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OPTIMIZATION OF BREAST MILK PRODUCTION WITH BREASTFEEDING

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ABSTRACT
Optimal breastfeeding practices are the key to reducing stunting in children under the age of five. Breastfeeding mothers in carrying out their roles are often faced with various challenges. Lack of confidence in breastfeeding mothers can affect breast production. Hypnobreastfeeding is a natural method of using subconscious energy so that the breastfeeding process runs comfortably, smoothly and can produce sufficient milk for the needs of the baby's growth and development. Determine the effectiveness of hypnobreastfeeding on breast milk production. This type of research is Pre experimental Design with One Group Pretest-Postest Design, namely by comparing 1 group with 2 treatment namely observing the volume of breast milk in nursing mothers before and after being given hypnobreastfeeding. The sample in this study were 20 breastfeeding mothers who met the inclusion criteria. The results of the statistical test obtained a p-value of 0.000 so that it can be concluded that hypnobreastfeeding is effective for overcoming the problem of breast milk production in breastfeeding mothers. There is a significant effect between hypnobreastfeeding on breast milk production. The volume of breast milk in breastfeeding mothers increases after hypnobreastfeeding 2 times a day for 3 days. For health care providers, hypnobreastfeeding can be applied to postpartum mothers as a method of lactation management to prepare mothers physically and mentally to be able to breastfeed and believe that breast milk production is sufficient according to baby needs.

Keywords: asi (breast milk); hypnobreastfeeding; postpartum mothers

INTRODUCTION
According to Marmi (2014) breast milk is the first, main and best food for babies which is natural and contains various nutrients needed in the process of baby's growth and development. The main benefit that can be obtained from breast milk is that the baby gets the most complete and best nutrition for him (Khasanah, 2013). Breast milk contains nutrients that are specifically needed to support the process of brain development and strengthen the natural resistance of the baby's body (Maryunani, 2012).

Breast milk production is sufficient for the baby's needs until the age of 6 months. Babies continue to breastfeed until they are 2 years old because the baby's brain experiences the most rapid development at that age (Nurindra, 2010). According to Danuatmaja (2009), various breastfeeding problems for mothers include: lack of knowledge, nipple shape, sore nipples, swollen breasts and insufficient breast milk production. The release of breast milk is strongly influenced by the hormone oxytocin which is often referred to as the hormone of affection, because its levels are strongly influenced by mood, feeling happy, feeling safe, calm, relaxed. According to Wiji (2014), to produce good breast milk, the mental state and mind must be calm. The psychological state of the mother who is depressed, sad and tense can reduce the volume of breast milk.

Deep and regular relaxation makes the endocrine system, blood flow, nerves and other systems in the body function better. A positive attitude is as important as feeling calm and relaxed during breastfeeding. When the mother relaxes while breastfeeding, the endorphins produced will flow to the baby through breast milk, so that the baby will feel the comfort and calm that the mother feels (Nurindra, 2010). The hypnobreastfeeding relaxation technique is an excellent method for building positive intentions and motivation in breastfeeding and being able to maximize the quantity and quality of breast milk. Physiologically it can increase the release of the hormone oxytocin which is sent to the brain so that the hormone is released and flows into the blood, then enters the breast which causes the muscles around the alveoli to contract and makes breast milk flow in the milk ducts (milk ducts) wider and makes breast milk flow more easy (Kuswandi, 2013).

METHOD

The design/design in this study was pre-experimental (Pre-experimental Designs) with One Group Pre and Post Test Design, by comparing 1 group with 2 treatments namely pretest and posttest in the form of measuring milk production by measuring the volume of breast milk before and after hypnobreastfeeding was carried out on breastfeeding mothers. How to convert the estimated volume of breast milk to contain the nutritional value is as follows, that every year the production of breast milk will change. The volume of breast milk will decrease with time, namely: 1) First year: 400-700 ml/24 hours. 2) Second year: 200-400 ml/24 hours. 3) Third year: around 200 ml/24 hours (Sulistyawati, 2015). The sample in this study were breastfeeding mothers who had babies less than 1 year old. Milk volume was measured the day before hypnobreastfeeding was given and the 3rd day after hypnobreastfeeding was given. Hypnobreastfeeding is carried out on breastfeeding mothers 2 times a day, for 3 days. The sampling technique used is accidental sampling. The samples obtained were 20 breastfeeding mothers. According to Agung (2006), for simple experiments with tight control, research success can be achieved by using a sample size of 10 to 20. The sample in this study were breastfeeding mothers who met the inclusion criteria, namely as many as 20 people. The statistical method in this study is the non-parametric method through the Wilcoxon Signed Rank Test with a 95% degree of confidence (α=0.05).

RESULTS AND DISCUSSION

The following are the results of research on the effectiveness of hypnobreastfeeding on breast milk production which was conducted on 20 breastfeeding mothers in the first year:

Univariate analysis

Breast Milk Production Before Hypnobreastfeeding

Table 1.
Frequency Distribution of Breast Milk Production Before Hypnobreastfeeding (n= 20)

Breast Milk production	f	%
<400 ml/24 hours	11	55
400 ml –700 ml	6	30
>700 ml	3	15

Table 1, the majority of the frequency of breast milk volume before being given hypnobreastfeeding was 11 people (55%) with breast milk production of 400 ml –700 ml a day.

Breast Milk Production After Hypnobreastfeeding

Table 2.
Frequency Distribution of Breast Milk Production After Hypnobreastfeeding (n= 20)

Breast Milk production	f	%
<400 ml/24 hours	2	10
400 ml –700 ml	9	45
>700 ml	9	45

Table 2, the majority of the frequency of breast milk volume after being given hypnobreastfeeding was 12 people (60%) with breast milk production of >700 ml in a day.

Bivariate Analysis

Tabel 3.
Comparison of Breast Milk Production Before and After Hypnobreastfeeding (n=20)

		N	Mean Rank	Sum of Ranks
After *Hypnobreastfeeding* - Before *Hypnobreastfeeding*	Negative Ranks	0[a]	,00	,00
	Positive Ranks	18[b]	9,50	171,00
	Ties	2[c]		

Table 3, it was found that there were no breastfeeding mothers who experienced a decrease (reduced) in the amount of breast milk production after being given hypnobreastfeeding. There were 18 breastfeeding mothers whose breast milk production increased, while 2 breastfeeding mothers did not experience a change in their breast milk production after being given hypnobreastfeeding.

Tabel 4.
Wilcoxon Signed Ranks Test (n=20)

	After *Hypnobreastfeeding* - Before *Hypnobreastfeeding*
Z	-3,724[a]
Asymp. Sig. (2-tailed)	,000

Table 4 based on the Wilcoxon Signed Ranks Test statistical test, it is known that the Asymp value. Sig. (2-tailed) is worth 0.000. Asymp value. Sig. (2-tailed) < 0.005, it can be concluded that "Ha is accepted" which means that there is a difference between breast milk production before and after being given hypnobreastfeeding therapy or there is a significant effect between hypnobreastfeeding on breast milk production.

The amount of breast milk production increased in 19 breastfeeding mothers after 3 days of being given hypnobreastfeeding therapy 2 times a day, with a total milk volume of 400-700 ml/day and even >700 ml/day. Whereas 1 breastfeeding mother did not experience a change in the amount of breast milk production, namely <400 ml/day after being given hypnobreastfeeding, so it can be concluded that none of the respondents experienced a decrease in the amount of milk production after being given hypnobreastfeeding. According to Sulistyawati (2015) the estimated volume of breast milk produced in breastfeeding mothers in the first year is 400-700 ml/24 hours. Hypnobreastfeeding is a natural effort to use subconscious energy so that the breastfeeding process runs comfortably and smoothly, and the mother can produce breast milk that is sufficient for the baby's needs by including positive affirmation sentences for the breastfeeding process when the mother is very relaxed or very concentrated (Astin, 2013). The hypnobreastfeeding technique uses the subconscious mind to rest the conscious mind through relaxation techniques. The subconscious

mind will automatically guide you to do or think about certain things, for example believing that you can breastfeed and your milk will flow profusely. Another simple way is to listen to the baby's voice and pay attention to his breathing. If this is done continuously, it will cause bounding and then trigger the body to produce endorphins (hormones that make you feel happy and calm) so that the body feels relaxed. This hormone stimulates the release of the hormone oxytocin which can facilitate breast milk (Kuswandi, 2013).

Roesli (2005), said that the hormone oxytocin is a hormone that has an important role in the process of releasing breast milk. The hormone oxytocin is produced by the back of the pituitary gland. Oxytocin will flow through the blood to the breast which will stimulate muscle contractions around the alveoli and squeeze the milk out of the milk warehouse. According to Danuatmaja (2009), breastfeeding is strongly influenced by the hormone oxytocin which is often referred to as the hormone of affection, because its levels are strongly influenced by mood, feeling happy, feeling safe, calm, relaxed. The production and expenditure of breast milk is closely related to the psychological condition of the mother, when the mother is breastfeeding she must be calm and not stressed (Indiaarti, 2006).

Based on the results of the Wilcoxon Signed Ranks Test, the Asymp value was obtained. Sig. (2-tailed) of 0.000 <0.005. There is a difference between breast milk production before and after being given hypnobreastfeeding therapy or there is a significant effect between hypnobreastfeeding on breast milk production. This is consistent with the results of research by Ruslinawati, et al (2020) which said that there was a significant difference between the administration of hypnobreastfeeding therapy in the intervention group compared to the control group in the amount of breast milk production with the results of the Independent-Sample T Test p-value 0.000 (p <0.05) . Breastfeeding mothers who are given hypnobreastfeeding therapy can empower themselves by relaxing muscles, thoughts, and breathing patterns through positive suggestions to provide comfort for breastfeeding mothers so that the breastfeeding process runs smoothly.

Hypnobreastfeeding is able to make mothers relax, physically calm, mentally and comfortably 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 (Kamariyah, 2014). The hormone prolactin stimulates alveolar epithelial cells which function for secretion and synthesis of milk (Corwin, 2009). Based on research conducted by Sofiyanti, et al (2019) there are differences in levels of the hormone prolactin before and after the application of hypnobreastfeeding in breastfeeding mothers with a p value = 0.018. Measurement of prolactin hormone levels in breastfeeding mothers was carried out on the eighth day postpartum. The examination was carried out in the morning two hours after feeding. The hypnobreastfeeding treatment was carried out from the eighth day after measuring the levels of the hormone prolactin. Hypnobreastfeeding treatment for seven days, carried out 2 times a day when the mother is in a relaxed and relaxed condition, or is very concentrated on one thing, namely the process of breastfeeding by listening to positive affirmation music. On the fifteenth day postpartum, the prolactin hormone levels were re-measured. The application of hypnobreastfeeding has proven to be very effective in helping breastfeeding mothers increase the amount of breast milk production so that it can help the success of exclusive breastfeeding

A similar study conducted by Rahmawati, et al (2017), said that there was an effect of hypnobreastfeeding on breast milk production in working breastfeeding mothers (P=0.000) with an average value of breast milk production before hypnobreastfeeding 210 ml/day to 255 ml/day after hypnobreastfeeding. The average breast milk production before hypnobreastfeeding fluctuated erratically every day, while after hypnobreastfeeding it increased constantly. Breastfeeding success is supported by psychological preparation where a strong desire and motivation to breastfeed the baby will affect the let-down reflex so that the flow of breast milk becomes smooth (Soetjiningsih, 2009). The hypnobreastfeeding relaxation technique is an excellent method for building positive intentions and motivation in breastfeeding and being able to maximize the quantity and quality of breast milk. Physiologically it can increase the release of the hormone oxytocin which is sent to the brain so that the hormone is released and flows into the blood, then enters the breast which causes the muscles around the alveoli to contract and makes breast milk flow in the milk ducts (milk ducts) wider and makes milk flow more easy (Kuswandi, 2013).

CONCLUSION

There is a difference between breast milk production before and after being given hypnobreastfeeding or there is a significant effect between hypnobreastfeeding on breast milk production.

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