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The effect of Hypnobreastfeeding on the volume of exclusive breastfeeding at the Muara Beliti health center

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Abstract--- Breast milk is the best food for babies, because it contains nutrients that best suit the needs of babies who are in the stage of accelerating growth and development, especially in the first 2 years. Apply Hypnobreastfeeding to Increase The Volume of Breast Milk in Exclusive Breastfeeding In Muara Beliti Health Center musu Rawas Regency in 2021. This study used quasy experiments with two groups of pre and post design approaches. Data collection uses an observation table of the amount of breast milk that is fed. The data is analyzed with a paired wilcoxon test. This study has an effect of hypnobreastfeeding on increasing the volume of breast milk in exclusive breastfeeding. Wilcoxon's test result in the control group was $p = 0.000$. Conclusion: After this research process. After this research process is done can increase the amount of breast milk and become one way to help mothers in increasing the volume of breast milk.

Keywords---exclusive breast milk, Hypnobreastfeeding, volume of breast milk.

Introduction

Getting Mother's Milk (ASI) is one of the baby's human rights that must be fulfilled. Several reasons explain this statement, namely: every baby has the basic right to the best food and health to fulfill optimal growth and development; Every baby has a basic right to the best psychological care or interaction for optimal growth and development needs. Breast milk is the best food for babies, because it contains nutrients that are most suitable for the needs of babies who are in the stage of accelerating growth and development, especially in the first 2 years. Breast milk provides a set of protective substances against various acute and chronic diseases; provide a strong and adequate psychological interaction between the baby and the mother which is the basic need for the baby's growth and development; Mothers who breastfeed also benefit from being healthier, including spacing out pregnancies, reducing the risk of postpartum hemorrhage, anemia, breast and ovarian cancer.

However, there are often obstacles in exclusive breastfeeding. Children who are not breastfed have an increased risk of getting sick, and can stunt growth, even increase the risk of death or disability. If most babies aged 0-6 months were only given breast milk – meaning only breast milk and no other fluids or food, not even water – it is estimated that at least 1.2 million child lives could be saved each year. According to Azriani, 2012 in the journal Bahriyah, 2017, WHO (World Health Organization) and UNICEF (United National Child Fund) stated that perinatal mortality in the world is around 10 million live births with a record that around 98 - 99% occur in developing countries, where the mortality rate is perinatal a hundred times greater. One of the causes of death is the lack of access to health care for neonates. The number of events included low birth weight (42%), clinical sepsis (17%), premature birth (9.8%), severe asphyxia (4.6%), hypothermia (17%), and breastfeeding problems (16%). WHO has set a target of breastfeeding infants at least 50% by 2025. In Indonesia, the achievement of exclusive breastfeeding is only (35%), while in South Sumatra the achievement of exclusive breastfeeding is (55%). (Risksedas, 2018).

Exclusive breastfeeding campaigns in Indonesia have been regulated in Law No. 33 of 2012 concerning Exclusive Breastfeeding. Breastfeeding is a natural condition, although breastfeeding in Indonesia has become a culture, in practice breastfeeding is still far from what is expected. There are still many mothers who experience obstacles/obstacles to exclusively breastfeed their babies for 6 full months. Various factors contribute to the failure of exclusive breastfeeding, including the attitude and behavior of mothers in exclusive breastfeeding and low milk production. In Musi Rawas district, which is one of the districts in South Sumatra Province, the coverage of exclusive breastfeeding in 2019 was (40.74%) (Musi Rawas District Health Office, 2019).

Various efforts have been made by the government and health workers to assist mothers in optimizing breast milk production. Considering that breast milk is a

very important nutrient for babies because in addition to meeting nutritional needs, it can also increase the baby's immunity. The mother's role is to be responsible for meeting the nutritional needs of her baby. However, it turns out that there are still conditions of failure to breastfeed and barriers to breastfeeding. This condition of inhibition of breast milk production can have an impact on the risk of failure to achieve exclusive breastfeeding. The most common reason mothers choose to end breastfeeding is that the milk is "dry" and difficult to come out, but according to several studies, the right reasons related to this are stress, anxiety, and working outside the home which make it difficult for milk to come out so mothers are reluctant to breastfeed and choosing a breast milk substitute for her baby. Breastfeeding mothers who are anxious and stressed can inhibit the release of breast milk, the release of breast milk will take place well and smoothly when the mother feels relaxed and comfortable. (Dennis and McQueen, 2009 in the journal Dewi, 2016).

One solution that can help overcome barriers to exclusive breastfeeding is the provision of hypnobreastfeeding so that it helps mothers so that breastfeeding mothers can continue to breastfeed, at least exclusively for the first six months. The hypnobreastfeeding intervention is one of the mother's preparations in terms of mind including peace of mind, so that the mother is confident that she is able to produce sufficient breast milk to meet the needs of the baby's growth and development. Preparation in terms of soul (soul) includes a sincere intention to give the best for the baby. (Snyder, 2010). Hypnobreastfeeding is a relaxation technique to help smooth the breastfeeding process. The trick is to include positive affirmation sentences that help the breastfeeding process when the mother is relaxed or very concentrated on something.

Rahajeng, et al (2015) in Surakarta found that there was an effect of hypnobreastfeeding on the breastfeeding process. The results showed that the $f_{12,250}$ test had a significant level of 0.002 where the number was <0.05 , so hypnobreastfeeding had an effect on the breastfeeding process. The results of research conducted by Rahmawati and Prayogi, (2017) entitled Hypnobreastfeeding to Increase Breast Milk Production in Working Breastfeeding Mothers. There is an effect of Hypnobreastfeeding on breast milk production in nursing mothers who work with an average value of milk production before Hypnobreastfeeding 210 ml/day after Hypnobreastfeeding. Based on a preliminary study conducted by researchers on March 13, 2020 on 10 respondents who were breastfeeding mothers at the Muara Beliti Health Center, Musi Rawas Regency, 4 of them gave exclusive breastfeeding; 3 mothers gave formula milk because their breast milk did not want to come out and the baby did not want to breastfeed, and 3 other respondents said they gave breast milk and a combination with formula milk as long as there was not much milk and not enough for their toddlers. Therefore, the authors chose to conduct research at the Muara Beliti Health Center because many mothers who should breastfeed but do not exclusively breastfeed their babies on the grounds that breast milk does not come out much and is not sufficient.

Method

This study uses a quasi-experimental research (quasi-experimental) with a two-group pre-test and post-test design. That is, this design involves one group of subjects, tested by comparing the condition of the dependent variable before and after being subjected to hypnobreastfeeding. (Saryono, 2010). The population in this study were mothers breastfeeding infants aged 0-6 months as many as 295 people. The sample that will be used in this study is 52 people which are divided into 26 control people and 26 intervention people. Samples that meet the inclusion criteria and exclusion criteria. Inclusion Criteria: Willing to be a respondent; Never had any information about hypnobreastfeeding; Mothers breastfeeding 0-6 months. Exclusion Criteria: Breastfeeding mothers who have complications or illnesses that do not allow breastfeeding. Infants experienced pain during the study. The sampling technique in this study used purposive sampling according to researchers who met the inclusion criteria. The sample size in this study was 25% of the total population, the total population was 295 people, so the sample size taken was 52 people.

In the preparation stage, the researcher asked permission from the institution where the research was conducted. At the implementation stage, the researcher first explained the research objectives to the respondents who met the inclusion, then the respondent was willing to take hypnobreastfeeding and participate in the research. The respondent had to sign an informed consent form. If the respondent refuses to be investigated, the researcher will not force it and will still respect their rights. To maintain the confidentiality of the respondent's identity (confidentiality) the data collection sheet is only coded or does not include a name (anonymity) so that the confidentiality of all information provided is maintained. Respondents were given hypnobreastfeeding exercises by being given speakers containing recordings. The researcher measured the volume of mother's breast milk in breastfeeding at the time of pre and post on day 14. The data collection instrument used in this study used a list/sheet of observation notes on the volume of breast milk. Respondents are given directions to come to the Puskesmas or if it is not possible for the patient to attend and the location of the patient's home is still accessible, a home visit will be carried out. Respondent data for each respondent 14 times after being given hypnobreastfeeding.

Discussion

Characteristics

Table 1
Age of Breastfeeding Mothers

Mother's Age	Mean	SD	Min-Max
Control Group	22,35	4,233	16-36
Intervention Group	22,62	4,482	15-36

Based on table 1, it can be seen that the average age of breastfeeding mothers in the control group is 22.35 (SD 4,233) with a min-max of 16-36 years. In the

intervention group, the mean age of the mother was 22.62 (SD 4.482) with a min-max of 15-36 years.

Table 2
Child's Age and Mother's Occupation

Characteristics	Control		Intervention	
	n	%	n	%
Child's Age (months)				
1	7	26,9	5	19,2
2	6	23,1	5	19,2
3	5	19,2	3	11,5
4	2	7,7	8	30,8
5	3	11,5	3	11,5
6	3	11,5	2	7,7
Total	26	100	26	100
Occupation				
IRT	24	92,3	22	84,6
Occupation	2	7,7	4	15,4
Total	26	100	26	100

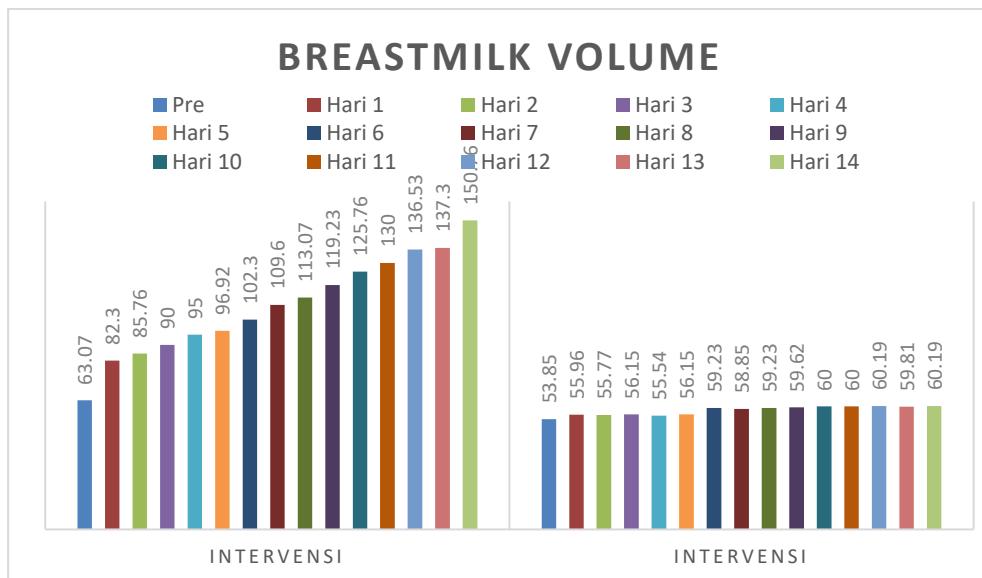
Based on table 2 the control group is less than half of children aged 1 month (26.9%) and less than half of the intervention group at the age of 4 months of children are 7 people (30.8%). In the control group, more than half of the working mothers of IRT were 24 people (92.3%) and more than half of the intervention group were mothers with the work of IRT 22 people (84.6%).

Pre-post control and intervention groups

Table 3
Effect of Hypnobreastfeeding on breast milk volume

Group	Mean	SD	Median	Min-Max	P-value
Control					
Pre	53,85	17,981	50,00	30-120	0,511
Post	60,19	34,394	50,00	30-210	
Intervention					
Pre	63,06	35,329	50,00	20-200	0,000
Post	150,77	60,062	120,00	80-380	

Based on table 3 in the control group the mean amount of breast milk in the pre-measurement with a mean of 53.85 (SD 17.981) a median of 50.00. In the post measurement with a mean of 60.19 (SD 34.394) the median was 50.00. In the control group, a bivariate test with the Wilcoxon test was performed after the normality test was performed. Wilcoxon test result is 0.511. In the intervention group, the mean volume of breast milk in the pre-measurement with a mean of 63.06 (SD 35.329) a median of 50.00. On the post measurement with a mean of 150.77 (SD 60.062) the median of 120.00. The Wilcoxon test result is 0.000, thus hypno breastfeeding is effective in increasing the amount of breast milk.



Graph 1. Breastmilk Volume

Based on the results of statistical tests, there was an increase in the average volume of breast milk in breastfeeding mothers in the intervention group after being given hypnotherapy. The results obtained from the study were the average volume of breast milk in the pre-measurement with a mean of 63.06 (SD 35.329) a median of 50.00. On the post measurement with a mean of 150.77 (SD 60.062) the median of 120.00. The Wilcoxon test result was 0.000, thus hypnobreastfeeding was effective in increasing the amount of breast milk. The results of this study are in line with Rahmawati & Prayogi (2017) hypnobreastfeeding is carried out independently after being given 1x workshop and carried out every day at least 2x a day before breastfeeding. Milk production was measured for 7 days before and after hypnobreastfeeding using a measuring cup based on the volume of expressed breast milk in a day. The average milk production before treatment was 210 ml/day and after treatment was 255 ml/day. Data analysis using paired t-test with value significant = 0.05 obtained p value = 0.000 indicating that there is an effect of hypnobreastfeeding on milk production in nursing mothers who work.

Optimal milk production (ASI) will be achieved after the baby is 10-14 days old with a volume of 700-800 ml per day with a frequency of breastfeeding 10-12 times per day. The amount will begin to decrease to 500-700 ml per day after the first 6 months and to 400-600 ml per day after the baby is 1 year old. Baby respondents in this study were aged >10 days to less than 6 months so that if the frequency of breastfeeding was 10-12 times per day, milk production should range from 50-80 ml per feeding. The amount of breast milk production has many influencing factors. Researchers try to minimize these factors. Food: basically the type of food affects the amount of breast milk production, but the researcher mentions conducting a food assessment for all breastfeeding mothers. Of all mothers, consuming foods with different types of vegetables and types of food such as meat, on average chicken. From this, it can be seen that breastfeeding mothers who are used as respondents are not much different in their diet. Breast

care: previously the researchers also conducted an assessment of how to do breast care. All breastfeeding mothers can perform breast care. Breast anatomy, birth weight, gestational age at delivery: are limitations that researchers cannot avoid. In the factors of resting patterns of alcohol and cigarette consumption, researchers can condition.

This fact is in accordance with the theory that the advantages and benefits that can be obtained from the use of hypnosis in hypnobreastfeeding are as a means of relaxation, the cost is relatively low because without the use of drugs, the method used is relatively simple so that it is easily understood and practiced by many people, including the subject, can be used. carried out by the subject (breastfeeding mother) and adequately assisted by a therapist, can nourish the elements of action, behavior, desire, enthusiasm, motivation, initiative, bad habits, etc., as well as prepare mothers to be successful during breastfeeding and prepare for breastfeeding. babies become a healthy, intelligent and creative generation (Wiji, 2014).

Affirmative sentences in hypnobreastfeeding such as "currently you are a healthy and confident mother", "your breasts are able to provide the best food for your baby", "your breast milk is smooth and able to produce your milk well", "you are increasingly convinced that your breasts are you are able to produce milk smoothly and enough to meet your baby's needs", said the therapist continuously in the hypnobreastfeeding recording speaker. The voice is heard repeatedly by the mother so that it is firmly embedded in the mother's subconscious mind and every time it always raises the motivation and confidence of the mother to breastfeed. A high level of self-confidence in breastfeeding mothers will form a pattern of exclusive breastfeeding so that even when mothers are constrained by working, mothers will try to breastfeed frequently by breastfeeding their babies when they are with their babies and expressing breast milk when mothers work.

Induction is the basic stage of hypnobreastfeeding, which is to put a person in a trance state or bring the mind from the conscious mind to the subconscious mind. In this study, the induction stage was achieved through muscle relaxation techniques, breath relaxation and mind relaxation. All relaxation techniques are obtained by following the instructions of the therapist/hypnotist whose voice has been recorded on a hypnobreastfeeding speaker complete with soft music accompaniment. The workload and also the role as a mother that must be lived by breastfeeding mothers in daily life cause physical fatigue and emotional tension/psychological stress. Being separated from the baby because of doing housework or other things has reduced the duration of the mother in breastfeeding, causing the mother to lose confidence in her ability to produce sufficient milk for the baby's needs. Psychological conditions that are not calm/stress trigger an increase in cortisol and catecholamine which can inhibit the release of prolactin and oxytocin. If the opposite condition occurs, namely in the hypnobreastfeeding induction stage, the effect of relaxation, physical calm, thought, and comfort can be felt by the mother so that a positive feedback mechanism occurs in the form of an increased response to the release of oxytocin and prolactin by the pituitary. The psychological condition of the mother determines the smoothness of breast milk production and hypnobreastfeeding

affects anxiety and the duration of breastfeeding where hypnobreastfeeding can significantly reduce anxiety and accelerate breastfeeding.

Conclusion

Based on the results of the study, it can be concluded that the use of hypnobreastfeeding affects the volume of breast milk in breastfeeding mothers. The results showed an increase in the volume of breast milk from day 1 to day 14. Hypnobreastfeeding also relaxes nursing mothers so that breastfeeding can be done optimally.

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