

Effects of Combination Hypnobreastfeeding and Oxytocin Massage to Postpartum Breast Milk Production

Megawati Sinambela, G. F. Gustina Siregar, Vitrilina Hutabarat, Stefani Anastasia Sitepu,
Rostiodertina Girsang, Heri Novita Tarigan
Institute of Health Science Deli Husada Deli Tua
E-mails: {megawatisinambela, fgustina, vitrilinahutabart,

Keywords: Hypnobreastfeeding, Oxytocin Massage, Milk Production.

Abstract: The adequacy of nutrition in newborn babies from 1st to 3rd days after birth is a problem due to lack of secretion of postpartum breast milk. Oxytocin Massage is one way to release oxytocin and prolactin which helps breast milk secretion, while Hypnobreastfeeding can neutralize and reprogram negative records and subconscious mind with mother positive program to make the mother feel relax. This study used by quasi-experimental methods with post-test only group design. The population was postpartum mothers from 1st to 7th days with a sample of 22 experimental and control respondents. Data were analyzed by using a dependent T-test and Mann Whitney test. Results: there was a significant increase in milk production in the experimental and control groups with a p-value of 0.000 (<0.05). Conclusion: There was a significant increase in the breast milk secretion in postpartum mothers after being given a combination of Hypnobreastfeeding and oxytocin massage.

1 INTRODUCTION

Based on United Nations 2010 data that 41% of infant deaths occur at neonatal age with 0-28 days. The neonatal mortality rate (AKN) in 2012 was 19 per 1,000 births (SDKI, 2012). One important factor in efforts to reduce mortality is the provision of neonatal health services with exclusive breastfeeding. Breast milk is the best food that can be given the mother to her newborn. According to experts, breast milk is the perfect food for babies' growth and development because it contains a variety of nutrients that are easily digested, besides that in the digestive tract breast milk, provides immune factors/immunity against various causes of disease. Research by Ellia Christinne (2018) says breastfeeding is very beneficial in addition to nutritional needs is also useful for activating suprahyoid muscles such as middle tongue/sublingual caruncles coordination between swallowing, between sucking and breathing.

Infield reality, it showed that breastmilk production slightly in 1st day after mother gave birth was an obstacle in early breastfeeding. One of the obstacles that are often experienced by postpartum

mother when they want to give early and exclusive breastfeeding are breastfed are less flowing smoothly on the first days of breastfeeding. This is because on the first day's breast milk production is still limited and it has not been smooth flow associated with the lack of stimulation of prolactin and oxytocin hormone which are involved in breastmilk production. Total production of breastmilk produced in women with normal labor and section caesareans different mainly in the early days of breastfeeding (Sari, 2017).

Also, the lack of breastmilk production on the first days of postpartum is caused by anxiety and fear that is suggested by mother on the eve of childbirth, anxiety, and fears can reduce oxytocin hormone so that breast milk can not come out immediately after giving birth. Finally, the mother decided to give formula milk to her baby. Breastmilk expenditure can be influenced by two factors, namely production and expenditure factors. Breastmilk production is influenced by the prolactin hormone, while expenditure is influenced by oxytocin hormone. Oxytocin massage is one solution to overcome the smooth production of breast milk.

In overcoming this problem, the natural effort that can be done to reduce mother's anxiety and fear

is to give Hypnobreastfeeding therapy, which treatment can provide a sense of comfort and relax so that breastfeeding goes smoothly and provide oxytocin massage which is done by massaging the whole bone back (vertebrae) to costal bones five to six so that it can help stimulate the oxytocin hormone and the breast milk is fast out.

To reduce morbidity and mortality of babies, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) recommends the baby should only be breastfed for at least six months, and breastfeeding is recommended until the babies are two years old (WHO, 2018). For the mother can sustain exclusive breastfeeding for six months, WHO recommends that mother performs initiation early breastfeeding within the first hour of life, babies only receive breastmilk without any additional food or drink, including water, breastfeeding on-demand or as often as the baby wants, and does not use a bottle or dot. According to Wei Wei Pang (2017), women who give exclusive and direct breastfeeding without a bottle of milk will be less likely to experience exclusive breastfeeding failure.

In Indonesia, the babies who have been exclusively breastfed until the age of six months are 29.5% (Indonesia Health Profile, 2017). This is not by following the target of Health Ministry Strategic Plan for 2015-2019 which is the percentage of babies less than six months who receive exclusive breastfeeding by 50% (ChazaAgate, 2017).By province, exclusive breastfeeding coverage for babies up to the age of 6 months was the lowest in North Sumatra at 12.4%, Gorontalo at 12.5% and the highest in Yogyakarta at 55.4%. While the condition of West Sumatra obtained exclusive breastfeeding until the age of six months was 37.6% (Data and Information on Indonesian Health Profile, 2017).

In the field reality, it shows that a small amount of milk production in the first days after giving birth is an obstacle in early breastfeeding. One of the obstacles that are often experienced by postpartum mothers when they want to give early and exclusive breastfeeding that milk is not flowing smoothly on the first days of breastfeeding. It is due on the first day's milk production is still limited and it has not been smooth flow associated with the lack of stimulation of prolactin and oxytocin involved in breastmilk production. Total production of milk produced in women with normal labor and sectio caesarea differ primarily in the early days of breastfeeding based on Lisa-Cristhine Girard Research (2017).

In addition, the lack of milk production in the first days of postpartum is caused by the anxiety and fear felt by the mother just before delivery, anxiety, and fear can reduce the oxytocin hormone so that milk cannot come out immediately after giving birth. Finally, the mother decided to give her baby formula milk. According to Lorenzo Colombo's research (2018), breastmilk expenditure can be influenced by two factors: namely production and expenditure factors. Oxytocin massage is one solution to overcome the smoothness of breastmilk production. Production influenced by hormone prolactin, whereas expenditures Oksitosin. In overcoming this problem, natural efforts that can be done to reduce the anxiety and fear of the mother that is providing Hypnobreastfeeding therapy, which treatment can provide comfort and relax so that breastfeeding mothers run smoothly and provide oxytocin massage which is done by massaging along the bones back (vertebrae) to costal bones five to six so that it can help stimulate the release of the hormone oxytocin and breast milk is also fast out.

According to Amal Nesor's research (2018), Hypnobreastfeeding is one technique that can be used to deal with this problem. This technique is to enter positive sentences that help the process of breastfeeding when the mother is very relaxed or very concentrated on a matter (hypnotic state). Hypnobreastfeeding works are to eliminate anxiety and fear so that mothers can focus their mind on positive things, and increase their confidence. This is also supported by previous research stating that maternal postpartum has exclusive effective breastfeeding after Hypnobreastfeeding.

Oxytocin massage is a massage along the side of the spine to the sixth costal bone and it is an effort to stimulate the hormone prolactin and oxytocin after giving birth. This massage serves to increase the oxytocin hormone which can calm the mother so that breastmilk also comes out automatically (Sutrisminah, 2015). Previous studies showed that normal postpartum mothers who were given oxytocin massage had faster breastmilk production (6.21 hours after giving birth) compared to women who did not receive oxytocin massage (8.93 hours after giving birth). Another study found a significant effect of oxytocin massage therapy in increasing breastmilk production by 72%. According to Chioma Stella research (2018), the adequacy and quality of oxytocin can affect the smooth production of breast milk.

Research conducted by Amal Nesor (2018) said oxytocin massage involving the spine and sixth costal. Massage or stimulation involved in the

vertebrae will cause the neuro-transmitter to stimulate the medulla oblongata and it will directly send messages to the hypothalamus in the posterior pituitary gland which should produce oxytocin. As a result, the breasts will start to produce milk. This massage will also relax intense strain and will eliminate (Boronat Catala M, 2018).

Research related to the effectiveness of oxytocin massage for breastmilk production has been carried out on a large scale, for example by Sulaiman et al., (2016), Kosova et al., (2016), and the results of this study indicate that oxytocin massage is effectively able to increase breastmilk production among postpartum mothers and to reduce the level of Adrenocorticotropic Hormone (ACTH). Similarly, it is related to the relaxation to reduce anxiety among postpartum mothers has also been carried out on a large scale. Based on the results of previous researchers it can be concluded that oxytocin massage is done two times in one day morning and evening before bathing and thirty minutes before breastfeeding to get maximum results. However, no research has been conducted on the combination of oxytocin massage and Hypnobreastfeeding.

2 METHODS

This study used quasi-experimental design of the post-test only control group design. The population of postpartum mothers from 1st to 7th days in Fitri Asih Pratama Clinic, Sigara-gara Village, Patumbak District, Deli Serdang Regency were twenty-two respondents in the treatment and control group. Criteria for sample inclusion were: 1. 1st day for Normal postpartum. 2. There was no consumption of herbs and supplements 3. Mother and baby were in a healthy condition 4. Spontaneous delivery. The intervention was carried out from 1st to 7th day postpartum. Data were analyzed by T-Test.

Massage on the back will stimulate nerve impulses by stimulating the hypothalamus so that it secretes oxytocin by responding to myoepithelial contractions around the alveoli which results in milk production and breast secretion. It is done oxytocin massage combined with Hypnobreastfeeding to make the mind become positive and confident so that the reflexes arise to respond to myoepithelial contractions around the alveoli so breast milk is produced. The process can be seen in the following image.

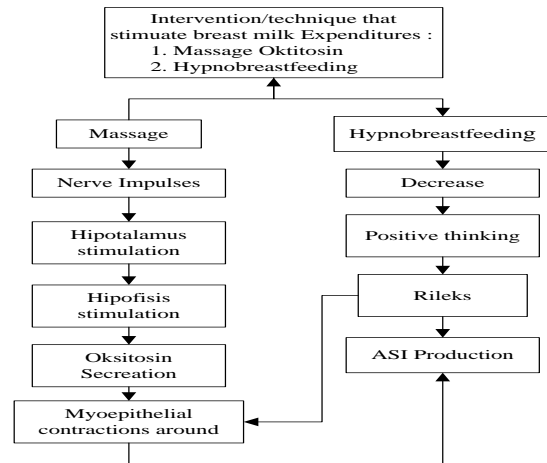


Figure 1: Image Intervention Combination Hypnobreastfeeding and Massage Oxytocin

The combination of Hypnobreastfeeding with oxytocin massage will result in adequate milk production starting at term when pregnant women with an integrated ANC. When the baby is born, he needs nutrition through breast milk. the baby will cry if he wants to breastfeed.24 the first hour of breast milk is still not sufficient according to the needs of the baby, then by doing a combination of Hypnobreastfeeding with oxytocin massage, the baby gets adequate breast milk according to the needs. The process can be seen in the following image.

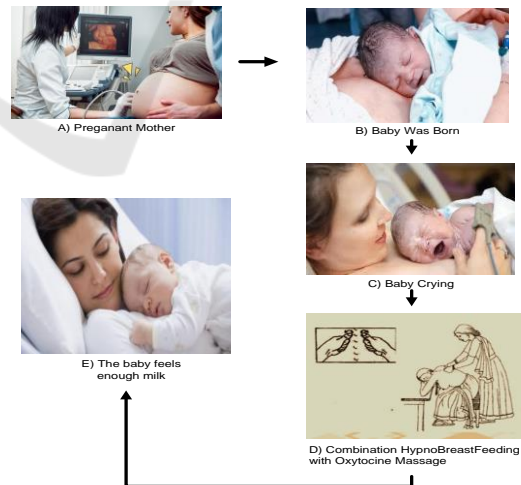


Figure 2 : (A) a pregnant mother is checking her pregnancy; (B) the baby is born and feels comfortable; (C) the baby cries and needs enough milk; (D) infants performed Hypnobreastfeeding combinations with oxytocin massage; (E) the baby gets enough milk

Massage is performed twenty-four hours after postpartum, respondents sat down, leaned forward, folded her hands over, and put her head on her arms. Breast is hanging, no clothes and towels are spread on the patient's lap. Researchers use fists on both hands and thumb facing up or front. The researchers pressed hard, forming a small circle of motion with both thumbs, rubbing both sides of the spine, at the same time to five to six rib bones, from the neck to the shoulder blades. When doing a massage, researchers also provide verbal Hypnobreastfeeding by providing motivation. Massage will be done two times in a day morning and evening before bathing for ten minutes then followed by Hypnobreastfeeding for 20-30 minutes then mothers are advised to breastfeed the baby after thirty minutes doing a combination of these therapies.

This is a quantitative research that aims to maximize the production of postpartum maternal breast milk in assessing the adequacy of breastfeeding according to the needs of infants in the first week of 10-12 x/24 hours (days). This study used a quasi-experimental method (quasi-experimental) with a post-test only village design and was analyzed using the Dependent T-test. Respondents were twenty-two people and were divided into two groups, namely experiment, and control.

2.1 Hypnobreastfeeding Technique

- a. **At the time of the massage**, please mother visualize/imagine tap water into the water with a smooth and swift, imagine that water is your breastmilk where the flow is very smooth and fast, the more massaged the flow is more smooth 100 x fold more smoothly than before.
- b. **While massaging the mother's back**, say, when I massage your back, let your body relax and calm or when you feel each my touch, imagine endorphins that make you happy, relaxed and more relaxed, released and flowed throughout your body thereby increasing prolactin hormones and oxytocin which can increase breastmilk production, the more I massage your breastmilk production will smoother both amount and flow and flow, you are calmer, more comfortable and happier.

3 RESULTS AND DISCUSSION

3.1 Respondents Characteristics

The sample in this study amounted to 22 respondents to the characteristics of the intervention group showed a majority of people aged 20-30 years as many as nine peoples (40.9%), high school education as ten peoples (45.45%), working people as many as nine peoples (40.9%). The control group aged 20-30 years were nine peoples (40.9%), high school education as many as ten peoples (45.45%), working people as many as ten peoples (45.45%). Can be seen in table 1.

Table 1. Frequency Distribution of Respondent Characteristics by Age, Education, Occupation

Variable	Group			
	Intervention		Control	
Age	n	mean	n	mean
20-30	9	40.9	9	40.9
31-35	2	9.1	2	9.1
Education	n	%	n	%
High school	10	45.45	10	45.45
University	1	4.55	1	4.55
Working	n	%	n	%
Working	9	40.9	10	45.45
Does not work	2	9.1	1	4.55

3.2 Combination Distribution of Hypnobreastfeeding and Oxytocin Massage against Breast Milk Production in the Intervention Group with Treatment Two Times Per Day (Morning and Evening) for 7 Days and Control Groups for 7 Days

From eleven respondents of the intervention group on 3rd day, the breast milk production was eight to twelve times per 24 hours. Can be seen in table 2

Table 2. Breast Milk Production Intervention Group on Hypnobreastfeeding and Oxytocin Massage Per Day in Eleven Respondents in the first hour Postpartum

I	D1	D2	D3	D4	D5	D6	D7
0	3x	6x	8x	10x	10x	12x	12x
0	3x	6x	8x	10x	11x	12x	12x
0	3x	6x	8x	10x	11x	12x	11x
0	2x	5x	8x	10x	10x	12x	12x
0	3x	6x	8x	11x	11x	11x	12x
0	3x	6x	8x	10x	11x	11x	11x
0	3x	6x	8x	10x	10x	12x	12x
0	3x	6x	8x	10x	11x	11x	12x
0	3x	6x	8x	10x	10x	12x	12x
0	2x	5x	8x	10x	11x	12x	12x
0	3x	6x	8x	10x	11x	12x	12x

While the control group from eleven respondents, nine respondents had to breastfeed production less than eight times per twenty-four hours and two respondents produce more than eight times per twenty-four hours. Can be seen in table 3.

Table 3. Breast Milk Production Control Group in Hypnobreastfeeding and Oxytocin Massage in Eleven Respondents.

D1	D2	D3	D4	D5	D6	D7
0	0	2x	4x	5x	6x	7x
0	0	2x	4x	5x	6x	6x
0	0	2x	4x	5x	6x	6x
0	0	2x	4x	5x	5x	6x
0	3x	6x	8x	8x	8x	10x
0	0	2x	4x	6x	6x	6x
0	0	2x	4x	5x	5x	6x
0	0	2x	4x	6x	7x	7x
0	3x	6x	8x	8x	8x	10x
0	0	2x	5x	5x	6x	6x
0	0	2x	5x	7x	6x	6x

3.3 Effects of Combination Hypnobreastfeeding and Oxytocin Massage

In this study, the intervention group of eleven peoples (50.0%), respondents gave good breastmilk production (8-12 times/day). The control group of eleven respondents, there were nine peoples (40.9%) had less good breastmilk production (<8 times/day) and two people had good breast milk production. R-value indicated that the magnitude of correlation (relationship) as many as 0.832, it means that there was a strong relationship. It is found that the R-Square value (determinant coefficient) of 0.692.

Paired. The test showed the p-value which indicated that there was a statistically significant effect of the Hypnobreastfeeding Combination and Oxytocin Massage on Postpartum Breast Milk Production. Can be seen in table 4.

Table 4. The Effect of Giving Combination Hypnobreastfeeding and Oxytocin Massage to Breast Milk Production.

Breast Milk Production	Group				R	(R)Square	(P) Value
	Intervention		Control				
	N	%	N	%			
Well	11	50	2	9.1	0.83	0.692	0
not good	0	0	9	41			
total	11	50	11	50			

To be able to maintain adequate breastmilk after exclusive breastfeeding, many factors influence it. Research that is conducted by AmalNesser (2018) in Qatar said that there was around 42% of mothers stop breastfeeding their babies between the ages of 0-6 months because they did not know how to make enough breast milk for baby's needs, it is related to mothers knowledge who lack about how are the ways to increase breast milk production. It is due to the proper breastfeeding techniques and the lack of social support and professional services. Amarel Belachew's research (2017) in Bahir Dar, Northwest, Ethiopia says that exclusive breastfeeding is very good for baby's needs so that the techniques for increasing breast milk production are important things to be informed to the community in every female environment by increasing the adequacy of baby nutrition.

Amy Hanserresearch (2017) on women in China that women are not ready to give enough breast milk to their babies because breastfeeding is a complicated thing even though breastfeeding is a gendered burden so breastfeeding babies is very important, early breastfeeding in postpartum is the starting area where puerperal mothers with the hope of caring for her baby with intensive love, especially to fulfill the nutritional adequacy.

There are many women after giving childbirth less ready to give breastfeeding because they feel fear, especially for working mothers, so that on the 1st day after giving birth, they do not try about how are techniques to accelerate the expenditure of breast milk in the first 24 hours after giving birth. So babies are given formula milk and it is sustainable,

this is one factor that causes the failure of exclusive breastfeeding. On working mothers, they can store breast milk with a certain temperature and breast milk is given to babies by passing milk bottles when mothers work outside the home. Bernardo Lessa Horta (2018) said breastfeeding in postpartum mothers can increase body mass index by increasing body fat, especially during the first month after giving birth. For working mothers, this is very supportive in balancing weight after giving birth, because during pregnancy the weight of women increased from twelve to sixteen kg. Donna Geddes (2018) also said that breastfeeding can be used with a milk bottle with a novel pacifier because the intra-oral vacuum is lower in strength with the breast and by using a pacifier in preterm infants can increase the success of breastmilk adequacy on babies.

The combination of oxytocin Hypnobreastfeeding massage is useful to increase breastmilk production, especially on the 1st day after giving birth to maintain breastmilk adequacy for newborn babies. Breastmilk is a nutritional requirement for babies that is very good because breastmilk contains all the nutritional elements that babies need, including protection against disease. In line with the study of Kozeta Milik (2018), said that exclusive breastfeeding until the age of six months is a protective factor against several diseases such as asthma, wheezing, and increasing immunity against the disease and good development in babies.

Oxytocin massage is a massage that involves the spine and the sixth costal. Massage or stimulation that is involved in the vertebrae will cause the neurotransmitter to stimulate the oblongata medulla and it will directly send a message to the hypothalamus in the posterior pituitary gland which should produce oxytocin. As a result, the breast will begin to produce breastmilk. This massage will also make relax intense tension and it will eliminate (Astutik, 2014). Amy Hansen China (2017) says relaxation can balance hormones after a mother gives birth. During pregnancy, estrogen and progesterone levels increase and after delivery, the levels of both hormones decrease, estrogen and progesterone hormones are replaced by oxytocin and prolactin which affect the process and the amount of breastmilk production. Oxytocin is produced in the hypothalamus after it is being stimulated by massage and baby sucking. It is by following Yuni Nur Aini Research (2017) that there is an influence of oxytocin massage and Hypnobreastfeeding on prolactin levels in puerperal mothers. It is associated with barriers to breastfeeding in early breastfeeding

mothers in babies are a problem due to the lack of breastmilk adequacy.

Chaza Akik in Lebanon (2017) needs to enforce policies to improve early breastfeeding techniques, as well as supervision from the Organization in determining the services practice which is related to early breastfeeding in newborns, especially the private sector because of limited government capacity. Jayme Cisco in the United States (2017) also says early breastfeeding in newborns requires support from families and service officers the type of their supports have an impact on the rules of breastfeeding so peoples who support it must be educated with the right techniques during early breastfeeding.

The breast milk adequacy depends on breast milk production on the first 24 hours that can be the fulfillment of exclusive breastfeeding in a technique that requires how to get adequate breastmilk production in newborns. Lorenzo Colombo's Research in Colombia (2018) states that the factors that support breastfeeding are the previous experience of mothers, a higher level of education, attending Pregnant Women classes in breastfeeding babies as needed. This study is in line with Soyoun Lee (2017) conducted in America that the factors that influence breastfeeding decisions in babies are family and health care providers and the information available. Factors influencing the decision of immigrant mothers in Koreas those early breastfeeding initiatives are values in women's behavior and support from families and health workers.

4 CONCLUSIONS

The intervention group were eleven peoples on 3rd day; all milk production was 8-12 times per day, while in the control group from eleven respondents, nine respondents were producing breast milk less than eight times per day. The combination of Hypnobreastfeeding and oxytocin in the linear progression test obtained by R was 0.823 so there was a strong relationship. For the R-value in the R-square of 0.692, that is found the interpretation that there is a combination of Hypnobreastfeeding and oxytocin massage on milk production. The combination of Hypnobreastfeeding with oxytocin massage can effectively reduce anxiety and increase breast milk production for postpartum.

ACKNOWLEDGMENT

This research was supported by Institute of Health Science Deli Husada Delitua, Institute of Health Science Medistra Lubuk Pakam, Sembiring Hospital Foundation and Grand Medistra Hospital Foundation, Indonesia.

REFERENCES

- Amal Nasser, Fadumo Omer, Fatima Al-Lenqawi, Rehab Al-awwa, Tamam Khan, Asmaa El-Heneidy, Ranakurdi and Ghadir Al-Jayyousi (2018), Predictors of Continued Breastfeeding at One Year among Women Attending Primary Healthcare Centers in Qatar: A Cross-Sectional Study: Qatar
- AmarelBelachew, TilahunTewabe, AdinoAsmare, DestaHirpo, BanchialemZekekel and DesalegnMuche (2017), Prevalance of exclusive breastfeeding practice and associated factors among mothers having infants less than 6 months old, in Bahir Dar, Northwest, Ethiopia: a community based cross sectional study: Bahir Dar, Northwest, Ethiopia
- Amy HanserandJialin Li (2017), The hard work of feeding the baby: breastfeeding and intensive mothering in contemporary urban Cina: China and Breastfeeding: Western Australia
- AstutikRY. (2014). PayudaradanLaktasi. Jakarta: SalembaMedika.
- Bernardo LessaHorta, Cesar G. Victora, Giovanny V. A. França, Fernando P. Hartwig, Ken K. Ong, Emanuella de Lucia. Rolfe , Elma I. S. Magalhães, Natalia P. Lima & Fernando C. Barros (2018), Breastfeeding moderates FTO related adiposity: a birth cohort study with 30 years of follow-up: Brazilian city
- Boronat-Catalá M, Montiel-Company JM, Bellot-Arcís C, Almerich-Silla JM, Catalá-Pizarro M. (2018), Breastfeeding and occlusal development: New York
- ChazaAkik, HalaGhattas, Suzanne Filteau and Cecile Knai (2017), Barriers to breastfeeding in Lebanon: A policy analysis: London
- Chioma Stella Ejekam, Ozomata, Ifeoma Peace Okafor, KehindeOkunade, Ebenezer A., ChimezieAnyakora, Sofela Ezekiel Oridota, Jude Nwokike (2018), Clinical experiences with the use of oxytocin injection by healthcare providers in a 2 South-Western State Nigeria: A Cross sectional study: Nigeria
- Donna Geddes, ChooiKok, Kathryn Nancarrow, Anna Hepworth and, Karen Simmer (2018), Preterm Infant Feeding: A Mechanistic Comparison between a Vacuum Triggered Novel Teat
- ElliaChristinne de Lima França, Lucas CarvalhoAragão Albuquerque, Roberta Lopes de Castro Martinelli, Ilda Machado FiuzaGonçalves, Cejana, Baiocchi Souza, Maria Alves Barbosa (2018), Electromyographic analysis of the suprahyoid muscles in infants based on the lingual fraenum attachment during breastfeeding: Brazil
- Jayne Cisco (2017), Who Supports Breastfeeding Mothers? An Investigation of Kin Investment in the United States: Columbia
- Kemenkes RI. (2017). ProfilKesehatanIndonesia. <https://www.kemkes.go.id>
- KozetaMiliku and Meghan B. Azad (2018), Breastfeeding and the Developmental Origins of Asthma: Current Evidence, Possible Mechanisms, and Future Research Priorities: Manitoba
- Lisa-Christine Girard, Orla Doyle, Richard E. Tremblay (2017), Breastfeeding and externalising problems: a quasi-experimental design with a national cohort: Dublin, Ireland
- Lorenzo Colombo, Beatrice LetiziaCrippa, Dario Consonni, Maria EnricaBettinelli, Viola Agosti, Giulia Mangino, Elena NicolettaBezze, Paola AgneseMauri, Lidia Zanotta, and Fabio Mosca, Paola Roggero, Laura Plevani, Donatella Bertoli, Maria LorellaGianni (2018), Breastfeeding Determinants in Healthy Term Newborns: Milan, Italy
- Notoadmodjo, S (2010). MetodologiPenelitianKesehatan.Jakarta:RinekaCipta.
- Sari, L. (2017).RahasiaSuksesMengoptimalkanProduksi ASI.Yogyakarta :Fitramaya
- Sari, L. P, Salimo, H, Budihastuti, U.R.(2017). Optimizing the Combination of Oxytocin Massage and Hypnobreastfeeding for Breast Milk Production among Post Partum Mothers. Journal of Materna and Child Health.1(1):20-29
- Soyoung Lee, Yeon K. BaiSoo-Bin Yo (2017), Ecological Factors Influencing Breastfeeding Decisions among Korean Immigrant Mothers in America: USA
- Sulaeman ES, Fresthy AY, Hardiningsih AENY, Khotijah, Yeremia RA (2016).Efekpijatoksitosinpadaibupostpartumterhadaproduksi ASI di Surakarta. International Conference on Health and Well-Being (ICHWB).
- Sutrisminah, E., &Alfiyati, N. (2015).BENEFITS OF BREAST MASSAGE ON POSTPARTUM UTERINE INVOLUTION.InvolusiJurnalIlmuKebidanan (Journal of Midwifery Science), 3(5).
- Wei Wei Pang, Jonathan Y. Bernard, GeethaThavamani, YiongHuak Chan, Shu-E Soh, Mei Chien Chua, Sok Bee Lim, Lynette P. Shek, KokHian Tan, Peter D. Gluckman, Keith M. Godfrey, Fabian Yap, Rob M. van Dam, Michael S. Kramer, and Yap-Seng Chong (2017), Direct vs. Expressed Breast Milk Feeding: Relation to Duration of Breastfeeding: Singapore
- WHO,2018.United Nations Childrens Fund (Unicef) The unicef, WHO and the World Bank Inter-agency team regularly updates joint global and regional estimates of children malnutr.
- YuniNur Aini1, Hadi, Sri Rahayu, Noor Pramono, Donny KristantoMulyantoro. 2017. Effect of Combination of Oxytocin Massage and Hypnobreastfeeding on Uterine Involution and Prolactin in Postpartum Mothers. Aini YN, dkk. JurnalKeperawatan Belitung. 2017 Juni; 3 (3): 213-220.