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Review Article

Effectiveness of Hypnobreastfeeding on Exclusive Breastfeeding at Mumbulsari Community Health Center Work Area

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Abstract: Exclusive breastfeeding is the best period of breast feeding intake for infants because it maximizes health benefits for growth and development. However in reality, there are many hindrances for mothers to give exclusive breastfeeding. Negative perceptions from the mothers itself regarding breast milk often caused the low rates of exclusive breastfeeding. Conventional therapies that has been given only solved one problem at a time, while the actual solution is a holistic care which includes mind, body, and soul. Hypnobreastfeeding is one of the preferred therapy that contains holistic care to improve the exclusive breastfeeding. The aim of this study is to analyze the effect of hypnobreastfeeding on exclusive breastfeeding at Mumbulsari Community Health Center, Jember, East Java, Indonesia. This study used pre-experimental design with post-test only design on pregnant women in third trimester. Simple random sampling was used as sampling technique with 16 treatment group and 16 control group which fulfill inclusion and exclusion criteria. The experimental data was collected using observation sheets which then statistically analyzed using bivariate chi-square test. The result of chi-square test showed that p=0,003 ($p < 0,05$) which shows that hypnobreastfeeding positively influence exclusive breastfeeding. In conclusion, hypnobreastfeeding is strongly suggested as the treatment to improve exclusive breastfeeding on mothers.

Keywords: Breastmilk; Exclusive breastfeeding; Hypnobreastfeeding; Post-natal; Pregnant.

1. Introduction

Breast milk is the best food for infants due to its high essential nutrients contents for their growth and development. Every infant deserves exclusive breastfeeding as their primary food for the 6 first months during their early growth. In reality, many mothers face obstacles in deciding to exclusively breastfeed. In 2022, exclusive breastfeeding coverage among infants under 6 months of age was 48% globally. Although the data shows improvement, this figure remains below the WHO (World Health Organization)'s global target of 50% by 2025 (WHO, 2025). Based on 2024 Indonesian Nutritional Survey Status (SSGI) data, the prevalence of stunting was decreased to 19.8%. However, this figure is still far from the WHO's ideal target of below 15% (WHO, 2025). In Jember city of East Java, the coverage of exclusive breastfeeding from birth to 6 months of age is only 68.4%, which is less than the national target of 80%. In addition, this figure has decreased from the previous year (Dinkes Jember, 2021). Furthermore, in the Tamansari village area, Mumbulsari sub-district, the coverage of exclusive breastfeeding was only at 30.6% in 2015.

The low rate of exclusive breastfeeding are caused by many factors, both external and internal. Gayatri (2021) concluded that external factors originating from working mothers are at risk of not providing exclusive breastfeeding. In addition, Nathalia et al. (2024) described that family support influenced the success of exclusive breastfeeding. Internal factors stem from the mothers' own perception of breastfeeding. Nagel et al. (2023) revealed that the mothers' anxiety level affects breast milk production. These factors arise from the mothers' own lack of confidence or their mindset that their breast milk supply is insufficient for their infants.

There are many ways to ensure the success of exclusive breastfeeding, including exclusive breastfeeding counseling from pregnancy period, exclusive breastfeeding education, and

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motivation and support from family and healthcare professionals. While these strategies are effective for its specific issues, it did not provide a comprehensive framework for addressing the complex challenges of breastfeeding. Previous research emphasized that peer support among breastfeeding mothers through information sharing can increase the success of exclusive breastfeeding (Sudfeld et al., 2012). However, the main breastfeeding problems stem from the mothers' psychological issues, such as breastfeeding trauma or lack of self-confidence, which cannot be resolved simply through providing breastfeeding information.

Based on the statements above, this study was conducted to provide hypnobreastfeeding therapy, a holistic approach, as therapy for mothers in breastfeeding period. Hypnobreastfeeding itself provides relaxation for mothers while breastfeeding their infants, and at the same time raising awareness about exclusive breastfeeding through the subconscious mind. This study chose this method because the human subconscious influences behavior by 88% (Gunawan, 2010), hence, mothers are to be subconsciously given motivational suggestions to exclusive breastfeed their infants through this therapy. The purpose of this study was to analyze the effect of hypnobreastfeeding on exclusive breastfeeding among pregnant women in their third trimester at the Mumbulsari Community Health Center, Tamansari village, Mumbulsari sub-district, Jember city, East Java, Indonesia. The specific objectives of this study are a). to identify the provision of exclusive breastfeeding in pregnant women in the third trimester who are not given hypnobreastfeeding therapy; b). to identify the provision of exclusive breastfeeding in pregnant women in the third trimester who are given hypnobreastfeeding therapy; and c). to analyze the effect of hypnobreastfeeding in pregnant women in the third trimester on the provision of exclusive breastfeeding in the working area of the Mumbulsari Community Health Center.

2. Literature Review

The efforts to increase the success of exclusive breastfeeding have become the subject of research with various interventions being developed. Previous research emphasized that the role of fathers is an important external component in the success of exclusive breastfeeding through breastfeeding practice education programs (Ayele et al., 2025). However, this approach only focuses on providing knowledge and has not directly touched on the mothers' psychological condition. Sembiring et al., (2024) analyzed the effectiveness of conventional breastfeeding education and conventional breastfeeding support which results in strengthened breastfeeding self-efficacy and practices. However, it often fails if the mother experiences emotional and psychological problems that can have an impact on inhibiting breast milk production.

Based on this literature review, there is a significant gap regarding the effect various aspects to the success of exclusive breastfeeding. Although these studies identified the importance of social support and conventional breastfeeding education and support intervention models, there is no single study that holistically integrates the physical, mental, and emotional aspects of mothers in interventions. This gap requires an approach that relies not solely on education or external support, but rather on the interventions that work within the mothers to address anxiety and build self-confidence. This study seeks to fill this gap by exploring the effectiveness of hypnobreastfeeding by combining positive suggestions with a state of deep relaxation that influences the subconscious and creates optimal psychological conditions for successful exclusive breastfeeding.

3. Method

This study was conducted in April 2017 at the Mumbulsari Community Health Center, Tamansari village, Mumbulsari sub-district, Jember city, East Java, Indonesia. The population of this study was 35 pregnant women in their third trimester who were examined at the Mumbulsari Community Health Center work area. The sample size was calculated using the Slovin sampling formula, resulting in a total of 32 women. The independent variable was hypnobreastfeeding. The dependent variables of this study are a). exclusive breastfeeding in mothers who received hypnobreastfeeding therapy; and b). exclusive breastfeeding in mothers who did not receive hypnobreastfeeding therapy.

The workflow of this study was conducted as shown in Figure 1. The data collection for this study began with approval from the Mumbulsari Community Health Center, followed by consent from the respondents who would receive treatment. The control and intervention groups were provided with education on exclusive breastfeeding. Afterward, simple random sampling was conducted. The research design used in this study is pre-experimental approach with a post-test only control group design. This treatment involved providing twice

hypnobreastfeeding sessions to pregnant women in their third trimester, in a comfortable and quiet room with relaxation music and aromatherapy accompanied by a hypnosis instructor for one week. The mothers were then instructed to perform self-hypnotherapy every 2 days and monitored by the researchers. Afterward, the researchers conducted daily observations for 10 days during the mothers' postpartum period. Pregnant women who received therapy at gestational age >36 weeks were then observed daily until the 10th day of postpartum to determine whether or not they were exclusively breastfeeding. Meanwhile, the control group was not given any treatment but was still monitored to see whether or not they were giving exclusive breastfeeding to their infants.

The data processing process included essential stages: editing (checking observation sheets) and coding (assigning numeric codes), where exclusive breastfeeding was 1 = Yes and 2 = No. For the hypnobreastfeeding variable, 1 = Therapy given in the intervention group, 2 = No therapy given in the control group. A cleaning stage was also conducted to verify the accuracy of the data before analysis. The statistical test used in this study was bivariate analysis with chi-square test by using SPSS (Statistical Package for the Social Sciences) software version 23.0. Decision-making on statistical test results was done by comparing the p-value and the α value (0.05).

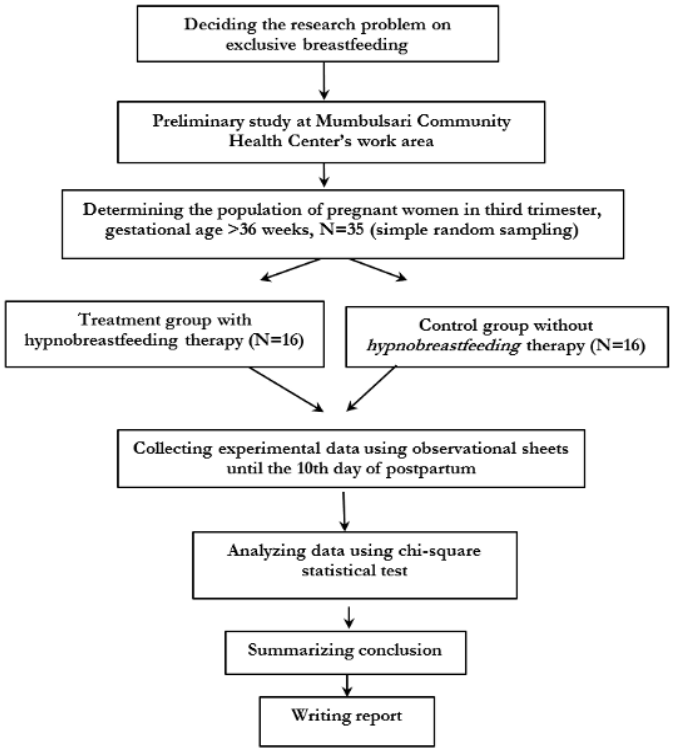

Figure 1. Research workflow on the study of hypnobreastfeeding at the Mumbulsari Community Health Center

4. Results and Discussion

The study of the effectiveness of hypnobreastfeeding on exclusive breastfeeding was conducted among 32 pregnant women in their third trimester in the Mumbulsari Community Health Center working area. The samples were divided into 16 respondents in the control group and 16 respondents in the treatment group. In the control group who did not receive hypnobreastfeeding showed that only 6 (37.5%) mothers were exclusively breastfed their infants, as shown in Table 1. This number was due to individual factors, including mothers' negative perceptions of exclusive breastfeeding and cultural misconceptions about breastfeeding. Furthermore, some mothers were found to breastfed less than 12 times a day or did not breastfeed every 2 hours. This is in line with the theory that infrequent breastfeeding leads to decreased milk production (Minrong & Yulianti, 2023). Mothers with good breastfeeding frequency have a much greater chance (OR = 49) of successfully maintaining breast milk production compared to mothers who breastfeed less frequently (Yulianto et al., 2022).

The decreased milk production often causes restless infants, which resulted to the mothers become more fatigued. This lack of rest leads to further decreased milk production. This is in accordance with the theory that if the mother's muscles are tense due to lack of rest, it will affect breast milk production (Minrong & Yulianti, 2023). These factors lead mothers to prefer formula feeding using a pacifier and bottle. However, the feeding using pacifier and bottle can cause nipple confusion in infants which resulted to early stop of exclusive breastfeeding (Buccini et al., 2016).

Additionally, mothers formula fed their infants due to they experienced discomfort while breastfeeding. This is because the mothers inability to breastfeed which lead to poor latch and pain during breastfeeding. Wardani et al. (2024) stated that there is a relationship between maternal knowledge about breastfeeding and breastfeeding behavior. Consequently, many respondents in the group who did not receive hypnobreastfeeding therapy were found to be lacked of understanding regarding proper breastfeeding techniques, which resulting to poor breastfeeding behaviors.

The results of hypnobreastfeeding treatment in Table 2 showed that 14 respondents, or 87.5%, exclusively breastfed. This figure is within the national target of 80% exclusive breastfeeding coverage rate. This is the result of the hypnobreastfeeding therapy given during the third trimester. Similarly, Reni et al. (2023) found that applying hypnobreastfeeding in third trimester pregnant women, combined with breast exercises, was effective in accelerating breast milk production with a 5.152 times greater likelihood compared to the control group. Hypnobreastfeeding is a natural effort through positive affirmations that makes mothers feel calmer, more comfortable, relaxed and happy during breastfeeding (Virgian, 2022). During pregnancy, mothers' mindsets are changed to foster a positive perception of exclusive breastfeeding. Furthermore, mothers' confidence in their ability to breastfeed is enhanced. Furthermore, breastfeeding mothers who were given hypnobreastfeeding increased their breast milk production by 20.70 times more than those who did not receive the intervention (Widayanti et al. 2022).

Mothers who exclusively breastfeed their infants also have individual factors. Positive suggestions during hypnobreastfeeding motivate mothers to exclusively breastfeed, and their perceptions of breastfeeding become positive. Other factors include previous birth experiences where mothers exclusively breastfed their infants, leading to the same practice for subsequent children. Furthermore, previous birth experiences where mothers pro vided supplementary foods in addition to breast milk contribute to the desire to exclusively breastfeed their future children. Meanwhile, 12.5% of mothers did not exclusively breastfeed because their delivery was via cesarean section and therefore did not practice early breastfeeding.

Cross-tabulation in Table 3 showed that 87.5% of the group given hypnobreastfeeding exclusively breastfed, while 37.5% of those not given hypnobreastfeeding exclusively breastfed. The chi-square test using SPSS version 23 yielded a chi-square value of 8.533 with a P-value of 0.003. This P-value was then compared with a certain level of significance, resulting in a P-value $< \alpha = 0.05$. Based on the results of the chi-square test (P-value $< \alpha$), where the result is $0.003<0.05$, so H0 is rejected, namely there is an effect of hypnobreastfeeding on exclusive breastfeeding.

Hypnobreastfeeding is similar with hypnobirthing, in which relaxation starting from the feet, hands, face, all five senses, shoulders, stomach and more emphasis on the breasts, namely the means of producing breast milk (Muhepi et al., 2012). Apart from that, the positive suggestion given during the hypnosis process stimulates oxytocin to work and stimulate the mirror nerves to work (Eland, 2013). Hypnosis also promotes breathing relaxation, mental relaxation, and positive affirmations, which contribute to maternal comfort and promote the release of oxytocin (Rohmah et al., 2021). Oxytocin is a hormone which is produced when the body is relaxed and acts as an anti-stress hormone (Gaparini et al., 2024).

During the hypnosis process, the therapist turns off the conscious mind so that positive suggestions can be inserted directly into the subconscious mind very effectively and quickly (Gunawan, 2010). Hypnotherapy, which is given when the brain is in alpha or theta brain wave state, causes the brain to produce serotonin and endorphin hormones. These hormones' function is to increase comfort and activate the parasympathetic nerves so that the body becomes relaxed (Evawanna & Sembiring 2024). This treatment is further supported because the subconscious mind influences 88% of human behavior (Gunawan, 2010). Thus, the correct hypnosis process is highly effective in changing a person's mindset because the positive statements are directly embedded in the subconscious mind.

4.1. Figures and Tables

Table 1. Exclusive Breastfeeding on Mothers Without Hypnobreastfeeding

Exclusive Breastfeeding	Frequency	Presentage
Yes	6	37.5%
No	10	62.5%
Total	16	100%

Table 2. Exclusive Breastfeeding on Mothers With Hypnobreastfeeding Treatments

Exclusive Breastfeeding	Frequency	Presentage
Yes	14	87.5%
No	2	12.5%
Total	16	100%

Table 3. Cross Tabulation of the Effect of Hypnobreastfeeding on Exclusive Breastfeeding

	Frequency	*Hypnobreastfeeding*		Total
		Control	Treatment	
Exclusive Breastfeeding	Yes	14 (87,5%)	6 (37,5%)	20
	No	2 (12.5%)	10 (62.5%)	12
	Total	16	16	32

5. Conclusion

This study concluded that hypnobreastfeeding significantly increased the success of exclusive breastfeeding (87.5%) compared to the control group that did not receive therapy (37.5%). This difference occurred because hypnobreastfeeding therapy effectively changed mothers' negative mindsets about breastfeeding, replacing them with self-confidence and a positive mindset. The results of this study provide strong empirical evidence that the success of exclusive breastfeeding is not only determined by physical aspects but is also fundamentally influenced by the mother's psychological and emotional state. The hypnobreastfeeding method successfully stimulates physiological responses (oxytocin hormone) through implanting positive suggestions in the subconscious.The implications of these findings are crucial for healthcare professionals, who should integrate hypnobreastfeeding into pregnancy programs to increase exclusive breastfeeding. For the public, this research can raise awareness of the importance of mental preparation for breastfeeding. Future researchers are advised to expand the sample size, conduct longer observation periods, and consider other variables, such as cultural or occupational factors, to obtain more comprehensive research results.

Author Contributions: WAA designed, conceptualized the study, performed the experiments, curated the data and statistical analysis. NA and DAP, wrote the original draft,. ED provided critical revision and edited the final version. TM, prepared the project administration. All authors have read and agreed to the published version of the manuscript.

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Conflicts of Interest: The author declares no conflict of interest.

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