



THE EFFECT OF A COMBINATION OF OXYTOCIN MASSAGE AND HYPNOBREASTFEEDING ON THE ADEQUACY OF BREAST MILK ON POSTPARTUM WOMAN AT PUSKESMAS CISARUNI TASIKMALAYA

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Abstract

Breastmilk is the best source of nutrition for babies, the World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months of life. Breastfeeding coverage in Tasikmalaya Regency in 2022 is 60.7%. One of the factors that causes mothers not to breastfeed exclusively is due to lack of smooth flow of breast milk, inappropriate breastfeeding techniques and pain after giving birth. This problem can be treated by providing a combination intervention of oxytocin massage and hypnobreastfeeding. The aim of this study was to determine the effect of a combination of oxytocin massage and hypnobreastfeeding on breast milk adequacy in postpartum mothers. This research method is quantitative research with a quasi-experimental research design. The type of research is quantitative with a quasi-experimental design. The population in this study is primiparous postpartum mothers. The sampling technique was total sampling with a total of 32 people. Data analysis with the paired T-test. The results of the study showed that before the combined intervention of oxytocin massage and hypnobreastfeeding was carried out, the majority not enough breast milk as much as 71.9%, whereas after the combination intervention of oxytocin massage and hypnobreastfeeding was carried out there were 78.1% of well-fed breastfed babies. This means that there is an increase in the adequacy of breast milk in babies according to the paired T statistical test with a significance value of 0.000 ($p < 0.05$) with a difference of 2.2. The conclusion of this research is that there is a significant effect of the combined intervention of oxytocin massage and hypnobreastfeeding on the adequacy of breast milk in postpartum mothers. It is hoped that midwives can provide education on the benefits of oxytocin massage and hypnobreastfeeding to postpartum mothers.

Keywords: Exclusive Breastfeeding, Oxytocin Massage, Hypnobreastfeeding.

1. INTRODUCTION

Breast milk (ASI) is the only perfect food for babies because it contains the nutrients needed by babies for their growth and development to achieve optimal growth and development. Breastfeeding is one of the most effective ways to protect the health of both the child and the mother, while also providing the child with the best start in life.[1]

The World Health Organization (WHO) actively recommends breast milk as the best source of nutrition for infants, with exclusive breastfeeding for the first 6 months of life. So that mothers can maintain exclusive breastfeeding for 6 months, WHO and UNICEF recommend initiating early breastfeeding (IMD) within the first hour after birth, ensuring the baby receives only breast milk without any additional food or drink, including water, breastfeeding according to the baby's demand both day and night, and avoiding the use of bottles or pacifiers.[2] In addition, the WHO stated that if breastfeeding is increased to near global targets, around 820,000 children's lives will be saved and about 20,000 cases of breast cancer can be prevented.[2]

1.1. Milk Ejection (Oxytocin)

When the baby suckles at the breast, the hormone oxytocin causes breast milk to flow from the alveoli through the milk ducts to the milk reservoir located behind the areola and then into the baby's mouth. So the more often the baby sucks, the more milk is produced. The hormonal influence works from the third month of pregnancy when the woman's body produces hormones that stimulate the appearance of breast milk in the breast system.

If hypnobreastfeeding is done continuously, it will create bonding and subsequently trigger the body to produce endorphins (hormones that bring feelings of happiness and calmness), making the body feel relaxed. This hormone stimulates the release of oxytocin, which can facilitate breast milk production.

Scientific research shows that breast milk is a living tissue full of beneficial compounds that cannot be replicated by any chemical product. However, the reality based on statistics reported by the Global Breastfeeding Scorecard evaluates that out of 194 countries, the percentage of babies under six months who are exclusively breastfed is only 40%. Additionally, only 23 countries have exclusive breastfeeding rates above 60%. Itu belum sesuai dengan target kelima WHO pada tahun 2025, yaitu meningkatkan pemberian ASI eksklusif pada 6 bulan pertama menjadi setidaknya 50%.[2]

Based on data from the Central Statistics Agency, the percentage of infants under 6 months old who received exclusive breastfeeding in West Java in 2022 reached 77%. According to data from the District and City, the highest coverage of breastfeeding in West Java in 2022 was in Pangandaran Regency at 100%, while the lowest coverage was in Bogor City at 42.52%. Meanwhile, in Tasikmalaya Regency, the coverage of breastfeeding in 2022 was 60.7%. Based on the data of Exclusive Breastfeeding Achievement at Cisaruni Health Center in 2022, it was 65.07%, with the highest achievement in Mekarjaya Village at 80.33% and the lowest achievement in Rancapaku Village at 48.15%.[3,4,5]

One of the reasons mothers do not provide exclusive breastfeeding is because they believe their milk comes out in small amounts or does not flow smoothly, making the baby unsatisfied. This can cause a decrease in the production and smooth flow of breast milk in the first few days after giving birth, due to the reduced stimulation of prolactin and oxytocin hormones, which play a role in the smooth production and flow of breast milk. In addition, excessive worry in mothers about breastfeeding can become an issue with milk production. This is influenced by the decreased stimulation of oxytocin hormone due to psychological conditions.[6] These issues can be addressed, one of which is by providing a combination intervention of oxytocin massage and hypnobreastfeeding.[7]

Journal of oxytocin massage and gypnobreastfeeding in relation to breast milk volume: [HTTPS://MIDWIFERY.IOCSPUBLISHER.ORG/INDEX.PHP/MIDWIFERY/ARTICLE/VIEW/1416](https://midwifery.iocspublisher.org/index.php/midwifery/article/view/1416) , the effect of oxytocin massage on breast milk volume in postpartum mothers, the effect of hypnosis breastfeeding (hypnobreastfeeding) on breastfeeding self efficacy in postpartum mothers at kediri city, the effect of hypno-breastfeeding and oxytocin massage on breast milk production in postpartum mothers, literature review: happy breastfeeding with hypno breastfeeding

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addressed, one of which is by providing a combination intervention of oxytocin massage and hypnobreastfeeding. [7] The general objective of this study was to determine the effect of the combination of oxytocin massage and hypnobreastfeeding on the adequacy of breast milk in postpartum mothers in the working area of the Cisaruni Health Center, Tasikmalaya Regency.

2. RESEARCH

Research methods are defined as scientific ways to obtain data with specific purposes and uses. The research design used in this study is quantitative with an analytical method using a quasi-experimental approach with a pretest-posttest group design. Independent variables (Oxytocin Massage and Hypnobreastfeeding) and dependent variables (Breast Milk Sufficiency) have been determined using a dichotomous categorical measurement scale. Breast milk sufficiency is assessed based on 6 (six) indicators, both pre- and post-intervention of the combination of oxytocin massage and hypnobreastfeeding, meaning the dependent variable is taken from the same subjects (paired). Based on this explanation, the research design is an observational intervention with a paired categorical comparative statistical diagnosis.

Time research 2023 and data analysis used univariate and bivariate :

- a. The population in this study is primiparous postpartum mothers in the working area of Cisaruni Health Center.
- b. The sampling technique in this study uses a non-probability technique, namely total sampling, where the entire population of 32 people is made into a sample.
- c. The independent variable in this study is the administration of the combination method of oxytocin massage and hypnobreastfeeding. The dependent variable in this study is the adequacy of breast milk in postpartum mothers.
- d. Oxytocin Massage for breastfeeding mothers involves back massages to increase oxytocin production for 10 minutes until 3 day
- e. Hypnobreast-feeding Method to build positive intentions and motivation in breastfeeding as well as to maximize the quantity and quality of breast milk by providing comfort and relaxation for approximately 25 minutes or until the respondent can accept the suggestion.

3. RESULTS

The characteristics of respondents based on age are divided into three categories: under 20 years, between 20-35 years, and over 35 years, as shown in the following table:

Table 4.1 Frequency Distribution of Respondents Based on Age of Postpartum Mothers in the Working Area of Cisaruni Health Center

Age Group	Number	Percentage (%)
Less than 20 years	7	21,9
20-35 years	25	78,1
More than 35 years	0	0
Total	32	100

Based on table 4.1, it shows that the majority of postpartum mothers are aged 20-35 years, with 24 respondents (78.1%).

The characteristics of the respondents based on education are divided into four categories: elementary school, junior high school, senior high school/vocational school, and higher education, as shown in the table below:

Table 4.2 Frequency Distribution of Respondents Based on Education Among Postpartum Mothers in the Working Area of Cisaruni Health Center

Type of Education	Number	Percentage (%)
Elementary School	3	9,4
Middle School	13	40,6
High School/ Vocational School	12	37,5
Higher Education	4	12,5
Total	32	100

Based on table 4.2, it shows that respondents with elementary school education amounted to 3 respondents (9.4%), junior high school amounted to 13 respondents (40.6%), senior high school/vocational school amounted to 12 respondents (37.5%), while higher education amounted to 4 respondents (12.5%).

The characteristics of respondents based on occupation are divided into three categories: housewives, entrepreneurs (traders/farmers), and private sector employees (factory workers/farmers), as shown in the following table:

Table 4.3 Frequency Distribution of Respondents Based on Occupation Among Postpartum Mothers in the Working Area of Cisaruni Health Center

Respondent's Occupation	Number	Percentage (%)
Housewives	23	71,9
Entrepreneur (trader/farmer)	5	15,6
Private sector (factory/farm workers)	4	12,5
Civil Servant	0	0
Total	32	100

Based on table 4.3, it shows that respondents working as housewives amounted to 23 respondents (71.9%), self-employed (traders/farmers) amounted to 5 respondents (15.6%), private sector (factory/farm workers) amounted to 4 respondents (12.5%), while there were no civil servants.

The characteristics of the respondents based on the method of delivery consist of normal childbirth and SC operation, as can be seen in the following table:

Table 4.4 Distribution of Respondent Frequencies Based on the Method of Childbirth in Postpartum Mothers in the Working Area of the Cisaruni Health Center

How to Breed	Number	Percentage (%)
Normal	21	65,6
Sectio Caesarian surgery	11	34,4
Total	32	100

Based on table 4.4, it shows that the respondents who gave birth normally numbered 21 respondents (65.6%), while those who gave birth by Caesarean section (CS) numbered 11 respondents (34.4%). Table 4.5 Distribution of Frequency of Intervention Combination of Oxytocin

Massage and Hypnobreastfeeding in Postpartum Mothers in the Working Area of the Cisaruni Health Center.

The implementation of the combined intervention of oxytocin massage and hypnobreastfeeding consists of 2 criteria: performed and not performed. It can be seen from the following table:

Table 4.5 *The Implementation of the Combined Intervention of Oxytocin Massage and Hypnobreastfeeding Consists Of 2 Criteria: Performed and Not Performed*

Hypnobreastfeeding and Oxytocin Massage Intervention	Number	Percentage (%)
Done	32	100
Not Done	0	0
Total	32	100

Based on table 4.5, it shows that the univariate analysis results on the oxytocin massage and hypnobreastfeeding interventions indicate that both interventions were carried out smoothly for all respondents.

Table 4.6 *Distribution of Frequency of Breastfeeding Adequacy in Infants Before Intervention in Combination of Oxytocin Massage and Hypnobreastfeeding in Postpartum Mothers in the Working Area of the Cisaruni Health Center.*

Breast Milk Adequacy	Number	Percentage (%)
Enough	9	28,1
Not enough	23	71,9
Total	32	100

The adequacy of breast milk before and after the intervention of a combination of oxytocin massage and hypnobreastfeeding is divided into 2 criteria, namely, sufficient and insufficient. Based on table 4.6, the results of the univariate analysis from observations and interviews about the adequacy of breast milk in infants before the intervention of the combination of oxytocin massage and hypnobreastfeeding was conducted, there were 9 infants (28.1%) with adequate breast milk, while 23 infants (71.9%) had inadequate breast milk. Therefore, before the intervention of the combination of oxytocin massage and hypnobreastfeeding was conducted, the majority of the babies experienced insufficient breast milk.

Table 4.7 *Distribution of Frequency of Breast Milk Adequacy in Infants After Combination Intervention of Oxytocin Massage and Hypnobreastfeeding in Postpartum Mothers in the Working Area of the Cisaruni Health Center*

Breast Milk Adequacy	Number	Percentage (%)
Enough	25	78,1
Not enough	7	21,9
Total	32	100

Based on table 4.7, the results of the univariate analysis from observations and interviews regarding the adequacy of breast milk in infants after the intervention of a combination of oxytocin massage and hypnobreastfeeding showed that 25 infants (78.1%) had adequate breast milk and 7 infants (21.9%) had inadequate breast milk. This means that there was an increase in the adequacy of breast milk in 16 babies. The influence of a combination intervention of oxytocin massage and hypnobreastfeeding on breast milk sufficiency.

Table 4.8 Frequency Distribution of the Impact of the Combination of Oxytocin Massage and Hypnobreastfeeding Intervention on Breast Milk Sufficiency in Postpartum Mothers in the Working Area of Cisaruni Health Center.

	Average	Difference	CI 95%	Value p
Adequacy of breast milk before intervention	2,78 (0,98)	2,2 (0,8)	1,93-2,50	0,000
Breast Milk Adequacy After Intervention	5 (1,3)			
Paired T test; The difference between before and after the intervention				

The influence of a combination intervention of oxytocin massage and hypnobreastfeeding on breast milk adequacy. Table 4.8 presents the results of the paired t-test analysis, which obtained a significance value of 0.000 ($p < 0.05$) with a difference of 2.2 (CI95%, 1.93-2.50). Because the p value is less than 0.05 and the CI does not cross zero, there is a statistically significant difference in breast milk adequacy before and after the intervention of a combination of oxytocin massage and hypnobreastfeeding. The difference in breast milk sufficiency is greater than two, and clinically, there is a significant difference before and after the intervention. Therefore, $p < 0.05$ can be concluded that the null hypothesis (H_0) is rejected and H_a is accepted, meaning there is an effect of the combination of oxytocin massage and hypnobreastfeeding on breast milk sufficiency in postpartum mothers in the working area of Puskesmas Cisaruni. Table 4.8. Distribution of frequency Effect of Combination Intervention of Oxytocin Massage and Hypnobreastfeeding on Breast Milk Adequacy in Postpartum Mothers in the Working Area of the Cisaruni Health Center.

4. DISCUSSION

1.1. Adequacy of Breast Milk Before Combining Oxytocin Massage and Hypnobreastfeeding in Postpartum Mothers

Based on table 4.6, as many as 23 mothers experienced breast insufficiency, which was 71.9% of respondents. Unbalanced maternal nutrition patterns, breastfeeding techniques, attachment of babies who are still not able to, rest and sleep patterns and lack of sleep cause breast milk that comes out not so smoothly, pain after giving birth SC or from perineal suture wounds so that it causes less frequency of breastfeeding and short breastfeeding duration.

According to Perinasia (2006) in the journal Angriani et al. (2018) stated that the more often the child sucks the mother's nipples, there will be an increase in breast milk production and vice versa if the child stops breastfeeding, there will be a decrease in breast milk. When the baby starts sucking breast milk, there will be two reflexes that will cause milk to come out at the right time, namely the milk formation/production reflex or the prolactin reflex stimulated by the hormone prolactin and the feeding reflex Breast milk flow/release (let down reflex). When a baby sucks on the nipple, a hormone called prolactin is produced, which regulates cells in the alveoli to produce milk. The milk is collected into the milk duct. Second, the let down reflex. Sucking the baby will also stimulate the production of another hormone, oxytocin, which makes the muscle cells around the alveoli contract, so that milk is pushed towards the nipple. So the more the baby sucks, the more milk is produced.²⁹

In addition, Rivers et al (2010) mentioned that the smooth process of lactogenesis determines the onset of lactation. Failure of the baby to breastfeed is one of the factors that cause the onset of lactation for more than 3 days, the frequency of breastfeeding is related to the stimulation of suction in the breast with the production of oxytocin and prolactin to produce milk. Breastfeeding more than 6 times in the first 24 hours after a baby is born can guarantee adequate breastfeeding in the following days.²⁹

This is based on Sasmita (2021), namely that the signs of a baby with enough breast milk are that the baby seems satisfied with the baby, looks calm, not fussy, and the baby sleeps enough. In addition, the indicator of a baby is sufficiently breastfed from the mother's perspective, namely the baby can breastfeed on one breast until satisfied and calm and the mother breastfeeds her baby without an On Demand schedule (according to the baby's needs/every 2 hours). 31

4.2. The Effect of the Combination of Oxytocin Massage and Hypnobreastfeeding on Breast Milk Adequacy in Postpartum Mothers. Based on table 4.7 of the results of the univariate analysis from observations and interviews on breast milk adequacy in infants after a combination intervention of oxytocin massage and hypnobreastfeeding was carried out, most of the respondents experienced breast milk adequacy, namely 25 babies (78.1%).

Based on table 4.8, the results of the analysis of the paired t-statistical test obtained a significance value of 0.000 ($p < 0.05$) with a difference of 2.2 (CI95%, 1.93-2.50), because the value of $p < 0.05$ and CI did not exceed zero, statistically there was a significant difference in breast milk adequacy before and after the intervention. The difference in breast milk adequacy is greater than two, clinically there are significant differences before and after the intervention. Thus, it can be concluded that the zero (H_0) hypothesis is rejected and H_a is accepted, which means that there is an effect of the combination of oxytocin massage and hypnobreastfeeding on the adequacy of breastfeeding in postpartum mothers in the Puskesmas Cisaruni

The combination of oxytocin massage and hypnobreastfeeding is very beneficial in promoting breast milk production. The combination of oxytocin massage and hypnobreastfeeding provides comfort to the mother so that it will provide comfort to the breastfed baby. Physiologically, oxytocin massage increases the hormone oxytocin that is delivered to the brain so that both hormones are released and flow into the blood, then enter the mother's breast causing the muscles around the alveoli to contract and make breast milk flow in the milk duct. In addition, hypnobreastfeeding is useful as one of the mother's preparations from the psychological side to increase the mother's confidence that she is able to provide optimal breastfeeding.

5. CONCLUSION

- a. Adequacy of breast milk in postpartum mothers before the combination of oxytocin massage and hypnobreastfeeding intervention in the Cisaruni Health Center Working Area, Tasikmalaya Regency, most of them did not have enough breast milk as much as 71.9%.
- b. Breast milk adequacy in postpartum mothers after a combination of oxytocin massage and hypnobreastfeeding intervention in the Cisaruni Health Center Working Area, Tasikmalaya Regency, most of the milk is sufficient as much as 78.1%.
- c. There was a significant effect of the combination of oxytocin massage and hypnobreastfeeding interventions on the adequacy of breastfeeding in postpartum mothers in the Cisaruni Health Center Working Area, Tasikmalaya Regency.
- d. Based on the research results, the average breast milk output of postpartum mothers before receiving hypnobreastfeeding massage was 39.15ml, and after receiving hypnobreastfeeding and oxytocin massage, it was 100.60ml. The results of the statistical test using the dependent test yielded a p-value of 0.000 ($\alpha < 0.05$).

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