

The Effectiveness of Hypnobreastfeeding and Marmet Techniques in Improving Breast Milk Production

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ABSTRACT

Background: Breast milk as a natural food is the best food that a mother can give to a newborn child. Judging from the factor of peace of mind and mind to produce good breast milk, the mental condition and mind must be calm. The psychological state of the mother who is depressed, sad, stressed, anxious, depressed and tense will reduce the volume of breast milk. One of the methods that can be done to increase milk production is Hypnobreastfeeding and marmet technique. The purpose of this study was to examine the effectiveness of hypnobreastfeeding and marmet techniques in increasing breast milk production.

Subjects and Method: This study used a quasi-experimental design with a non-equivalent control group design. The population in this study were pregnant women ≥ 36 weeks in the Banjar District Health Center in 2019 (Aranio, Astambul and Mataraman). The sample of the study was 45 pregnant women ≥ 36 weeks consisting of 3 groups, namely the group that received hypnobreastfeeding treatment, the group that received the marmet technique

treatment and the group that did not get the treatment consisted of 15 people each. Bivariable analysis used the one way anova statistical test.

Results: Breast milk production in the hypnobreastfeeding group Hypnobreastfeeding vs control group (mean= 2.00; SD= 0.50; p= 0.001); The marmet technique vs marmet technique group (mean= 1.87; SD= 0.50; p= 0.002). The marmet technique vs control group (mean= 1.87; SD= 0.50; p= 0.002).

Conclusion: Pregnant women should get hypnobreastfeeding during pregnancy and after giving birth, health workers, especially midwives, to have hypnobreastfeeding skills.

Keywords: hypnobreastfeeding, marmet technique, milk production

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BACKGROUND

Breast milk as natural food and the best part for newborns because its composition is suitable for the growth of the baby and breast milk also contains protective substances that have an emotional influence between mother and child, especially the mental development of the child. Likewise, there is a significant relationship between breastfeeding and pregnancy spacing (Syai-

fudin et al, 2011). Given the enormous benefits of breastfeeding, WHO and UNICEF recommend that mothers provide exclusive breastfeeding, namely only breastfeeding without complementary food and drinks to babies aged 0-6 months.

Exclusive breastfeeding is very useful for preventing infectious diseases in infants and determining infant growth and development (Ministry of Health, 2014). It is

estimated that 80% of the number of mothers giving birth is able to produce breast milk in sufficient quantities for the full needs of their babies without complementary foods during the first six months, even mothers who are not well nourished can often produce enough breast milk without additional food for the first three months (Syafrudin et al. 2011). Based on data from the WHO in 2016, the average rate of exclusive breastfeeding in the new world was around 38%. Exclusive breastfeeding coverage in Indonesia in 2015 was at 55.7%, decreasing in 2016 to 54.0 % and has increased again in 2017 to 61.33% (Ministry of Health, 2015,2016, 2017). In Indonesia, although a large number of women (96%) breastfeed their children, only (42%) babies are exclusively breastfed and only (55%) are still breastfed when the children approach their second birthday.

The target for achieving exclusive breastfeeding in South Kalimantan is 80%. In 2016, babies who received exclusive breastfeeding in South Kalimantan were 50.9% and in 2017 it decreased to 36.8% (South Kalimantan Provincial Health Office, 2016, 2017). Data from the Banjar District Health Office in 2016 the coverage of exclusive breastfeeding reached 39.5% and an increase in 2017 by 41.8%. This data was still far below the target of 80%. The coverage of exclusive breastfeeding in the Community Health Center Area of Banjar Regency in 2017 was less than 25%, including in the Paramasan Community Health Center Area 15.69%, the Aranio Community Health Center Area of 20.74%, the Astambul Community Health Center Area 22.60 %, The area of the Mataraman community health center 23.18%, and the area of the Community Health Center Kontak Makmur 23.26% (Banjar District Health Office, 2016, 2017).

Facts in the field that are found today are that there are still mothers who are not aware of the importance of giving only breastmilk to their babies during the first six months of life and this is a protection and support for the fulfillment of reproductive rights for all individuals and families, it is hoped that reproductive services can be carried out comprehensively (Noviana, 2018).

Many breastfeeding mothers do not provide exclusive breastfeeding for their babies due to reasons that milk production is not smooth or even breastmilk does not come out, work or career, culture, lack of support from family, especially husbands, and some mothers do not provide exclusive breastfeeding to their babies just because they join in. friend. The mother's decision to breastfeed or not related to her previous breastfeeding experience. Mothers who breastfeed for the first time are considered inexperienced compared to mothers who have had previous breastfeeding experience. The demands of breastfeeding for a mother will be felt heavy so that it can cause psychological disorders such as anxiety (Bentelu, 2015).

Febriana (2010) showed that 73.3% of mothers who experienced psychological disorders or mild anxiety experienced and 66.7% experienced poor milk production. Mental and psychological factors of breastfeeding mothers greatly influence the breastfeeding process and the smooth production of breast milk. Feelings of stress, pressure, and discomfort experienced by a mother can reduce the amount of breast milk that comes out (Bahiyatun, 2009).

Various policies regarding exclusive breastfeeding have been carried out by the government, including issuing Government Regulation no. 33 of 2012 as an affirmation of women's right to breastfeed (including in the workplace) and prohibits the promotion

of breastmilk substitutes. The government also emphasized that the lactation corner should be provided in public facilities and offices and include Early Breastfeeding Initiation in Normal Childbirth Care. In order for the realization of a good public policy, in this case the policy on exclusive breastfeeding, the implementation of the policy must be appropriate and can meet the needs of the community (Noviana, et al, 2019).

Several things that affect breast milk production include food, peace of mind and mind, use of contraceptives, breast care, breast anatomy, physiological factors, rest patterns, suckling factors and breastfeeding frequency, baby weight, gestational age and childbirth and consumption of cigarettes and alcohol. Judging from the factor of peace of mind and mind to produce good breast milk, the mental condition and mind must be calm. The psychological state of mothers who are depressed, sad, stressed, anxious, depressed and tense will reduce the volume of breast milk (Dewi and Sunarsih, 2011).

Biancuzzo (2003) stated that the indirect factor of breast milk production consists of limiting the time of the mother (breastfeeding time schedule, working mother) socio-culture, education, family support, friends and health workers, age, parity, mother's comfort factor, baby factor (weight, health status). Direct factors consisted of breastfeeding behavior (time of initiation, frequency of duration of breastfeeding, night feeding), psychological factors, physiological factors, methods of stimulating breastfeeding (marmet technique, oxytocin massage, hypnobreastfeeding).

The production and excretion of breast milk in the body is influenced by two hormones, namely prolactin and oxytocin. Prolactin affects milk production, while oxytocin affects the process of expressing

breast milk. The hormone oxytocin is strongly influenced by mood, happiness, feeling loved, feeling safe, calm, and relaxed. If these two hormones work optimally, breast milk will come out smoothly and quickly. One way to encourage the right mindset in breastfeeding is hypnobreastfeeding.

Hypnobreastfeeding is a relaxation technique to help smooth the breastfeeding process. How to include positive affirmations that help the breastfeeding process when the mother is relaxed or very concentrated on something. The definition of hypnosis itself is an unconscious condition that occurs naturally, where a person is able to live certain thoughts and suggestions to achieve the desired psychological, physical or spiritual changes. Hypnosis itself occurs automatically whenever someone is in a deep relaxed state or fully concentrated. This technique is more comfortable, safe, practical and easy to do (Astin et al., 2003; Kuswandi 2009).

Another technique that can be done to overcome the difficulty of expressing breast milk when the baby is breastfeeding is the marmet technique. This technique is a method of massaging and stimulating so that the milk release reflex is more optimal. Technique is a treatment action carried out, either by post partum mothers assisted by health workers others, performed from the first or second day after delivery. Movement in breast care is useful for expediting breast milk, preventing blockage of the milk ducts, and improving blood circulation (Suryoprajogo, 2009).

Marlina et al. (2013) showed that post partum mothers who had 70% of the *marmet* technique produced good breast milk, while in the control group who were not given the marmet technique only 30% had good milk production.

A Preliminary Study in the Karang Intan I Health Center Area of 10 toddlers found that 4 people (40%) did not provide exclusive breastfeeding because of insufficient milk production during breastfeeding. The benefits of exclusive breastfeeding are very important for the growth and development of babies and the low coverage of exclusive breastfeeding, although various policies that support exclusive breastfeeding have been carried out by the government, so the authors are interested in conducting research on the effectiveness of hypnobreastfeeding and marmet techniques in increasing breast milk production in Banjar Regency in 2019.

SUBJECTS AND METHOD

1. Desain Study

This is a quasi-experimental study with a non-equivalent control group design. This study observed the outcome variable at the same time for the treatment group and the control group, after the treatment was given to the treatment group (subject). In this study, there were 3 groups, namely the group that received hypnobreastfeeding treatment, the group that received the marmet technique treatment, and the control group who received no treatment. The research design is as follows:

2. Population and Sample

The study population was pregnant women aged 20-35 years old with gestational age ≥ 36 weeks in the Banjar District Health Center in 2019.

The research sample was pregnant women with gestational age ≥ 36 weeks in the community Health centers with less than 25% exclusive breastfeeding coverage, namely the Aranio, Astambul, and Mataraman community Health centers areas. The number of pregnant women ≥ 36 weeks in the work area of community Health centers Aranio is 9 people, in the working area of

community Health centers Astambul there are 59 people and in the working area of community Health centers Mataraman there are 32 people.

This study consisted of 3 groups, namely hypnobreastfeeding group, marmet group, and control. Each group has 15 study subjects. The study subjects were selected by purposive sampling. Samples were determined based on inclusion criteria and exclusion criteria.

3. Operational Definition of Variables

An operational definition was defining variables operationally based on observed characteristics, thus enabling the author to make careful observations or measurements of an object or phenomenon. The operational definition is determined based on the parameters used as the measurement in the study. Meanwhile, the measurement method is a way in which variables can be measured and their characteristics are determined (Hidayat, 2007). The operational definition in this research can be seen in the following:

Hypnobreastfeeding Intervention was a relaxation technique performed on pregnant women with gestational age ≥ 36 weeks to help smooth the process of breastfeeding by doing muscle relaxation, breath relaxation, and mind relaxation by entering positive sentences that are suggestive in the form of giving posters to remind mothers to be motivated to give breast milk. Interventions were carried out twice during pregnancy and after the baby was born.

Marmet technic intervention was a breast massage technique performed on pregnant women with a gestational age of ≥ 36 weeks every 2 times a week to help improve the reflex to release breastmilk.

Breastmilk production was measured by 10 indicators: (1) Breast milk leaks out of the nipple; (2) The breasts feel full or tense; (3) Breast milk is still dripping after breast-

feeding; (4) Feed 8-10 times in 24 hours; (5) After breastfeeding, the baby does not seek the direction of touch; (6) Fall asleep quietly for 3-4 hours; (7) urination at least 8 times a day; 8) Baby urine is clear; 9) Babies CHAPTER 3-4 / 24 hours; 10) Baby weight increases a week around 150-200 grams.

4. Study Variables

The variables of this study were Hypno-breastfeeding intervention, marnet technique intervention and breast milk production. The measurement scale uses an ordinal scale and an interval scale. For the ordinal scale, the categories are done and not done. While the categorization interval scale with a score of 1-10.

5. Study Instrument

The research instrument used was a baby's weight scale with an accuracy of 0.1 Kg. Meanwhile, the instrument used in this study was a questionnaire containing the characteristics of the respondents, an observation sheet on the baby's weight, guidelines for the implementation of hypnobreastfeeding and guidelines for the implementation of the marmettechnique.

1. Characteristics of Respondents

Table 1. Sample Characteristics of Post partum Mother

Characteristic	Category	n	%
Age	20-25	8	53.33
	26-30	3	20.00
	31-35	4	26.67
Wife	Housewife	13	86.67
	Entrepreneur	1	6.67
	PrivateCivil	1	6.67
	servants	0	0.00
Education	Elementary School - Junior high school	6	40.00
	Senior High School	7	46.67
	College	2	13.33
Number of children	1	6	40.00
	2	6	40.00
	3	2	13.33
	4	1	6.67

In Table 2 showed that post partum breast milk production in the hypnobreast-

6. Data analysis

Univariable analysis only produces frequency distribution and percentage of each variable, while bivariable analysis to test the effect uses Oneway Anova test and bivariable analysis to test effectiveness uses Oneway Anova test

7. Research Ethics

Study ethics include informed consent, anonymity, confidentiality and ethical clearance. Ethical clearance in this study was carried out at Banjar District Health Center Area.

RESULTS

Characteristic age: showed as many as 8 people (53.33%) in the control group aged 20-25 years. Characteristic Wife: It shows that 13 people (86.67%) in the control group do not work. Characteristic education shows that as many as 10 people (66.67%) in the hypnobreastfeeding group elementary scholl-junior high school education. Characteristic number of children: shows as many as 6 people (40.00%) in the control group have 1 child and 2 children.

feeding group has a mean value of 7.67, while in the marmet technique group has a

mean value of 5.80 and in the control group has a mean value of 5.67.

Differences in the effect of control, hypnobreastfeeding and marmet techniques in increasing breast milk production in postpartum mothers

The data normality test used the Levene Statistic test and the p value was 0.137. There was no significant difference and the data were normally distributed.

Table 2. Sample Characteristic Breastmilk Production in Postpartum Mothers

Group	Breastmilk Production				p
	Mean	SD	Min.	Max.	
Control	5.67	1.05	4	7	0.005
Hypnobreastfeeding	7.67	1.35	5	9	
Marmet Technique	5.80	1.66	3	9	

In Table 3, the ANOVA test results, p value was 0.001, indicating that there are differences in breast milk production in the three groups. Researchers carried out

further analysis to determine which groups had the most influence on increasing milk production.

Table 3. Differences in the Effect of Control, Hypnobreastfeeding and Marmet Techniques in Increasing Breast Milk Production

Group	Mean	SD	p
Control vs Marmet Technique	5.67	1.05	0.001
Control vs Hypnobreastfeeding	7.67	1.35	
Marmet Technique vs Hypnobreastfeeding	5.80	1.66	

Table 4 reported the differences in the effect of marmet and hypnobreastfeeding techniques in increasing breast milk production in postpartum mothers in Banjar Regency in 2019.

hypnobreastfeeding group (p= 0.001). There was a significant difference in the increase in milk production in the marmet group with the Hypnobreastfeeding group (p= 0.002). There was a significant difference in the increase in breast milk production between the hypnobreastfeeding group and the marmet group (p= 0.002).

In table 4, the results of the post hoc test in the Turkey test show that there is a significant difference in the increase in milk production in the control group with the

Table 4. Differences in the effect of marmet and hypnobreastfeeding techniques in increasing breast milk production in postpartum mothers

Group	Mean	SD	p
Hypnobreastfeeding Control	2.00	0.50	0.001
Marmet Technique Control	-1.87	0.50	0.002
Hypnobreastfeeding Marmet Technique	1.87	0.50	0.002

DISCUSSION

Breast milk production was a condition where the alveoli cells produce milk which is then collected in the ducts which are

influenced by various factors (Nabilah, 2014). Production of outgoing breast milk begins on days 2-5 after the mother gives birth (Proverawati and Rahmawati, 2010).

According to Saleha (2009), to determine the amount / smoothness of milk production, several criteria that can be used as a benchmark to determine whether or not the amount of breastmilk is sufficient is a) a lot of breastmilk can leak out through the nipple, b) before being fed, the breast feels tense, c) weight increases according to age, d) If breastfeeding is sufficient, after breastfeeding the baby will fall asleep/ calm down for 3-4 hours, e) The baby is urinating more often, about 8 times a day. According to Suhariono (2009), states that indicators are used to determine smoothness. Breast milk production includes a lot of milk that can leak out through the nipple, the breasts feel full or tense before breastfeeding, breast milk is still dripping after breastfeeding, the baby feeds at least 8-10 times in 24 hours, After breastfeeding, the baby will not react when stimulated For example, touching the cheek, the baby will not look for the direction of touch, if the milk is sufficient, after the baby is fed, the baby will fall asleep quietly for 3-4 hours, the baby is more limp 8 times a day, baby urine is clear, and the stool is yellowish. Baby's weight increases according to age. The baby's weight gain per day is 15-20 grams, around 150-200 grams a week and 700-800 grams a month.

Several things that affect breast milk production include food, mental and mental health, use of contraceptives, breast care, breast anatomy, physiological factors, rest patterns, suckling factors and breastfeeding frequency, baby weight, gestational age and childbirth, and consumption of cigarettes and alcohol. Judging from the factor of peace of mind and mind to produce good breast milk, the mental condition and mind must be calm. The psychological state of the mother who is depressed, sad, stressed, anxious, depressed and tense will reduce the volume of breast milk (Dewi et al., 2011). Biancuzzo (2003) stated

that breastmilk production indirect factors consisted of maternal time restrictions (breastfeeding time schedule, working mothers), socio-cultural factors, education, family support, friends and health workers, age, parity, maternal comfort factors, infant factors (weight, health status). Direct factors consisted of breastfeeding behavior (time of initiation, frequency of duration of breastfeeding, night feeding), psychological factors, physiological factors, methods of stimulating breastfeeding (marmet technique, oxytocin massage, hypnobreastfeeding).

The production of breast milk in the hypnobreastfeeding technique group had a higher mean value when compared to the control group respondents. Intervention in the hypnobreastfeeding group respondents was intervened 2 times, namely once during pregnancy and once during childbirth. By doing hypnobreastfeeding The advantages and benefits that can be obtained from using hypnobreastfeeding is as a means of relaxation, the costs are relatively low because without the use of drugs, the method is relatively simple so that it is easily understood and practiced by many people, including subjects (breastfeeding mothers) and is sufficiently assisted by one therapists (midwives), can nourish the elements of action, behavior, desire, enthusiasm, motivation, initiative, bad habits and prepare mothers to succeed during breastfeeding and prepare babies to become healthy, intelligent and creative generations (Kuswandi, 2009).

The milk production of respondents in the marmet technique group had a higher mean value than those of the control group. Respondents in the guinea pig technique were given intervention from pregnancy until the baby was 14 days old. This technique aims to empty the milk from the lactiferous sinuses which are located

under the areola so that it is hoped that emptying the milk in the lactiferous sinuses will stimulate the release of prolactin. Expenditure of the hormone prolactin is expected to stimulate mammary alveoli to produce breast milk. The more breast milk is removed or emptied from the breast, the better the milk production in the breast (Utami, 2009).

A study by Indriyani and Asmuji (2016) in Jember found that a combination of hypnobreastfeeding and consumption of blustru was effective in optimizing colostrum production in nursing mothers.

This study is in line with Ningrum et al. (2017) in Kediri, it was found that there was an effect of giving the marmet technique on breast milk production in post partum mothers ($p= 0.007$). A study by Widiastuti et al., (2015) in Magelang found that there was an effect of the marmet technique on the fluency of breastfeeding ($p= 0.010$) and there was no effect on weight gain in the neonatal period ($p= 0.380$).

The results showed that respondents in the hypnobreastfeeding group had a higher mean value than those of the marmet technique group with a mean value of 7.67 and based on the effectiveness test, it was found that the level of effectiveness of the hypnobreastfeeding group was 36% when compared to the marmet technique group.

In the hypnobreastfeeding group, this was done 2 times, namely when the mother was pregnant and the mother gave birth. Hypnobreastfeeding makes the mother relax, the cost is relatively low, does not use drugs, the method is relatively simple so that the mother has the desire, enthusiasm, motivation, initiative, and can prepare her to be successful during breastfeeding.

Based on the results of research conducted on 45 pregnant women in Banjar

Regency, the following conclusions were obtained: breast milk production of control group respondents has a mean value of 5.67, the milk production of respondents in the hypnobreasfeeding group has a mean value of 7.67 and the milk production of respondents in the marmet technique group has a mean value of 5.80. There was a significant difference in the increase in milk production in the three groups, namely the Hypnobreastfeeding group, the marmet technique group and the control group. The Hypnobreasfeeding group was more effective in increasing milk production when compared to the marmet technique with a mean value of 7.67 and based on the effectiveness test, the Hypnobreastfeeding group had an effectiveness level of 36% compared to the control technique group.

AUTHOR CONTRIBUTION

All members have the same role in coordinating studies, conducting all stages of study, and completing study papers.

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CONFLICT OF INTEREST

Nothing to disclosure.

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REFERENCE

- Astin JA, Shapiro SL, Eisenberg DM, Forsys KL (2003). Mind-Body medicine: state of the science, implications for practice. *J Am Board Fam Pract.* 16(2): 131-47. <https://doi.org/10.3122/jabfm.16.2.131>.
- Bahiyatun (2009). Buku ajar asuhan kebidanan nifas normal. Jakarta: EGC.
- Bentelu FWM, Kundre R, Bataha YB (2015). Perbedaan tingkat kecemasan dalam proses menyusui antara ibu primipara dan multipara di rs pancaran kasih gmim manado. *E-journal Keperawatan (e-Kp).* 3(2).
- Biancuzzo M (2003). Breastfeeding the newborn; clinical strategies for nurses. St.Louis: Mosby.
- Banjar District Health Office (2016). Health Profile of Banjar Regency in 2016. Banjar Regency.
- Banjar Regency Health Office (2017). Health Profile of Banjar Regency in 2017. Banjar Regency.
- South Kalimantan Provincial Health Office, (2016). Health profile 2016. Banjarmasin.
- South Kalimantan Provincial Health Office (2017). Health Profile 2017. Banjarmasin.
- Dewi L, Sunarsih T (2011). Asuhan kebidanan pada ibu nifas. Jakarta: Salemba Medika.
- Hidayat AA (2014). Metode penelitian kebidanan dan teknik analisis data. Jakarta: Salemba Medika.
- Hormann E (2006). Breastfeeding an adapted baby and relactation. United States of America: La Lecshe League Intenasional.
- Febriana I (2010). Hubungan tingkat keceemasan pada primigravida dengan kelancaran pengeluaran asi pada 2-4 hari postpartum di Wilayah Kerja Puskesmas Kecamatan Lubuk Kilangan Tahun 2010. Universitas Andalas.
- Indriyani D, Asmuji (2016). Efektivitas kombinasi hypobreastfeeding dan konsumsi blustru terhadap optimalisasi produksi kolostrum pada ibu postpartum di Rumah Sakit Dr. Soebandi Jember. *The Indonesian Journal of Health Sciece.* 6(2).
- Kemenkes RI (2016). Profil Kesehatan Indonesia. Retrieved from: http://www.Kemenkes.go.id/Profil_Kesehatan_Indonesia Pdfonline.
- Kuswandi LAY (2009). Basic hypnosis dan hypnobirthing dalam hypnosis dan hypnobirthing work book; 6-8 Maret 2009. Bali. Indonesia
- Lusa (2009). Proses Laktasi(Net). Retrieved from: <http://www.lusa.web.id/proses-laktasi/>.
- Marlina (2013). Pengaruh tehnik marmet terhadap produksi asi pada ibu post sectio caesaria di RSUD Ambarawa Tahun 2013. Universitas Indonesia.
- Maryunani A (2012). Inisiasi menyusui dini, asi eksklusif dan manajemen laktasi, Jakarta: CV. Trans Info Media
- Nabilah A (2014). AI kolustrum dan masa produksinya.
- Noviana N (2018). Edisi Revisi: Kesehatan Reproduksi untuk mahasiswa kebidanan. Jakarta: Trans Info Media.
- Noviana N, Suwitri S, Supriyono B, Jati SP (2019). Implementasi kebijakan kesehatan dalam pengendalian HIV/AIDS. Banyumas: Pena Persada.
- Ningrum AD (2017). Pengaruh pemberian teknik marmet terhadap produksi asi pada ibu post partum di BPM Wilayah Kerja Puskesmas Sukorame Kota Kediri. *Jurnal Ilmu Kesehatan.* 5(2): 46-55. <https://doi.org/10.32831/jik.v-5i2.134>.
- Nurindra Y (2010). Hypnotherapy fundamental: a journey to the subconscious world dalam hypnotherapy

- fundamental workshop 6-7 Maret 2010, Bandung.
- Rahmawati E Proverawati A (2010). ASI dan menyusui. Yogyakarta: Nuha Medika.
- Utami R (2009). Panduan praktis menyusui, Pustaka Bunda, Jakarta
- Utami R (2009). Mengenal asi eksklusif, trubus agriwidya, Jakarta
- Saleha (2009). Asuhan kebidanan pada masa nifas. Jakarta: Salemba Medika.
- Saryono (2011). Metode penelitian kesehatan. Yogyakarta: Mitra Cendikia Press.
- Syafrudin, Karningsih, Dairi M (2011). Untaian Materi Penyuluhan KIA (Kesehatan Ibadan Anak). Jakarta: TransInfo Media.
- Suryoprajogo N (2009). Keajaiban menyusui, Edisi 1. Yogyakarta
- Widiastuti A, Arifah S, Rachmawati (2015). Pengaruh teknik marmet terhadap kelancaran asi dan kenaikan berat badan bayi. Jurnal Kesehatan Masyarakat Nasional. 9(4).