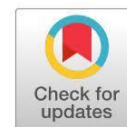


Stimulation of endorphin massage, oxytocin massage, and suggestive (SPEOS) method activates let down reflex (LDR) of postpartum mothers



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ABSTRACT

Breast milk is the most important food, especially in the first months of a baby's life. The process of releasing milk also depends on the Let Down Reflex (LDR). One way to facilitate breast milk production is to apply the Stimulation of Endorphin Massage Oxytocin Massage, and Suggestive (SPEOS) method. The purpose of this study was to determine the effect of the SPEOS Method on LDR Activation Postpartum. The study design used a pre-experimental one-group pretest-posttest. The location of the study was conducted at the public health of Denpasar. The research period was from May to October 2019. The population was postpartum mothers at the public health care of Denpasar and fulfilled the specified inclusion criteria. The data collection instrument used a questionnaire. Statistical analysis with Wilcoxon test. The result found that the median of LDR postpartum before the SPEOS method (2 with a range of 1-3) and after the SPEOS method (5 with a range of 4-6) indicated an increase in the LDR score (p-value <0.001). SPEOS method increases the activation of LDR in postpartum. Public health centers and health workers need to compile and set operational standards for SPEOS procedures and implement this method for postpartum mothers.

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INTRODUCTION

Exclusive breastfeeding in Indonesia is still a serious problem. The data shows that the achievement of exclusive breastfeeding targets in Indonesia is still fluctuating. In 2017 only 35.7% of the 50% target was achieved. in 2018 it was achieved 68.74%. but in 2019 it decreased again to 67.74%.(1,2) This means that some babies still didn't get exclusive breastfeeding in the first six months of their birth. Whereas every baby has the right to get nutrient-rich breast milk in the first 1000 days of life.(3) During the first three days. the milk that comes out containing colostrum is very important to increase the baby's immune system from infectious diseases. In the province of Bali, exclusive breastfeeding also remains a challenge. Health coverage and a high level of community welfare have not been

able to guarantee the achievement of exclusive breastfeeding consistently. Denpasar is the capital of the province of Bali which has the lowest coverage of infant mortality and morbidity rates but has not been accompanied by good coverage of exclusive breastfeeding. which is only 47.66%.(4,5)

Health promotion about the importance of exclusive breastfeeding has been carried out and several regulations have been implemented, but there are still problems related to breastfeeding. Exclusive breastfeeding is not solely a mother's decision, but also an acculturation of traditional cultural systems. Mother-in-law or family intervention in infant care affects breastfeeding practices⁶. The availability of facilities, time, and the husband's support are factors that need to be considered. The main reason mothers are not consistent in breastfeeding is the emergence of fear of the adequacy of milk production. The mother's perception is that breast milk does not come out a little so it is not able to meet the needs of the baby and finally chooses another alternative by giving formula milk. (6,7)

Physiologically, immediately after giving birth, the breasts will produce milk to meet the nutritional needs of the baby. Breast milk production starts from the mother's nipple to stimulate the anterior pituitary gland to produce the hormone prolactin. The main hormone that stimulates milk production. The process of releasing milk depends on the Let Down Reflex (LDR). Babies sucking on the nipple also stimulates the glands pituitary posterior to produce the oxytocin hormone to stimulate the smooth fibers muscle in the walls of the ducts so that the milk flows smoothly. The Let-Down Reflex (LDR) is influenced by the mood of the mother. When the mother feels calm, comfortable, and relaxed the release of the hormones prolactin and oxytocin will be smooth. On the other hand, the psychological condition of mothers who are stressed, anxious, lack confidence, fear, pain, and anxiety will inhibit the release of these hormones.(8) Therefore, it is expected that breastfeeding mothers are always in happy condition and avoid negative emotions.

Let Down Refleks can be observed with signs and symptoms appearing in mothers as the sensation of being milked or tingling (tingling sensation) in the breast shortly before breastfeeding or during breastfeeding, the milk flow in the breast if the mother thought of her baby or hears her baby cry, the milk dripping from the breast side, when the baby suckle on the other breast, breastfeeding radiate subtle when babies take off the breast when the breast-feeding appearance of pain from the contractions of the uterus. These conditions are sometimes accompanied by blood discharge during breastfeeding in the first week. Sucking is slow and deep and the baby's gulp indicates that there is a flow of milk into the baby's mouth.(8,9)

The previous study recommends facilitating breastfeeding including Oxytocin massage methods, endorphins massage, the Marmet technique, warm compresses, rolling massage (back), and breast care. However, it should be realized that the cause of the problem of insufficient milk production is not only caused by physical problems but also due to psychological problems. So, it is necessary to do a method that can accommodate the two factors causing the problem.(10,11) The condition would be a vicious cycle that inhibits spending exclusive breast milk. The delay in milk production causes the mother to think that she is not able to provide enough milk for her baby. Mother will also feel tense and uncomfortable. This condition will inhibit the release of exclusive breastfeeding.

One effort to stimulate LDR is to use a combination therapy method known as the SPEOS method, oxytocin, and suggestive massage. The method is a combination of endorphin massage techniques, oxytocin massage, and suggestive administration. The SPEOS method stimulates the release of the hormone oxytocin through oxytocin massage, provides a sense of comfort and stimulates endorphins with endorphin massage, and fosters confidence that breast milk will definitely come out and mothers can exclusively breastfeed with positive suggestions/affirmations.(8,11) The purpose of this study was to determine the effect of the SPEOS Method, oxytocin massage, and suggestive on LDR Activation Postpartum.

METHOD

This type of research was pre-experimental using a pretest-posttest one-group design. The location of the research was in the Denpasar City Health Center: UPTD Puskesmas IV Dinas Kesehatan Kecamatan Denpasar Selatan, UPTD Puskesmas I Dinas Kesehatan Kecamatan Denpasar Timur and UPTD Puskesmas II Dinas Kesehatan Kecamatan Denpasar Barat (Puskesmas Pembantu Dauh Puri). This study is from May-October 2019. The population of the research was the postpartum mother which treated in the health center of Denpasar and included for the inclusion criteria: 1-3 days postpartum, good ability in read and write, good nutritional status, and good health during the period of study. The sample size was 20 respondents.

Primary data collection using observation sheet instrument to assess the respondents let down reflex. Researchers prepared the necessary materials and tools such as audio recordings for suggestive needs of breastfeeding mothers, preparing VCO as a lubricant when doing massages, two wash basins containing warm and cold water, washcloths, towels, pillows, and cloths cover for doing massages process. At the beginning of the activity, the researcher explained the purpose and procedure of the research. If the postpartum mother agrees to be a respondent, she is asked to sign the informed consent. Furthermore, interviews and observations were carried out according to the observation sheet on the respondents before being given treatment, then respondents were given treatment for 60 minutes 2 (two) times a day. The application of the SPEOS method was carried out for three days, then continued by the respondent's family. After being given the SPEOS method, the respondent was interviewed and observed again. The researcher has obtained ethical approval from Ethics Commission from Poltekkes Kemenkes Denpasar. Statistical analysis was used univariate (percentage) and bivariate (Wilcoxon test).

RESULTS

This research was conducted in three health centers in Denpasar that had Emergency Obstetric Neonatal Services, Occupational Health Efforts, STI (Sexually Transmitted Infections) clinic, and the VCT (Voluntary Counselling and Testing) clinic. The number of deliveries each month is 10 -15, both the physiological and complications and referral. The subjects of this study were 20 postpartum mothers. The characteristics of the respondents are described in Table 1.

Table 1 . Respondents' Characteristics

| Characteristics | Respondents (n= 20) | |
|---------------------------------------|---------------------|-----|
| | n | % |
| Age | | |
| < 20 years | 3 | 15 |
| 20-35 years old | 16 | 80 |
| > 35 years old | 1 | 5 |
| | 20 | 100 |
| Education | | |
| Basic (elementary-junior high school) | 2 | 10 |
| Intermediate (senior high school) | 17 | 85 |
| High (diploma to a bachelor) | 1 | 5 |
| | 20 | 100 |
| Work | | |
| Housewife | 16 | 80 |
| Private sector employee | 4 | 20 |
| | 20 | 100 |

| Characteristics | Respondents (n= 20) | |
|-----------------|---------------------|-----|
| | n | % |
| Parity | | |
| Primipara | 6 | 30 |
| Multipara | 13 | 65 |
| Grandemultipara | 1 | 5 |
| | 20 | 100 |

Table 1 showed that the majority of respondents' age is 20-35 years (80%), their education was senior high school (85%), as a housewife (80%), and *multiparity* (65%). All respondents carried out early initiation of breastfeeding and none of the respondents experienced psychological disorders. The normality data test used the *Shapiro-Wilk test* and the result showed that the data is not normal distribution (p -value <0.05). Nonparametric analysis used the *Wilcoxon* test. The results showed the effect of the SPEOS method range 1-3 as explained in table 2.

Table 2. Activation of the Let-Down Reflex (LDR) before the SPEOS Method (Stimulation of Endorphin Massage, Oxytocin Massage, and Suggestive) in Postpartum

| LDR Activation Score before SPEOS method | f | % | median | Standard Deviation | Mode | Range |
|--|---|----|--------|--------------------|------|-------|
| 1 | 9 | 45 | | | | |
| 2 | 8 | 40 | 2 | 0.732 | 1 | 1-3 |
| 3 | 3 | 15 | | | | |

The results showed that the activation of LDR in postpartum mothers after receiving the SPEOS method was 5, with a range of 4-6, as shown in Table 3:

Table 3. Activation of the Let-Down Reflex (LDR) after the SPEOS Method (Stimulation of Endorphin Massage, Oxytocin Massage, and Suggestive) in Postpartum.

| LDR Activation Score after SPEOS method | f | % | median | Standard Deviation | Mode | Range |
|---|---|----|--------|--------------------|------|-------|
| 4 | 4 | 20 | | | | |
| 5 | 9 | 45 | 5 | 0.745 | 5 | 4-6 |
| 6 | 7 | 35 | | | | |

Based on table 4. it showed that the average increase in the LDR score for postpartum mothers after being given the SPEOS method is 10.50. The results of the analysis found that there was a significant difference in LDR activation of postpartum mothers before and after the SPEOS method (p -value <0.001).

Table 4. Differences in Let Down Reflex Activation (LDR) before and after the SPEOS Method (Stimulation of Endorphin Massage. Oxytocin Massage. and Suggestive) in Postpartum

| Indicator | Mean rank | Z | p-value |
|-----------|-----------|-----------|---------|
| LDR | 10.50 | - 4 . 021 | 0. 000 |

Description: Z=Wilcoxon signed ranks test

DISCUSSION

The results showed that the median Let Down Reflex (LDR) score for postpartum mothers before the SPEOS method was 2 with a range of 1-3. This means that the LDR of a postpartum mother is not optimal because the LDR is good if there are more than two signs. A good sign of LDR is a tingling *sensation* in the breast just before breastfeeding or during the breastfeeding process, milk flows from the breast when the mother thinks about her baby or hears her baby crying, and milk drips from the other breast, if the baby suckles on the other side, breast milk radiates smoothly when the baby releases the breast during feeding, the presence of pain from uterine contractions, sometimes accompanied by bleeding during breastfeeding in the first week and the sound of slow, deep sucking and gulping of the baby indicates that the milk is flowing into the mouth baby. (9,12)

The results of interviews before the SPEOS method was carried out, respondents said they only felt a feeling of fullness and tingling starting from the back to the breast, especially experienced by multiparous respondents. Respondents who were primiparous did not even feel anything in their breasts. This condition is still influenced by the hormones estrogen and progesterone during pregnancy. After delivery with the separation of the placenta, the levels of the hormones estrogen and progesterone decrease, but levels of the hormone prolactin remain high. With no more inhibition by estrogen, milk production will occur. (12) Breastfeeding stimulation as well as the presence of physical and psychological stimulation. the LDR score. which in this case is a sign and symptom of breast milk production, can increase or decrease. Let Down reflex can decrease because the mother experiences anxiety, stress, or fatigue. A previous study showed that depressed breastfeeding mothers had low levels of oxytocin and prolactin in their blood. (13) Levels of oxytocin and prolactin are low resulting in the production and ejection of milk being less. (14)

After the SPEOS method was carried out, it showed that the median let-down reflex score for postpartum mothers was 5, with a range of 4-6. There were increased levels of markers let down reflex indicating breast milk production and optimal spending. Endorphin massage is carried out with light touches such as stroking movements throughout the mother's body from head to toe. The top of the head, namely the parietal area, is the center of sensation/feeling. where if given a light touch or caress it will cause a sense of comfort for the mother. The position of the mother can lie or sit according to the wishes and comfort of the mother. This light touch is also done on the breast, back, and stomach areas to stimulate the release of endorphins. This hormone is an endogenous opiate consisting of 31 amino acids produced and stored in the anterior pituitary gland. This hormone comes from two words endogenous and morphine which means this hormone has an effect like the natural morphine formed by the human body. (15) This hormone affects the sensation of pain, mood, stress control, and emotions. (16) Researchers also found that beta-endorphins as a natural killer of cancer cells and increase endurance. Endorphin hormone levels in the body increase when after a massage. pursue a hobby or after sexual intercourse. This hormone will stimulate the posterior pituitary to secrete the oxytocin hormone and the anterior pituitary to secrete the prolactin hormone. (16)

After the endorphin massage. continued to give oxytocin massage which was carried out along the spine (vertebrae) to the fifth-sixth costae bone as well to stimulate the release of the oxytocin hormone and prolactin. A previous study showed that touch can increase oxytocin levels, and reduce levels of adrenocorticotrophic hormone, and nitric oxide. (17) Oxytocin massage carried out from two hours of delivery until the end of the puerperium was able to maintain optimal milk production. This massage puts pressure on the right and left sides of the spine using the thumb. the other fingers are clenched so that it is also able to apply pressure along the back area. So that it can help lubricate the skin when massaging. virgin coconut oil (VCO) is used with an aroma that is liked by mothers. In this

study. frangipani aroma. Cempaka aroma and pandan aroma was used. A previous study found that aromatherapy with frangipani can reduce the intensity of pain in laboring mothers. (18) Compounds in frangipani essential oil contain geraniol, citronellol and linalool which are useful for relaxing, reducing stress, and repelling mosquitoes. (19)

Suggestions are carried out at the end of the endorphin massage and oxytocin massage. The suggestive is in the form of positive affirmations to increase the mother's confidence about breastfeeding and exclusive breastfeeding. Suggestions are given accompanied by soft music and a comfortable position for the mother. This suggestion is known as hypnobreastfeeding. A previous study found that hypnobreastfeeding given to mothers twice a day increases milk production seven times more than not given hypnobreastfeeding. (20) Hypnobreastfeeding helps mothers to increase their confidence that mothers can breastfeed, and can continue to breastfeed, at least exclusively for the first six months, especially if the breastfeeding mother has to return to work. Hypnobreastfeeding is a relaxation technique to help smooth the breastfeeding process by inserting positive affirmation sentences into the mother's subconscious to help the breastfeeding process when the mother is relaxed or very concentrated on something. (21)

Observations made after giving the SPEOS method to postpartum mothers found that postpartum experienced a sensation of milking or a feeling of tingling in the breasts, there was pain in the uterus due to contractions, milk was seen dripping from the breast and when the baby was breastfed it was seen sucking deeply, slowly and the baby's gulping was heard regular. The signs and symptoms that appear indicate that the production and expenditure of breast milk are optimal. (9,22)

The results of the analysis found that there were differences in the let-down reflex of postpartum mothers before and after the SPEOS method p value <0.001 . The combination of endorphin massage, oxytocin massage and suggestive turned out to be effective in stimulating the release of the hormone prolactin and the hormone oxytocin. On observation found 4-6 signs of letdown reflex in postpartum as evidence of the activation of the hormone. There are six signs of the letdown reflex. Namely, a tingling sensation in the breast just before breastfeeding or during the breastfeeding process, milk flowing from the breast when the mother thinks about her baby or hears her baby crying, milk dripping from the other breast, if the baby suckles on the other breast, breast milk radiates smoothly when the baby releases the breast during feeding, the presence of pain from uterine contractions, sometimes accompanied by bleeding during the first week of breastfeeding, and slow, deep sucking and gulping of the baby indicate that the milk is flowing baby's mouth¹².

The optimal let-down reflex is an indication of milk production and ejection. During pregnancy, the hormone prolactin increases but breast milk have not come out because it is influenced by the hormones estrogen and progesterone in pregnancy. The hormones estrogen and progesterone decrease to their lowest point on the second and third day postpartum. This causes the hormone prolactin to become dominant and at this time the secretion of breast milk occurs. By early breastfeeding to the breast through the act of early initiation of breastfeeding, there will be stimulation of the nipple, and prolactin is formed by the anterior pituitary. In this process, two main reflexes play a role, namely the prolactin reflex and the oxytocin reflex. The prolactin reflex appears due to the baby's sucking on the nipple as a mechanical receptor. This stimulation is continued to the hypothalamus through the spinal cord and stimulates the prolactin-secreting factor in the anterior pituitary. This hormone stimulates the alveoli cells to produce breast milk. The mothers who experience stress, fatigue, and anxiety, receiving anesthesia will reduce prolactin production. (22,23) Stimulation of the pituitary is also transmitted to the posterior pituitary to release the oxytocin hormone. This hormone functions to stimulate the contraction of smooth muscles in the walls of the alveoli and the walls of the ducts so that milk is pumped out. The more often breastfeed, the better the emptying of the alveoli and the ducts. When this hormone does not come out optimally due to inhibiting factors, the process of production and

expenditure of breast milk is hampered. One technique that can be applied by health workers is to provide the SPEOS method for postpartum. A previous study in Bengkulu City found that a combination of endorphin massage, oxytocin massage, and suggestive was able to increase breast milk production and baby weight. (11) Another study found that the SPEOS method is an alternative intervention to increase breast milk production and increase the production and performance of the hormones prolactin and oxytocin. (24) Another study explained that the SPEOS technique is not only intended for normal postpartum women but can also be applied to postpartum women with a history of Sectio Caesarea. It was further explained that postpartum mothers with a history of SC tend to experience barriers to breastfeeding and milk production due to the influence of anesthesia, so it is very important here that health workers help postpartum by applying techniques to stimulate milk production and expenditure. (25)

The results of interviews during the study found that postpartum mothers who were carried out with the SPEOS method felt very comfortable, and calm, their bodies became fresh and some respondents even fell asleep when they were given suggestions. They even asked husbands to be taught the method so that it could be done at home. The combination of these three techniques can make mothers feel comfortable and relaxed.

CONCLUSION

SPEOS method increases the activation of LDR in postpartum. Public health centers and health workers need to compile and set operational standards for SPEOS procedures and implement this method for postpartum mothers.

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