

EFFECTIVENESS OF BREASTFEEDING WITH HYPNOPRESSURE ON EARLY LACTATION IN COMMUNITY HEALTH CENTRES

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Abstract

Tegal City Mayor Regulation No. 82 of 2023 concerning Behavioral and Social Change Strategies in Accelerating Stunting Reduction in Tegal City, explains that the target coverage of Exclusive Breastfeeding is 68% by 2024. The failure of the implementation of Exclusive Breastfeeding often occurs because the mother's breast milk has not come out in the early period after delivery, this is the reason for the mother to provide formula milk. Several risk factors that can slow the onset of lactation are anxiety, nutritional status, age, parity, type of delivery, birth weight, and early initiation of breastfeeding. Hypnopressure is a relaxation technique to help smooth the breastfeeding process. How to insert positive affirmations that help the breastfeeding process when the mother is relaxed or very concentrated on something. The purpose of this study is to Analyze the effectiveness of the implementation of breastfeeding with hypnopressure on lactation onset in the Tegal City Community Health Center Area. The research method used was pre-experimental, with a control group and intervention. The sampling technique was accidental sampling with 40 respondents. The results of the Mann Whitney test show that the asymp.sig value (2-tailed) is 0.004, which is smaller than the probability value of 0.05. Therefore, it can be concluded that "Ha is accepted", thus it can be said that breastfeeding with hypnopressure is effective for the onset of lactation.

Keywords: Breastfeeding, Hypnopressure, Onset Laktasi

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1. Introduction

The proportion of exclusive breastfeeding in Indonesia in 2023 was 55.5% with the highest province being the Special Region of Yogyakarta at 71.4%, while the lowest proportion was the province of South Papua at 37.6% [1]. Tegal City Mayor Regulation No. 82 of 2023 concerning Behavioral and Social Change Strategies in Accelerating Stunting Reduction in Tegal City, explains that the target for exclusive breastfeeding coverage is 68% by 2024 [2].

According to various studies, the benefits of providing exclusive breastfeeding can reduce infant mortality and morbidity. Other benefits of exclusive breastfeeding are increasing children's intelligence, optimal baby growth, and can help extend the gap between mothers' pregnancies [3]. Failure to implement exclusive breastfeeding often occurs because the mother's breast milk has not come out in the early period after delivery, this is the reason why mothers give formula milk [4].

Breastfeeding is a way to provide ideal nutrition for the growth and development of newborns. The breastfeeding process faces many challenges, and breastfeeding failure can occur due to either the mother or the baby. Common breastfeeding problems can begin during pregnancy, early postpartum, and later postpartum. Breast care is essential during pregnancy, as the breasts produce the milk essential for the baby. Therefore, breast care should be initiated as early as possible [5].

Late onset of lactation reduces the chance of exclusive breastfeeding for six months [6]. The onset of lactation is the initial period for increasing breast milk production, starting from the first milk flow, characterized by the breasts feeling hard, heavy, and swollen until the milk or colostrum flows [7]. Early onset of lactation is said to occur if breast milk flows within ≤ 72 hours. Risk factors that influence the onset of lactation include age, parity, type of delivery, birth weight, early initiation of breastfeeding, anxiety, oxytocin massage, and nutritional status [8]. Generally, breast milk flows on the 2nd or 3rd day after delivery. Efforts made to accelerate the flow of breast milk include accelerating the onset of lactation by performing massage on postpartum mothers [9].

The onset of lactation begins 24 hours after birth, with the average onset occurring 30-40 hours after birth [10]. Delayed onset of lactation, also known as delayed onset of lactogenesis II (DOL II), is considered to occur if the onset of lactation is more than 72 hours after birth [11]. Some risk factors that can slow down the onset of lactation are anxiety, nutritional status, age, parity, type of delivery, birth weight, and early initiation of breastfeeding [12].

Anxiety can be reduced by applying pressure to acupressure points to regulate the anxiety hormone (cortisol). However, negative memories in the subconscious mind will remain, requiring reprogramming through hypnotherapy. Therefore, it's best to combine hypnotherapy and acupressure as a single

unit to create synergy, with therapy lasting one hour per week for three weeks [13].

Hypnopressure is a development of hypnopuncture, a powerful combination of two proven healing techniques. The difference is that hypnopressure uses hypnosis and manual pressure/touch (a manual technique), while hypnopuncture uses hypnosis and acupuncture needles [14].

Hypnopressure can help mothers ensure they can continue breastfeeding, at least exclusively for the first six months, especially if they have to return to work. Support for breastfeeding in Indonesia is still considered lacking, therefore, breastfeeding mothers must always strive to create a positive environment for them to continue breastfeeding. Hypnopressure is a relaxation technique to help smooth breastfeeding. It involves inserting positive affirmations that help the breastfeeding process when the mother is relaxed or deeply focused on something. The basis of hypnopressure is relaxation achieved when the body and mind are in a calm state [15].

Based on the above phenomenon, we are interested in taking the title "Effectiveness of Breastfeeding with Hypnopressure Implementation on Lactation Onset in the Tegal City Community Health Center Area" with the aim of analyzing the effectiveness of Breastfeeding with Hypnopressure Implementation on Lactation Onset in the Tegal City Community Health Center Area.

2. Method

The research we will conduct is a pre-experimental study. In this study, there are two groups: a control group and an intervention group. The control group consists of respondents who are not given any treatment, while the intervention group consists of respondents who are given treatment. The treatment includes providing information and hypnopressure to the respondents. Breastfeeding with hypnopressure was administered to the

respondents every week until delivery and 24 hours after delivery.

The population in this study was pregnant women more than 37 weeks pregnant within the Tegal City community health center area. The inclusion criteria were pregnant women who were willing to participate and pregnant women of reproductive age. The exclusion criteria were pregnant women with complications (placenta previa) and mothers who were not allowed to breastfeed.

The sampling technique used is convenience sampling, which involves selecting respondents present at the time of the observation. The sample is divided into two groups: an intervention group and a control group. The sample size for this study is 40 respondents: 20 in the control group and 20 in the intervention group.

The researchers and their team administered hypnotherapy to the intervention group, which was administered according to a checklist. Lactation onset was measured by the time the mother's milk came in after giving birth. Early onset was defined as less than 72 hours after delivery, and late onset as more than 72 hours after delivery.

The data analysis used to analyze the effectiveness of breastfeeding with hypnotherapy on lactation onset was the Mann-Whitney test.

3. Results And Discussion

The intervention provided respondents with breastfeeding massage with hypnotherapy. The intervention was conducted weekly until the mother gave birth. We also provided a video related to the massage. After the mother gave birth, we conducted a visit to confirm the mother's lactation onset.

Tabel 1. Time to onset of lactation

Time	Control Group	
	Frequenc y	%
Fast (≤ 3 days)	7	35%
Slow (> 3 days)	13	65%

Source: primary dataset

The table above shows that lactation onset was slow in 65% of the control group, while lactation onset was fast in 80% of the intervention group.

Tabel 2. Mean time to onset of lactation

Groups	Average Time
Control	3,5 days
Intervention	2,05 days

Source: primary dataset

The table above shows that the average onset of lactation in the control group was 3.5 days, while in the intervention group the average onset of lactation was on day 2.

Tabel 3. The Effectiveness of Breastfeeding with Hypnotherapy on Lactation Onset

Time	Control		Interventio n		Asymp. Sig (2- tailed)
	F	%	F	%	
Fast (≤ 3 H)	7	35	16	80	0.004
Slow (> 3 H)	13	65	4	20	

Source: primary dataset

The table above shows that the Mann-Whitney test results show that the asymp.sig value (2-tailed) is 0.004, which is smaller than the probability value of 0.05. Therefore, it can be concluded that that "Ha is accepted", thus it can be said that Breastfeeding With Hypnotherapy is effective for the onset of lactation.

Based on the research results, it was found that the onset of lactation in mothers in the control group was slow (65%), while the onset of lactation in mothers in the intervention group was fast (80%).

The average time for breast milk production in respondents in the control group was 3.5 days, while in respondents in the intervention group, the average time for breast milk production was 2.05 days.

The onset of lactation is the initial period for increasing breast milk until the first milk comes in or the mother's perception of when the milk comes in, which is indicated by the breasts feeling hard, heavy, swollen until the milk or colostrum comes out. The onset of lactation is also called lactogenesis stage II, starting from 24 hours postpartum, characterized by the breasts feeling full, the breasts feeling large or swollen and milk leaking [16].

Onset of lactation is the first release of breast milk after birth. If it occurs after 72 hours, it is called Delayed Onset Lactation. Onset of lactation gives mothers confidence to breastfeed their children, thus ensuring the success of exclusive breastfeeding. Several studies have shown that 42% of mothers in Indonesia experience DOL, and in China, 30.3% experience DOL [17].

Several factors that influence Delayed Onset Lactation (DOL) are preterm pregnancy and low birth weight, gestational diabetes, gestational hypertension, thyroid during pregnancy, obesity, serum albumin levels (<35 g/L), history of caesarean section, parity, sleep duration, breastfeeding counseling [18].

The results of the Mann Whitney test show that the asymp.sig value (2-tailed) is 0.004, which is smaller than the probability value of 0.05. Therefore, it can be concluded that "Ha is accepted", thus it can be said that Breastfeeding With Hypnopressure is effective for the onset of lactation.

Breast milk production in the intervention group was higher than in the control group because hypnopressure can reduce postpartum cortisol levels. This can stimulate prolactin production, which can influence milk production [19].

This is in line with Sari's (2017) research, which states that a combination of hypnobreastfeeding interventions can

increase breast milk production 2.5-fold compared to no intervention. If hypnobreastfeeding interventions do not work well, acupressure therapy can help through the acupressure method. Acupressure can stimulate the A β , A δ , and C nerve fibers at the segmental level, stimulating the secretion of endogenous opioids and serotonin, thereby inhibiting the pain process and reactivating organ function at each stimulated meridian point to produce sufficient energy [20].

A holistic therapy that begins with breathing relaxation, followed by prayer to God for the well-being of the body, mind, and spirit. This is followed by breathing relaxation to foster a sense of genuine care, love, and affection from the massage therapist toward the mother. This technique combines hypnobreastfeeding therapy with acupressure and massage to increase optimal breast milk production.

4. Conclusion

The average breast milk production (lactation onset) in the control group was 3.5 days, while in the intervention group it was 2.05 days. The onset time of lactation in the control group was long, while the onset time of lactation in the intervention group was fast. The results of the Mann-Whitney test showed that the asymp.sig value (2-tailed) was 0.004, which is smaller than the probability value of 0.05. Therefore, it can be concluded that "Ha" is accepted, thus it can be said that Breastfeeding With Hypnopressure is effective in the onset of lactation.

Further research is needed regarding the characteristics of mothers with the onset of lactation. Further research should be carried out by many teams and will take a long time because breastfeeding therapy with hypnopressure is carried out as homecare which takes a long time.

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