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Research Article

Case Report: Application of Hypnopressure on the Smoothness of Breastfeeding and Breastfeeding Self-Efficacy in Teenage Mothers

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Abstract

Background: Mother's milk is the best natural food a mother can give to her baby. Breastfeeding is influenced by age; the younger the mother's age, the more breastfeeding tends to become smaller. Consistent milk production and a sense of confidence in breastfeeding are essential to the success of exclusive milk delivery. Hypnopressure is one of the methods that can enhance and maintain milk production and breastfeeding confidence.

Objectives: The purpose is to report the provision of nursing care based on evidence-based on the problem of smooth breastfeeding and breastfeeding self-efficacy in teenage mothers.

Methods: Case studies by implementing evidence-based practice in nursing care. The study was conducted on two teenage breastfeeding mothers who had problems with breastfeeding fluency and breastfeeding self-efficacy.

Results: The primary outcome of this study will be the effect of the intervention on breastmilk production and breastfeeding confidence in teenage mothers. We conclude that hypnopressure could improve breastmilk production (92,8% and 85,7%) and breastfeeding confidence (55 and 57)

Conclusion: Implementing evidence-based practice related to hypnopressure can smooth breastfeeding and improve its effectiveness in adolescent mothers.

Keywords: adolescent mothers, breastfeeding self-efficacy, hypnopressure

Introduction

Breast milk is the best natural food that mothers can give their newborn babies.¹ Breast milk contains vitamins and minerals, anti-infective substances, and unique nutrition; the main protein that is easily digested is lactalbumin, so breast milk can maintain body resistance baby.² Breast milk determines the growth and development of the baby, including the amount of milk, energy, and other nutrients present in the milk. The growth and development of the baby are largely determined by the amount of breast milk obtained, including the nutrients and energy contained in breast milk.³

According to the United Nations International Children's Emergency Fund (UNICEF), the world's newborn and exclusive breastfeeding is 44 percent and lasts only the first five months of the baby's life.⁴ The percentage of babies receiving exclusive breastfeeding in Indonesia in 2022 is 69.7%, while the national target is 80%⁵; in Central Java, exclusive milk delivery to babies from 0 to 6 months in 2021 is 67.3%⁶, and exclusive infant milking in the district of Banyumas by 2022 is 57.8%.⁷

One factor of breastfeeding is influenced by age. Age less than 20 years is a period of growth including the reproductive organs (breasts); the younger the mother's age, the smaller the breastfeeding tends to be due to social demands, the mother's psychology, and social pressure, which can affect milk production.⁸ Adolescents between the ages of 15-19 years often experience many obstacles or obstacles in the breastfeeding process, which lead to early cessation of breastfeeding.⁹ Adolescent mothers who experience a change in role to become parents demand that adolescents must carry out their duties as mothers, namely breastfeeding. However, many teenage mothers refuse to breastfeed their babies because teenagers tend to worry about changes in body image starting from pregnancy, childbirth, and the puerperium.¹⁰

Exclusive breastfeeding is influenced by several factors, including the reluctance of mothers to breastfeed, lack of support, and concerns about breast changes.¹¹ Other factors are breast care, calmness of mind, breastfeeding or breastfeeding frequency, and nutritional intake.¹² Other factors, such as the physiology, production, and production of milk, are affected by two hormones, namely oxytocin and prolactin.¹³

Effective and simple efforts can be carried out to increase exclusive breastfeeding.¹⁴ The consistency of smooth milk production can increase the comfort of the breastfeeding process, and the baby's nutrition can be fulfilled.¹⁵ The combination of hypnotherapy and acupressure therapy or hypnotherapy is an intervention that can be done holistically to overcome the problem of lack of confidence in breastfeeding and milk production, who cares for body, mind, and spirit.¹⁴ Implementation of health sciences holistically must pay attention to psycho neuro, endocrine and immune aspects because an imbalance between the mind and spirit will result in a disruption of the balance between the nervous, hormonal and immune systems.

Basic hypnotherapy is the relaxation that is obtained when the body and mind are in a state of calm. Hypnotherapy is capable of stimulating endorphins, blocking pain receptors, and stimulating the release of oxytocin and prolactin.¹⁶ The combination of hypnotherapy practice with giving a positive affirmation to the nursing mother towards the client will deepen relaxation and enhance milk secretion through massage on the meridian area of the body. According to some studies, hypnotherapy is beneficial for colostrum production and exclusive breastfeeding.¹⁷ Therefore, this paper aims to report the provision of nursing care based on evidence-based on the problem of smooth breastfeeding and breastfeeding self-efficacy in teenage mothers.

Case Illustration

This case study applies the results of evidence-based practice from Anuhgera and Sembiring tahun 2021 in the Hesti Medan Research Journal Akper Kesdam I/BB Medan Vol. 6, No. 2, December 2021, pp. 142-148. This case study was conducted in the working area of the Baturraden 2 Health Center on November 10-16, 2022. Intervention steps begin

with a pre-test (measurement of breastfeeding fluency and Breastfeeding Self Efficacy before being given hypnotherapy therapy), then giving hypnotherapy therapy once a day for seven days with a duration of 30-40 minutes, beginning with hypnotherapy, namely giving positive affirmations, relaxing thoughts, examples of suggestive sentences: "My milk is coming out smoothly, enough for my baby's needs," "I feel happy to be able to breastfeed my baby," "I am proud to be able to provide the best for my baby." Then, continue to emphasize the meridian points, namely ST15, ST 16, ST 18, CV 17, SP 18, SI 1, and ST 36, for 60 seconds, with a pressure force of 1/3 of the nail until it turns white. After seven days, breastfeeding fluency and breastfeeding self-efficacy were measured again as post-test data.

The sample in this case study consisted of 2 respondents with inclusion criteria, namely willing to be a respondent with signature proof of informed consent, primigravida mothers without complications in mother and baby, does not consume booster breast milk, does not have nipple abnormalities, does not experience respiratory problems. The first client is Mrs. I, 19 years old, with a history of G1P0A0, cesarean post, 41 weeks pregnant. The baby is now two months old. The client with the complaints complained his milk was inadequate, and his breasts felt full. Mrs. I said that in the first month, her child was given formula milk because her milk was not well, and she has not been able to drink milk, so she always rewel. Also, if given milk, her mother's baby D refuses and only wants to drink formula. It is also proved through the completion of the questionnaire related to the smoothness of milk that a score of 50,0% means that the milk of Mrs. I category is less smooth. The mother said she panicked and felt guilty for not being able to breastfeed her child to the maximum. Based on the results of the examination obtained data that the mother's breasts are not tense when going to be sucked by her child, the child looks less satisfied when breastfeeding; the milk does not spit out through putting, and the breasts become hard because the breast milk is full when lactating the baby does not immediately sleep, Mrs. I said the baby urinates about 5-6 times a day and defecates once in a day. Besides, Mrs. I said it's not a problem if her child should be given formula milk because she feels she hasn't given her child maximum breastfeeding. When the measurement was done using the Breastfeeding Self-efficacy Scale-Short Form (BSES-SF) questionnaire, the score was 33, which means it belongs to the lowest category. Other studies have found that the client says there is a desire to enhance the role of parent, the client said there are realistic expectations, and there is emotional support and understanding in the child or family member. Based on the examination and analysis of data on Mrs. I then obtained the primary nursing diagnosis is ineffective breastfeeding associated with inadequate milk. The second diagnosis was improved readiness to become a parent, which is related to behavior efforts to improve health.

The second client, Mrs. W, 17, with a history of G1P0A0, is 39 weeks pregnant with a cesarean post, complaining of her inadequate breastfeeding, lack of self-confidence in nursing, and lack of knowledge of nurses. Mrs. W said her milk was swollen, and she had a fever for two days because her breasts didn't come out and her breasts were swollen. Mrs. W says she's trying to breastfeed her baby, but it's milk, and there's not much out of her. When a mother's breast was not stressed when she was going to breastfeed, there was no milk coming through her nipples; Mrs. W. also said her son urinated less than six times a day when breastfeeding the baby was difficult to sleep and the baby only breastfeeds the day 6-7 times, the child was defecated 1-2 times a day. It looks like the baby is crying when breastfed; the baby doesn't suck milk all the time. It is proven that the questionnaire related to milk smoothness obtained a score of 42.8%, which means that the milk in Mrs. W's category is less smooth. The mother said she panicked and felt guilty for not being able to breastfeed her child to the maximum. Besides, the mother's confidence related to breastfeeding is low, proved by Mrs. W's statement that when her milk is not smooth, then it doesn't matter if her child is given formula milk, and after being measured using the BSE measuring instrument using BSE-SF questionnaire on Mrs. I is 35, this belongs to the low

category. Besides, Ms. W said that it's hard to sleep in the afternoon because the baby is so eager to ask for milk and that when she goes to bed at 9 a.m. and wakes up at 1 p.m., it is hard to get back to sleep. The client said he was sleeping only two with his child and not accompanied by his husband because he was wandering out of town; the client said that he sometimes felt tired and was feeling awkward during the night, and seeing the client's eye pockets seemed insomniac. Blood pressure 90/60mmhg, pulse 67 times per minute, temperature 36.1 degrees Celsius, breathing 20 times per minute. Based on the analysis and analysis of the data on Ms. W, the primary nursing diagnosis was ineffective breastfeeding associated with inadequate milk, and the second diagnosis was sleep pattern disorder related to lack of sleep control.

Figure 1. Average Fluency of ASI Before and After Intervention

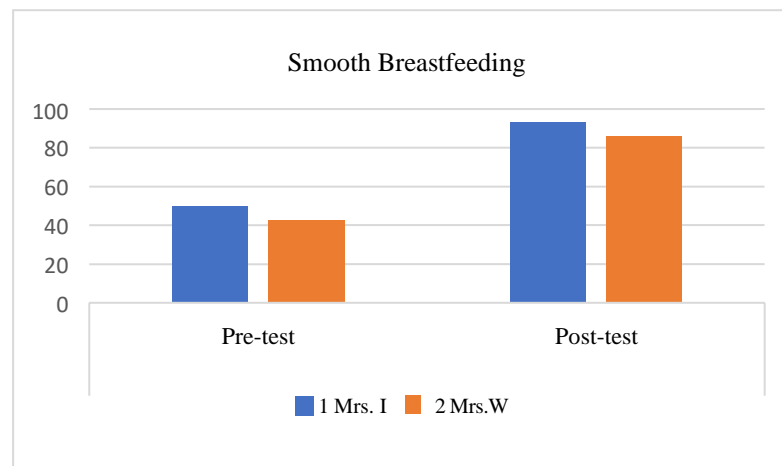


Figure 1 shows that there is a significant difference in giving hypnpressure on the smoothness of breastfeeding before and after the intervention. This case study concludes that hypnpressure affects the smoothness of breastfeeding. At Mrs. I, before the intervention, the score was 50.0 (low category), and after the intervention, the score became 92.8 (high category). Meanwhile, Mrs. W, namely before the intervention, the score was 42.8 (low), and after the intervention, the score was 85.7 (high). score of 56-75%, and substandard if the score is $\leq 55\%$. Acupressure followed by affirmative relaxation can increase the comfort of the respondent and the smoothness of breastfeeding.

Figure 2. Average Breastfeeding Self-Efficacy Before and After Intervention

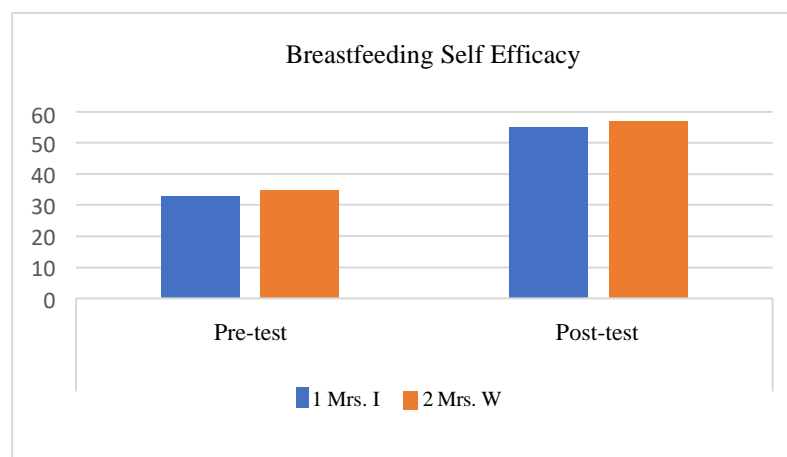


Figure 2 shows Breastfeeding confidence increased significantly before and after therapy. There is a significant difference in the average score of breastfeeding confidence with hypnpressure administration. Giving hypnotherapy and acupressure can affect breastfeeding behavior and the smoothness of breastfeeding and decrease the hormone cortisol, where there is a decrease in the stress hormone in teenage mothers who are given hypnpressure.¹⁴ This is evidenced by the measurement of breastfeeding self-efficacy adopted by Agustin (2018); there is a difference in the score of Mrs. I; before the intervention, the score was 33 (low category), and after the intervention, the score was 55 (high category). Likewise, Mrs. W, namely before the intervention, the score was 35 (low), and after the intervention, the score was 57 (high). Grouping scores, namely: high if the score is 48-60; moderate if the score is 36- 48; low if the score is 24-36; very low if the score is 12-24.

Discussion

Hypnpressure intervention can reduce cortisol levels in adolescent mothers.¹⁴ Reducing cortisol can stimulate the production of the prolactin hormone, which affects the amount of breast milk.¹⁵ Oketani massage will reduce cortisol hormone levels and will increase blood flow to the breasts.¹⁸ Hypnpressure intervention is a combination of hypnotherapy and acupressure techniques at ST15, ST 16, ST 18, CV 17 points, SP 18, SI 1, and ST 36, which can stimulate smooth breastfeeding. Most of the acupressure point areas are centered on the breast; the exact point is above the nipple, parallel to the nipple, and under the nipple, but there is also 1 point in the knee area. Hypnpressure interventions can provide stimulation to the meridian points in the breast area so that the breast organs get maximum work function through this intervention.¹⁹

Hypnolactationin nursing mothers can increase colostrum excretion in primipara mothers.²⁰ Hypnotherapy can increase comfort by up to 62% at each action.¹⁵ Mothers who have acupressure done experience an increase in milk production by 73.3%.²¹ A combination of acupressure and affirmative relaxation can increase milk production and self-efficacy of breastfeeding in primiparous mothers.

When the hypnobreastfeeding intervention does not proceed properly, acupressure therapy can help through the workings of acupressure.¹⁴ Acupressure can provide stimulation at a specific point to stimulate the body's ability to relax. The acupressure technique helps to boost the endocrine, releasing a substance that can inhibit pain signals to the brain to rebuild weakened cells in the body, create a defense system, and regenerate the body's cells.²²

After the intervention, the breastfeeding confidence score increased, and they were very confident that they could breastfeed their babies exclusively for up to 6 months. These findings are consistent with the theory of breastfeeding self-efficacy and indicate that the achievement of direct performance and physiological response 6 is a strong source of information on effectiveness and influences the perception of a mother's ability to breastfeed. There is a relationship between breastfed self-efficacy and the success of exclusive breastfeeding.²³

This case study was able to increase breastfeeding confidence because there was a combination of interventions from two methods, namely alternating hypnotherapy, and acupressure, which have the same mechanism of action in smoothing breastfeeding. Respondents who received acupressure would feel comfortable because when stimulated at points ST15, ST 16, ST 18, CV 17, SP 18, SI 1, and ST 36, it would increase the hormones serotonin and dopamine and decrease norepinephrine and cortisol.¹⁴ Due to a decrease in norepinephrine and cortisol, the mother feels calm and increases milk production. Several studies have shown that acupressure has an analgesic effect by releasing peptides, thereby reducing sympathoadrenal activity, which will be active when under stressful conditions.

The author assumes that psychological factors in adolescent breastfeeding mothers

will be able to influence the smoothness and confidence in breastfeeding. Based on the method applied in this case study, namely giving positive reinforcement during hypnosis to make mothers believe that they can produce enough breast milk, can prevent bad psychological changes such as anxiety about lack of milk, pain during breastfeeding, breast swelling, and milk that is less enough for her baby.

Adolescent mothers get a combination of interventions, which are done hypnosis and then followed by acupressure therapy. Acupressure stimulation causes local physiological changes in the body, which are useful for producing body balance, namely in the area of the breast that is stimulated, which will increase the breast muscles to work faster so that milk flows out more quickly.¹⁴ The researcher assumes that hypnoprressure can affect adolescent mothers' beliefs in the form of attention to breastfeeding their baby regularly, reduce the effects of stress, and affect the performance of breast milk hormones (prolactin and oxytocin) in the body of teenage mothers.

Conclusion

The results of case studies on the effect of hypnoprressure on breastfeeding fluency and breastfeeding self-efficacy in teenage mothers show that there are differences in the scores of breastfeeding fluency and breastfeeding self-efficacy before and after being given hypnoprressure. Hypnoprressure can increase the fluency of breastfeeding and breastfeeding self-efficacy, so this intervention can be an alternative to be given to teenage mothers that is useful for the success of exclusive breastfeeding with high teenage mothers' self-confidence. In addition, Hypnoprressure can be applied in the practice of Nursing Care in lectures and the community by helping mothers to do hypnoprressure.

Conflict of Interest Declaration

There is no conflict of interest.

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