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Hypnobreastfeeding to Increase Motivation and Breast Milk Production: A Study

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Breast milk contains high nutrient levels that are beneficial to the health of babies. The World Health Organisation, WHO, recommends infants receive breast milk exclusively for six months. According to the Ministry of Health in 2018, the numbers of Early Initiation of Breastfeeding (IMD) in Indonesia increased from 51.8% in 2016 to 57.8% in 2017. Figures for IMD in Lampung are <1 hour 52, 36%, ≥ 1 hour 3.03%, Rates of breast milk takeup exclusively in Pringsewu District from year to year have increased, i.e., 67.4% in 2014 and 2015, increased to 78.95% in 2016, but still there are challenges with community participation, and support for empowerment in developmental health is not optimal. Health institutions have not widely introduced experimental research that examines Hypnobreastfeeding to increase motivation and breast milk production and to inform pregnant mothers to promote breastfeeding. The purpose of this study was to determine the effect of Hypnobreastfeeding on motivation and breast milk production in the Pringsewu District 2019. This research is a quasi-experimental design with post-test with control group design. Purposive sampling technique with a total sample of 48 pregnant women at term to breastfeeding is divided into two groups: the intervention group and the control group. In the intervention group Hypnobreastfeeding treatment was given to mothers since pregnancy at the end (37-42 weeks) for four times a month followed by listening to Hypnobreastfeeding affirmations every day during the month compared with a control group given a lactation education. Computerised data was processed using univariate analysis (mean), and bivariate Independent T-Test. The results showed the majority of respondents have the motivation to give breast milk, the perception of breast milk production, and the observation of breast milk production and average weight gain for infants in both criteria. Independent T-Test results of the analysis showed that there was no significant difference in motivation to giving breast milk between groups conducted with a group given Hypnobreastfeeding lactation education. There are substantial differences in perception and observation of breast milk production and infant weight gain between groups led with a group that was given Hypnobreastfeeding lactation education. There is no significant difference in motivation to

giving breast milk, and there is a substantial difference in breast milk production in the Hypnobreastfeeding group compared with the lactation education group. To midwives to always provide lactation education and Hypnobreastfeeding to help increase motivation and production of breast milk, researchers can conduct further research with other variables that can affect motivation and breast milk production.

Keywords: *Breast Milk, Hypnobreastfeeding, Motivation, Production*

Introduction

Breast milk contains high nutrient levels that are beneficial to the health of babies. The World Health Organisation, WHO, recommends infants receive breast milk exclusively for six months (Infodatin, 2016; Prasetyono, 2012).

Exclusive use of breast milk is based on Government Regulation Number 33 of 2012 in breast milk given to babies from birth for six months; without adding to or being replaced with other food or drink (except drugs, vitamins, and minerals). Breast milk contains colostrum, which is rich in antibodies for protein to boost the immune system and antibiotics in high amounts, thereby exclusively providing breast milk can reduce the risk of death in infants.

To optimise the physical and mental growth and development as well as the intelligence of babies it is very important to give breast milk from birth until the age of 6 months. Several factors can affect the success of the provision of breast milk; one is the mother's commitment to providing breast milk, another is that it is carried out at an early stage (Pathumwiwatana et al., 2010).

The WHO and UNICEF recommend exclusive breastfeeding as the best nutrition and primary food source, perfect for babies aged 0-6 months. Various promotions and community care for breast milk and nursing continue to increase. Still, it should be recognised that the percentage of exclusive breastfeeding (giving breast milk alone without food/drinks more for babies 0-6 months old) in Indonesia is still deficient. The provision of breast milk is promoted during pregnancy through lactation counselling. Based on Health Research (Riskesdas, 2018), the proportion of antenatal K4 in women aged 10-54 years in Indonesia increased from 70.0% in 2013 to 74.1% in 2018. In 2017 the strategic plan target was 76%, and the results IDHS for 2017 was 77%. The proportion of IMD in children aged 0-23 months has increased (Riskesdas 2013), that is 34.5% with IMD IMD ≥ 1 hour 11.7% to 58.2%, and 41.8% do not IMD, the old IMD <1 hour 84.1% and ≥ 1 hour, 15.9% by 2018. the 2019 target is 50%. The proportion of breast milk feeding exclusively to children aged 0-5 months according to the characteristics of the sexes; male is 38.7%, and female is 35.9% (Riskesdas, 2018).

A campaign to give exclusive breast milk in Indonesia has been regulated in Law No. 33 of 2012 concerning the provision of exclusive breast milk . However, the percentage of achievement for giving breast milk exclusively is still far from satisfactory, although various studies investigating the benefits and importance of exclusive mother's milk have been done to support the success of the administration of this exclusive use of breast milk. In reality, many mothers experience barriers/obstacles to breastfeeding exclusively for six full months, when breastfeeding is actually a natural condition.

According to the Ministry of Health in 2018, the numbers of Early Initiation of Breastfeeding (IMD) in Indonesia increased from 51.8% in 2016 to 57.8% in 2017. Figures IMD in Lampung <1 hour 52, 36%, ≥ 1 hour 3.03%, although this figure is increasing but still far from the expected target of 90%. The same improvement also occurred in breast milk exclusively in Indonesia from 29.5% in 2016 to 35.7% in 2017. While rates of exclusive breast milk in Lampung up to 6 months in 2017 were 32.21% and 0 - 5 months, 42.98%. This figure is also reasonably small, considering the importance of the role of breast milk for children and family life.

While the rates of breast milk exclusively in Pringsewu District, although from year to year has increased, i.e., 67.4% in 2014 and 2015, grew to 78.95% in 2016. However, they face the challenge of community participation and support for empowerment in health development is not optimal.

Global studies and the Lancet breastfeeding series mention that exclusive breast milk use can lower infection figures up to 88% in infants less than three months. Besides, exclusive breastfeeding also contributes to reducing obesity and chronic illness in children. (Partiwi et al., 2010). One solution that can help overcome barriers to the provision of exclusive breast milk is Hypnobreastfeeding.

Hypnobreastfeeding is a natural effort to use the unconscious energies so that the breastfeeding process runs safely and smoothly, by inserting affirmation words or positive suggestions while the mother is in a relaxed state, or very concentrated on one thing/state of hypnosis, so that she can produce mother's milk sufficient for the needs of growth and development of infants (Kuswandi, 2013). According to Feher (1989), with the guidance and guidelines of relaxation CDs 5 times a week, breastfeeding mothers can increase breast milk production by 63%.

Experimental research that examines Hypnobreastfeeding as a success factor giving exclusive breast milk as a clinical practice in health until now has not existed. The application of the Hypnobirthing method for labour preparation is well known to the general public in several areas (Larkin & Marilynn, 2011). Still, the Hypnobreastfeeding method to strenghthen breast milk production and motivation has not been as widely introduced by health institutions to

breastfeeding pregnant women as the Hypnobirthing method. Research on it has not yet been done, so the authors are interested in researching Hypnobreastfeeding.

The causes of the low provision of breast milk exclusively are: age at birth is too young, inadequate education, first birth, occupation, lack of knowledge of mothers about the importance of the provision of exclusive breast milk, marketing of formula milk. And also, many people give food replacement for breast milk too early (support from those closest will be very instrumental in the success of breastfeeding). The higher the support obtained to continue to breastfeed, the higher the ability to survive in breastfeeding. In this case, the help of her husband and the family is a considerable influence (Kusumajaya, 2014).

If a mother knows the benefits of breastfeeding, they will seek the provision of breast milk for the baby. The regulation of breast milk cannot be separated from the commitment of breastfeeding mothers. A study among American, Caucasian, and African women finds the confidence determines breastfeeding success is an attempt to do mothers in the breastfeeding process is Hipnolaktasi technique. Hipnolaktasi consists of two words that Hypno = hypnosis, which means it is a condition that occurs naturally unconscious, where the person being able to appreciate the thoughts and suggestions to achieve a change of psychological, physical and spiritual desired. To be known, the subconscious mind.
Preliminary studies conducted by investigators in February 2019 in one of the Independent Midwives practice in the District Pringsewu of 20 nursing mothers showed that 65% who do not breastfeed exclusively.

The results of interviews conducted on six mothers who do not breastfeed exclusively are three mothers who believe that her breast milk is not enough to meet the needs of her baby, two mothers need to put severe blisters and fussy babies; also, three mothers must finish three months of leave. 100% Mom did not know about Hypnobreastfeeding. That prompted the authors to conduct a study entitled "The Effect of Motivation and Hypnobreastfeeding against the breast milk production in the District Pringsewu 2019". The purpose of this study was to determine the effect on motivation Hypnobreastfeeding and breast milk production in the District Pringsewu 2019.

Methods

The method used in this study is a Quasi Experiment. Quasi Experiment is research which has treated, impact (outcomes measures), and units of the experiment, but do not use mastery random to create a comparison to conclude the changes caused by treatment, with non-equivalent control group approach.

This study was conducted from March to December 2019, in the practice of Independent Midwives in District Pringsewu.

Results

Breast Milk

This study was experimental. The research data consist of motivation and breast milk production in the two groups Hypnobreastfeeding and lactation education group. The analysis was performed on each of the variables of the research that resulted in the distribution and frequency of each variable to 48 respondents based on the primary data source in Independent Practice Midwife in District Pringsewu.

Results of univariate analysis of the study variables Hypnobreastfeeding influence on the motivation and the production of breast milk can be seen in Table 1 and Table 2. Based on the data in Table 1, it can be seen that the majority of respondents are in a healthy reproductive period on 20-35 years is 77.1%. Mostly primiparous (54.21%), primarily elementary school, junior high school, senior high school (62.5%), most do not work (52.1%), and earning more than the regional minimum wage of Pringsewu is 64.6%.

Table 1. Characteristics of Respondents by age, parity, education, occupation, and family income.

variables	amount	Percent
Age		
20-35 years	37	77.1
<20 years or> 35 years	11	22.9
parity		
multiparas	22	45.8
primiparas	26	54.2
Education		
College	18	37.5
Elementary, junior high school	30	62.5
Profession		
Does not work	25	52.1
Work	23	47.9
Family income		
≥ UMR Pringsewu	31	64.6
<UMR Pringsewu	17	35.4

Table 2. Distribution of respondents by Motivation, Perception and Observation breast milk production

variables	amount	Percent
Giving Motivation breast milk		
High	38	79.2
Low	10	20.8
The perception of breast milk production		
Positive	38	79.2
Negative	10	20.8
Observations production of breast milk		
Well	37	77.1
Not good	11	22.9

Based on the data in Table 2, it can be seen that most respondents have motivated mothers breast-high at 79.2%, the perception of the breast milk production of 79.2%, and the observation of breast milk production in both categories is 77, 1%.

The type of data in this study group is an independent group that is motivated and breast milk production in the group given Hypnobreastfeeding independent with the motivation and the breast milk production in the group given lactation education. Based on the characteristics of the data, then do two kinds of different test, two different tests mean that independent (independent T-test).

Independent T-test

The purpose of test T Independent is to determine differences in the mean two groups of independent data on the condition that has been fulfilled. Namely normal distribution of data / symmetrical, two groups of independent data and variables associated form of numerical and Categorie (ket: variable categories only two groups) (Karbandi et al., 2017).

The principle of the test is to see the difference between two mean variations of two sets of data is homogeneous. Therefore, in this study, both groups between the variants do Hypnobreastfeeding, and control groups were tested together. Mean two different tests done using an independent T-test (Independent T-Test).

Table 3. Independent T-Test Effect on Motivation and Production Hypnobreastfeeding breast milk

Intervention		mean	SD	SE	p-Value	N
Birth Weight Babies	Hypnobreastfeeding	3252.08	290 980	59 396	.619	24
	Lactation Education	3210.42	285 131	58 202	.619	24
Weight Infants Age 1 month	Hypnobreastfeeding	4383.33	327 927	66 938	.000	24
	Lactation Education	3941.67	328 258	67 005	.000	24
Giving Motivation breast milk	Hypnobreastfeeding	1:17	.381	.078	.488	24
	Lactation Education	1:25	.442	.090	.488	24
Breast milk production Perception	Hypnobreastfeeding	1:42	.338	17	.039	24
	Lactation Education	1:29	.464	17	.039	24
Observations production of breast milk	Hypnobreastfeeding	1:42	.338	17	.039	24
	Lactation Education	1:29	.482	17	.039	24
Increase in Infant BB	Hypnobreastfeeding	1131.25	242 188	49 436	.000	24
	Lactation Education	731.25	207 371	42 329	.000	24

Table 3 shows the average value of the difference, standard deviation, and standard error of motivation giving breast milk and breast milk production for each group. Mean birth weight infants in the group that does Hypnobreastfeeding is 3252.08 with a standard deviation of 290 980, while for babies who do not do Hypnobreastfeeding, the mean weight 3210.42 g with a standard deviation of 285 131 ounces. Statistical test result p-value = 0.619, significant at alpha 5% seen no significant difference in average birth weight between women who do Hypnobreastfeeding whose mothers did not do hypnobreastfeeding.

The mean weight of infants aged one month in the group that does hypnobreastfeeding is 4383.33 grams with a standard deviation of 327 927, while for babies who do not do hypnobreastfeeding, the mean weight of age one month 3941.67 g with a standard deviation of

328 258 ounces. Statistical test result p-value = 0.000, meaning at alpha 5% seen no significant differences mean weight of infants aged one month between mothers who do hypnobreastfeeding whose mothers did not do hypnobreastfeeding.

Motivation means giving breast milk in the group that does hypnobreastfeeding is 1:17 with a standard deviation of 0.381. In contrast, for mothers who do not do hypnobreastfeeding, motivation means giving breast milk with a standard deviation of 0.442 1:25. Statistical test result p-value = 0.448, significant at alpha 5% seen no significant difference in the mean motivation giving breast milk among mothers who do hypnobreastfeeding whose mothers had received education lactation.

The common perception of breast milk production in the group that does hypnobreastfeeding is 1.42, with a standard deviation of 0.338. At the same time, the mother is given educational lactation; the common perception of mother milk production is 1.29, with a standard deviation of 0.464. Statistical test result p-value = 0.039, meaning at alpha 5% seen no significant differences mean the perception of breast milk production between the mothers who do hypnobreastfeeding whose mothers had received education lactation.

The mean observation of breast milk production in the group that does hypnobreastfeeding is 1:42 with a standard deviation of 0.338. At the same time, the mother is given educational lactation, average milk production of the mother's perception 1:29 with a standard deviation of 0.464. Statistical test result p-value = 0.039, meaning at alpha 5% seen no significant differences mean the opinion of breast milk production between the mothers who do hypnobreastfeeding whose mothers had received education lactation.

The mean weight gain infants in the group that do hypnobreastfeeding is 1131.25 grams, with a standard deviation of 242 188. At the same time, the mother is given educational lactation, the mean weight gain of her baby with a standard deviation of 207 371 731.25gr. Statistical test result p-value = 0.000, meaning at alpha 5% seen no significant differences mean weight gain among women who carried infants whose mothers had received hypnobreastfeeding lactation education.

Discussion

Univariate Discussion

1. Giving Motivation Breast Milk

Based on the results, it can be seen that most respondents have motivated mothers breast-high at 79.2%, the perception of the breast milk production of 79.2%, and the observation of breast milk production in both categories amounting to 77.1%,

That is consistent with the theory that motivation is an encouragement contained in a person to try to meet the goals, needs, in an attempt to create a balance of a person's life which is manifested in the form of behavior (Syasra, 2011). Motivation is the power within an individual as a driver or mover. Behind the individual to behave in achieving the objectives to meet the needs of the psychic and physical.

In this study, the majority of respondents choose highly motivated to provide breast milk. The reason mothers are motivated to provide breast milk is for the mother to consider that the granting of exclusive breast milk is crucial to him (Lestari et al., 2014). A mother who consciously assess and decide that the granting of exclusive breast milk is a challenge for all breastfeeding mothers who work to provide breast milk with various ways to do (Nuraini, 2018). The need that is the basis for working mothers in motivating exclusive breastfeeding is the need for mothers to be less absent or absent from work because exclusive breastfeeding makes babies more healthy and can be more focused on their work because they have lower concerns about babies (AIMI, 2013).

Every mother has a psychological need that one of them is the need for competence. Competency requirement is a requirement that involves the mother's ability to see yourself as someone who is fully able to obtain the desired results (Lestari et al., 2014). If mothers get the results he wants, mothers would consider themselves more competent so possessed intrinsic motivation will be more significant in giving breast milk (Lestari et al., 2014).

The desire that underlies the mother in providing breast milk, among others, is the desire to strengthen the bond between mother and baby for work can ensure spacing on the relationship between mother and baby. Mother's hope that babies are healthier than babies given formula so that mothers do not have to take time off from work because the baby was sick.

Maternal motivation in providing exclusive breast milk that is due to a sense of satisfaction or pleasure Provide breast milk can give a good feel for the mother. Mothers can give something that can not be provided by other people to the baby (Siregar, 2014). Mothers not working or a housewife who gives exclusive breast milk can save money on formula, breastfeeding supplies, and preparation of the drink formula. Provision of breast milk will also keep the baby for medical treatment, for example, the cost of physician services, the value of the purchase of medicines, and the cost of infant care in hospitals (Roesli, 2000).

Provision of breast milk is more practical because it can be given anywhere and anytime in a fresh state, free of bacteria, in a suitable temperature, requires no special equipment in the presentation and always available, very economical so that it can save a household budget (Bahiyatun, 2009).

The motivation for the provision of breast milk exclusively on mothers given hypnobreastfeeding and lactation education based on the desire to benefit breast milk. Mothers who know the content and benefits of breast milk will have a willingness higher in giving breast milk exclusively rather than formula feeding. Mother's desire to get the attention of the family, especially her husband, mother's desire to obtain the benefits of breast milk to the baby, the mother, and family. Mother's desire to improve the relationship of affection with her baby.

2. Breast Milk Production

Based on these results, the production of breast milk judged from the three cases, the mother's perception of breast milk production, milk production, the observation of mother and baby's weight gain after the age of 1 month. Based on the analysis of the data found that most respondents have a perception of the breast milk production in both categories, the observation of breast milk production in both types, and the baby's weight gain in both groups.

Satisfaction or mother's perception towards the production of breast milk was assessed using six items following statement. I was glad to give the breast milk early to my baby, and I feel happy my baby is getting healthier because only drink breast milk alone. I can rest well because my baby is not fussy, I feel good because my mother enough milk for my baby, I feel good because my breast milk production is smooth, I feel happy because they do not need to buy formula.

Maternal psychological factors (maternal confidence in the production of breast milk) is the most significant factor that affects breast milk exclusively (Fahriani, 2014). Psychological factors that affect the lack of production of breast milk is the mother who is in a state of stress (Bachelot, 2007). The emotional state is regulated by oxytocin in the brain so that oxytocin can function as a center of potential therapeutic targets to improve mood and social-affiliative behaviors in patients with profound social deficits. Oxytocin is also able to express a dopamine receptor (Baskerville & Douglas, 2010).

The statement indicates the confidence of respondents to him that can be built by hypnobreastfeeding therapy or lactation education is given from pregnancy to lactation progresses. A positive perception can help increase milk production and improve smooth expenditure mother breast milk. For midwives, to provide positive information to build a positive opinion of entire nursing mothers so that it can help the success of the provision of breast milk (Aprillia, 2014).

Bivariate Discussion

Hypnobreastfeeding influence on the motivation and production of breast milk

Based on test results using Independent T-Test can be seen that there are significant differences birth weight, mother's perception about the production of breast milk, the observation of the production of breast milk, the weight of infants aged one month and an increase in infant weight in the group given hypnobreastfeeding compared with group given a lactation education.

The results are consistent with research Putriningrum that hypnobreastfeeding conducted in third-trimester pregnant women affect the breastfeeding process. In the study done only when the pregnant women and up to one week after delivery evaluated enthusiastic mothers to breastfeed her child. Penilitan Nandang Mulyana 2014 states that hypnobreastfeeding affects the attitude of the second trimester pregnant women about exclusive breastfeeding wherein the mother after hypnobreastfeeding have a more positive attitude (support) against exclusive breastfeeding (Putriningrum, R., 2014).

The results also supported by the results of research Anita Rahmawati and Bisepta Prayogi 2017 with the title Hypnobreastfeeding to increase the production of breast milk in feeding mothers who work. Shows the results of no effect hypnobreastfeeding on milk production Mothers breastfeeding mothers who worked with a p-value of 0.000. Also, research Diyan Indriyani and Asmuji 2016 with the title effectiveness combination blustru hypnobreastfeeding and consumption towards optimising production and use of colostrum combination blustru hypnobreastfeeding effectively to maximise the production of colostrum at postpartum mothers in RSD. Dr. Soebandi Jember with P-Value 0.00.

A method capable of creating a situation subconscious persuasive can improve self-confidence, hypnobreastfeeding mothers to produce and deliver milk to the baby's mother. Mother's confidence could be built through positive affirmations given to the mother when the mother has been in a state of trance that the mother's condition has reached the subconscious mind.

Therapeutic hypnosis (hypnotherapy) is now a scientific phenomenon. But until now, there is still not a clear definition of how the actual mechanism of action of hypnotherapy. Some scientists speculate that hypnotherapy stimulates the brain to release a neurotransmitter, a chemical found in the mind, encephalin, and endorphin, which serves to enhance the mood that can change individual admission to hospital or other physical symptoms. Meanwhile, according to Professor John Gruzelier, a psychologist at the Charing Cross Medical School, London, to induce the brain to do with provoking the left brain to non-active and provide the opportunity for the right mind to take control over the whole brain (James & Flores, 2000; Kamariyah, 2014; Nurindra, 2010).

It can be done by making the brain to focus on something monotonically by voice with flat intonation (as if there is something essential to keep in mind). Hypnotherapy is general; the mechanism of action is associated with the activity of the human brain. The advantages and benefits that can be gained from the use of hypnosis in hypnobreastfeeding is as a means of relaxation, and the costs are relatively low because, without the use of drugs, the methods used are relatively simple, so easily understood and practiced by many people, including the subject, can be done alone by the subject (lactating mothers) and pretty assisted by a therapist (midwife), can nourish the element of action, behavior, desire, passion, motivation, initiative, bad habits, etc., to successfully prepare for the mother during lactation, prepare babies to be a healthy, smart and creative generation.

Hypnobreastfeeding technique also uses the subconscious mind to rest the conscious mind through relaxation techniques. The subconscious mind will automatically be guided to do or think about certain things; for example, believe that we could nurse and breast milk will be flowing. Another simple way is listening to the sound of the baby as well as pay attention to the breath. If that is done, it will cause bonding and then triggers the body to produce endorphins (hormone carrier sense of fun and quiet) so that the body feels relaxed (Andriana, 2007).

Hypnobreastfeeding is a natural effort to instill faith into our subconscious mind, to produce enough breast milk for the sake of the baby. The trick is convinced that you can breastfeed exclusively without additional formula. This can be achieved by thinking about positive things that can cause a sense of love and love for the baby. Hypnobreastfeeding is an excellent method to build positive intent and motivation in nursing (Armini, 2016).

Hypnobreastfeedingable to bring a sense of relaxed, comfortable and quiet during breastfeeding, so the whole system in your body will run much more perfect than the breastfeeding process-becomes the meaningful and fun both for you and for your baby. Even hypnobreastfeeding able to help mothers who have trouble breastfeeding can also make the mother can relaxation. The suggestion listens to the baby's voice, notice the snoring breath. There will be bounding attachment or attachments affection will trigger endorphins (the hormone that makes peace) so that the body was more relaxed. If you've woken up the positive intention of the mother, then the mind will be calm, all the cells will be more healthy, and the breast milk production sufficient for the needs of infants up to the age of 6 months. The baby can be breastfed exclusively for up to two years or more because a baby's brain has developed most rapidly in that age (Anshor & Ghalib, 2010).

Kusmiyati's research and Heni (2014) in Yogyakarta found that hypnobreastfeeding lowering anxiety levels in breastfeeding mothers is to score pre-experiment 8.44 to 1.41 during the post-experiment. Therefore, hypnobreastfeeding able to make the mother relax, calm body, mind,

and comfortable during breastfeeding to provide a positive feedback mechanism in the form of response to an increased release of oxytocin and prolactin by the pituitary (Dini et al., 2017).

Affirmations in hypnobreastfeeding like "now you are a mother, who is healthy and confident, your breasts can provide the best food for your baby, breast milk you are fluent and able to meet the needs of your baby with good quality" (Sari, 2008). You become convinced that your breasts can produce breast milk smoothly and sufficient to meet the needs of your baby. You have continuously heard through the voice in the recording Hypnobreastfeeding therapist. The sound is heard repeatedly by the mother so profoundly embedded in the subconscious mind all the time mother and generate motivation and confidence for breastfeeding mothers.

Conclusion

Based on the results of this study concluded that there was no significant difference in motivation giving breast milk among mothers who were treated hypnobreastfeeding with groups of women who were given education lactation. There are substantial differences between breast milk production in women who given hypnobreastfeeding with groups of women who were given a lactation education, with details as follows: Most respondents motivated mothers breast-high with 79,2%, the perception of the breast milk production of 79.2%, and the observation of breast milk production in both categories amounting to 77.1%; There is no significant difference in motivation giving breast milk among mothers who were treated hypnobreastfeeding with groups of women who were given education lactation with p-value 0.488; There are significant differences in the mother's perception of breast milk production, and the observation of breast milk production between the mothers received hypnobreastfeeding therapy in women whose education lactation given by p-value 0.039; There are significant differences between the baby's weight gain by the mother hypnobreastfeeding therapy in women whose education lactation given by a p-value of 0.000.

Based on the results of the study, the recommendation that I gave after doing this research are as follows At any pregnant women or all women who are planning a wedding to increase knowledge by seeking information about education classes hypnobreastfeeding lactation and breastfeeding so that the process can run well and smoothly; For a place to study, continue to provide education hypnobreastfeeding lactation and open classes for every pregnant woman and nursing mother; Educational institutions, especially the obstetrics department, to be able to make research results as a renewal of teaching materials, especially subjects Midwifery care parturition and lactation; For other researchers, to carry out research to determine other independent variables that can affect the motivation and the production of breast milk.

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