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Hypnobreastfeeding Digital Media On Postpartum Depression, Breastfeeding Intention, And Infant Body Weight

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ABSTRACT

Background: The prevalence of stunting is still 21.6% in Indonesia according to data from the Indonesian Nutrition Status Survey, and the specific nutrition intervention to prevent stunting is exclusive breastfeeding. Psychological problems that hinder the breastfeeding process such as maternal depression, low breastfeeding intention are factors that cause the baby's weight gain is not optimal. Hypnobreastfeeding is a non-pharmacological effort, utilizing subconscious energy so that the breastfeeding process runs smoothly in postpartum mothers.

Purpose: of this study was to analyze the effect of hypnobreastfeeding on postpartum depression, breastfeeding intention, and baby weight.

Method: Preexperimental research design with pretest-posttest with control group. The research respondents were 34 postpartum mothers who were divided into two groups, the group treated with hypnobreastfeeding digital media and the control group, which were taken using purposive sampling technique. The research was conducted in July-September 2023 in the Cipendeuy Health Center Working Area. Hypnobreastfeeding was given with audiovisual digital media with a duration of 20 minutes, postpartum depression was measured using the Edinburg Depression Postpartum Scale (EPDS), breastfeeding intentions with the Infant Feeding Intentions Scale, and baby weight was measured with an observation sheet, then the data were analyzed with t-dependent and independent sample t-test.

Results: showed that there was an effect of digital hypnobreastfeeding media on reducing postpartum depression (P value=0.003), increasing breastfeeding intention (P value=0.004), and increasing baby weight (P value=0.000).

Conclusion: It is recommended to use digital hypnobreastfeeding media as nonpharmacological therapy in increasing breastfeeding intention, preventing postpartum depression and stunting.

Keywords: *Weight; Depression; Intention; Digital Media; Hypnobreastfeeding*



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BACKGROUND

Weight gain is an indicator in assessing the nutritional status of infants from 0-6 months of age. Infant growth and development during the first 1000 days of life is rapid and critical, requiring optimal nutrition. Balanced nutritional intake and maximum fulfillment of nutritional needs support optimal growth and development of infants (Lubis & Setiarini, 2022). In contrast, short-term malnutrition will result in disruption of brain development, intelligence, impaired physical growth and metabolic disorders in the body, while the long-term impact is decreased cognitive ability and learning achievement, decreased immunity, and the risk of developing diabetes, obesity, heart disease, blood vessels, cancer, stroke, and disability in old age (Pratiwi et al., 2021). Current conditions in Indonesia, data from the Indonesian Nutrition Status Survey (SSGI) in 2022 show that the incidence of stunting in infants is still 21.6% despite a decrease in the previous year, and this situation is still our homework together. The condition in West Java Province itself is not much different at 20.2%. One of the 11 specific interventions to prevent stunting is exclusive breastfeeding (Liza, 2023).

Breastfeeding is often taken for granted, even though breastfeeding is a process that has a fundamental role in the welfare of mothers and babies. Breast milk is a natural food for infants with the most appropriate level of nutrients provided for optimal growth. The nutritional content of breast milk protects the baby's immune system, allowing the baby to grow and develop properly. Breast milk contains colostrum which is rich in antibodies to increase immunity and kill bacteria in large quantities so that breastfeeding can reduce the risk of death in infants (Misiewicz, 2023).

Physical and psychological problems in the breastfeeding process are certainly common and cause the failure of exclusive breastfeeding. Mental health issues that are of concern today are part of psychological problems, one of which is postpartum depression. The global prevalence of postpartum depression is around 13% and the proportion is higher in developing countries at 20%. The incidence of postpartum depression is high in Asian countries and varies from 26-85% while in Indonesia it ranges from 50-70% (Amandya et al., 2021).

Psychological disorders will affect breastfeeding intention. breastfeeding intention is the mother's action in formulating a plan to provide breast milk to her baby in order to help the baby's growth and development. Strong maternal intention/desire/motivation to breastfeed is an important factor in determining the mother's quality of life, which in turn improves the growth and development of her baby. Breastfeeding intention is one of the determinants of adherent breastfeeding behavior (Castro et al., 2025). A high level of intention of breastfeeding mothers can help achieve the government program, namely exclusive breastfeeding for 6 months to 2 years or more (Asih & Nyimas, 2020).



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Hypnobreastfeeding is a non-pharmacological effort, utilizing subconscious energy so that the breastfeeding process runs smoothly in postpartum women (Septianingrum, 2022). Hypnobreastfeeding is done by diverting attention from stress and anxiety so that the situation during breastfeeding becomes relaxed, calm, and comfortable (Laily & Rahman, 2023). The state of anxiety and stress is reduced, allowing mothers to focus their minds on positive things, increasing self-confidence (Sofiyanti et al., 2019). The above is caused by the hormone cortisol which affects stress is inhibited by the active parasympathetic nerves so that what is released is the hormone oxytocin and endorphin which makes the mother feel calm, comfortable, and happy (Takayanagi & Onaka, 2022). The psychological state of a happy postpartum mother will increase breastfeeding intention and milk production which directly affects the baby's weight gain (Hutabarat & Sihombing, 2021).

The current era of digitalization requires health workers, especially midwives, to be adaptive to all existing conditions. The use of technology, especially in the world of health, has been widely developed so as to help make the provision of health services easier, cheaper, and more efficient. One of them is the use of audiovisual digital media in providing hypnobreastfeeding therapy so that in addition to providing new knowledge to postpartum women, postpartum women can independently carry out this hypnobreastfeeding therapy. The results of the Preliminary Study at the Cipeundeuy Health Center, West Bandung Regency, found that 262 babies were stunted, 108 babies were malnourished, and exclusive breastfeeding coverage was only 50%. The results of interviews with three postpartum mothers found that all mothers did not breastfeed exclusively and did not know about hypnobreastfeeding.

Research on hypnobreastfeeding has existed before, but not in the aspect of utilizing health technology, it is hoped that this research will be the beginning of the development of digital hypnobreastfeeding. Hypnobreastfeeding research is important to do as an alternative solution to prevent stunting, where the Hypnobreastfeeding Method through audio-visual digital media can overcome postpartum depression, increase breastfeeding intention, and increase baby growth.

OBJECTIVE

The objective of the research was to analyze the effect of hypnobreastfeeding on postpartum depression, breastfeeding intention, and baby weight.

METHODS

The research method is preexperimental design with pretest-posttest with control group on 34 postpartum mothers who have babies divided into two groups, namely the group treated with digital hypnobreastfeeding media and the control group, which was



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taken using purposive sampling technique. The research was conducted in July-September 2023 in the Cipendeuy Health Center Working Area. Digital audiovisual hypnobreastfeeding was given to postpartum mothers 1 day by viewing videos for 2x per day (morning and night) with a duration of 20 minutes for 14 days. Postpartum depression was measured using the Edinburg Depression Postpartum Scale (EPDS), breastfeeding intentions with the Infant Feeding Intentions Scale, and baby weight using an observation sheet measured before and after treatment on day 15, then the data were analyzed by t-dependent and independent sample t-test.

RESULTS

Table 1. Mean Postpartum Depression, Breastfeeding Intention, and Infant Weight Gain Before and After Intervention in Treatment and Control Groups

Variable	N	Treatment Groups				Control Groups			
		Mean		SD		Mean		SD	
		Before	After	Before	After	Before	After	Before	After
Postpartum Depression	17	13	7.88	3.937	3.498	11.06	11.09	3.960	3.280
Breastfeeding Intention	17	16	18	1.458	1.061	14.94	16.12	1.919	2.176
Weight Gain	17	3458.82	3888.24	166.053	211.785	3429.41	3441.18	164.942	127.764

Based on Table 1. obtained the results of the analysis of the average postpartum depression in the treatment group before the intervention was 13 with a standard deviation of 3,937 and after the intervention was 7.88 with a standard deviation of 3,498, while in the control group obtained before the intervention was 11.06 with a standard deviation of 3,960 and after the intervention was 11.09 with a standard deviation of 3,280.

The results of the analysis of the average intention to breastfeed in the treatment group before the intervention was 16 with a standard deviation of 1,458 and after the intervention was 18 with a standard deviation of 1,061, while in the control group obtained before the intervention was 14.94 with a standard deviation of 1,919 and after the intervention was 16.12 with a standard deviation of 2,176.

The results of the analysis of the average body weight of infants in the treatment group before the intervention was 3458.82 with a standard deviation of 166,053 and after the intervention was 3888.24 with a standard deviation of 211,785, while in the control group obtained before the intervention was 3429.41 with a standard deviation of 164,942 and after the intervention was 3441.18 with a standard deviation of 127,764.



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Table 2. Differences in Postpartum Depression, Breastfeeding Intention, and Infant Weight Before and After Intervention in Treatment and Control Groups

Variable	N	Treatment Groups				P value	Control Groups				P value
		Mean		SD			Mean		SD		
		Before	After	Before	After		Before	After	Before	After	
Postpartum Depression	17	13	7.88	3.937	3.498	0,000	11.06	11.09	3.960	3.280	0,414
Breastfeeding Intention	17	16	18	1.458	1.061	0,000	14.94	16.12	1.919	2.176	0,030
Weight Gain	17	3458.82	3888.24	166.053	211.785	0,000	3429.41	3441.18	164.942	127.764	0,651

Based on table 2, the results of the analysis of the average postpartum depression in the treatment group before the intervention was 13 and after the intervention was 7.88. The statistical test results of the dependent t-test obtained P value = 0.000 ($\alpha \leq 0.05$). It can be concluded that there is a significant difference in the average postpartum depression before and after the intervention of hypnobreastfeeding gital media. the results of the analysis of the average postpartum depression in the control group before the intervention was 11.06 and after the intervention was 11.09. The statistical test results of the dependent t-test obtained P value = 0.414 ($\alpha \leq 0.05$). It can be concluded that there is no significant difference in the average postpartum depression before and after the intervention of hypnobreastfeeding gital media.

The results of the analysis of the average intention to breastfeed in the treatment group before the intervention was 16 and after the intervention was 18. The statistical test results of the t-dependent test obtained P value = 0.000 ($\alpha \leq 0.05$). The results of the analysis of the average intention to breastfeed in the control group before the intervention was 14.94 and after the intervention was 16.12. The statistical test results of the dependent t-test obtained P value = 0.030 ($\alpha \leq 0.05$). It can be concluded that there is a significant difference in the average intention to breastfeed before and after the intervention of providing hypnobreastfeeding gital media in the treatment and control groups.

The results of the analysis of the average baby weight in the treatment group before the intervention was 3458.82 and after the intervention was 3888.24. The statistical test results of the dependent t-test obtained P value = 0.000 ($\alpha \leq 0.05$). It can be concluded that there is a significant difference in the average body weight of infants before and after the intervention of providing hypnobreastfeeding gital media. the results of the analysis of the average body weight of infants in the control group before the intervention were 3429.41 and after the intervention were 3441.18. The statistical test results of the dependent t-test obtained P value = 0.651 ($\alpha \leq 0.05$). It can be concluded that there is no



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significant difference in the average body weight of infants before and after the intervention of hypnobreastfeeding gital media.

Table 3 Effect of Postpartum Depression, Breastfeeding Intention, and Infant Weight in Treatment and Control Groups

Variable	N	Treatment Groups		Control Groups		P value
		Mean	SD	Mean	SD	
Postpartum Depression	17	7.88	3.498	11.59	3.280	0,003
Breastfeeding Intention	17	18	1.061	16.12	2.176	0,004
Weight Gain	17	3888.24	211.785	3441.18	127.764	0,000

Based on table 3, the results of the analysis of the average postpartum depression after intervention in the treatment group were 7.88 and in the control group 11.59. Statistical test results from the independent sample t-Test test obtained P value = 0.003 ($\alpha \leq 0.05$). There is a significant difference between the treatment group and the control group which means H₀ is rejected and H_a is accepted. It can be concluded that there is an effect of digital hypnobreastfeeding media on reducing postpartum depression.

The results of the analysis of the average intention to breastfeed after intervention in the treatment group were 18 and in the control group 16.12. The statistical test results of the independent sample t-Test test obtained P value = 0.004 ($\alpha \leq 0.05$). There is a significant difference between the treatment group and the control group which means H₀ is rejected and H_a is accepted. It can be concluded that there is an effect of digital hypnobreastfeeding media on increasing breastfeeding intention.

The results of the analysis of the average baby weight after intervention in the treatment group were 3888.24 and in the control group 3441.18. Statistical test results from the independent sample t-Test test obtained P value = 0.004 ($\alpha \leq 0.05$). There is a significant difference between the treatment group and the control group, which means H₀ is rejected and H_a is accepted. It can be concluded that there is an effect of digital hypnobreastfeeding media on infant weight gain.

DISCUSSION

The effect of Digital Hypnobreastfeeding Media on Postpartum Depression

The results showed the average postpartum depression score in the treatment group before the intervention was 13 and after the intervention was 7.88, while in the control group obtained before the intervention was 11.06 and after the intervention was 11.09. Depression screening in postpartum mothers using the Edinburgh Postnatal Depression



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Scale, which consists of 10 questions with a score measurement >13 indicated depression. Based on statistical tests there was a decrease in depression scores in the treatment group. Physical and psychological changes occur during the postpartum period. Psychological conditions of postpartum women experience psychological changes due to the transition of roles, from not having a child, the presence of a baby, then there is a transition period of the role of being a parent, including the role of breastfeeding and the role of nurturing and caring for the baby. Becoming a parent is a crisis in itself and mothers must be able to get through the transition. Midwives as midwifery care providers have a role to facilitate postpartum mothers to face psychological changes, although in general these changes are normal, but mothers must be facilitated, supported, and assisted to go through this phase of change well (Shivairová et al., 2024).

Postpartum blues is a common condition of mild depression and is considered normal for postpartum mothers. Two-thirds of mothers who have given birth to their babies will experience several symptoms of depression such as emotional imbalance, irritability, irritability, sadness, signs of a known cause, and crying easily. The results of the study show that the causes of baby blues include postpartum hormonal changes that occur suddenly, the psychological condition of the mother who is not ready to face the birth of her baby or the uncertainty of assuming the role of mother (Bidan dan Dosen Kebidanan Indonesia, 2019).

Baby blues will recover spontaneously without special treatment, but if the symptoms persist or even get worse, it is necessary to be aware of more severe depression or postpartum psychosis. The results showed that 5% of postpartum mothers with baby blues progressed to postpartum depression or postpartum depression. Postpartum depression is a serious disorder that can occur after a mother gives birth to her baby with no known cause. In some cases, postpartum mothers who experience depression tend to have more extreme thoughts of harming themselves or their babies (Bidan dan Dosen Kebidanan Indonesia, 2019).

Factors that influence the occurrence of postpartum depression include prenatal anxiety, prenatal depression, self-esteem, stress on children, stress on life, lack of social support, less harmonious husband and wife relationships, previous history of depression, confusion with the baby's temperament, marital status, social economic status, labor blues, and unwanted or unplanned pregnancy (Bidan dan Dosen Kebidanan Indonesia, 2019).

Signs and symptoms of postpartum depression include the onset of sadness, changes in eating and sleeping patterns, mothers feel always tired, decreased libido, feel anxious, irritable, feel lonely, unstable emotions, cry continuously without definite cause and have extreme thoughts of harming themselves and or their children (Bidan dan Dosen Kebidanan Indonesia, 2019).



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Handling postpartum depression can be done in two ways, namely pharmacology and non-pharmacology. Research proves that pharmacological treatment of postpartum depression is more effective in overcoming postpartum depression, but pharmacological treatment (antidepressant drugs) is less desirable for postpartum women because it has an impact on breast milk production and output. Non-pharmacological treatments for postpartum depression include continuous and comprehensive support from husband, family, neighbors and other support groups, adequate rest, exercise and healthy food consumption (Bidan dan Dosen Kebidanan Indonesia, 2019).

Nonpharmacological treatments such as Hypnobreastfeeding are proven to prevent postpartum depression, reinforced by several research results, including Virgian and Witari's research, confirming that Hypnobreastfeeding effectively reduces postpartum maternal anxiety (Virgian & Setiawati, 2021) (Witari et al., 2022).

The Effect of Digital Hypnobreastfeeding Media on Breastfeeding Intention

Intention is the power of individuals to plan behavior and efforts to realize behavior. In general, if the higher the individual's intention, the higher the likelihood of the individual to realize the behavior. Intention is a person's action in formulating a plan so that it can show specific or not specific conscious future achievements. Intention is formed by the strength of commitment in indicating whether to do the behavior or not, giving rise to the hope that the behavior will be realized even though it does not yet have a commitment or plan. Intention is the main determinant of behavior obtained from the results of the underlying cognitive process, namely the commitment to take certain actions at certain times and places and the identification of definitive strategies to generate, carry out and strengthen behavior, so from intention can predict how much exclusive breastfeeding is achieved (Kusumaningtiar & Nurwahidah, 2023). Breastfeeding intention is the mother's action in formulating a plan to provide breast milk to her baby in order to help the baby's growth and development.

The provision of audiovisual hypnobreastfeeding in this study was proven to increase mothers' intention to breastfeed. The average score of breastfeeding intention in the treatment group increased from 16 to 18. It can be concluded that there is a significant difference in the average intention to breastfeed before and after the intervention of providing hypnobreastfeeding digital media (P value = 0.030). Giving positive affirmations helps the mother's confidence in the breastfeeding process so that it increases the mother's motivation which has an impact on milk production (Virgian, 2022).

The Effect of Digital Hypnobreastfeeding Media on Infant Weight

Body weight is the most important anthropometric measurement in infancy and toddlerhood. Body weight is the result of the addition or subtraction of all tissues in the



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body. Body weight can be interpreted as the best indicator in knowing the composition of nutrients that play a role in the process of child growth and development. In addition, body weight is an objective measurement, can provide the best results in measurement because it is sensitive to small changes and can be repeated to reconfirm the results of measurements that have been made. Nutritional composition is a state resulting from the balance between consumption and absorption of nutrients and nutrients contained or physiological state as a result of the availability of nutrients in the cells of the body. Weight change is a very precise measurement in determining the success of a child's nutritional status against the fulfillment of nutrients aimed at the child's weight (Wickramasinghe et al., 2024).

Under normal conditions, after giving birth on the first and second days of the postpartum period, breast milk produced is around 50-10 ml a day. The amount will increase to 500 ml in the second week, and will continue to increase in the 10-14 days after delivery. On the 14th day (2 weeks) after delivery, the size of the uterus will gradually shrink to 350 grams, and will return to normal as usual on the 60th day or in the 8th week. At that time the influence of estrogen and progesterone has disappeared, and is completely replaced by the hormone prolactin which will stimulate milk production, besides the influence of oxytocin causing the myoepithelium of the mammary glands to contract so that breast milk comes out, in the second week and onwards milk production will increase (Castro et al., 2025).

Inadequate milk production makes mothers experience difficulties in the breastfeeding process, especially in the early postpartum period. This is often experienced by most mothers (60%) on the first to third day after giving birth. As many as 56.4% of mothers complained of no breast milk on the first day of the postpartum period, 16.6% of mothers complained of low milk production, and 27% of mothers complained of poor milk production. This condition causes mothers to stop breastfeeding and even prefer to give formula milk to their babies (Kementerian Kesehatan RI, 2020). A decrease in breastmilk production on the first day after childbirth can be caused by a lack of stimulation of prolactin and oxytocin hormones that play a role in the smooth production of breastmilk. Lack of milk production can be caused by discomfort, tension, anxiety, and pain.

The baby's suckling is very influential in stimulating further milk production, therefore scheduled breastfeeding is not good. If the baby gets other foods including water, it can cause the baby to get sick and reduce milk production because the mother produces milk depending on how much milk the baby sucks (Sofiyanti et al., 2019).

Hypnobreastfeeding is a natural effort to use subconscious energy so that the breastfeeding process runs smoothly. Hypnobreastfeeding is done by distracting the mother from stress and anxiety, especially in primiparous mothers so that the situation



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becomes very relaxed in the breastfeeding process. Hypnobreastfeeding can be done by the practitioner or the subject's own behavior .

The mechanism of hypnobreastfeeding is to reduce anxiety and stress in mothers so as to increase milk production, eliminate anxiety and fear so that they can focus their minds on positive things and increase maternal self-confidence so as to make mothers feel better and believe in their role as a mother. This is caused by the hormone cortisol which affects stress is inhibited by the active production of sympathetic nerves so that what comes out is the hormone oxytocin and endorphins so that the mother feels calm, comfortable, and happy (Sofiyanti et al., 2019).

Video as one of the audio-visual media is one of the learning media that can be used in the teaching and learning process. The images and sounds that appear on the video showing the scenery of mountains, rice fields and rivers with a fairly long duration are expected to be able to make respondents not get bored quickly while stimulating the mother's interest in listening to it in a relaxed manner. This type of media has better capabilities because it involves the two largest senses in the absorption of information, namely the senses of sight and hearing.

The advantage of media with natural content is a very accessible tool that involves the five senses. Nature provides great restorative effects on health, such as lowering blood pressure, contributing to a positive emotional state, lowering stress hormone levels and increasing energy. The human senses include hearing, sight, touch, and smell and taste, each of these five senses plays an important role in the healing process. In the sense of hearing, pleasant and soothing sounds can reduce blood pressure and heart rate, thus creating an atmosphere that then affects the nervous system. For example, the sound of music is used to reduce depression, calm and relax; the sound of fountains, can awaken spiritual energy and evoke a feeling of closeness to nature of mountains and waterfalls; sounds in nature, such as the sound of rain, wind, bird calls, etc. can provide a calm atmosphere and create a sense of well-being.

Hypnobreastfeeding is a non-pharmacological effort, utilizing the energy of the subconscious so that the breastfeeding process runs smoothly in postpartum women (Septianingrum, 2022). Hypnobreastfeeding is done by diverting attention from stress and anxiety so that the situation during breastfeeding becomes relaxed, calm, and comfortable (Laily & Rahman, 2023). The state of anxiety and stress is reduced, allowing mothers to focus their minds on positive things, increasing self-confidence (Sofiyanti et al., 2019). The above is caused by the hormone cortisol which affects stress is inhibited by the active parasympathetic nerves so that what is released is the hormone oxytocin and endorphin which makes the mother feel calm, comfortable, and happy (Takayanagi & Onaka, 2022). The psychological state of happy postpartum mothers will increase breastfeeding



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intention and milk production which directly affects the baby's weight gain (Hutabarat & Sihombing, 2021).

CONCLUSION

Hypnobreastfeeding digital media has an effect on reducing postpartum depression, increasing breastfeeding intention, and increasing baby weight. It is recommended to use digital hypnobreastfeeding media as a non-pharmacological therapy in increasing breastfeeding intention, preventing postpartum depression and stunting.

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