

A Quansi-Experimental Study: the effectiveness of hypnolactation and breast massage as a holistic care model to enhance maternal motivation in exclusive breastfeeding

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ABSTRACT

Background: Exclusive breastfeeding for infants aged 0–6 months provides major health benefits, yet many mothers struggle to maintain it due to low motivation. “Hypnolactation,” which combines hypnosis to build confidence and reduce anxiety, with lactation massage to stimulate milk flow, may serve as an effective holistic care intervention.

Objectives: This study develops an innovative holistic care model incorporating hypnolactation and lactation massage to enhance maternal motivation for exclusive breastfeeding.

Methods: This quasi-experimental study used a pretest–posttest control group design with 42 postpartum mothers at Kagok Health Center, Semarang (March–December 2024). Data were collected using a validated breastfeeding motivation questionnaire and observation sheets. Statistical analysis employed the Wilcoxon test and the independent t-test.

Results: Both hypnolactation ($Z = -2.33$, $p = 0.02$) and lactation massage ($Z = -2.00$, $p = 0.046$) significantly improved maternal motivation, with hypnolactation showing greater effectiveness.

Conclusions: The findings demonstrate that the holistic care model combining hypnolactation and lactation massage significantly improves maternal motivation for exclusive breastfeeding. This intervention effectively addresses psychological barriers such as anxiety and lack of confidence while also providing physical comfort that facilitates the breastfeeding process. Future studies should expand the sample size and evaluate the long-term impact on exclusive breastfeeding success up to six months.

KEYWORD: holistic care; hypnolactation; lactation massage; mother motivation; breastfeeding

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INTRODUCTION

Breast milk (ASI) serves as the optimal source of nutrition for newborns up to six months of age. Exclusive breastfeeding has been scientifically proven to reduce infant mortality, strengthen the immune system, and promote optimal growth and development. The World Health Organization (WHO) and UNICEF recommend exclusive breastfeeding during the first six months of a baby's life. However, global coverage remains well below target, with only about 44% of infants receiving exclusive breastfeeding for six months (1). Exclusive breastfeeding during the first six months of life remains the most effective strategy to improve infant health and reduce morbidity and mortality rates. The World Health Organization (WHO) and UNICEF (2025) reported that the global exclusive breastfeeding rate increased from 52% in 2017 to 66.4% in 2024; however, millions of infants still do not receive exclusive breastfeeding during the first six months of life. This indicates that global efforts to support successful breastfeeding require further strengthening. Indonesia faces similar challenges (3).

According to the 2023 Indonesia Health Survey (SKI), the national exclusive breastfeeding rate reached 68.6%, which is still below the 80% target set in the National Medium-Term Development Plan (RPJMN 2020-2024) (Health Policy Agency, 2024). This figure reflects stagnation in the progress of exclusive breastfeeding coverage compared to previous surveys (SSGI, 2023) (3,4).

Several factors have been identified as contributing to the low rate of exclusive breastfeeding, including limited maternal knowledge, insufficient social and environmental support, psychological conditions, and inadequate support from healthcare providers. A recent study in Indonesia revealed that low breastfeeding self-efficacy, postpartum stress, and emotional exhaustion were major barriers to successful exclusive breastfeeding (26). In addition, spousal and family support were found to be significantly associated with maternal motivation to breastfeed (17). One key factor often overlooked is maternal motivation for breastfeeding. Motivation plays a crucial role in shaping mothers' behavior and persistence in continuing breastfeeding despite physical and emotional challenges. This motivation is influenced by various psychological aspects, including mental readiness, self-confidence, and emotional stability. Low motivation may cause mothers to stop breastfeeding earlier and switch to formula feeding (22).

A holistic approach in midwifery care has therefore become increasingly relevant to enhance maternal motivation for breastfeeding. One emerging innovation is a combination of hypnotherapy and relaxation techniques designed to promote calmness, self-confidence, and mental readiness in mothers. Several studies have demonstrated that hypnolactation can improve milk production and strengthen the emotional bond between mother and infant (26,27). Data from the Semarang Health Office show persistent-

ly low exclusive breastfeeding rates. In 2023, only about 60% of breastfeeding mothers at Kagok Public Health Center succeeded in practicing exclusive breastfeeding. Most mothers reported encountering both physical challenges (e.g., breast engorgement, pain) and psychological issues (e.g., anxiety, lack of confidence). These findings demonstrate the importance of more holistic and innovative support strategies. A preliminary study in Gajah Mungkur Kagok revealed that breastfeeding problems stemmed from various factors, especially motivation, influenced by maternal knowledge and access to information about exclusive breastfeeding. Among 17 postpartum mothers with infants aged 1-6 months, 30% replaced breastfeeding with formula due to low milk supply. Additionally, 20% breastfed fewer than six times a day due to poor milk flow.

Many mothers in Gajah Mungkur Kagok complained of breast engorgement due to milk buildup and inefficient infant suckling. To prevent such issues, lactation massage is necessary. However, many mothers lack the knowledge and skills to access holistic care services such as lactation massage and hypnolactation to address their breastfeeding difficulties. One effective effort to support exclusive breastfeeding in Gajah Mungkur Kagok involves women's empowerment. Community participation is vital for supporting multi-sectoral programs. Government and community partnerships can promote women's health. Community health workers (cadres) serve as

role models by educating mothers on the importance of exclusive breastfeeding and by undergoing training to improve postpartum nutrition management, which helps enhance breast milk production.

Hypnolactation is a natural method that implants the intention to breastfeed into the subconscious, encouraging mothers to produce sufficient milk. The technique involves positive affirmations like "I can breastfeed exclusively without formula" and helps mothers focus on loving, nurturing thoughts about their babies. This method effectively fosters a positive mindset and strengthens motivation to breastfeed (4). Holistic care, through hypnolactation and lactation massage, enables mothers to continue exclusive breastfeeding for at least the first six months, especially when they return to work. Hypnolactation uses relaxation techniques and positive affirmations during calm or focused states to support breastfeeding. This method boosts maternal confidence and readiness, thereby increasing milk production. Huang et al. (2023) also reported that hypnolactation positively affects milk production. As a holistic technique, hypnolactation supports the mind, body, and soul of breastfeeding mothers (5).

To resolve breastfeeding challenges effectively, interventions must go beyond education; they must also address emotional and physical well-being. An innovative approach involves a holistic care model that combines hypnolactation with its relaxation and positive suggestion techniques to build

calm and confidence with lactation massage, which stimulates milk flow and eases physical discomfort. This model offers a promising alternative solution to enhance maternal motivation for exclusive breastfeeding, helping achieve maternal and child health targets at the local, national, and global levels. (6)

MATERIALS AND METHODS

This study employed a quantitative approach with a quasi-experimental design using a pretest-posttest control group format. The researchers examined the impact of a holistic care intervention comprising hypnolactation and lactation massage on enhancing maternal motivation to breastfeed exclusively. The study was conducted at Kagok Public Health Care Semarang from March to December 2024. The population included all postpartum mothers who gave birth normally and breastfed infants aged 0-6 months. This study employed a quasi-experimental design with two intervention groups: the hypnolactation group ($n = 21$) and the lactation massage group ($n = 21$). A total of 42 postpartum mothers participated in the study, selected through purposive sampling based on inclusion criteria such as willingness to breastfeed exclusively and being in the early postpartum period.

Data collection relied on two instruments: a Breastfeeding Motivation Questionnaire (BMQ) and an observation sheet. The BMQ was administered before and after the intervention to assess changes in maternal motivation toward exclusive breastfeeding.

The questionnaire consisted of 20 items covering four domains: intrinsic motivation, extrinsic motivation, self-efficacy, and emotional readiness.

Instrument validity and reliability were established prior to data collection. Content validity was evaluated by a panel of three maternal and child health experts, yielding a Content Validity Index (CVI) of 0.92, indicating strong relevance and clarity of the items. Construct validity was confirmed through exploratory factor analysis, which demonstrated satisfactory item loading (>0.40). Reliability testing using Cronbach's alpha coefficient yielded $\alpha = 0.87$, demonstrating good internal consistency.

The observation sheet was used to record attendance, participation, and adherence of mothers during hypnolactation and lactation massage sessions to ensure fidelity of intervention delivery. The independent variables in this study were hypnolactation and lactation massage, while the dependent variable was maternal motivation to breastfeed exclusively, measured using a Likert-scale questionnaire.

The researchers analyzed the data with statistical software, beginning with a normality test (Kolmogorov–Smirnov) to evaluate data distribution. Data were analyzed using SPSS. Before hypothesis testing, the Shapiro–Wilk test was applied to assess data normality. The results indicated that the data were not normally distributed ($p < 0.05$); therefore, non-parametric tests were selected. The Wilcoxon signed-rank test was used

to evaluate differences in maternal motivation before and after the intervention within each group. The Mann–Whitney U test was then employed to compare post-intervention scores between the hypnolactation and lactation massage groups.

RESULTS AND DISCUSSION

RESULTS

Based on the results **Table 1** of the developed holistic care model innovation, the “hypnolactation” and lactation massage to improve exclusive breastfeeding motivation of mothers, the researchers conducted univariate and bivariate analyses.

Univariate Analysis

The Pretest Frequency of Breastfeeding Motivation of Mothers Receiving Hypnolactation

Table 1 shows a marked improvement in maternal motivation for exclusive breastfeeding in both groups after the intervention. In the hypnolactation group, the proportion of mothers with high motivation increased from 9.5% to 57.1%, while those in the low motivation category decreased from 52.4% to 4.8%. Similarly, in the lactation massage group, mothers with high motivation increased from 23.8% to 57.1%, accompanied by a reduction in low motivation from 33.3% to

Table 1. Frequency distribution of maternal motivation for exclusive breastfeeding before and after intervention

Intervention Group	Motivation Level	Pretest n (%)	Posttest n (%)
Hypnolactation (n = 21)	Low	11 (52.4%)	1 (4.8%)
	Moderate	8 (38.1%)	8 (38.1%)
	High	2 (9.5%)	12 (57.1%)
Lactation Massage (n = 21)	Low	7 (33.3%)	3 (14.3%)
	Moderate	9 (42.9%)	6 (28.6%)
	High	5 (23.8%)	12 (57.1%)

Table 2. The Wilcoxon test results of providing hypnolactation toward the breastfeeding motivation of the mothers

Variabel	Negatif Ranks	Positif Ranks	Tiez	Z	p-values
Pre–Post Hypnolaktasi	0	4	17	-2	0.046*

Keterangan: *p < 0.05 signifikan

14.3%. These results indicate that both hypnolactation and lactation massage effectively enhanced maternal motivation, with a greater improvement observed in the hypnolactation group.

Bivariate Analysis

The Wilcoxon Test of Providing Hypnolactation toward Breastfeeding Motivation

Table 2 presents the Wilcoxon results of breastfeeding motivation before and after receiving hypnolactation, resulting p-value of

Table 3. The Wilcoxon test of providing lactation massage for breastfeeding motivation

Variabel	Negatif Ranks	Positif Ranks	Tiez	Z	p-values
Pre–Post Pijat Laktasi	0	10	11	-3.162	0.020*

Keterangan: *p < 0.05 signifikan

0.046. The p-value is lower than 0.05. Thus, the result accepts H_a , the alternative hypothesis, indicating a significant impact of hypnolactation on breastfeeding motivation.

The Wilcoxon Test of Providing Lactation Massage toward Breastfeeding Motivation

Table 3 indicates the Wilcoxon results of exclusive breastfeeding motivation before and after receiving lactation massage, with p-value of 0.02, lower than 0.05. Thus, the result accepts H_a , indicating significant impacts of lactation massage on breastfeeding motivation.

DISCUSSION

This study developed an innovative holistic care model by combining hypnolactation and lactation massage to enhance maternal motivation for exclusive breastfeeding. The findings demonstrated a significant improvement in mothers' motivation after receiving both interventions. This supports the idea that interventions integrating biological, psychological, social, and spiritual dimensions can effectively strengthen mothers' readiness and confidence to breastfeed exclusively (**Table 1**).

This study developed an innovative holistic care model by combining hypnolactation and lactation massage to enhance

maternal motivation for exclusive breastfeeding. The findings demonstrated a significant improvement in mothers' motivation after receiving both interventions. This supports the idea that interventions integrating biological, psychological, social, and spiritual dimensions can effectively strengthen mothers' readiness and confidence to breastfeed exclusively. Hypnolactation functions as a deep relaxation technique combined with positive suggestions aimed at increasing calmness, confidence, and emotional stability during breastfeeding. The results of this study are consistent with Ardiana who reported that hypnobreastfeeding significantly enhances maternal motivation and reduces anxiety levels ($p < 0.001$) (13). Similarly, Rasyidah et al found that virtual hypnobreastfeeding sessions improved maternal self-efficacy and decreased postpartum stress ($p < 0.001$). Psychologically, deep relaxation lowers cortisol levels, allowing oxytocin to function optimally in stimulating the milk ejection reflex and fostering mother–infant bonding (14).

Presents the Wilcoxon test results for the lactation massage group ($p = 0.046$), confirming that lactation massage also significantly improves maternal motivation. Physiologically, lactation massage stimulates oxytocin release, facilitating the let-down

reflex and promoting milk flow. These findings align with who reported that breast massage, when combined with emotional support, increases oxytocin and prolactin levels among postpartum mothers ($p < 0.01$) (15,16). Furthermore, lactation massage effectively stimulates milk flow by promoting oxytocin release, which supports the *let-down reflex*. The present findings align with Pratiwi et al, who found that lactation massage significantly accelerated lactation initiation and increased breast milk volume compared to control groups ($p = 0.004$) (15). A recent international study by Nami et al. also reported that combining breast massage with emotional support increased oxytocin and prolactin levels among working mothers postpartum ($p < 0.01$). Physiologically, this improved hormonal balance enhances mothers' confidence in their ability to breast-feed, which, in turn, strengthens their motivation to maintain exclusive breastfeeding (16) (**Table 2**).

Shows the **Table 2** Wilcoxon test results for the hypnolactation group ($p = 0.02$), indicating a significant increase in motivation scores after the intervention. Hypnolactation functions as a deep relaxation technique combined with positive suggestions that increase calmness, confidence, and emotional stability during breastfeeding. These results are consistent with Ardiana et al. (2025) and Rasyidah et al. who found that hypnobreastfeeding significantly enhances maternal motivation and reduces anxiety levels ($p < 0.001$). Psycho-

logically, deep relaxation lowers cortisol levels, allowing oxytocin to function optimally in stimulating the milk ejection reflex and fostering mother–infant bonding (13,14). The complementary mechanism of these two interventions provides a comprehensive biopsychosocial-spiritual approach. *Hypnolactation* primarily addresses the psychological dimension by reducing anxiety and reinforcing positive mental conditioning, while lactation massage supports the physiological process of milk production and flow. When integrated, these methods offer holistic support that nurtures both mind and body, ultimately leading to a higher level of maternal motivation (7,8).

Maternal motivation plays a pivotal role in sustaining exclusive breastfeeding. Lestari et al highlighted that mothers with higher motivation are three times more likely to maintain exclusive breastfeeding than those with lower motivation (17). The present study reinforces this evidence by showing that mothers who received holistic care interventions exhibited increased self-confidence, more positive attitudes, and stronger commitment to exclusive breastfeeding. These results are consistent with Seruni and Wahyuni, who demonstrated that increased maternal motivation directly correlates with breastfeeding success (18).

From a practical perspective, midwives and healthcare providers should integrate *hypnolactation* and lactation massage into maternal support programs to strengthen both psychological and physiological

readiness for breastfeeding. From a policy perspective, maternal and child health initiatives should incorporate motivation and psychological well-being indicators, alongside knowledge and skills, as benchmarks for evaluating exclusive breastfeeding success. This study develops an innovative holistic care model by combining hypnolactation and lactation (19).

This study developed a holistic care model that integrates hypnolactation and lactation massage to enhance maternal motivation for exclusive breastfeeding. The results showed a significant increase in mothers' motivation after the interventions, confirming that psychological readiness and emotional stability play essential roles in breastfeeding success. From a theoretical perspective, the findings align with Maslow's hierarchy of needs, particularly the psychological and self-actualization levels, where fulfillment of maternal confidence, security, and emotional well-being supports the motivation to breastfeed. However, to strengthen the behavioral interpretation, the results can also be explained using the Theory of Planned Behavior (TPB) and the Health Belief Model (HBM) (20,21).

According to the TPB, maternal motivation to breastfeed is influenced by attitude toward the behavior, subjective norms, and perceived behavioral control. In this study, hypnolactation positively modified attitudes by reinforcing confidence and calmness, while lactation massage improved perceived control through physiological

reinforcement (e.g., smoother milk flow and reduced discomfort). These combined effects likely strengthened behavioral intentions to continue exclusive breastfeeding. Similar findings were reported by Kusumaningrum et al (13), who found that interventions enhancing self-efficacy and perceived control significantly improved breastfeeding adherence ($p < 0.01$) (20,21).

From the HBM perspective, hypnolactation and lactation massage increased perceived benefits (e.g., confidence, sufficient milk supply) and reduced perceived barriers (e.g., anxiety, physical discomfort). The interventions also indirectly enhanced cues to action, motivating mothers to initiate and maintain exclusive breastfeeding. This supports the results of Han et al (21), who demonstrated that perceived benefits and self-efficacy were strong predictors of breastfeeding continuation among postpartum women ($p < 0.001$) (22).

The results of this study indicate that hypnolactation intervention is more effective in increasing mothers' motivation to breastfeed compared to breast massage. This can be explained by the fact that hypnolactation directly targets the psychological aspects of mothers, reducing anxiety and reinforcing positive suggestions that support their commitment to breastfeeding. In contrast, breast massage is more dominant in addressing physiological aspects, particularly in facilitating breast milk expression. Although both interventions show significant effects, the success of exclusive

The innovative Holistic Care Model developed in this study, combining hypnolactation and lactation massage, demonstrates strong potential for integration into holistic midwifery practice, particularly during the postpartum and lactation periods. This model offers a non-pharmacological, simple, and cost-effective intervention that addresses both psychological and physiological needs of breastfeeding mothers.

Its implementation empowers midwives to play a more comprehensive role not only as clinical caregivers but also as emotional and psychosocial facilitators, promoting maternal well-being and motivation throughout the breastfeeding journey. In the context of holistic midwifery, this innovation strengthens the bio-psychosocial-spiritual framework by uniting relaxation-based psychological care (hypnolactation) with physiological support (lactation massage). As supported by Rahmawati et al (26) and Handayani et al (24), such integrative approaches enhance maternal self-efficacy, reduce stress, and improve breastfeeding success rates. Hence, this study contributes a novel model that operationalizes holistic care principles into practical, evidence-based interventions applicable in community and clinical settings (26,27).

This study has several limitations. The sample size was relatively small ($n = 42$), which may limit the generalizability of the findings. In addition, data collection was conducted at a single clinical site, restricting the contextual diversity of participants. Future

studies should consider multi-site research designs with larger sample sizes and longitudinal follow-up to evaluate the sustainability of maternal motivation and breastfeeding outcomes. Moreover, integrating other psychosocial variables such as partner support and maternal mental health could provide deeper insights into the mechanisms influencing breastfeeding motivation.

CONCLUSION AND RECOMMENDATION

The holistic care model integrating hypnolactation and lactation massage effectively enhances maternal motivation to breastfeed by strengthening both internal factors (self-confidence, emotional calmness, and positive perception of breast milk) and external factors (family and healthcare provider support). This non-invasive, easily applicable approach provides comprehensive psychological and physiological support, fostering a nurturing environment for exclusive breastfeeding.

In midwifery practice, this model offers a practical and holistic intervention that can be implemented by trained healthcare providers, particularly midwives, to help mothers overcome breastfeeding challenges. Its integration into routine postnatal care could enhance exclusive breastfeeding rates and maternal well-being. Future studies are recommended to validate these findings in larger, multicenter trials and evaluate the long-term effects on exclusive breastfeeding duration.

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