



Effects of Hypnobreastfeeding Audio on Postpartum Mothers Anxiety in Palembang Midwife Independent Practice

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Abstract - The most common problems that arise in the process of breastfeeding is anxiety of postpartum mothers. Mom often feels unsure and not confident that she is able to give enough milk to her baby. Hypnobreastfeeding is a relaxation technique to help smooth the process of breastfeeding and the process of removing milk. The purpose of this study is to influence the Audio Hypnobreastfeeding on postpartum maternal anxiety in the Midwife Independent Practice of Palembang. This research uses non- random sampling with a sample size of 67 respondents. The sample in this study were 24-hour postpartum mothers who gave birth at Midwife Independent Practice of Teti Herawati, Ch. Mala and Meli Rosita Palembang. Quasi Experiment research design using a pretest and posttest control-group design approach. Postpartum maternal anxiety levels were measured before and after being given Audio Hypnobreastfeeding using the HARS (Hamilton Anxiety Rating Scale) instrument. The results showed that there was a significant difference between maternal anxiety levels before and after being given Audio Hypnobreastfeeding with Marginal Homogeneity Test $p = 0,000$ ($< \alpha = 0.005$). Hypnobreastfeeding Audio has an effect on the reduction of postpartum maternal anxiety. The suggestion in this study was that midwives could further improve their ability to provide Hypnobreastfeeding to postpartum mothers and conduct to development of audio media into an android application.

Keywords: *Hypnobreastfeeding, postpartum, anxiety*

I. INTRODUCTION

Breastfeeding is one of a series of life cycles of a woman. Starting from pregnancy, childbirth and continued with the next task which is feeding the baby. The process of breastfeeding has been prepared early when the mother is in pregnancy. However, breastfeeding problems may often occur such as non-fluent milk, abrasions nipples, nipples in, small breasts, pain during breastfeeding, anxiety and maternal worries when breastfeeding. A mother often feels anxious and insecure when breastfeeding their babies. This comes from psychological problems that arise from within the mother herself. The anxiety that arises is what most often causes problems when breastfeeding. The mother feels

unsure that she will be able to give enough milk to her baby. So that the thing that is feared happened in a mother. Finally, the mother gives a way out by giving formula milk to her baby various reasons so that the baby gets enough intake and the baby is no longer fussy (Susilowati, 2017). Problems faced by mothers when breastfeeding will have a very big impact on the growth and development of infants. The mother cannot provide adequate and optimal milk for her baby. Babies will not get exclusive breastfeeding and adequate nutrition.

Based on the Indonesia Demographic Health Demographic Survey (SDKI) data in 2017, in Indonesia children aged 0-1 months who do not get breast milk at 7.7%, aged 2-3 months who do not get breast milk at 13.2% and ages 4-5 month of 14.7% (Ministry of Health of Republic of Indonesia, 2017). The coverage rate of babies receiving exclusive breastfeeding in the province of South Sumatra is 60.36% (Ministry of Health Republic of Indonesia, 2017). And the scope of exclusive breastfeeding for the city of Palembang in 2017 was 72.76%. This figure is still far from the national target for Exclusive ASI at 80%. (Palembang City Health Profile in 2017). Another problem that will arise if the baby does not get enough nutrition since during pregnancy or even since birth is the problem of malnutrition in infants and children. Even though babies have to get enough nutrition in the womb or since the first 1000 days of life. Based on the data obtained, in 2016 3.12% of children aged 0-23 months experienced severe malnutrition, and increased by 3.50% in 2017. In South Sumatra province 1.61% of children aged 0-23 months experienced malnutrition in 2016, malnutrition 8.06%. And increased in 2017 by 1.90% malnutrition and 8.90% malnutrition. (RI Ministry of Health, 2017). Cases of Toddler with Nutrition Status below the red line in Palembang in 2017 were 404 children under five. (Palembang City Health Office, 2017).

To overcome these problems one way that can be done by strengthening maternal confidence while breastfeeding is to do Hypnobreastfeeding or Hypnolactation. This technique can be done alone by the mother or with a companion from the therapist. Hypnobreastfeeding techniques have begun to be applied when the mother is in pregnancy, especially when the mother has entered the third trimester or when the postpartum period is 0-24 hours (Susilowati, 2017).

Hypnobreastfeeding is a relaxation technique to help mothers in the smooth process of breastfeeding. Done by giving positive affirmation sentences to the mother into the subconscious mind when in a relaxed or calm condition. Positive affirmation is

expected to help petrify the process of breastfeeding and the process of spending milk. Deep and regular relaxation makes the endocrine system and blood flow in the body function properly and optimally. Forming a strong mother's confidence in the process of breastfeeding will make the mother relaxed and relaxed so that the endorphin hormone produced will make the baby also feel calm and comfortable (Susilowati, 2017).

II. RESEARCH METHODOLOGY

This research using a pretest and posttest control-group design approach. Samples were taken by non-random sampling with a purposive sampling technique with a sample size of 67 respondents. The sample in this study were 24-hour postpartum mothers who gave birth at PMB Teti Herawati, PMB Ch. Mala and PMB Meli Rosita Palembang. Data collection through the provision of interventions through Hypnobreastfeeding audio media. Then an anxiety level was assessed using the HARS (Hamilton Anxiety Rating Scale) before and after the intervention was given. Postpartum mothers are given 0-24 hours Hypnobreastfeeding through Audio by using a headset so that the mother is more focused. Previously assessed anxiety levels using the HARS scale. Then the mother was asked to listen again to the Hypnobreastfeeding Audio at home at least once a day and then do a follow-up to assess the level of anxiety two weeks later.

III. RESULTS AND DISCUSSION

Univariate data analysis aims to determine the frequency distribution of data and the percentage of each research variable. The research variable in question is the characteristic variable of the respondents which consists of age, parity, education, occupation, breastfeeding history and breastfeeding plans. Another variable is the variable level of maternal anxiety which is categorized into no anxiety, mild anxiety, moderate anxiety, and severe anxiety. Univariate analysis was performed on the characteristics of respondents and at the level of maternal anxiety before and after being given Audio Hypnobreastfeeding through. Univariate analysis data are presented in tabular and text form.

Table 1. Characteristics of Respondents

| Characteristics | Categories | Frequency(n) | Percentage (%) |
|--------------------------|-----------------------|--------------|----------------|
| Mother's age (years) | < 20 | 4 | 6,0 |
| | 20-30 | 37 | 55,2 |
| | >30 | 26 | 38,8 |
| Parity | 1 | 22 | 32,8 |
| | 2 | 21 | 31,3 |
| | 3 | 18 | 26,9 |
| | 4 | 6 | 9,0 |
| Education | Elementary School | 9 | 13,4 |
| | Junior High School | 9 | 13,4 |
| | Senior High School | 43 | 64,2 |
| | Bachelor | 6 | 9,0 |
| Occupation | House wife | 61 | 91,0 |
| | Working | 6 | 9,0 |
| History of breastfeeding | No Breas tmlk | 2 | 3,0 |
| | Not breastfeeding yet | 25 | 37,3 |
| | Breast milk | 40 | 59,7 |
| Breastfeeding plan | Breast milk | 67 | 100 |
| Total (N) | | 67 | 100 |

From table 1 above it can be seen that from 67 respondents, most were in the age range of 20-30 years (55.2%) and > 30 years (38.8%), whereas in the age group <20 years only

consisted of 4 respondents (6.0%). At parity most in parity 1 that is 22 people (32.8%). Most education in high school education is as many as 43 people (64.2%). In the work variable, most of the mothers do not work or housewives are 61 people (91.0%) while only 6 people work (9.0%). In the history of breastfeeding as many as 24 mothers had given ASI to children before by 40 people (59.7%), 25 mothers had never given ASI (37.3%) and only 2 people who had never given ASI to their babies were (3, 0%). All respondents plan to breastfeed their babies (100%).

The anxiety level variables in this study were no anxiety, mild anxiety, moderate anxiety, and severe anxiety. Measurement of anxiety using the HARS scale is done before and after being given Hypnobreastfeeding Audio

Table 2 Frequency Distribution of Maternal Anxiety Levels Before and After being given the Hypnobreastfeeding Audio

| Level of Anxiety | Before | | After | |
|------------------|-----------|------------|-----------|------------|
| | n | % | n | % |
| No Anxiety | - | - | 56 | 83,6 |
| Mild Anxiety | 63 | 94,0 | 11 | 16,4 |
| Moderate Anxiety | 3 | 4,5 | - | - |
| Severe Anxiety | 1 | 1,5 | - | - |
| Total (N) | 67 | 100 | 67 | 100 |

From Table 2 it can be seen that before being given Hypnobreastfeeding Audio of 67 respondents, there was 1 respondent with severe anxiety (1.5%), 3 people with moderate anxiety (4.5%) and 63 people with mild anxiety (94.0%). After being given Audio Hypnobreastfeeding from 67 respondents, 56 people had no anxiety (83.6%) and only 11 people were at mild anxiety (16.4%). This means that after being given Audio Hypnobreastfeeding, the majority of respondents (83.6%) experienced a reduced level of anxiety from mild anxiety to no anxiety. While 1 person who experienced severe anxiety and 3 people who were anxiously experienced a reduced level of anxiety became mild anxiety.

Table 3. Effects of Hypnobreastfeeding Audio on Postpartum Mother Anxiety

| | The anxiety level after given Hypnobreastfeeding Audio | | | | | p value |
|---|--|------------------|------------------|----------------|----------|---------|
| | no anxiety | mild anxiety | moderat anxiety | severe anxiety | Total | |
| | n (%) | n (%) | n (%) | n (%) | n (%) | |
| The anxiety level before given Hypnobreastfeeding Audio | no anxiety | 56 (83,6) | - | - | - | 0,000 |
| | mild anxiety | - | 11 (16,4) | - | 63 (94%) | |
| | moderat anxiety | - | - | - | 3 (4,5) | |
| | severe anxiety | - | - | - | 1 (1,5) | |
| | Total | 56 (83,6) | 11 (16,4) | - | - | |

Based on the results of the bivariate analysis in table 3, it can be seen that before being given Audio Hypnobreastfeeding there were 63 respondents (94.0%) at mild anxiety levels and after being given Audio Hypnobreastfeeding anxiety levels dropped to no anxiety (83.6%). While from 1 person at the level of severe anxiety and 3 people at the level of moderate anxiety, after being given Audio Hypnobreastfeeding the level of anxiety dropped to mild anxiety by (16.4%). The statistical test used is the Marginal Homogeneity Test because it is a categorical comparative analysis in paired groups

where category > 2. Based on the statistical test results using the Marginal Homogeneity statistical test, the ρ value is 0,000 ($<\alpha = 0.005$). This means that there is a significant difference between maternal anxiety levels before and after being given Hypnobreastfeeding Audio.

This research is an experimental research with pre and post control design. Anxiety level was measured in postpartum mothers using the HARS scale before and after the intervention. The HARS scale consists of several levels of categories calculated by scores, where the level of anxiety is divided into no anxiety (<14), mild anxiety (14-20), moderate anxiety (21-27) and severe anxiety (28-40). Measuring the level of anxiety or pre-test is done before the intervention is carried out at 24 hours postpartum while the post-test stage is done 2 weeks later to determine the level of maternal anxiety when breastfeeding.

The intervention in the form of giving Hypnobreastfeeding is the provision of words and sentences of positive affirmations accompanied by the accompaniment of relaxation music that can increase the calm, comfort and confidence of the mother when giving milk to her baby. Giving Hypnobreastfeeding is done through an Audio Hypnobreastfeeding media.

The results of this study are in line with research conducted by Kusmiyati (2014), Hypnobreastfeeding has a strong influence on anxiety in postpartum mothers as evidenced by the ρ value (0,000). And Hypnobreastfeeding also has an influence on the length of breast milk expenditure in postpartum mothers with a value of ρ value (0.004). In this research, the Hypnobreastfeeding technique is done by giving positive affirmations directly accompanied by the rhythm of a relaxation song that is played through a CD.

Likewise with research conducted by Rahmawati (2017), showing that Hypnobreastfeeding influences milk production in nursing mothers who work with a value of ρ value (0,000). The average milk production increased from 210 ml/day before being treated to 255 ml/day after Hypnobreastfeeding. The Hypnobreastfeeding technique used in this study was an independent method by the mother after being given an explanation and done at least 2x a day before breastfeeding.

Hypnobreastfeeding is a relaxation technique to help mothers in the smooth process of breastfeeding. Done by giving positive affirmation sentences to the mother into the subconscious mind when in a relaxed or calm condition. Positive affirmation is expected to help petrify the process of breastfeeding and the process of spending milk. Deep and regular relaxation makes the endocrine system and blood flow in the body function properly and optimally. Forming a strong mother's confidence in the process of breastfeeding will make the mother relaxed and relaxed so that the endorphin hormone produced will make the baby also feel calm and comfortable (Susilowati, 2017).

Hypnobreastfeeding is the latest technique that can create strong and positive motivation and confidence in a postpartum mother and can increase the amount and production of quality breast milk. With Hypnobreastfeeding techniques, mothers can feel relaxation and calmness in themselves so that they can produce a lot of quality milk and can support the success of mothers in breastfeeding. (Armini, 2016).

To maximize the breastfeeding process the process of administering Hypnobreastfeeding can be done in several ways both directly and through the media. And can also be combined with several other techniques such as Oxytocin Massage. Hypnobreastfeeding combined with the Oxytocin Massage technique is proven effective in reducing anxiety in breastfeeding mothers and can increase the quality and quantity of milk production (Lutfiana PS, 2017).

According to research conducted by Anggraini in 2012, one of the ways to motivate mothers to give ASI to their babies is through the provision of Hypnobreastfeeding techniques, a natural effort made to instill intentions into the mind and subconscious of the mother to produce and produce sufficient milk for the baby. Peace of mind and comfort and peace of mind felt by breastfeeding mothers is one of the main factors of success in breastfeeding especially to support the success of exclusive breastfeeding.

Hypnobreastfeeding is an effective way to support the success of breastfeeding in postpartum mothers. With the calmness and comfort felt by the mother, she will produce more milk and enough for her baby, which can eliminate the anxiety and anxiety felt by the mother during the breastfeeding process. Giving Hypnobreastfeeding can be done directly or through certain media.

IV. CONCLUSION

From the results of statistical tests, there were significant differences between the anxiety levels of postpartum mothers before and after through Hypnobreastfeeding Audio. Hypnobreastfeeding influences the level of postpartum maternal anxiety. It is recommended that health workers further enhance the ability to provide Hypnobreastfeeding to nursing mothers, to develop application media in further research

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