



A CASE REPORT ON THE APPLICATION OF HYPNOBREASTFEEDING TO PROMOTE AND INCREASE BREAST MILK PRODUCTION IN POSTPARTUM MOTHERS

Ade Humairoh Maulida*, Juni Widiyanti, Yuliya Kartika Marpaung, Idriani

Faculty of Nursing, Universitas Muhammadiyah Jakarta, Jl. Cempaka Putih Tengah 27, Cempaka Putih, Jakarta Pusat, DKI Jakarta 10510, Indonesia

*adehumairoh@gmail.com

ABSTRACT

Ineffective breastfeeding is a common problem among postpartum mothers, particularly primiparous mothers, and may be caused by physiological and psychological factors, such as suboptimal breast milk production and maternal anxiety. This condition may result in inadequate breast milk intake for the infant. Therefore, nursing interventions should address not only physical but also psychological aspects, one of which is hypnobreastfeeding. To describe the application of hypnobreastfeeding to promote and increase breast milk production in postpartum mothers. This case report involved two primiparous postpartum mothers (Mrs. N and Mrs. Y) with ineffective breastfeeding. The hypnobreastfeeding intervention was provided twice daily for three consecutive days. Data were collected through interviews, observation, physical examination, and documentation review. Nursing outcomes were assessed using the Indonesian Nursing Outcome Standards (SLKI), particularly the Breastfeeding Status outcome, and analyzed descriptively by comparing conditions before and after the intervention. The findings showed an increase in breast milk production in both patients, from approximately 5 cc on the first day to approximately 15 cc on the third day. In addition, the infants demonstrated signs of adequate breast milk intake, as indicated by breastfeeding frequency of 8–12 times within 24 hours, appearing calm and satisfied after breastfeeding, remaining active, and sleeping comfortably without signs of dehydration. Mrs. Y demonstrated a faster improvement than Mrs. N, suggesting that psychological factors may influence the effectiveness of the intervention. Hypnobreastfeeding may be an effective complementary intervention for addressing ineffective breastfeeding by increasing breast milk production, improving the milk ejection reflex, and supporting adequate nutritional intake for infants.

Keywords: breast milk production; hypnobreastfeeding; postpartum

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INTRODUCTION

The postpartum period is a transitional phase that begins with the delivery of the placenta and extends for six weeks (42 days) after childbirth. This period is characterized by physiological recovery and psychological adaptation as the mother adjusts to her new role (Kemenkes RI, 2020). During this period, mothers experience various physical and emotional changes that may affect the lactation process. One of the important priorities during the postpartum period is meeting the infant's nutritional needs through breastfeeding, as breast milk is the primary and optimal source of nutrition for newborns.

Breast milk contains a complete range of nutrients, including fats, proteins, lactose, and immunological components, which play an essential role in supporting optimal infant growth and development. Exclusive breastfeeding is recommended for infants aged 0–6 months without the addition of other foods or beverages (Afriany et al., 2024). Although the benefits of exclusive breastfeeding have been well established, its coverage remains below the desired target. Data from the World Health Organization (WHO) indicate that global exclusive breastfeeding coverage during 2015–2020 was approximately 44%, which remained below the target of 50% set for 2025. In

Indonesia, exclusive breastfeeding coverage increased from 52% in 2017 to 66.4% in 2024; however, it remained below the national target of 80%.

The relatively low coverage of exclusive breastfeeding indicates that barriers to successful breastfeeding persist, particularly those related to breast milk production and milk ejection. These challenges may contribute to global childhood nutritional problems, including stunting, wasting, and obesity (Andini et al., 2024). Therefore, optimizing the lactation process is an important strategy for improving child health outcomes.

Breastfeeding problems among postpartum mothers can be influenced by various physiological and psychological factors. Physical factors such as fatigue, postpartum pain, delayed milk production, and discomfort during breastfeeding may interfere with the lactation process. In addition, psychological factors such as anxiety, stress, and low self-confidence also play an important role in breastfeeding success (Septianingrum et al., 2022). Emotional instability may interfere with the let-down reflex through reduced oxytocin secretion, resulting in suboptimal breast milk production and milk ejection (Triswanti et al., 2025).

Various interventions have been implemented to improve breastfeeding success, including education, lactation counseling, and family support. However, these interventions generally focus more on improving maternal knowledge and breastfeeding skills, while approaches specifically targeting the psychological aspects of breastfeeding remain limited. This situation indicates a gap between the need for holistic interventions and their implementation in nursing practice.

One intervention that may address psychological factors in the lactation process is hypnobreastfeeding. Hypnobreastfeeding is a non-pharmacological intervention that utilizes relaxation techniques and positive suggestions to reduce anxiety, enhance maternal confidence, and stimulate the release of oxytocin, a hormone that plays an important role in breast milk production and ejection (Franciska & Yuka, 2023). This intervention can be applied to postpartum mothers experiencing anxiety, stress, or difficulties with breast milk production, as well as a promotive approach to strengthening mothers' psychological readiness for breastfeeding.

Several studies have demonstrated the effectiveness of hypnobreastfeeding in increasing breast milk production. Erna et al. (2024) reported a significant increase in breast milk volume following hypnobreastfeeding intervention ($p = 0.000$). Similarly, Rahmah et al. (2025) found an increase in the proportion of mothers with adequate milk production from 47.4% to 86.8% ($p = 0.000$). In addition, a combination of hypnobreastfeeding and oxytocin massage was shown to significantly increase breast milk production ($p = 0.020$; $OR = 7.4$) (Santi & Apriyanti, 2021).

Despite these findings, the application of hypnobreastfeeding in nursing practice remains suboptimal and has not been extensively explored, particularly through clinical case reports. Therefore, a more practice-oriented evaluation is needed to describe the implementation of this intervention in real-world clinical settings. Accordingly, this case report aimed to describe the application of hypnobreastfeeding to promote and increase breast milk production in postpartum mothers.

METHOD

This case report used a case report design to describe the application of evidence-based nursing care for postpartum mothers experiencing ineffective breastfeeding. Nursing care was provided for three days for each case and included assessment, nursing diagnosis, implementation of nursing care, and evaluation of the patients' clinical progress. The case report involved two primiparous postpartum mothers with ineffective breastfeeding. The first case was Mrs. N, who had a normal vaginal

delivery and received nursing care through home care services. The second case was Mrs. Y, who underwent a Cesarean section (CS) and received nursing care in a hospital inpatient ward.

The case selection criteria included mothers in the postpartum period who experienced difficulties with breastfeeding, had suboptimal breast milk production, and experienced anxiety related to breastfeeding. Data were collected through interviews, observation, physical examination, and documentation review. Interviews were conducted to obtain subjective data regarding the mothers' breastfeeding experiences and difficulties, anxiety, and perceptions of breast milk adequacy. Observation and physical examination were performed to assess breast condition, breast milk expression, breastfeeding ability, and the infant's responses during and after breastfeeding.

The assessment and nursing diagnosis instruments were based on the Indonesian Nursing Diagnosis Standards (Standar Diagnosis Keperawatan Indonesia/SDKI). Outcome evaluation was based on the Indonesian Nursing Outcome Standards (Standar Luaran Keperawatan Indonesia/SLKI), particularly the Breastfeeding Status outcome. Changes in the patients' conditions were analyzed descriptively by comparing their conditions before and after three days of nursing care. The evaluation included breast milk production and expression, breastfeeding ability, maternal anxiety level, breastfeeding frequency, infant responses after breastfeeding, infant activity and sleep patterns, and maternal breast condition.

RESULT

Case Presentation

Case 1: Mrs. N

Mrs. N was a primiparous postpartum mother who had a normal vaginal delivery and received nursing care at home (*home care*). The initial assessment revealed suboptimal breast milk production, difficulties with breastfeeding, and maternal anxiety regarding the adequacy of breast milk for her infant. Based on the assessment findings, the identified nursing problem was ineffective breastfeeding.

Case 2: Mrs. Y

Mrs. Y was a primiparous postpartum mother who underwent a *Cesarean section* (CS) and received nursing care in a hospital inpatient ward. The initial assessment revealed suboptimal breast milk production, difficulties with breastfeeding, and anxiety regarding her ability to provide breast milk for her infant. Based on the assessment findings, the identified nursing problem was ineffective breastfeeding.

Nursing Care Intervention and Implementation

Nursing care in both cases was provided for three days and consisted of breastfeeding education combined with *hypnobreastfeeding*. Breastfeeding education included information on the benefits of breast milk, proper breastfeeding techniques involving positioning and attachment, breastfeeding counseling, breast care, breast massage, and breast milk expression techniques to support milk ejection.

The *hypnobreastfeeding* intervention consisted of three stages: preparation, implementation, and termination. The preparation stage involved creating a comfortable and conducive environment. The implementation stage included deep-breathing relaxation exercises, muscle relaxation, positive affirmations, and visualization of successful breastfeeding. The termination stage involved reinforcing positive suggestions to maintain relaxation and increase the mother's confidence in breastfeeding. The husband was involved as a support system throughout the intervention.

For Mrs. N, on the first day, breastfeeding education was provided regarding breastfeeding techniques, positioning and attachment, breast care, and *hypnobreastfeeding* exercises. The mother

still required assistance to achieve a relaxed state and perform positive affirmations. Breast milk began to be expressed at a volume of approximately 5 cc, and her anxiety began to decrease.

On the second day, breastfeeding education and *hypnobreastfeeding* exercises were repeated, with reinforcement of relaxation techniques and positive affirmations. Breast milk production increased to approximately 10 cc, with improved milk flow. The infant began to demonstrate more effective breastfeeding ability, and the mother appeared more relaxed.

On the third day, breastfeeding techniques and *hypnobreastfeeding* were reinforced. Breast milk production reached approximately 15 cc. The infant breastfed 8–12 times within 24 hours, appeared calm and satisfied after breastfeeding, remained active, and slept comfortably. No signs of dehydration were observed.

For Mrs. Y, on the first day, breastfeeding education and *hypnobreastfeeding* were provided, with a focus on relaxation, positive affirmations, breastfeeding techniques, and breast care. The mother demonstrated reduced anxiety and reported feeling more relaxed after the intervention. Breast milk began to be expressed at a volume of approximately 5 cc.

On the second day, breastfeeding education and *hypnobreastfeeding* were repeated, with reinforcement of relaxation techniques and maternal confidence in breastfeeding. Breast milk production increased to approximately 10 cc, and the infant's breastfeeding ability showed improvement.

On the third day, the intervention was continued with reinforcement of breastfeeding techniques and *hypnobreastfeeding* exercises. Breast milk production reached approximately 15 cc. The infant was able to breastfeed more effectively, appeared calm and active, and slept comfortably after breastfeeding.

Evaluation

Evaluation of both cases demonstrated improvement in breastfeeding status after three days of nursing care. In Mrs. N, improvement occurred gradually, as indicated by increased breast milk expression, improved breastfeeding ability, reduced anxiety, and increasingly favorable infant responses. In Mrs. Y, the response to the intervention appeared more rapid, particularly in terms of reduced anxiety and improved ability to achieve relaxation on the first day.

By the third day, both patients demonstrated improvements in the *Breastfeeding Status* indicators. In both cases, the infants were able to breastfeed more effectively, appeared calm and active, and demonstrated more comfortable sleep patterns. The mothers' breast conditions also improved following breastfeeding.

Several challenges were encountered during the implementation of *hypnobreastfeeding*, including difficulty achieving a relaxed state, performing positive affirmations, and maintaining concentration due to environmental distractions. These challenges were addressed through continuous assistance, repeated practice, creation of a more conducive environment, and involvement of the husbands as support systems.

DISCUSSION

The findings of this case report indicate that *hypnobreastfeeding* was effective in promoting breast milk production and milk ejection and improving the breastfeeding process among postpartum mothers. The observed improvement may be attributed to reduced anxiety and increased relaxation, which can facilitate oxytocin release and thereby optimize the milk let-down reflex.

These findings are consistent with the theory proposed by Riordan and Wambach (2022), which states that maternal psychological conditions significantly influence breastfeeding success. Mothers who are relaxed and confident tend to experience more optimal breast milk production and milk ejection than mothers who experience anxiety or stress.

The findings are also supported by previous research demonstrating that hypnobreastfeeding significantly reduces breastfeeding-related anxiety among primiparous postpartum mothers ($p < 0.001$), thereby contributing positively to breastfeeding success. Reduced anxiety may support breast milk production through neuroendocrine mechanisms involving oxytocin release.

The difference in the speed of response between Mrs. N and Mrs. Y suggests that etiological factors may play an important role in the effectiveness of the intervention. In Mrs. Y, whose breastfeeding problem was predominantly associated with psychological factors, improvement occurred more rapidly than in Mrs. N, who had a physiological factor related to inadequate milk supply. This finding suggests that relaxation-based interventions such as hypnobreastfeeding may produce a more rapid response when psychological factors are the predominant contributors to breastfeeding difficulties.

In addition, the involvement of the husband as a support system contributed positively to the implementation of the intervention. Family support can enhance maternal motivation, confidence, and emotional stability during breastfeeding, which may ultimately contribute to successful exclusive breastfeeding.

Nevertheless, several challenges were encountered during the implementation of hypnobreastfeeding, including the mothers' limited experience with relaxation techniques, difficulty maintaining concentration due to anxiety, and an environment that was not always conducive to relaxation. These findings indicate that the success of the intervention is influenced not only by the intervention itself but also by individual readiness and environmental conditions.

CONCLUSION

The application of hypnobreastfeeding as a complementary intervention in nursing care demonstrated beneficial effects in addressing ineffective breastfeeding among postpartum mothers. The intervention was associated with increased breast milk production and milk ejection, improved milk let-down, and enhanced maternal confidence in breastfeeding.

All indicators of adequate breast milk intake in the infants were achieved in both cases, although differences were observed in the speed of response, which may have been influenced by the underlying etiological factors. In the case predominantly influenced by psychological factors, improvement occurred more rapidly than in the case involving physiological factors.

Clinically, hypnobreastfeeding may be considered a simple, safe, and potentially effective complementary intervention in maternity nursing practice.

REFERENCES

- Afriany, F. S., Nurrohmah, A., & Utami, N. (2024). Penerapan Pijat Oksitosin Terhadap Produksi ASI di Ruang Cempaka RSUD Dr. Soehadi Pridjonegoro Sragen. *The Journal General Health and Pharmaceutical Sciences Research*, 2(3), 56-65.
- Andini, G., Pratiwi, A. I., Anisa, F., Zanuba, E. A., S Herbawani, C. K. (2024). Perbandingan Status Gizi Bayi Yang Mendapatkan Asi Eksklusif Dan Asi Parsial: Systematic Review. *J-KESMAS: Jurnal Kesehatan Masyarakat*, 10(2), 115–130. <https://doi.org/10.35329/jkesmas.v10i2.5141>
- Erna, E., dkk. (2024). Hypnobreastfeeding meningkatkan pengeluaran ASI. *Jurnal Kebidanan Malakbi*, 5(1).

- Franciska, Y., & Yuka, A. A. S. (2023). The Effect of Hypnobreastfeeding and Lactation Massage on Breast Milk Production. *jitek*, 10(2), 174-185.
- Kementerian Kesehatan Republik Indonesia. (2020). Pedoman pelayanan kesehatan ibu nifas. Kementerian Kesehatan Republik Indonesia.
- Rahmah, J., Jama, F., Taqiyah, Y., & Emin, W. S. (2025). Penerapan teknik hypnobreastfeeding untuk meningkatkan pengeluaran ASI. *Window of Nursing Journal*, 6(1).
- Riordan, J., & Wambach, K. (2022). *Breastfeeding and human lactation* (6th ed.). Jones & Bartlett Learning.
- Santi, S., & Apriyanti, A. (2023). Efektivitas kombinasi pijat oksitosin dan hypnobreastfeeding terhadap optimalisasi produksi ASI pada ibu nifas. *Jurnal Surya Medika*, 5(1), 174–181.
- Septianingrum, Y., Hatmanti, N. M., Fitriasari, A., Wijayanti, L., & Purwanti, N. (2022). The effectiveness of hypnobreastfeeding massage on anxiety and breast milk production in postpartum mothers. *Gaceta Medica de Caracas*, 130(1), 299-307.
- Triswanti, T., Nurfarina, N., Labibah, S., Girsang, R. P., Aliyyah, S. Z. A., & Larasati, N. (2025). Pemberdayaan Ibu Menyusui melalui Intervensi Hypnobreastfeeding di RW 1 Kelurahan Bojongkerta Kota Bogor Tahun 2025. *ARDHI: Jurnal Pengabdian Dalam Negri*, 3(4), 14-22.
- World Health Organization. (2023). *Infant and young child feeding*. Geneva: World Health Organization.