

# The Effect of Hypnobreastfeeding on the Fluency of Mother's Milk (ASI) in Postpartum Mothers at the Leni Langsa Independent Maternity Home in 2022

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## ABSTRACT

One of the reasons for the failure to provide exclusive breastfeeding is their perception of insufficient milk production so that they cannot breastfeed their babies optimally. The decrease in milk production in the first days after giving birth is triggered by a lack of stimulation of the hormones prolactin and oxytocin which play a very important role in the smooth production of mother's milk. One of the efforts made to improve the smoothness of breastfeeding is Hypnobreastfeeding. The purpose of this study was to determine the Effect of Hypnobreastfeeding on the Fluency of Breastfeeding in Postpartum Mothers at Leni Langsa Independent Maternity Homes in 2022 This type of research is experimental research with the research design used being Pre-Experimental with the One Group Pretest-Posttest approach. The population in this study were all postpartum mothers at the Leni Langsa Maternity Home in September 2022 as many as 14 respondents. sampling technique with purposive sampling obtained as many as 12 respondents. Bivariate data analysis used the Wilcoxon signed rank test. The results of this study indicate that the mean value of each is 2.9167 (Pre) and 5.5833 (Post). The results of statistical tests using the Wilcoxon test are known that the p value  $(0.001) < (0.05)$  means  $H_0$  is rejected. The conclusion of the study is that there is a significant effect of hypnobreastfeeding on the smoothness of breastfeeding in postpartum mothers at the Leni Langsa Maternity Home in 2022. It is recommended for midwives can apply hypnobreastfeeding in overcoming the inability of breastfeeding so that postpartum mothers can exclusively breastfeed without obstacles.

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## INTRODUCTION

Mother's Milk (ASI) is the best liquid for babies under 6 months of age, because it has complete nutritional content and is ideal for the growth and development of babies and can meet the

nutritional needs of babies in the first 6 months. However, only 39% of babies in the world are exclusively breastfed. Breastfeeding is a natural process, but many mothers still fail to breastfeed or stop breastfeeding early on. Many reasons are given by mothers who do not breastfeed, including being busy at work, fear of fat, and insufficient milk production

The benefits of exclusive breastfeeding for babies are enormous. The benefits are that it can protect babies from gastrointestinal infections, their nutritional needs are fulfilled, breast milk also contains many protective substances so that babies will get sick less often. In addition, the benefits for a mother are that it can increase fertility after giving birth so as to delay the next pregnancy and prevent iron deficiency anemia due to the return of menstruation which was delayed, and the mother returns to slimmer faster as before pregnancy (Adriani, 2019).

Things that are the reasons for the failure of a mother in exclusive breastfeeding to her baby for example the culture of giving food or drink before the milk comes out (prelactal), giving additional formula milk because the breast milk is not smooth or does not come out, stopping breastfeeding because the baby or mother is sick, and the mother wants to replace it with formula milk. Usually mothers stop breastfeeding their babies in the first month postpartum due to sore nipples, difficulty in proper latch on and their perception of insufficient milk production so that they cannot breastfeed their babies optimally. The decrease in breast milk production in the first days after giving birth is triggered by a lack of stimulation of the hormones prolactin and oxytocin which play a very important role in the smooth production of mother's milk (Adriani, 2019).

According to the WHO (World Health Organization) writing in the Global nutrition targets 2025 breastfeeding policy brief, globally, only 38% of infants aged 0 to 6 months are exclusively breastfed. Recent analyzes show that suboptimal breastfeeding practices, including non-exclusive breastfeeding, contribute to 11.6% of deaths in children under 5 years of age. This is equivalent to around 804,000 child deaths (WHO, 2014). Indonesia's Health Profile in 2018, the number of babies aged 0-6 months who were exclusively breastfed was 1,983,066 babies (55.7%) of 3,561,617, while in East Java Province the number of babies aged 0-6 months who were exclusively breastfed was 375,737 babies (74.1%) of 507,094 babies (Ministry of Health, 2019).

Based on the Basic Health Research (Riskesmas) data in 2020, the percentage of infants less than 6 months receiving exclusive breastfeeding was 66.1% of the 40% target or the percentage of performance achievement of 165.25%. Nationally, in 2020, from the number of babies aged less than 6 months who were recalled, from 3,196,303 targeted babies less than 6 months, there were 2,113,564 babies aged less than 6 months who received exclusive breastfeeding or around 66.1%. The achievement indicator of the percentage of infants aged less than 6 months who received exclusive breastfeeding has met the 2020 target, which is 40%. Based on the distribution of provinces, as many as 32 provinces have achieved the expected target and there are still 2 provinces that did not achieve the target, namely West Papua (34%) and Maluku (37.2%), while the province with the highest achievement was West Nusa Tenggara (87).

Based on data from the 2019 North Sumatra Health Profile, out of 186,460 babies aged less than 6 months, it was reported that there were 75,820 babies who had received exclusive breastfeeding (40.66%), this achievement was still far from the target set by the Sumatra Provincial Health Office Strategic Plan. North in 2019, namely 53%. The highest coverage of exclusive breastfeeding in districts/cities is North Nias (84.28%), Sibolga (72.12%) and Samosir (69.05%). Meanwhile, the lowest districts/cities were West Nias (11.96%), Serdang Bedagai (16.20%) and Nias (17.62%). In the Strategic Plan target of 53%, there are 10 districts/cities that have reached this target, namely North Nias, Sibolga, Samosir, North Tapanuli, South Tapanuli, Mandailing Natal, Tebing Tinggi, North Labuhanbatu, Dairi and Humbang Hasundutan (North Sumatra Health Office, 2019).

Based on research conducted by Pratiwi (2018), entitled The Effect of Hypnobreastfeeding on Breast Milk Production by conducting a literature study on 7 journals, the results show that Hypnobreastfeeding is able to increase milk production. This is because hypnobreastfeeding makes

the mother more relaxed, physically calm, mentally calm, and comfortable during breastfeeding so that it can provide a positive feedback mechanism in the form of an increased response to the release of oxytocin and prolactin by the pituitary. The hormone prolactin plays a role in stimulating nutrients for the synthesis of milk in the secretory cells of the alveoli. Oxytocin causes myoepithelial contractions around the alveolus and releases milk (Pratiwi, 2018).

The same research was also conducted by Hanum (2021) concerning the Effect of Hypnobreastfeeding Techniques on Breast Milk Expulsion in Postpartum Mothers at the Kota Datar Health Center, showing the results that Hypnobreastfeeding techniques can make mothers calm and relaxed thereby increasing the hormone oxytocin and producing milk volume in postpartum mothers. Hypnobreastfeeding techniques should be done before breastfeeding. With the treatment of hypnobreastfeeding techniques, this proves that it is important to do it for breastfeeding mothers. In accordance with the results of the Wilcoxon test, it showed a significant Z value of -4.4899 and an asymp sig of 0.000 <0.05, meaning that there was an effect of the hypnobreastfeeding technique on breastfeeding in postpartum mothers at the Kota Datar Health Center.

The breastfeeding process can run smoothly if prolactin and oxytocin increase where prolactin functions to produce breast milk and at the same time oxytocin is also released in response to nipple stimulation and oxytocin functions to expel breast milk. When the baby is breastfeeding, it will secrete the hypothalamus and continue to stimulate the adenohypophysis (anterior pituitary) so that it secretes prolactin through the blood where the breast is the receptor. Contraction of myoepithelial cells causes milk that has been made by the alveoli and enters the ductulus system and will eventually flow through the lactiferous ducts into the baby's mouth. Many types of methods to stimulate the release of the hormones prolactin and oxytocin are an option for mothers who experience problems during breastfeeding, such as breast care (Rahmi, 2020).

Other factors can also affect the smooth expulsion of a postpartum mother's milk, namely the food consumed by the mother, the mother's psychology, medicines and breast care since pregnancy and after delivery. Breast care activities can be carried out by nurses/midwives when the mother is still in the nursing period and can also be carried out by the mother herself at home (Soleha et al, 2019).

The low level of breastfeeding is because the amount of milk produced by the mother is small because it is influenced by several factors, one of which is hormones. The production and expenditure of breast milk is influenced by two hormones, namely prolactin and oxytocin. Prolactin affects the amount of milk production, while oxytocin affects the process of expulsion of breast milk. Prolactin is related to maternal nutrition, the better the nutritional intake, the more milk production there will be. The impact of not smooth breastfeeding makes mothers think that their baby will not get enough breast milk so that mothers lack confidence so they take steps to stop breastfeeding early and replace it with breastfeeding. formula milk (Mariene et al, 2021).

Efforts to increase milk production in postpartum mothers in a natural way are the Hypnobreastfeeding technique which uses the subconscious so that the breastfeeding process runs comfortably, smoothly and the mother can produce milk production that meets the needs of the baby. The principle of hypnobreastfeeding by including positive affirmation sentences for the breastfeeding process when the mother is very relaxed or very concentrated. In this technique, the desired changes are everything that facilitates and facilitates the breastfeeding process (Asih, 2020).

Based on an initial survey conducted by researchers at RB Mandiri Leni in 2022 by interviewing 5 postpartum mothers who had problems with breastfeeding, it was found that 2 mothers still gave exclusive breastfeeding to their babies even though breast milk was not smooth. Based on interviews obtained by the mother, she has made several efforts so that breast milk production is smooth, including by eating katuk leaf vegetables. In addition, the mother has also done breast massage, but the milk that is issued is also not optimal. Even so, mothers think that exclusive breastfeeding is still the mother's choice as long as the baby is not dehydrated/lack of

fluids. while 3 people said they gave breast milk and added formula milk. The mother reasoned that she gave formula milk because the baby was still fussy even though she had been breastfed. The mother feels that her milk is not sufficient to meet the baby's needs, that a little milk comes out when pumped, and thinks that the milk that comes out is not smooth. 5 postpartum mothers had never heard of and received information regarding hypnobreastfeeding either from friends, social media or the internet.

## RESEARCH METHOD

### Types of research

This type of research is experimental research, namely a method with a systematic form with the aim of looking for the influence of one variable on another by providing special treatment and strict control in a condition (Nursalam, 2018).

### Research design

The research design used was Pre-Experimental. with the One Group Pretest-Posttest approach, meaning that in this design there is no comparison group (control) but the pretest will be carried out first and then an intervention (X) will be given. After some time a posttest will be given to this group to allow testing the changes that occur after the experiment (Notoadmodjo, 2018). The form of this design can be described as follows.



**Image 1.** One Group Pretest Posttest Design

Information :

- 01 = Pretest Observation
- X = Intervention or Treatment (Hypnobreastfeeding)
- 02 = Posttest Observation

### Research Location and Time

a. Location

Location The research was conducted at the Leni Langsa Independent Maternity Home. The reason the researchers chose this location was because there were problems regarding the smoothness of breastfeeding, sufficient population and samples during the study, accessible to researchers, and no previous research had been conducted on the Effects of Hypnobreastfeeding on the Fluency of Breastfeeding in Postpartum Mothers at Leni Independent Maternity Hospital, Langsa City.

b. Research time

The research was carried out from April to October starting from submitting research titles, preparing research proposals, literature searches and collecting proposal guidance references, data collection and data analysis research to research results seminars

**Table 1.** POA Research

| No | Information               | April | May | June | July | August | September | October |
|----|---------------------------|-------|-----|------|------|--------|-----------|---------|
| 1  | Title Submission          | ■     |     |      |      |        |           |         |
| 2  | ACC title                 |       | ■   |      |      |        |           |         |
| 3  | Thesis Preparation        |       |     | ■    | ■    | ■      |           |         |
| 4  | Consul chapters 1,2 and 3 |       |     |      | ■    | ■      | ■         |         |
| 5  | Proposal Examination      |       |     |      |      | ■      | ■         |         |
| 6  | Proposal Revision         |       |     |      |      |        | ■         |         |
| 7  | Conduct research          |       |     |      |      |        |           | ■       |
| 8  | Result Preparation        |       |     |      |      |        |           | ■       |
| 9  | Exam Results              |       |     |      |      |        |           | ■       |

### Population and Sample

#### a. Population

The population in this study were all postpartum mothers at the Leni Langsa Independent Maternity Hospital in September 2022. The population in this study were 14 respondents.

#### b. Sample

The technique used in this research is purposive sampling which is the technique to determine the research sample with certain considerations made by the researcher himself by identifying all the characteristics that meet the criteria.

## RESULTS AND DISCUSSIONS

### Characteristics of Respondents

The characteristics of the respondents at the Leni Langsa Independent Maternity Home in this study were grouped based on last education, age, occupation, ethnicity. The characteristics of the respondents are described in table 4.1 as follows:

**Table 2.** Characteristics of Respondents in the Leni Langsa Maternity Home in 2022

| No | Demographic Data             | Frequency | Percentage (%) |
|----|------------------------------|-----------|----------------|
| 1  | <b>Last education</b>        |           |                |
|    | Elementary/Junior High (Low) | 2         | 16.7           |
|    | High School (Intermediate)   | 9         | 75.0           |
|    | D-III/ S-1 (High)            | 1         | 8,3            |
|    | <b>Amount</b>                | <b>12</b> | <b>100</b>     |
| 2  | <b>Age</b>                   |           |                |
|    | <25 years old                | 6         | 50             |
|    | ≥25 years                    | 6         | 50             |
|    | <b>Amount</b>                | <b>12</b> | <b>100</b>     |
| 3  | <b>parity</b>                |           |                |
|    | Primipara                    | 6         | 50             |
|    | Multipara                    | 6         | 50             |
|    | <b>Amount</b>                | <b>12</b> | <b>100</b>     |

Characteristics of respondents based on demographic data based on the latest education, the majority of high school (middle) as many as 9 respondents (75%), based on age <25 years and 25 years each as many as 6 respondents (50.0%), based on primipara and multipara parity respectively. each as many as 6 respondents (50.0%).

### Smooth Breastfeeding in Postpartum Mothers Before Hypnobreastfeeding at the Langsa Independent Maternity Home in 2022

Data on the smoothness of breastfeeding in postpartum mothers before Hypnobreastfeeding was carried out at the Langsa Independent Maternity Hospital in 2022 can be seen in table 4.2 below:

**Table 3.** Frequency Distribution of Smooth Breastfeeding in Postpartum Mothers Prior to Hypnobreastfeeding at the Langsa Independent Maternity Hospital in 2022

| Breast milk smooth | Frequency | %          |
|--------------------|-----------|------------|
| Non-Smooth ASI     | 12        | 100.0      |
| Current ASI        | 0         | 0          |
| <b>Amount</b>      | <b>12</b> | <b>100</b> |

Based on table 4.2, it shows that the smoothness of breastfeeding in postpartum mothers before hypnobreastfeeding was carried out at the Langsa Mandiri Maternity Home in 2022, the majority of breastfeeding was not smooth, as many as 12 respondents (100.0%).

### Smooth Breastfeeding in Postpartum Mothers After Hypnobreastfeeding at the Langsa Maternity Home in 2022

Data on the smoothness of breastfeeding in postpartum mothers after Hypnobreastfeeding was carried out at the Langsa Independent Maternity Hospital in 2022 can be seen in table 4.2 below:

**Table1 4.** Frequency Distribution of Smooth Breastfeeding in Postpartum Mothers After Hypnobreastfeeding at the Langsa Independent Maternity Hospital in 2022

| Breast milk smooth | Frequency | %          |
|--------------------|-----------|------------|
| Non-Smooth ASI     | 1         | 8,3        |
| Current ASI        | 11        | 91.7       |
| <b>Amount</b>      | <b>12</b> | <b>100</b> |

Based on table 4.3, it shows that the smoothness of breastfeeding in postpartum mothers after hypnobreastfeeding is carried out at the Langsa Mandiri Maternity Home in 2022, the majority of breastfeeding is smooth, as many as 11 respondents (91.7%).

#### Normality test

The normality test was carried out to find out whether the data was normally distributed or not and to determine the statistical test to be used.

**Table1 5.** Data Normality Test with Shapiro-Wilk

| Breast milk smooth | p-values | Information |
|--------------------|----------|-------------|
| Before             | 0.000    | Abnormal    |
| After              | 0.000    | Abnormal    |

From table 4.4 where the normality test using the Shapiro-Wilk test obtained the value of  $\rho$  before hypnobreastfeeding = 0.000 and the value of  $\rho$  after being given hypnobreastfeeding = 0.000 which means  $\rho < 0.05$  which indicates that the data is not normally distributed, then the statistical test can be continued with an alternative test, namely with the Wilcoxon test to determine differences in the level of smoothness of breast milk before and after being given treatment.

### The Effect of Hypnobreastfeeding on the Fluency of Breastfeeding in Postpartum Mothers at Leni Langsa Independent Maternity Homes in 2022

This analysis is used to determine the effect between the two variables, namely whether there is a difference in the fluency of breastfeeding before and after hypnobreastfeeding with statistical tests. The method used is the Wilcoxon test which can be seen in table 4.5 below

**Table1 6.** Smooth Breastfeeding for Postpartum Mothers Before and After Hypnobreastfeeding at Leni Langsa Independent Maternity Home in 2022

| Breast milk smooth | Median (minimum-maximum) | Z      | Rank change     | F  | p value |
|--------------------|--------------------------|--------|-----------------|----|---------|
| - Before           | 2.9167 (2-3)             | -3,317 | Negative Rating | 0  | 0.001   |
| - After            | 5.5833 (3-6)             |        | Positive Rating | 11 |         |
|                    |                          |        | ties            | 1  |         |

Information :

- The negative ranking is the change in the smoothness of breast milk before and after hypnobreastfeeding from "smooth breastfeeding" to "non-current breastfeeding"
- The positive ranking is the change in the smoothness of breast milk before and after hypnobreastfeeding from "not smooth breastfeeding" to "Smooth ASI"
- Ties is that there is no change in the smoothness of breast milk before and after hypnobreastfeeding.

From table 4.5 it can be seen that the smoothness of breastfeeding in postpartum mothers after being given treatment is higher than the smoothness of breastfeeding before being given treatment,

indicated by the mean values, respectively, namely 2.9167 (Pre) and 5.5833 (Post). The results of changes in the ranking of the fluency of breastfeeding showed that 1 postpartum mother did not experience any changes before and after hypnobreastfeeding.

Based on the results of statistical tests using the Wilcoxon test, it is known that the value of  $p$  ( $0.001 < \alpha$  (0.05)) means that  $H_0$  is rejected, so there are differences in the smoothness of breastfeeding in postpartum mothers before and after being given hypnobreastfeeding. These results prove that there is a significant effect of hypnobreastfeeding on the smoothness of breastfeeding in postpartum mothers at the Leni Langsa Independent Maternity Home in 2022

## Discussion

### a. Smooth Breastfeeding in Postpartum Mothers Before Hypnobreastfeeding

At the beginning, before hypnobreastfeeding was carried out, all respondents were in the non-current breastfeeding category, as many as 12 respondents. Breast milk that is not smooth is caused by many factors. The assessment of the smoothness of breastfeeding is carried out by assessing the indicators in the baby and in the mother.

Hypnobreastfeeding is beneficial in increasing the production and flow of breast milk, and at a relatively low cost, without the use of drugs, there are advantages such as increasing the peace of mind for fathers and mothers, creating a harmonious family, and creating a positive environment for children. Milk production depends on two factors, namely physiological and psychological factors. Stressful conditions and daily activities can affect milk production. So the mind can affect the system in the body. Hypnobreastfeeding is a great way to encourage the right mindset in breastfeeding (Yusari, 2020)

Several research studies show that breastfed babies are protected from most childhood diseases and have better brain development. In addition, women who breastfeed have a lower risk of breast cancer, ovarian cancer and even hip fractures (due to osteoporosis) later in life. So breastfeeding is a symbiotic mutualism between the baby and the mother which can be mutually beneficial (Armini, 2016).

According to the researcher's assumption, all postpartum mothers before being given hypnobreastfeeding were in the non-current breastfeeding category. Unsmooth breastfeeding is influenced by many factors, both internal and external factors. External factors include age, parity and education. According to Hardiani (2017) Parity is related to the direction of seeking information about mother's knowledge in breastfeeding. The experience gained by the mother can broaden one's knowledge of breastfeeding.

### b. Smooth Breastfeeding in Postpartum Mothers After Hypnobreastfeeding

The results of the study after hypnobreastfeeding was carried out at the Langsa Mandiri Maternity Home in 2022, the majority of breastfeeding was smooth, namely 11 respondents (91.7%). There was 1 postpartum mother whose breast milk was not smooth after hypnobreastfeeding. The breastfeeding process can take place comfortably because the mother records the subconscious mind that breastfeeding is a natural and comfortable process. Thus, the basis for doing hypno-breastfeeding is relaxation which is achieved when the body and soul are in a calm state. Relaxation is a skill. So it needs to be repeated to determine its success. The emergence of a relaxed atmosphere can be supported by a quiet room/atmosphere, using music for relaxation, plus aromatherapy, a guide to muscle relaxation, breath and mind (Dini, 2017).

Previous studies have shown that Hypnobreastfeeding statistically and clinically has a significant effect on the success of exclusive breastfeeding with a  $p$ -value  $< 0.05$ . The effect is 3.11 times greater than without hypnobreastfeeding. The determinant coefficient of 0.07 indicates that hypnobreastfeeding is predicted to influence the success of exclusive breastfeeding by 7% ( $R^2 = 0.07$ ) (Nuratri et al., 2015). According to the researcher's assumption, there is an effect of hypnobreastfeeding on the smoothness of breastfeeding. This can be proven from 12 respondents who before being given hypnobreastfeeding the ASI was not smooth and after being given hypnobreastfeeding 11 mothers their breastfeeding became smooth. 1 postpartum mother did not

experience a change in the smoothness of her milk before and after hypnobreastfeeding. Based on the characteristics or demographic data, it was obtained by the mother who was 32 years old, with high school education and primiparous. Mothers with primiparous parity previously had no experience in breastfeeding. Mothers feel anxious, and the absence of change is also due to conditions that are not conducive to the implementation of hypnobreastfeeding.

Hypnobreastfeeding is a natural effort to use subconscious energy so that the breastfeeding process runs safely and smoothly, and the mother can produce sufficient breast milk for the baby's growth and development needs. Aprillia<sup>8</sup> in her book says that relaxation while preparing and breastfeeding is an effort to flow and increase calm, peace, and comfort for the baby which then has an impact on the creation of a beautiful loving relationship and a harmonious balance between mother and baby which has an impact on the smooth production of breast milk and encourage mothers to be more confident and believe that they are able to exclusively breastfeed (Aprilia, 2017).

**c. The Effect of Hypnobreastfeeding on the Fluency of Breastfeeding in Postpartum Mothers at Leni Langsa Independent Maternity Homes in 2022**

Based on the results of the study, it can be seen that the smoothness of breastfeeding in postpartum mothers after being given treatment is higher than the smoothness of breastfeeding before being given treatment, indicated by the mean values of 2.9167 (Pre) and 5.5833 (Post) respectively. The results of statistical tests using the Wilcoxon test showed that the p value ( $0.001 < 0.05$ ) means that  $H_0$  is rejected, so there are differences in the smoothness of breastfeeding in postpartum mothers before and after being given hypnobreastfeeding. This study is in line with several research results which state that there are several benefits of applying hypnobreastfeeding for mothers during their lactation period, including increasing breast milk production and the success of exclusive breastfeeding. Research by Rahmawati, A and Prayogi, B (2017), conveyed that there was an effect of hypnobreastfeeding on breast milk production in nursing mothers who worked. The study was conducted with a one group pretest posttest design. Samples were taken by consecutive sampling, obtained 25 nursing mothers who work. Hypnobreastfeeding is done independently after being given 1 workshop and done every day at least 2 times 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. Hypnobreastfeeding is carried out independently after being given 1 workshop and is carried out every day at least 2 times a day before breastfeeding. Milk production was measured for 7 days before and after hypnobreastfeeding using a measuring cup based on the volume of milk expressed in a day. The average milk production before treatment was 210 ml/day and after treatment it was 255 ml/day. Hypnobreastfeeding is carried out independently after being given 1 workshop and is carried out every day at least 2 times a day before breastfeeding. Milk production was measured for 7 days before and after hypnobreastfeeding using a measuring cup based on the volume of milk expressed in a day. The average milk production before treatment was 210 ml/day and after treatment it was 255 ml/day.

Another similar study was also conducted by Kusmiyati and Heni (2016), in Yogyakarta found that hypno-breastfeeding reduced anxiety levels in breastfeeding mothers. That is with a pre-experimental score of 8.44 to 1.41 at the post-experimental period, therefore hypno-breastfeeding is able to make mothers relax, physically calm, mind and comfortable during breastfeeding so that they can provide positive feedback mechanisms in the form of an increased response to the release of oxytocin and prolactin by pituitary. How hypnobreastfeeding works is to reduce anxiety and stress in the mother so that it can increase milk production, eliminate anxiety and fear so that the mother can focus her thoughts on positive things and increase the mother's self-confidence, thus making the mother feel better and confident in her role as a mother.

Based on the results of the study, it was found that 1 postpartum mother did not experience a change in the fluency of breast milk before and after hypnobreastfeeding. This is because when viewed from parity, the mother is a primipara who has no experience at all in breastfeeding, the mother feels anxious about not being able to provide exclusive breastfeeding, she is far from her family so that support for breastfeeding is lacking and the conditions in the place when implementing hypnobreastfeeding are less comfortable, namely the location mother's house where the vehicle traffic is busy.

Multiparous mothers have previous experience with children, so they are more active and diligent in providing breast milk to their babies. The autocrine control system begins when milk production begins to stabilize at this stage, if a lot of milk is secreted, the breasts will produce a lot of milk too. Milk production is greatly influenced by how often and how well the baby suckles, as well as how often the breast is emptied. multiparity parity is good parity during breastfeeding. This is because there has been previous experience of breastfeeding with children and the mother has already gone through the post partum period so that the mother's feelings of anxiety during breastfeeding make hormones help undisturbed milk production. Mothers with primiparous parity often experience anxiety during pregnancy and breastfeeding due to primiparous mothers. , This process is a process that is being passed for the first time. Anxiety in multiparous mothers will affect hormones that affect milk production (Peny, 2021).

According to the researcher's assumption, hypnobreastfeeding can be an alternative intervention to facilitate breastfeeding in postpartum mothers. The breastfeeding process is a process that will be carried out by all mothers so that the hope of mothers wants to exclusively breastfeed their babies without any obstacles. Inadequate breastfeeding will hinder the breastfeeding process so that nutritional intake to the baby will also be hampered. Hypnobreastfeeding can be done regularly because it does not require a large amount of money and apart from promoting breastfeeding, hypnobreastfeeding can also increase the mother's calmness, reduce anxiety, and make the mother feel comfortable in the breastfeeding process.

#### **d. Research Limitations**

Based on the research that has been done, the limitations of the research experienced by the researcher are that in providing intervention it requires cooperation between the two parties, in this case the researcher and the respondent. Before doing the intervention, a comfortable situation is needed and the respondent must focus, this makes a different time for the researcher to focus the respondent to be ready to accept the intervention (hypnobreastfeeding).

## CONCLUSION

The conclusions from this study are as follows: The smoothness of breastfeeding in postpartum mothers before hypnobreastfeeding was carried out at the Langsa Independent Maternity Home in 2022, the majority of breastfeeding was not smooth. There is a significant effect of hypnobreastfeeding on the smoothness of breastfeeding for postpartum mothers at the Leni Langsa Independent Maternity Home in 2022.

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