EFFECT OF HYPNO BREASTFEEDING ON COLOSTRUM EJECTION ONSET IN PRIMIPAROUS MOTHERS

Nur Masruroh, Ratna Ariesta Dwi Andriani Faculty of Nursing and Midwifery, Universitas Nahdlatul Ulama Surabaya masruroh@unusa.ac.id ratnariesta@unusa.ac.id

Abstrack

Colostrum begins to be produced by the body during pregnancy, and out at the beginning a mother will breastfeed. An attempt to accelerate the release of colostrum is using hypnolactation techniques. Hypnolactation technique is a natural effort to use subconscious energy given to postpartum mothers so that the breastfeeding process runs safely and smoothly. This effort is done by entering affirmations or positive suggestions when the mother is very relaxed or concentrates on a goal so that she can produce enough milk for the needs of the baby's growth and development. The purpose of this study was to determine the effect of the administration of hypnolactation techniques on colostrum ejection onset. The research was conducted in 2 BPM areas of Surabaya city using Quasi Experimental method. The study was conducted by measuring the onset of colostrum ejection in the treatment group (30 respondents) given the hypnolactation technique then compared with the control group (30 respondents) observed for the onset of colostrum ejection. The results showed that p = 0.930 (> 0.05) which means that the administration of hypnolactation technique did not affect the ejection onset of colostrum. The mean (mean) onset of Colostrum uptake was 13.2 hours in the treatment group and 15.7 hours in the control group. Hypnolactation accelerates the onset of colostrum ejection in primiparous postpartum mothers, but it is not proven by statistical calculations.

Keywords: colostrum, hypnolactation, onset, primipara

A. Preeliminary

Breastfeeding is the optimal way to provide nutrition and care for infants, and with the addition of complementary food in the second half of the first year, nutritional, immunological, and psychosocial needs can be met until the second year and subsequent years (Varney, 2008). Colostrum is a liquid that is first secreted by the breast gland, containing tissue debris and residual material contained in the alveoli and ducts of the breast gland before and after the puerperium. Colostrum is a liquid with a viscosity that is thick, sticky and yellowish in color. Colostrum is higher in protein, minerals, salt, vitamin A,

nitrogen, white blood cells and higher antibodies than mature breast milk. In addition, colostrum still contains low fat and lactose (Nugroho, 2011). Colostrum contains white blood cells and antibodies that are higher than breast milk, especially the content of immunoglobulin A (IgA) which helps coat the intestines of infants who are still vulnerable and prevent germs from entering the baby. IgA also helps prevent babies from experiencing food allergies (Saleha, 2009).

Dewey's research results in 2011 stated that 24% of mothers who experience stress during pregnancy and childbirth, experience delayed discharge of colostrum (> 72 hours

postpartum). Other factors that contribute to the slow exit of colostrum are: the mode of delivery, the length of labor, the pain experienced during labor, and fatigue after childbirth. Other factors that also influence the release of colostrum are the nutritional status of the mother, breast care, baby sucking immediately after birth and obesity in the mother.

Efforts to accelerate the release of colostrum can be done by way of pharmacology and non pharmacology. Colostrum removal can be accelerated by using drugs that work to expedite breast milk. Meanwhile, non-pharmacology can be done by means of Early Breastfeeding Initiation (IMD, Hypnolactation, relaxation, massage, music and breast care (Nurhayati, 2010)

Hypnolactation can help mothers to ensure that breastfeeding mothers can continue to give ASI, at least exclusively for the first six months, especially if the nursing mother must return to work. Support for breastfeeding in Indonesia is felt to be lacking, therefore breastfeeding mothers must always trying to create positive conditions for him to breastfeed. continue being able to Hypnolactation is a relaxation technique to help smooth the process of breastfeeding. How to enter positive affirmations that help the process of breastfeeding when the mother is relaxed or very concentrated on something. The meaning of hypnosis itself is unconscious condition that occurs naturally, where a person is able to live up to certain thoughts and suggestions to achieve the desired psychological, physical and spiritual changes. Hypnosis itself occurs automatically whenever someone is in a state of deep relaxation or full concentration. In this technique, the desired changes are all things that simplify and facilitate the breastfeeding process. Examples of sentences that should be: "My milk comes out smoothly, enough for my baby's needs," I feel happy to breastfeed my baby "," I am proud to be able to give the best for my baby "," I always feel calm and relaxed when I start to blush ".

Hypnolactation consists of two words namely hypno = hypnosis which means that it is a condition of unconsciousness that occurs naturally, where a person becomes able to live up to certain thoughts and suggestions to achieve the desired psychological, physical spiritual changes. To note, the subconscious mind (subconscius mind) plays 82% of self function. While breastfeeding means breastfeeding. So, the process of breastfeeding can take place comfortably because the mother records the subconscious mind that breastfeeding is a natural and comfortable process. Basic Hypnolactation is relaxation that is achieved when the body and soul are in a calm condition. The emergence of an atmosphere of relaxation can be supported by a quiet room / atmosphere, using music for relaxation, plus the aroma of therapy, a guide to relaxing muscles, breathing and mind.

B. Research Methods

The research design used in this study was quasi-experimental. The study sites were in 2 Independent Practice Midwives in the city of Surabaya. The population is all mothers giving birth in 2 Independent Practice Midwives who were in the Surabaya city area during February 2017-January 2018. The sample in this study were some primiparous mothers who gave birth to 2 Independent Practice Midwives who were in the Surabaya city area during May-July 2018 a total of 60 respondents were taken using a purposive sampling technique. Research respondents will be divided into treatment groups that will be given 30 hypnolactation techniques and 30 control groups. The independent variable is hypnolactation while the dependent variable is the onset of colostrum expenditure. The inclusion criteria were: primiparum postpartum mothers who entered the fourth stage of labor, were healthy, willing to be respondents and filled out informed consent. The exclusion criteria were: primiparum postpartum mothers who entered the fourth stage of labor with complications of labor

(bleeding, infection, pre-eclampsia, etc.), not willing to be respondents.

C. Results

1. Characteristics of respondents

In the collection of data obtained 60 respondents, with each division 30 respondents for the treatment group given hypnolactation for 30 minutes and 30 respondents for the control group observed onset of colostrum expenditure. All respondents are mothers who have given birth for the first time (primipara).

Table 1.1 Characteristics of respondents by age in the study Effect of Hypnolactation on the Onset of Colostrum Expenditures in Primipara Postpartum Mothers

Ages	Treatmen t		Co	Control		Total	
	n	%	n	%	n	%	
< 20 th	10	33	9	30	1 9	32	
20-35 th	12	40	1 1	37	2 3	38	
>35 th	8	17	1 0	33	1 8	30	
Amoun t	30	100	3 0	10 0	6 0	10 0	

Source: primary data 2018

Based on table 1.1 above it can be seen that 38% of respondents are in the age range of 20-35 years.

Table 1.2 Characteristics of respondents based on education level in the study of the Effect of Hypnolactation on the Onset of Colostrum Expenditures in Primipara Postpartum Mothers

Educatio n	Treatmen t		Contro l		Total	
	N	%	n	%	n	%
Junior High School	5	16	8	26	1 3	22

25	50	1	50	3	50
		5		0	
35	44	7	23	1	28
				7	
30	100	3	10	6	10
		0	0	0	0
	35	35 44	35 44 7 30 100 3	35 44 7 23 30 100 3 10	5 0 35 44 7 23 1 7 30 100 3 10 6

Source: primary data 2018

Based on table 1.2 above, it can be seen that half of the respondents were last educated at the SMA level.

2. Research Results and Analysis

Table 1.3 The Onset of Colostrum Expenditures in the Study of the Effects of Hypnolactation on the Onset of Colostrum Expenditures in Postpartum Mother Primipara

•		•		
Statistic	Onset			
	Treatment	Control		
Frekuensi	30	30		
Mean	13,2	15,7		
Median	5,1500	5,0000		
Mode	1,00	3,00		
Std Deviation	2,1	1,9		
Minimum	1,0	1,35		
Maksimum	18,30	16,00		
	_			

Source: primary data 2018

Based on table 1.3 above it can be seen that the mean onset of colostrum expenditure in the treatment group (given hypnolactation) was 13.2 hours. Whereas in the control group the mean was 15.7 hours

Table 1.4 Analysis of research Effects of Hypnolactation on the Onset of Colostrum Expenditures in Postpartum Mother Primipara

		N	Me an	S D	T	Val ue
Colost rum Ejectio n Onset	Treat ment		,	2, 1	0, 88	0,9 30
	Contro 1		15, 7	1, 9	0, 88	-

Source: data processing 2018

Statistical test results in the treatment group by using the Independent T Test obtained p value (0.930)> 0.05. This means that there is no effect of hypnolactation on the onset of colostrum expenditure in primiparum postpartum mothers. This shows that there are other factors that can accelerate the onset of colostrum expenditure in primiparum postpartum mothers.

D. Discussion

1. Characteristics of respondents based on their age and last education

The results showed that the frequency distribution of respondents based on age, of the 60 majority respondents (38%) were in the age range of 20-35 years. According to Ruswana 2009, ages 20-35 are included in the healthy reproductive age for women, at which age a woman is physically, emotionally, psychologically, socially and economically ready to get pregnant, give birth and breastfeed. According to Bahiyatun in 2009, mothers who are less than 35 years old will produce more milk compared to mothers whose age is older.

Distribution of respondents based on their latest education, the research results can be seen that of the 60 respondents, half (50%) had the last education in high school. Notoatmodjo 2010 stated that the level of senior secondary education would be easier to access and apply the information received. According to Dimyati (2009) argues that education can improve one's abilities in the affective and psychomotor cognitive, domains. The cognitive domain includes knowledge, understanding, can apply, carry out analysis, synthesis, and evaluate. This will support breastfeeding behavior.

2. Effect of hypnolactation on the onset of colostrum expenditure

The onset of colostrum replenishment was faster in the group of respondents given hypnolactation (mean = 13.2; SD = 2.1) than in the control group respondents (mean = 15.7; SD = 1.9). The results of the calculation of the

independent t-test analysis showed that the value of p = 0.930 (> 0.05), which means that H0 was accepted and H1 was rejected, so it can be concluded that there was no effect of giving hypnolactation with the speed of onset of colostrum release.

Based on the results of the above study it is known that the respondents in the treatment group (given hypnolactation techniques) and in the control group respondents there was no difference in the colostrum expenditure onset. This means that the act of giving hypnolactation techniques does not affect the speed of onset of colostrum expenditure in primiparum postpartum mothers. This is consistent with the results of research by Lafaurie (2015) which states that one of the benefits of hypnolactation is to increase milk production and flow, and not to accelerate the expenditure of breast milk.

The onset of colostrum expenditure is influenced by other things including maternal nutritional status, as seen from research conducted by Hajerah in 2015 showing that 69% of mothers who have good nutritional status or normal BMI, onset of colostrum expenditure is <12 hours. Another factor influencing onset of colostrum the expenditure is the mother's age at delivery, according to a 2015 Novitasari study that the best age range that has the fastest onset of colostrum expenditure (<12 hours) is at the age of 20-30 years. According to the results of a study from Nurjanah in 2015, it was found that most of the mothers who did Early Breastfeeding Initiation or 77.5% onset their colostrum expenditure faster (<12 hours). In line with this, research from Mawarti and Mayasari in 2014 stated that 64% of mothers who undertook Early Breastfeeding Initiation (IMD) onset of lactation were <12 hours.

The hypnolactation technique that was started since the delivery process with hypnobirthing method has also been proven to increase the commitment of mothers in providing exclusive breastfeeding to their babies (Masruroh and Laili, 2017). Women who do hypnolactation techniques

themselves or with the help of therapists according to Pouget 2011, have been shown to increase milk production.

So that the administration of hypnolactation techniques, although not proven to affect the onset of maternal colostrum expenditure, is still good and is needed to optimize the breastfeeding process.

E. Conclusion

In this study, it can be concluded several things, including:

- 1. The mean (mean) onset of colostrum expenditure in the treated group is 13.2 hours. Whereas the control group was 15.7 hours
- 2. The onset of colostrum expenditure is faster in respondents who are given hypnolactation, but the results are not significant in statistical tests

F. Suggestions

- 1. There is further research on the effect of giving hypnolactation to other factors associated with the onset of colostrum expenditure
- 2. Increasing the competency of health workers, especially Midwives in providing lactation counseling

Thank-you note

This research was funded by the Director General of Higher Education (RISTEKDIKTI) Ministry of Research, Technology and Higher Education RI no 065 / SP2H / LT / K7 / KM / 2018

REFERENCES

Andriana E, Melahirkan tanpa rasa sakit dengan metode relaksasi hypnobirthing. Jakarta: BIP; 2007.

- Armini N, Hipnolaktasi awali suksesnya asi eksklusif. http://ejournal.poltekkesdenpasar.ac.id/index.php/JSH/article/download/ 10/32. Access 12 April 2017 jam 12.43.
- Dina AA, dkk, 2017, Jenis persalinan dengan waktu pengeluaran kolostrum pada ibu bersalin kala iv di kota yogyakarta, Jurnal Kesehatan Ibu dan Anak vol 11 no 2 November 2017:43-48
- Hayatiningsih N, 2016, Keluarnya kolostrum pada ibu post partum di rsud dr. moewardi. jam 21.08 https://publikasiilmiah.ums.ac.id/.../N URHAYATININGSIH% 20% 20WIN ARSIH% 20... Acces 10 April 2017
- Indah M dkk.2014, Faktor-faktor yang mempengaruhi waktu keluarnya kolustrum pertama kali pada ibu pasca persalinan di rsup dr. sardjito yogyakarta..

 http://jurnal.stikeskendedes.ac.id/index.php/maternity/article/download/3/3
- James T, Flores L SJ. 2007, Hypnosis: a comprehensive guide producing deeptrance phenomena. UK: Cromwel Press; 1-9 p.
- Kause M NSW, dkk, 2016, Onset pengeluaran kolostrum persalinan normal lebih cepat daripada persalinan sectio caesaria, Jurnal Media Ilmu Kesehatan vol 5 no 3 Desember 2016
- Lafaurie Enjolie. 2015, Postpartum adaptation and competence of mothers who use hypnosis to birth, Disertasi, Arizona State University, https://repository.asu.edu/attachments/164052/content/Lafaurie_asu_0010E_15619.pdf diakses 20 Juni 2018 jam 08.00

- Masruroh N, Laili U, 2017, Hipnolaktasi meningkatkan komitmen ibu dalam pemberian asi eksklusif, Prosiding Seminar Hasil Penelitian Akbid YLPP, hal 101-105
- Mawarti R, Mayasari S, 2014, *Inisiasi* menyusu dini mempercepat onset laktasi, Jurnal Kebidanan dan Keperawatan vol 10 no 2 Desember 2014:199-206
- Pouget Lou, 2011, Self-hypnosis: How it can help with a better birth,
 Perspective NCT's Journal On
 Preparing Parents For Birth And Early
 Parenthood, December 2011
- Wattimena I, Werdani YD, 2015, Manajemen laktasi dan kesejahteraan ibu menyusui, Jurnal Psikologi vol 42 no 3 Desember 2015:231-242