

Midwifery Care for Breastfeeding Mothers Using Hypnobreastfeeding Techniques to Increase Breast Milk Production at the Nursiah Tandem Hilir I Maternal and Child Health Clinic in 2026

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ABSTRACT

Suboptimal breast milk production is one of the causes of low rates of exclusive breastfeeding success. This condition can be influenced by psychological factors such as stress and anxiety, which inhibit the release of the hormone oxytocin. One nonpharmacological approach that can be used is the application of the hypnobreastfeeding technique. This case study aims to provide midwifery care to breastfeeding mothers by applying the hypnobreastfeeding technique to increase breast milk production at the Nursiah Tandem Hilir I Maternity Clinic in 2026, using Varney's seven-step midwifery management approach. The method used was a descriptive case study of Mrs. I, a P1A0 woman on her 7th postpartum day, who complained of low breast milk production. Data collection was conducted through interviews, observations, physical examinations, documentation, and the administration of hypnobreastfeeding interventions. The results showed that after applying hypnobreastfeeding techniques for 7 days in the morning and evening, breast milk volume increased from 30 ml to 50 ml each time the technique was performed, breastfeeding frequency increased to 8–9 times in 24 hours, breastfeeding duration increased to 15–20 minutes, the infant breastfed on demand, and fell into a deep sleep after feeding. Based on the results of the case study, it can be concluded that the use of the hypnobreastfeeding technique can increase breast milk production and let-down, thereby supporting the success of exclusive breastfeeding.

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1. INTRODUCTION

The postpartum and breastfeeding periods are crucial stages in the lives of a mother and her baby, during which breastfeeding is a key factor in supporting the baby's optimal growth and development. Breast milk contains a complete range of nutrients, antibodies, and immunological factors that cannot be replaced by formula (Indonesian Ministry of Health, 2020). Exclusive breastfeeding for the first 6 months of a baby's life is recommended by the World Health Organization (WHO) because it has been proven to reduce infant morbidity and mortality rates. However, in practice, many mothers still face barriers to breastfeeding, particularly related to insufficient milk production (WHO, 2022).

Globally, the rate of exclusive breastfeeding has not yet reached the optimal target. The WHO reports that efforts to increase breastfeeding still face various challenges, such as a lack of support, the promotion of formula, and psychological factors affecting mothers. This indicates that breastfeeding remains a global health issue. In Indonesia, the rate of exclusive breastfeeding has increased but has not yet reached the national target. Data show that the rate of exclusive breastfeeding reached approximately 66.4% in 2024, although many infants still do not receive optimal breastfeeding during the first 6 months.

In addition, the results of the 2024 Indonesian Nutrition Status Survey (SSGI) show that exclusive breastfeeding coverage stands at 74.73%, though this figure remains below the government's target of 80%. This indicates that there are still disparities in breastfeeding practices within the community. In North Sumatra Province, exclusive breastfeeding coverage remains relatively low. Data from the 2020 North Sumatra Provincial Health Profile show that only 38.42% of infants are exclusively breastfed, a figure that is still far below the established target. This low coverage indicates problems in the breastfeeding process, including insufficient milk production.

One of the main causes of failure to achieve exclusive breastfeeding is insufficient milk production. This condition can be caused by various factors, such as a lack of suckling stimulation from the baby, the mother's nutritional status, fatigue, and psychological factors such as stress and anxiety (Lowdermilk, 2020). Psychological factors play a very significant role in the lactation process. Stress and anxiety can inhibit the release of the hormone oxytocin, which plays a role in the milk ejection reflex (let-down reflex), thereby preventing milk from flowing smoothly (Guyton & Hall, 2021).

One approach that can be taken to address this issue is a non-pharmacological method, namely the hypnobreastfeeding technique. Hypnobreastfeeding is a relaxation method that uses positive suggestions to boost a mother's self-confidence and stimulate the release of oxytocin during breastfeeding (Widiyanti, 2021). The hypnobreastfeeding technique works by calming the mother's mind, thereby helping her body relax. This state of relaxation can increase the production of oxytocin and prolactin, which play a crucial role in the production and release of breast milk (Roesli, 2020).

In addition, hypnobreastfeeding can also help reduce anxiety and strengthen the bond between mother and baby. A positive psychological state has a direct impact on the smooth production of breast milk (Indonesian Ministry of Health, 2020). Several studies have shown that the use of hypnobreastfeeding techniques has a significant effect on increasing breast milk production in breastfeeding mothers. This intervention has been proven effective in increasing breast milk volume and improving the quality of breastfeeding (Sari, 2022).

In midwifery practice, complementary approaches such as hypnobreastfeeding are still not widely implemented to their full potential, particularly in midwives' private practices. Yet this method is relatively simple, safe, and inexpensive, making it a promising option for integration into midwifery services (Widiyanti, 2021). PMB Nursiah Tandem Hilir I, as a maternal and child health care facility, plays a crucial role in providing comprehensive midwifery care, including supporting successful breastfeeding through innovative interventions such as hypnobreastfeeding.

Based on a preliminary study conducted at the Nursiah Tandem Hilir I Maternal and Child Health Clinic in February–March 2026, eight breastfeeding mothers reported having difficulty with breast milk production. Interview results showed that the mothers' insufficient milk supply caused them to worry that their babies were not receiving adequate nutrition. Given these circumstances, midwifery care was provided to the breastfeeding mothers through the application of hypnobreastfeeding techniques to increase breast milk production at the Nursiah Tandem Hilir I Maternal and Child Health Clinic in 2026, using a midwifery management approach based on Varney's 7-step method.

The purpose of this case study is to provide midwifery care to breastfeeding mothers by applying hypnobreastfeeding techniques to increase breast milk production at the Nursiah Tandem Hilir I Maternity Clinic in 2026 through baseline data assessment, data interpretation, identification of potential diagnoses, implementation of immediate interventions when necessary, planning of midwifery care, implementation of interventions, and evaluation of midwifery care outcomes using Varney's 7-step midwifery approach.

2. METHOD

The method used in this case study is the descriptive method. This is a method conducted with the primary objective of objectively presenting or providing an overview of a situation, and this type of report is a case study—that is, it is conducted by examining an issue through a process consisting of a single unit. This case study was conducted in May 2026, and the follow-up visit and location where the case study was carried out were at PMB Nursiah Tandem Hilir I. Data collection in this study was conducted systematically to obtain accurate data regarding the increase in breast milk production in breastfeeding mothers before and after the application of the hypnobreastfeeding technique. The techniques used included the following subjective and objective data.

A. Interview

Interviews were conducted in person with breastfeeding mothers using a structured interview guide. The data collected included:

1. Respondent's identity.
2. Childbirth and breastfeeding history.
3. Complaints related to breast milk production (low milk supply, poor flow, etc.).
4. The mother's level of stress or anxiety.
5. Previous breastfeeding experience.

The interviews were conducted to gather subjective data related to the psychological well-being and experiences of breastfeeding mothers.

B. Observation (Direct Observation)

Observations are conducted to directly assess the condition of the mother and baby, particularly regarding signs of adequate breast milk supply. Observations are conducted before and after the intervention (pre-test and post-test). Observation indicators include:

1. Breastfeeding frequency.
2. The infant's response during breastfeeding.
3. Signs of adequate breast milk intake (the infant appears satisfied, is not fussy, and sleeps soundly).
4. The infant's urination frequency.

C. Physical Examination

A physical examination is performed on the mother and infant to support objective data, including:

1. Breast condition (full/firm, milk flow).
2. Let-down reflex (milk flow during breastfeeding).
3. Infant's weight (if possible).

This examination is intended to clinically assess breast milk production and ejection.

D. Documentation

Documentation is carried out by collecting data from:

1. The MCH (Maternal and Child Health) Book.
2. Medical records at the PMB.
3. Postpartum and breastfeeding visit records.

Documentation may also take the form of records of breast milk production trends before and after the intervention.

E. Delivery of the Intervention (Hypnobreastfeeding)

Data collection was conducted through the delivery of an intervention in the form of hypnobreastfeeding techniques. The steps included:

1. Providing education on hypnobreastfeeding.
2. Guiding mothers through relaxation and positive suggestion.

3. Conducting regular hypnobreastfeeding sessions.

3. RESULTS AND DISCUSSION

Case Assessment

This first step involves gathering all accurate and complete information from both subjective and objective data. Subjective data refers to the documentation of information collected from the client through the medical history. Objective data refers to the documentation of the results of the physical examination, laboratory results, and other diagnostic tests, which are summarized in the key findings. Objective data consists of a physical examination tailored to the client's needs, including vital signs, specific examination methods (inspection, palpation, auscultation, percussion), and supporting tests (laboratory results, current and past medical records) (Nita and Mustika, 2016).

From the case review of Mrs. I, the following subjective data were obtained: the mother gave birth on May 26, 2026; she reported that this was her first child; she reported never having had an abortion; she reported that her baby cries every time she breastfeeds, as if unsatisfied because her breast milk flow is not smooth or the milk output is low; the frequency of feedings is only 5 times per 24 hours, and each feeding lasts only 5 minutes. Objective data on general condition: good; uterine contractions: good; fundal height (TFU): mid-symphysis; serous lochia; live, healthy infant, female; the breasts showed hyperpigmentation of the areola; the nipples were protruding; the breasts felt soft; and during palpation, only a small amount of breast milk was expressed.

According to the Indonesian Ministry of Health (2022), the theoretical approach to cases of suboptimal breast milk production begins with collecting subjective and objective baseline data. Subjective data includes complaints from the breastfeeding mother, such as feelings of lack of confidence, anxiety because breast milk is not flowing smoothly, or the baby frequently fussing after feeding. Objective data includes an examination of breast condition (milk engorgement, flat nipples, wounds, etc.), breastfeeding frequency, and the baby's weight. Psychological history data, such as anxiety levels, are also collected because they are directly related to breast milk production and flow. Interview techniques, direct observation, and the completion of questionnaires on anxiety or breastfeeding satisfaction are used to supplement the baseline data. At this stage, the author found no discrepancy between theory and actual cases in the field.

Obstetric Diagnosis

Based on the interpretation of the data, the midwife makes an appropriate obstetric diagnosis. Examples of diagnoses that frequently arise in postpartum mothers regarding breast milk production include breast engorgement, sore nipples, a suboptimal let-down reflex resulting in low milk flow, or maternal anxiety that inhibits the oxytocin reflex. This diagnosis serves as the basis for planning interventions (Prawirohardjo, 2020).

Based on the case review of Ms. I, the diagnosis is Ms. I, P1A0, 7 days postpartum following a normal delivery. The issue is low breast milk production, and the mother is concerned that her baby cries while breastfeeding; she requires Hypnobreastfeeding techniques.

According to the Indonesian Ministry of Health (2022), in cases of suboptimal breast milk production, once data has been collected, midwives identify the main problem: barriers to breast milk production caused by psychological factors such as stress, anxiety, and a lack of self-confidence. The midwifery problem that can be established is "Insufficient breast milk production is associated with anxiety and low self-confidence in breastfeeding mothers." This problem forms the basis for an intervention using the hypnobreastfeeding technique. At this stage, the author found no discrepancy between the theory and the actual cases observed in the field.

Intervention

Determining the need for immediate action to seek consultation and collaborate promptly with other health care providers based on the client's condition. Identifying the need for immediate action by a midwife or physician to be discussed or managed jointly with other members of the health care team in accordance with the client's condition (Nita and Mustika, 2016).

Based on the case review of Ms. I, the plan is to explain the examination results to the mother—who is in good health—provide education to the mother about low milk supply, offer

encouragement, listen to the mother's concerns, and reassure her that most mothers are able to produce enough breast milk for their babies; explain the benefits of exclusive breastfeeding for 6 months for both the baby and the mother, as well as the importance of breastfeeding without any additional food or drinks; explain to the mother the benefits of hypnobreastfeeding; use a breast pump before applying the hypnobreastfeeding technique; perform and teach the mother the steps of hypnobreastfeeding with the aid of instrumental music; informing the mother of things to keep in mind to ensure a smooth milk flow, encouraging the mother to breastfeed her baby on demand from both breasts alternately or as often as possible to optimally stimulate milk production, teaching the mother proper breastfeeding techniques, explaining to the patient how to care for the umbilical cord, and informing the mother that a home visit will be scheduled.

Based on the theoretical review by Fitriyani & Wahyuningsih (2021) regarding cases of suboptimal breast milk production, a midwifery care plan was developed to address the primary issue—low breast milk production—through hypnobreastfeeding intervention. The plan includes providing education on the importance of relaxation during the breastfeeding process, practicing hypnobreastfeeding techniques at least twice a day, providing positive affirmations and hypnobreastfeeding audio, monitoring breastfeeding frequency and breast milk volume, and involving the partner or a close family member as a support person. This plan is individualized and tailored to the mother's needs and psychological readiness. At this stage, the author found no discrepancy between theory and actual cases in the field.

Implementation

In this sixth step, the comprehensive care plan outlined in the fifth step is carried out efficiently and safely. This planning can be done entirely by the midwife or, in part, by the client or other members of the health care team. Even if the midwife does not carry out the care herself, she remains responsible for overseeing its implementation.

A theoretical review by Miller & Cross (2021) on cases of suboptimal breast milk production. Care is provided directly through hypnobreastfeeding coaching. The steps taken include:

1. Help the mother get into a comfortable and relaxed position,
2. Guide her through breathing and muscle relaxation techniques,
3. Repeatedly offer positive affirmations,
4. Encourage the mother to visualize a pleasant breastfeeding experience,
5. Breastfeed while in a relaxed state.

This process is carried out in a calm atmosphere, guided verbally or using a pre-recorded audio guide. Afterward, the mother breastfeeds immediately while maintaining a calm state of mind.

Hypnobreastfeeding is a relaxation technique that combines hypnosis (self-hypnosis) with positive suggestions implanted into the mother's subconscious mind to support successful breastfeeding. This technique aims to address psychological barriers such as stress, anxiety, and a lack of self-confidence that can interfere with breast milk production and let-down. Hypnobreastfeeding emphasizes the importance of the mother's mental and emotional calm in creating optimal hormonal conditions for lactation, particularly to facilitate the action of the hormones prolactin and oxytocin.

In the case study of Ms. I, the implementation was carried out as planned to achieve specific objectives. According to the researcher's assumption, there was no gap between theory and practice—that is, in practice.

Evaluation

In this step, the effectiveness of the care provided is evaluated, including whether the need for assistance is still being met in accordance with the needs identified in the diagnosis and problem statements. The plan is considered effective if it is implemented correctly.

From the case review of Ms. I, the evaluation showed that after practicing hypnobreastfeeding for 7 days—in the morning and afternoon, either after waking up or before breastfeeding—her breast milk volume before each feeding increased from 30 ml to 50 ml each time she applied the hypnobreastfeeding technique. She breastfed 8–9 times in 24 hours, with each

feeding session lasting 15–20 minutes; the baby breastfed on demand and fell into a deep sleep after feeding.

According to Nuraini & Hardiyanti (2023), for cases of suboptimal breast milk production, evaluations were conducted daily during the intervention period. Evaluation indicators included an increase in the let-down reflex (faster milk flow), increased volume and thickness of expressed breast milk, mothers feeling more confident and calm, infants appearing satisfied after feeding, and an increase in the frequency of urination. The evaluation results were used to readjust the intervention as needed and to ensure the success of the hypnobreastfeeding technique as part of efforts to achieve exclusive breastfeeding.

Rahayu & Damayanti (2022) demonstrated in a quasi-experimental study that relaxation and affirmation exercises using hypnobreastfeeding increased serum oxytocin levels and shortened the time to first milk ejection. According to the researchers' assumptions, the case study results were consistent with the theory.

4. CONCLUSION

A case study conducted on Ms. "I" concluded that after applying the hypnobreastfeeding technique for 7 days—in the morning and afternoon, upon waking or before breastfeeding—her breast milk volume before each feeding increased from 30 ml to 50 ml each time the technique was applied; she breastfed 8–9 times in 24 hours, each session lasting 15–20 minutes; the baby nursed on demand and fell into a deep sleep after feeding; and there were no instances of failure to achieve exclusive breastfeeding. Based on the conclusions from Ms. I's case, it is recommended that healthcare providers—particularly midwives—provide complementary care using nonpharmacological interventions, especially hypnobreathing techniques, to increase breast milk output, as these techniques are effective in boosting breast milk production.

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