individuals, 36,355 had postpartum visits. Among the 35,392 infants included in the study, 27,919 were found to be exclusively breastfed, accounting for 49.4% of the total infant population (Profil Kesehatan Prov. Jateng, 2020). Additionally, a preliminary survey conducted at Posyandu Kelurahan Boja in early February revealed that 6 breastfeeding mothers reported encountering various challenges during the breastfeeding process, including tediousness, perceived low milk production, nipple sinking, sleep disturbances, lack of knowledge about breastfeeding techniques, and a lack of community support .[7]

Hypnolactation has been identified as a potential intervention to assist breastfeeding mothers in maintaining exclusive breastfeeding for at least the first six months, particularly in cases where mothers need to return to work.[8,9] Handayani et al. (2021) have proposed that hypnobreastfeeding intervention involves mental preparation and the promotion of peace of mind to aid mothers in producing sufficient breast milk to meet their baby's nutritional requirements. It is emphasized that peace of mind and a mother's determination to breastfeed are crucial supportive factors, in addition to physical preparations such as maintaining a balanced diet, proper hydration, engaging in breast massage, and implementing appropriate breastfeeding management techniques. Research conducted by Handayani also suggests a significant increase in breastfeeding duration when infants receive massages.[18]

The technique of hypnolactation is designed to facilitate breastfeeding by incorporating positive affirmations. It is believed to be most effective when the mother is relaxed or intensely focused.[6,8-9] Postpartum breast milk production typically experiences a reduction during the first 1 to 3 days after childbirth, followed by normalization between days 7 to 14. However, challenges may arise if milk production remains insufficient beyond the fourth day, potentially leading to inadequate nutrition for the infant[12]. To address this issue, researchers are exploring applying a holistic care model that includes hypnolactation and self-talk for postpartum mothers in the Meteseh Boja village area as a preventive measure to enhance breast milk

production. Additional therapies for increasing breast milk production encompass both pharmacological and non-pharmacological approaches. Pharmacological therapy, as per medical prescription, may include the use of medications such as domperidone, metoclopramide, and sulpiride, while non-pharmacological therapy involves hypnolactation and self-talk.

A study by Sari et al. (2019) demonstrated the effectiveness of hypnobreastfeeding in reducing anxiety and promoting milk production in postpartum women. Previous studies have not independently examined the impact of hypnolactation interventions on breast milk production in postpartum women, as they have focused solely on working mothers who breastfeed[17]. Furthermore, postpartum women in the Meteseh Boja village area have not been exposed to holistic care services that incorporate hypnolactation due to limited information and the lack of skills among health workers. Given the potential benefits of complementary therapies like hypnolactation in enhancing breast milk production for postpartum women, this study seeks to evaluate the effectiveness of hypnolactation in increasing breast milk production.

2. Method

This study utilized a quasi-experimental research design with a posttest two-group format.[13] The study's sample consisted of 42 postpartum women, selected based on specific demographic and obstetric characteristics, including education, age, occupation, parity, and mode of delivery. Purposive sampling, which considers predetermined criteria, was utilized to select 34 individuals who met the inclusion criteria between June and August 2023. A preliminary analysis was conducted to assess the initial ability difference between the experimental and control groups using a t-test. Subsequently, a paired t-test was used to test the proposed hypothesis, while a chi-squared test was performed to determine the difference in breast milk adequacy between the two groups.

3. Result and Discussion

Univariate Analysis

The results of univariate analysis of postpartum women's milk production in experimental and control groups are shown in the following table

Table 1. Frequency Distribution of Breast Milk Adequacy in Hypnolactation Group

No	Breast milk Production	Hypnolactation Group	
		f	%
1	Sufficient	17	100
2	Poor	0	0
	Total	17	100

Table 1 presents the breast milk production in postpartum women, specifically in the Hypnolactation group. The data shows that 17 individuals in this group have achieved a sufficient level of breast milk production, representing 100% of the participants.

Table 2. Frequency Distribution of Breastmilk Production in Postpartum Mothers in Self-Talk Group

No	Breast milk Production	Self-Talk Group	
		f	%
1	Sufficient	12	66.7
2	Poor	6	33.3
	Total	18	100

According to the data presented in Table 2, pertaining to breast milk production in postpartum women, it is observed that within the Self-Talk group, 12 individuals exhibited a level of breast milk production falling within the sufficient category, accounting for 66.7% of the participants. Additionally, a total of less than 6 individuals, constituting

33.3% of the group, demonstrated a level of breast milk production categorized as inadequate.

Bivariate Analysis

Table 3. Comparison of Hypnolactation and Self-Talk on Breast Milk Production

variable	t-score	t-table	p-value
Hypnolactation	28.63	27.629	0.000
Self-Talk	-1.139	-0.86	0.263

Based on the results of statistical tests utilizing paired t-tests for hypnolactation, a t-score of 28.63 was obtained. When compared with the t-table, a value of 27.629 was derived, indicating that the t-score is more significant than the corresponding t-table value. Consequently, the null hypothesis (Ho) is rejected in favor of the alternative hypothesis (Ha), suggesting that hypnolactation influences breast milk production in postpartum women.

The findings from Table 1, pertaining to the breast milk production study conducted on postpartum women who underwent hypnolactation in the Meteseh area of Kendal City, revealed that within the hypnolactation group, 17 individuals demonstrated adequate breast milk production, constituting 100% of the sample. In accordance with the 2019 IDAI theory, mothers exhibiting sufficient breast milk production typically observe specific indicators in their infants, including feeding every 2-3 hours or a minimum of 8 times within the initial 2-3 weeks, the presence of yellow stools with a lightening frequency by the fifth day after birth, urination occurring at least 6-8 times per day, audible swallowing of breast milk, a reddish skin color with a smooth texture, weight gain consistent with growth charts, age-appropriate motor development, a content appearance, waking when hungry, satisfactory sleep, and robust sucking reflex.[14]

Based on Table 2, it is evident that in the Meteseh area of Boja City, 12 individuals in the Self Talk group have adequate breast milk production (66.7%), while 6 individuals in the same group have insufficient breast milk production (33.3%).

The results from Table 4.2 indicate that out of 18 individuals in the self-talk group, 6 fall into the poor category (33.3%). The self-talk treatment group involved self-hypnosis, which is defined as hypnosis performed by oneself on oneself[6]. The self-talk is a straightforward process that induces relaxation, calmness, and focus on achieving a specific result or goal [6]. Statistical tests using paired t-tests yielded a count of 28.63 for hypnolactation, which was then compared with the table, resulting in a stable value of 27.629. Consequently, the count exceeds the table value. Therefore, it can be concluded that Ho is rejected and Ha is accepted, signifying that hypnolactation influences breast milk production in postpartum mothers in the Meteseh area.

The study's findings demonstrate that hypnolactation influences breast milk production in postpartum mothers. Compared to a 2017 study by Rahwamati, which demonstrated increased breast milk production after hypnolactation, the average daily production per mother consistently increased from 210 ml to 225 ml. This indicates that the breast milk is in sufficient condition. The paired t-test results show a p-value of 0.000, signifying a significant difference between hypnolactation breast milk production and self-talk.

Hypnolactation techniques are highly beneficial for mothers, as the methods used are relatively simple and do not involve the use of drugs, making them accessible for mothers to perform at home. These techniques, also known as self-talk techniques, involve self-hypnosis, which is a method of "entering" the subconscious mind to

"reprogram" it and "cleanse" the data so that only things that genuinely "empower" the self remain. The principle of self-talk is to allow the conscious mind to rest and then provide the subconscious mind with suggestions through images and affirmations. Subsequently, the subconscious mind processes the information and executes the embedded thought program. However, many people fail to engage in self-talk because they must prepare with the program installed in their subconscious.[6,15]

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Several studies, including research conducted by Hanum et al. (2021) and Sari et al. (2019), have shown the effectiveness of hypnobreastfeeding techniques on breast milk expulsion and anxiety in postpartum women. Previous studies focused on working mothers who were breastfeeding, and there was no independent provision of hypnobreastfeeding interventions on breast milk production in postpartum women. Additionally, postpartum women in the Kendit Public Health Center, Situbondo Regency working area, have not been exposed to the benefits of complementary therapies such as hypnobreastfeeding to increase breast milk production. This study aimed to determine the increase in breast milk production through hypnobreastfeeding.

Hypnolactation techniques have been recognized as highly advantageous for mothers, given their relatively simple nature and non-reliance on pharmaceutical interventions, thus rendering them accessible for implementation in domestic settings. Also known as self-talk techniques, these methods involve self-hypnosis, which entails accessing the subconscious mind to reprogram and purify it, retaining only genuinely empowering elements. The fundamental concept of self-talk involves allowing the conscious mind to rest, subsequently imparting suggestions to the subconscious mind through imagery and affirmations. The subconscious mind then processes this information and enacts the embedded thought program. However, engagement in self-talk is often needed because of the necessity to prepare with the program installed in the subconscious mind.

Several studies, including those conducted by Hanum et al. (2021) [16] and Sari et al. (2019), have demonstrated the effectiveness of hypnobreastfeeding techniques in facilitating breast milk expulsion and alleviating anxiety among postpartum women. Prior research has primarily focused on working mothers who breastfeed, with a limited independent exploration of hypnobreastfeeding interventions on breast milk production in postpartum women. Furthermore, postpartum women within the Kendit Public Health Center, Situbondo Regency working area, have not been exposed to the potential benefits of complementary therapies such as hypnobreastfeeding for enhancing breast milk production. This study seeks to ascertain how hypnobreastfeeding contributes to increased breast milk production.

4. Conclusion

In the hypnosis group, postpartum women demonstrated 100% adequacy in achieving sufficient milk production, while infants within the same group achieved a 66.7% sufficiency rate. Notably, 33.3% of infants in the hypnosis group exhibited inadequate milk production. The findings suggest that hypnolactation techniques are more effective than self-talk in enhancing breastfeeding adequacy. Health professionals, including midwives and other healthcare workers, can leverage hypnolactation as a supportive tool to assist postpartum women in preparing for lactation and breastfeeding. Moreover, the study's results indicate that the application of hypnolactation and self-talk significantly augments the secretion of endorphins, prolactin, and oxytocin. This can be attributed to the relaxation approach and deep breathing techniques, which induce an alpha state and introduce positive suggestions regarding the mother's capacity to breastfeed and the body's ability to produce ample breast milk.

Future research endeavors are encouraged to expand upon this study by incorporating metaplan with action research, extending the sample size over a prolonged duration, and considering additional factors such as the dietary intake of postpartum women. These efforts would contribute to a more comprehensive understanding of the potential benefits and applications of hypnolactation techniques in the context of postpartum care and breastfeeding support.

5. Acknowledgment

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