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# EFFECT OF HYPNOPRESSURE ON BREASTFEEDING SELF-EFFICACY AND BREAST MILK PRODUCTION IN POSTPARTUM MOTHERS

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**ABSTRACT**

**Background:** *Breastfeeding Self-Efficacy* (BSE) and milk production are two important components that directly influence breastfeeding success. Hypnopressure is considered capable of improving the psychological condition of mothers and stimulating the physiological mechanisms involved in the lactation process. This study aims to analyze the effect of hypnopressure on BSE and milk production in breastfeeding mothers. **Methods:** The study used a pre-experimental design with a one-group pretest–posttest approach. The sample consisted of 17 normal postpartum mothers selected through purposive sampling. BSE was measured using the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF), while milk production was measured using an electric pump. The hypnopressure intervention was given for seven days with a duration of 40 minutes per session. The data were analyzed using the Wilcoxon test. **Results:** The results showed a significant increase in milk production, with the average volume increasing from 10.29 ml before the intervention to 58.18 ml after the intervention (p = 0.000). Similarly, the BSE score increased significantly from an average of 49.82 to 56.53 (p = 0.000). Hypnopressure plays a role in increasing relaxation, reducing anxiety, and strengthening hormonal responses through increased secretion of oxytocin and prolactin. **Conclusion:** This intervention is recommended as a non-pharmacological strategy that can be integrated into midwifery services to support breastfeeding success, especially for mothers with high stress levels or low milk production.

**Keywords**

**Hypnopressure, Breastfeeding Self-Efficacy (BSE), Breast Milk Production, Lactation**

## INTRODUCTION

Breast milk is the main source of nutrition provided by mothers to their babies during the ear. ly stages of life. (Solikhah, 2019). The benefits of breastfeeding for babies are extensive and varied. (Chen, 2022). Breastfeeding is considered the best method of providing necessary nutrition, which has benefits not only for the mother's health but also for the optimal growth and development of the child. (Khusnul

Khotimah, 2024). Exclusive breastfeeding has also been proven to be one of the effective interventions to reduce infant mortality. There are many problems associated with exclusive breastfeeding, one of which is caused by poor milk production. This problem affects the achievement of exclusive breastfeeding coverage in infants aged 0-6 months.

The target for the Sustainable Development Goals (SDGs) in 2030 is to end preventable infant and child deaths, with all countries striving to reduce neonatal mortality rates to 12 per 1,000 live births through exclusive breastfeeding. (Elis, 2018)Based on UNICEF data from December 2023, the rate of exclusive breastfeeding worldwide, particularly in Southeast Asia, reached 38% in terms of Early Breastfeeding Initiation (EBI) and 68% for exclusive breastfeeding. (UNICEF, 2023)In Indonesia, the coverage of 6-month-old infants receiving exclusive breastfeeding in 2023 is 63.9%. (Ministry of Health, Indonesia Health Profile 2023, 2024)Meanwhile, the percentage of infants under 6 months of age who were exclusively breastfed in 2022 was recorded at 67.96%. (Ministry of Health, 2021) decreased from 69.7% in the previous year. The percentage of exclusive breastfeeding coverage in East Java Province in 2023 is 72%. However, this figure has not yet reached the national target of 80%.

Low breastfeeding rates are caused by various factors, one of which is maternal factors. There are many reasons why mothers do not exclusively breastfeed their babies. Several factors that significantly influence exclusive breastfeeding patterns are age (Lestari, 2018), mother's education level (Fauziyah, 2022) and parity (Ernawati, 2023)In addition, family support is the external factor that has the greatest influence on the success of exclusive breastfeeding. (Lindawati, 2019). Another factor that influences breastfeeding is belief and motivation to breastfeed. The higher a mother's motivation, the more likely she is to exclusively breastfeed her baby. (Yulianti, 2021). A mother's confidence in breastfeeding her baby will influence her intention to breastfeed, her efforts to breastfeed, and her emotional ability to respond to breastfeeding. (Brockway M. B., 2017). The mother's psychological factors (her confidence in her milk production) are the most significant factors affecting exclusive breastfeeding. (Hobbs, 2016). Psychological factors that influence low breast milk production are mothers who are under stress. Emotional states are regulated by oxytocin in the brain, so oxytocin can function as a potential therapeutic target for improving mood and social affiliation behavior in patients with deep social control. Oxytocin is also capable of expressing dopamine receptors (Bryant, R. A., & Hung, L. 2013).

During breastfeeding, the hypothalamus plays an important role in producing the hormones oxytocin and prolactin. This is because the hypothalamus is stimulated during breastfeeding. Prolactin produced during breastfeeding functions to regulate the process of lactogenesis and accelerate the synthesis of milk proteins such as β-casein, lactoglobulin, α-lactalbumin, and whey protein. The mother's psychological state has a significant influence on the production of these hormones, which directly affects prolactin and oxytocin levels. Psychological factors play a major role in breast milk production because milk flow from the breast is smoother when the mother feels relaxed and comfortable. (Award, 2022)A calm state

of mind and a relaxed body will help increase the production of the hormone oxytocin, which is responsible for producing breast milk. In this way, mothers will be able to produce enough breast milk to meet their babies' needs. (Lubis, 2020).

The impact of insufficient breast milk production includes pain due to swollen breasts, mastitis and even breast abscesses, which can lead to infection. Infected breasts cannot be used to feed the baby, resulting in the baby not receiving adequate nutrition, a weakened immune system, a lack of bonding between mother and baby, and a 3.94 times higher risk of death from diarrhoea compared to babies who are exclusively breastfed. (Purnamawati, 2022).

One method that can be used to increase breast milk production and a mother's confidence in breastfeeding is hypnopressure. This method combines hypnosis therapy and acupressure, which are used to balance energy and bodily functions. Hypnosis is a state in which an individual is able to internalise specific thoughts and suggestions to achieve desired psychological, physical, or spiritual changes that occur naturally. (Armini, 2016)Acupressure is believed to relieve pain and muscle tension, improve circulation and release endorphins. (Radyanto, 2012)The points for increasing breast milk production by massaging SI1 (Shaoze), CV17 (Shanzhong), ST 18 (Rugen) and LI4 (Hegu) are a combination of points located between the first and second metacarpal bones, halfway along the radial edge of the second metacarpal bone, commonly referred to as the god point. (Rajin, 2015)This acupressure point is a meridian point that provides stimulation through a transmitter and releases substances in the brain that inhibit pain signals, thereby increasing endorphins, which help release prolactin into the body. (Rosetti, 2022).

Hypnopressure stimulates endorphins, blocks pain receptors and stimulates the release of oxytocin and prolactin. (Shafaei, 2020); (Catsaros, 2023)The combination of hypnotherapy practices with positive affirmations for breastfeeding mothers towards clients will achieve deep relaxation and increased breast milk secretion through massage on the body's meridian areas. (Brockway M. B., 2017)According to several studies, hypnopressure is beneficial for colostrum production and exclusive breastfeeding. (Catsaros, 2023), (Rosetti, 2022).

Hypnopressure is one technique that increases prolactin levels (a hormone involved in breast milk production) and promotes relaxation, thereby blocking or reducing factors that inhibit breast milk production and secretion, such as anxiety, pain after childbirth. (Shafaei, 2020)The application of hypnopressure focuses on the brain's nervous system activation, which affects the entire central nervous system. This therapy is performed for approximately 40 minutes in the morning and evening to achieve maximum relaxation. (Kosovo, 2016).

In several studies, hypnopressure has been found to be more effective in increasing breast milk production. This is because the relaxation method used in hypnopressure utilises changes in beta wave patterns to alpha or theta waves, and shifts the conscious mind to the subconscious mind. When the subconscious mind is open, any suggestions given will enter the subconscious mind, stored as memory, and the changes in alpha or theta brain waves cause the brain to produce serotonin and endorphins, which create a sense of comfort and activate the parasympathetic nervous system,

thereby relaxing the body during breastfeeding. (Yellow, 2023).

Acupressure using pressure techniques on the breast area will allow energy or qi to flow properly to the organs and systems of the body in accordance with the meridian flow massage used. The pressure from acupressure massage provides a calming, relaxing effect, regulates and stabilises emotions, and stimulates the nerve tissue in the breasts, which functions to stimulate the brain to release breast milk and produce milk with each expression of breast milk. (Rosetti, 2022).

Several previous studies have examined hypnobreastfeeding and acupressure, but no research has been conducted in this area. This study was conducted over seven days, focusing on the early postpartum period, with measurements taken in terms of psychological aspects and breast milk production.

This study is guided by Bandura's Self-Efficacy Theory, which states that an individual's confidence and perceived ability influence behavioral performance. Hypnopressure may strengthen maternal belief and emotional regulation, thereby improving BSE.

The purpose of this study was to determine the effect of Hypnopressure on Breastfeeding Self Efficacy (BSE) and breast milk production in nursing mothers.

## METHOD

This study used a pre-experimental analytical design with a one-group pretest–posttest approach. The study population included all normal postpartum mothers who were breastfeeding their babies. The sample was selected using purposive sampling based on the following inclusion criteria: primiparous or multiparous breastfeeding mothers with infants aged 7 days, not consuming breast milk supplements, having a BMI of 18.5–24.9, and having full-term and healthy infants. Exclusion criteria included psychological disorders, cardiovascular or endocrine diseases, breastfeeding barriers, and formula feeding during the data collection period. BSE was measured using the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF) instrument. Breast milk production was assessed through breast milk volume using an electric pump. The hypnopressure intervention consisted of exposure to *hypnobreastfeeding* affirmations for 40 minutes over seven days. Bivariate analysis was performed using the Wilcoxon test.

## RESULTS

**Table 1. Respondent characteristics based on age, education, parity, and mother's occupation**

| No | Variable | Frequency | (%) |
|---|---|---|---|
| 1 | Mother's age | | |
| | < 20 | 0 | 0 |
| | 20 – 35 | 15 | 88 |
| | > 35 | 2 | 12 |
| 2 | Parity | | |
| | First-time mother | 3 | 18 |
| | multipara | 14 | 82 |
| 3 | Education | | |
| | Primary and Secondary School | 3 | 18 |
| | Senior High School/Vocational High School | 13 | 76 |
| | S1 | 1 | 6 |
| 4 | Work | | |
| | Working | 2 | 12 |
| | Not working | 15 | 88 |
| | TOTAL | 17 | 100 |

The characteristics of respondents in Table 1 show that most respondents (88%) were aged between 21-35 years old. Most respondents (76%) had a secondary education (high school/vocational school). Most respondents were multiparous 82.0% andunemployed or housewives 88.0%.

**Table 2. Difference in breast milk production before and after treatment**

| Breast milk production | Mean | N | Difference | *ρ - value* |
|---|---|---|---|---|
| Before | 10.29 | 17 | 47.882 | 0.000 |
| After | 58.18 | 17 | | |

The results of the statistical test using the Wilcoxon Signed Rank Test showed a p-value of 0.00 (p-value 0.05), which means there was a significant difference in scores before and after hypnopressure therapy. 0.05), which means that there is a significant difference in scores before and after hypnopressure therapy..

**Table 3. The difference in breastfeeding self-efficacy (BSE) before and after treatment**

| BSE | Mean | N | Difference | *ρ - value* |
|---|---|---|---|---|
| Before | 49.82 | 17 | 6.706 | 0.000 |
| After | 56.53 | 17 | | |

The results of the statistical test using the Wilcoxon Signed Rank Test showed a p-value of 0.00 (p-value 0.05), which means there was a significant difference in scores before and after hypnopressure therapy. 0.05), which means that there is a significant difference in scores before and after hypnopressure therapy.

## DISCUSSION

The results of the statistical test using the Wilcoxon Signed Rank Test showed a p-value of 0.00 (p-value 0.05) which means there was a significant difference in scores before and after hypnopressure therapy.

Psychological factors also influence breast milk production. The higher the stress level, the less prolactin hormone stimulation is received for breast milk production (Rahmaniasari & Zhafirah, 2024) The "hypno" component of hypnopressure produces a deep relaxation effect. This relaxation effect lowers stress hormone levels such as cortisol, which is known to inhibit prolactin function. The relaxation induced by hypnopressure can create a stable emotional state, thereby supporting hormonal responses during breastfeeding. This is reinforced by several studies proving that relaxation therapy significantly increases breast milk production and is more effective in maintaining breastfeeding success. (Levene I, 2024) . Another study by Amalia (2016) showed a significant relationship between stress levels and breast milk production in breastfeeding mothers after giving birth. (Amalia, 2016) . Hypnopressure significantly increases breast milk production and breastfeeding confidence in postpartum mothers, which is in line with research by Anugerah. (Anuhgerah, 2024) The study confirmed that the combination of hypnotherapy and acupressure works synergistically to improve the psychological condition of mothers through relaxation, while also providing physiological stimulation to meridian points related to breast function. Consistently, the study reported a significantly higher average increase in breast milk production in the intervention group compared to the control group, indicating that hypnopressure can significantly influence the psycho-neuro-endocrine system.

Overall, the results of this study reinforce the evidence that hypnopressure is an effective intervention, both physiologically and psychologically, in increasing breast milk production and confidence in breastfeeding. The integration of hypnopressure into midwifery practice can be a relevant strategy to support the success of exclusive breastfeeding, especially in mothers with high anxiety, low milk production, or lack of confidence in breastfeeding.

### 2. *Breastfeeding self-efficacy* (BSE)

The results showed that there was a significant increase in *Breastfeeding Self-Efficacy* (BSE) after hypnopressure intervention, as indicated by a p-value of 0.000. These findings indicate that hypnopressure plays an effective role in strengthening mothers' confidence in their breastfeeding abilities. BSE is a strong predictor of breastfeeding success, as mothers with high efficacy tend to be more consistent in providing exclusive breastfeeding and are able to overcome lactation barriers (Brockway M. B., 2017).

Acupressure can alleviate symptoms of stress/depression through central effects, such as the release of noradrenaline and serotonin, and increased release of beta-endorphins and adrenocorticotropic hormone. (Moriarty & Sharp, 2013). Affirmation relaxation can create physical and emotional relaxation. Decreased stress levels cause the hypothalamus to send signals to the anterior and posterior pituitary glands to increase prolactin and oxytocin production. Mothers who are relaxed (not feeling pain, anxiety, or stress) will increase their breastfeeding self-efficacy. (Brockway M. B., 2017) (Arumsari, 2018).

The significant increase in BSE in this study is consistent with Anuhgera's study. (Anuhgerah, 2024) which shows that hypnopressure can significantly increase BSE and breast milk production. The mechanism of hypnopressure combines light hypnosis techniques with acupressure point stimulation, resulting in deep relaxation and increasing the acceptance of positive suggestions related to successful breastfeeding. This process strengthens the cognitive components of BSE, such as self-perceived ability and confidence in overcoming obstacles, as described by Bandura in his self-efficacy theory (Bandura, 1997).

The effectiveness of hypnopressure is not only psychological, but also has an impact on physiological responses related to lactation. The deep relaxation created during therapy can reduce anxiety, increase parasympathetic nervous system activation, and facilitate the release of the hormone oxytocin. Oxytocin plays an important role in milk ejection through the let-down reflex. Asih Research (Love, 2025) supports these findings by showing that hypnobreastfeeding can significantly reduce anxiety and increase BSE. At the same time, acupressure point stimulation has been shown to improve blood circulation and lactation hormone sensitivity, as reported by Nurhasanah and Masluroh (2022), who found an increase in breast milk production in postpartum mothers after acupressure intervention (Nurhasanah, 2022)

Thus, hypnopressure provides a dual effect: psychological relaxation that strengthens the mother's confidence and physiological stimulation that supports smooth milk production. The integration of these two mechanisms can increase BSE. This is the result of a

comprehensive intervention, not just a temporary suggestive effect.

Compared to educational interventions such as prenatal counselling, hypnopressure has advantages in terms of more profound cognitive and emotional changes. Counselling can improve BSE, but the psychological effects of hypnopressure are stronger because it involves a process of changing perceptions through directed suggestion. (Wahidi, 2022)In addition, a meta-analysis by Brockway et al. (2017) showed that theory-based interventions and behavioural modification strategies are the most effective approaches for improving BSE. Hypnopressure falls into this category because it has a direct influence on internal beliefs, positive emotional experiences, and stress management, all of which are important determinants of BSE.

## CONCLUSIONS

This study proves that hypnopressure has a significant effect on increasing Breastfeeding Self-Efficacy (BSE) and milk production in breastfeeding mothers. Hypnopressure intervention, which combines hypnosis relaxation techniques and acupressure point stimulation, has been proven to stimulate the psycho-neuro-endocrine mechanism endocrine mechanisms involved in the lactation process by increasing oxytocin and prolactin hormones and reducing anxiety.

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