



Non-Pharmacological Therapies to Enhance Breast Milk Production: A Scoping Review

Dian Nintyasari Mustika^{1*}, Sugiyani², Ika Sumiyarsi Sukamto²

¹Diploma III in Midwifery, Faculty of Nursing and Health Sciences, Universitas Muhammadiyah Semarang, Semarang, Central Java, Indonesia

²Midwifery Department, Faculty of Medicine, Universitas Sebelas Maret, Surakarta, Central Java, Indonesia

* Corresponding author

E-mail: dian.nintya@unimus.ac.id

ABSTRACT

Background: Suboptimal breast milk production remains a main challenge to successful breastfeeding and contributes to early weaning. Various non-pharmacological therapies have been used to support breast milk production, but available scientific evidence is diverse and heterogeneous. This scoping review aims to map and synthesis scientific evidence on the effectiveness of non-pharmacological therapies in increasing breast milk production.

Methods: This scoping review was conducted following the PRISMA-ScR protocols, a literature search was conducted in PubMed, SagePub Journals, and ProQuest databases for articles published between 2021 and 2026. Studies involving breastfeeding mothers, using non-pharmacological interventions and reporting breast milk production outcomes were systematically selected. Articles that met the inclusion criteria were evaluated for risk of bias using standardised tools, and data extraction was performed using a charting form including title and year of publication, country of origin, sample size, type and duration of intervention, measurement method, and study results.

Results: A total of five articles were reviewed by identifying interventions studied and dividing them into three themes, namely physical stimulation therapy, psychological stimulation therapy, and combined interventions. Most studies reported an increase in breast milk production after intervention through the mechanism of increased oxytocin and prolactin hormones, as well as increased comfort and relaxation for mothers.

Conclusion: Non-pharmacological therapies based on physical, psychological, and combined interventions may support breast milk production through neuroendocrine and psychosocial mechanisms. These findings may inform clinical practice and further research in lactation and complementary therapies.

Keywords: *Breast Milk; Massage; Non-Pharmacology; Oxytocin; Prolactin*

INTRODUCTION

Breast milk is a unique biological product that provides optimal nutrition for babies. Breast milk contains nutrients, immune system hormones, anti-allergy and

anti-inflammatory properties, as well as other nutrients that comprise nearly 200 food substances.^[1] Its composition is specifically designed to meet the growth needs of babies and is rich in bioactive components that help strengthen the

immune system and metabolic balance of babies.^[2] The American Academy of Pediatrics and the Association of Women's Health recommend exclusive breastfeeding for six months, followed by breastfeeding alongside complementary foods for approximately one year or longer, depending on the wishes of the mother and baby. Breastfeeding not only benefits the baby, but is also a critical component in helping mothers recover their health after giving birth.^[3]

WHO global data for 2020 shows that 149 million children under five years of age are stunted, and 45 million are wasted.^[4] Exclusive breastfeeding is one of the main alternatives in preventing malnutrition in infants. In Indonesia, the prevalence of exclusive breastfeeding declined significantly in 2022 to 16.7%.^[5] Breastfeeding presents significant challenges, with various complex problems often hindering the optimisation of breast milk production. One such problem is low milk production, which commonly occurs due to insufficient and irregular emptying of the breasts, poor breastfeeding techniques, sore nipples, and illness in the mother or baby. Additionally, the perception of insufficient breast milk production, often misinterpreted as the baby's crying, leads to low self-confidence in breastfeeding. Approximately 50% of mothers stop breastfeeding due to this perception.^[6,7]

Problems faced by mothers during breastfeeding result in low milk production because they disrupt the balance of hormones that produce breast milk, namely oxytocin and prolactin. Stress, anxiety, ineffective suckling by the baby, and pain during breastfeeding cause oxytocin levels to drop, inhibiting the let-down reflex and making it difficult for milk to flow. Breasts that are not completely emptied can interfere with signals to the pituitary gland to release prolactin, causing its levels to drop and further reducing milk production.^[8] Efforts to overcome breastfeeding problems in order to increase

breast milk production often use complementary therapies such as oxytocin massage, oketani massage, acupressure and other approaches. Previous studies have shown that these strategies can help reduce stress in mothers, thereby increasing breast milk production.^[9] In addition, complementary therapy strategies can increase the release of oxytocin into the bloodstream, thereby stimulating myoepithelial cells to contract and promote milk flow to the mammary glands.^[10] Complementary therapy is a safe alternative that can be applied non-invasively, making it a promising method to assist mothers during breastfeeding.

Several studies have reported scientific evidence of non-pharmacological therapies in clinical and community practice to support successful breastfeeding, including interventions targeting physical and psychological stimulation. These studies have made an important contribution to understanding the various approaches that have the potential to increase breast milk production. However, differences in the focus of interventions, variations in reported outcomes, and diversity in research contexts mean that these results still need to be presented in a more structured mapping. Therefore, this scoping review aims to map and synthesise scientific evidence on the effectiveness of non-pharmacological therapies encompassing physical and psychological stimulation (concept) in increasing breast milk production among breastfeeding mothers (population), within clinical and community lactation care settings (context). Through this article, it is hoped that the types of interventions, reported effects on breast milk production, and the mechanisms involved can be identified, thereby serving as a source of literature for the development of clinical practice and further research in the field of complementary therapy and lactation.

METHODS

The scoping review method is a type of evidence synthesis to identify and map the breadth of evidence related to a topic, concept, or issue.^[11] This scoping review was conducted based on a predetermined review protocol; however, the protocol was not formally registered in a public registry. This review article was compiled using the PRISMA-ScR guidelines by Tricco et al.^[12] The final literature search across all three databases was conducted on 3 February 2026, and no additional records were added after this date.

Identification of Research Question

Table 1. PICO Framework

PICO	
Population	Breastfeeding mother
Intervention	Non-pharmacological therapy in the form of physical and psychological stimulation
Comparison	No intervention, placebo intervention, other interventions
Outcome	Increased breast milk production

Based on the PICO framework, the research question used is "How effective is non-pharmacological therapy in increasing breast milk production?"

Article Identification

Articles to be reviewed were screened in several stages and had to meet the following inclusion and exclusion criteria:

Table 2. Inclusion and Exclusion Criteria

Inclusion	Exclusion
1. Articles published between 2021 and 2026	1. Applying chemical and herbal
2. The population used was breastfeeding mothers.	pharmacological interventions
3. Research focus on non-pharmacological therapies for	2. Articles in the form of reviews
	3. Using languages

Inclusion	Exclusion
increasing breast milk production	other than English

Articles published between 2021 and 2026 were included to capture the most recent evidence on non-pharmacological approaches to breastfeeding support. The search was further restricted to English-language publications to ensure consistency in the critical appraisal processes and due to resource limitations for translation of non-English text.

Three databases, namely PubMed, SagePub Journal, and ProQuest, were used to search for journal articles. The search was conducted using Boolean system with several predetermined keywords, namely "postpartum women" OR "lactating mothers" OR "breastfeeding women" AND "complementary therapy" OR "non-pharmacological intervention" AND "breast milk production" OR "milk supply" OR "lactation outcome". As an example the complete search strategy applied in PubMed was ((postpartum women) OR (lactating mothers) OR (breastfeeding women) AND (complementary therapy) OR (non-pharmacological intervention) AND (breast milk production) OR (milk supply) OR (lactation outcome)). Equivalent search string adapted to the syntax of SagePub and ProQuest were applied to the remaining two databases.

Based on the search results with keywords, 329,559 articles were obtained. The articles were then eliminated using automatic filters and duplicate screening, resulting in 13,428 articles. Next, title and abstract screening was carried out, resulting in 38 articles, all of which were accessible in full text.

Table 3. Critical Appraisal Result

Study	Design	Tool	Result	Risk of Bias
Nodehi et al. 2024	RCT	JBIRCT	8Y/2N/3N of 13	Moderate

Study	Design	Tool	Result	Risk of Bias
Hidayati et al. 2025	Quasi-experimental	JB Quasi-experimental	7Y/1 N/1U of 9	Low-moderate
Herlina et al. 2025	Quasi-experimental	JB Quasi-experimental	7Y/0 N/2U of 9	Low-moderate
Sri Rahayu et al. 2022	RCT (4 arms)	JB RCT	6Y/2 N/5U of 13	Moderate
Anbarasi et al. 2022	RCT	JB RCT	8Y/2/ 3U of 13	Moderate
Triansyah et al. 2021	Pre-experimental	JB Quasi-experimental	6Y/2 N/1U of 9	High
Pujiastuti & Winarni 2025	Quasi-experimental	JB Quasi-experimental	3Y/2 N/4U of 9	High
Aswathi & Soya 2024	Quasi-experimental	JB Quasi-experimental	6Y/1 N/2U of 9	High-moderate
Eker et al. 2025	Quasi-experimental	JB Quasi-experimental	7Y/1 N/1U of 9	High *The control and intervention condition

Study	Design	Tool	Result	Risk of Bias
				ions refer to the same participants, not independent groups

*Y= Yes; N= No; U= Unclear

A total of 38 articles were screened for research design type, PICO suitability, and risk of bias, using the Joanna Briggs Institute (JBI) critical appraisal checklist. Four were excluded due to a high risk of bias, based on the following considerations: study employed a pre-experimental one-group design without an independent control group, limiting the ability to attribute the observed outcome to the intervention itself; study did not report formal test baseline equivalence between groups and did not present an explicit between-group statistical comparison; study allocated the control and experimental groups sequentially rather than concurrently, introducing a temporal bias; and study compared outcomes within the same group of participants across two time periods rather than between independent control and intervention groups. Based on the screening results, five journal articles were eligible for review. This selection process is summarised in the PRISMA flow diagram (Figure 1).

Data extraction was performed independently by two reviewers using a standardised charting form; any discrepancies between reviewers were resolved through discussion, with consultation from a third reviewer where consensus could not be reached. The variables extracted from each included study comprised author(s) and year of publication, country of origin, sample size, type and duration of intervention, outcome

measurement method, and key findings related to breast milk production.

Extracted data from the included studies were synthesised narratively using a descriptive-analytical approach. Findings were organised and categorised thematically based on the type of

intervention reported. This thematic categorisation was used to address the review question regarding the effectiveness of non-pharmacological therapies in increasing breast milk production.

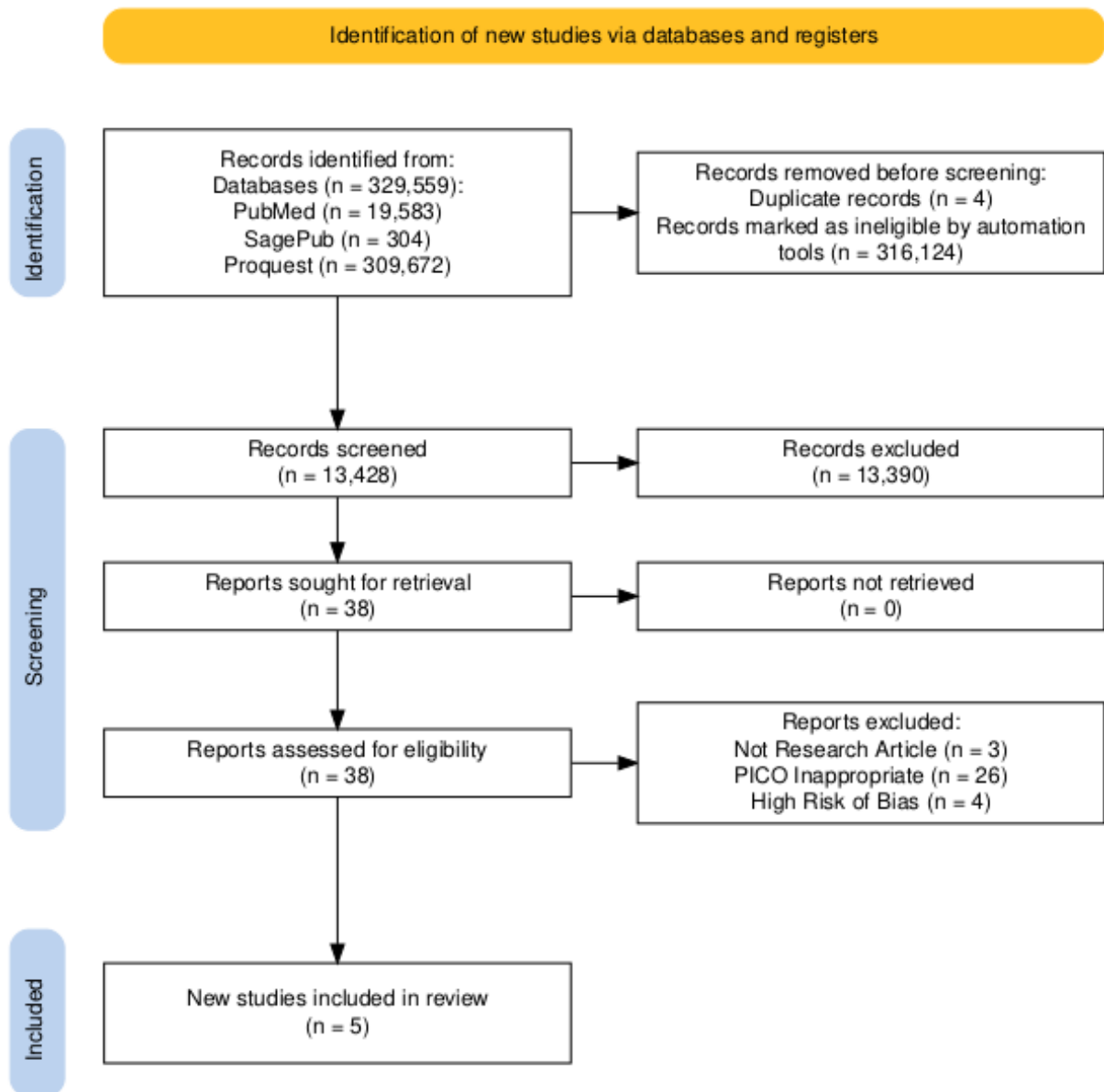


Figure 1. PRISMA Flowchart

RESULT

Eligible articles underwent data extraction to provide a brief overview of the reviewed studies. The results of the data extraction are presented in Table 4 below.

Table 4. Data Charting

No	Title	Country	Year	Setting	Sample Size	Intervention	Measurement Tool	Results
1.	Effectiveness of oxytocin massage on promoting lactation among postpartum mothers at Saveetha medical college and hospital, Thandalam, Chennai (Anbarasi et al.,)	India	2022	Postnatal ward, Saveetha Medical College and Hospital, Chennai	60	Oxytocin massage, 20 min/day (2 sessions), 3 consecutive days	Breast pump	Following oxytocin massage intervention, there was an increase in breast milk levels in the adequate category >30ml (76.6%), moderate category 10-30ml (23.3%), and none in the inadequate category.
2.	The effectiveness of Neuro-linguistic programming intervention in enhancing breast milk production, reducing stress levels and improving emotional wellbeing among breastfeeding mothers: Quasi-experimental Study (Herliana et al.,)	Indonesia	2025	Community health centers, Sorong, Southwest Papua	70	NLP, 4 weekly sessions, 60 min/session	Graduated measuring cup	The results of the study show that NLP intervention increased breast milk production immediately after the intervention by an average of 550 ml. This increase persisted for up to one month after the intervention, with an average breast milk production of 600 ml.

No	Title	Country	Year	Setting	Sample Size	Intervention		Measurement Tool	Results
3.	The effect of foot reflexology on the volume and composition of breast milk in mothers of premature infants hospitalized in the neonatal intensive care unit: a randomized controlled trial (Nodehi et al.,)	Iran	2024	NICU, Ayatollah Rouhani Teaching Hospital, Babol	74	Foot reflexology, 20 min/day, consecutive days	7	Electric breast pump & graduated measuring cup	Intervention using foot reflexology showed significant improvement, net milk volume increase 11.08 mL. However, there was no significant difference between the intervention and control groups in terms of breast milk production volume.
4.	Association of oxytocin massage with oxytocin hormone levels and breast milk production in mothers with postpartum blues. (Hidayati et al.,)	Indonesia	2025	Siti Fatimah Special District Hospital and Pertiwi Mother and Child Hospital, Makassar	68	Oxytocin massage, 20 min/day, consecutive days	5	Indirect composite score (not direct volume measurement) based on: infant weight gain (digital scale), breastfeeding frequency (structured observation form), and breastfeeding duration (digital timer).	76.5% of the intervention group achieved high milk production ($p=0,001$). Oxytocin levels increased significantly ($p=0,001$).

No	Title	Country	Year	Setting	Sample Size	Intervention	Measurement Tool	Results
5.	Effect of the combination of Roxy Back Massage (RBM) and Lactapressure Interventions on Prolactin Levels and Breast Milk Production: A randomized controlled trial (Sri Rahayu et al.,)	Indonesia	2022	8 Primary health centers, Semarang City	64 enrolled, 61 analysed	RBM, lactapressure, or combination of both, 5 sessions over 9 days	Breast milk production (ml/24 hours), measured via standardized procedure at each session.	The three types of interventions given to the treatment group showed a significant increase in maternal milk production at post 4, which was on the 9th day of intervention. In the RBM group, there was an average increase in milk production of 348 ml/day, the lactapressure group experienced an average increase of 366 ml/day, and in the RBM & lactapressure combination group, there was the highest average increase of 515 ml/day.

The studies synthesised in this article were mostly published in 2022 (40%) and 2025 (40%). Most control groups in the studies received standard treatment (60%), and the duration of therapy in the intervention groups was mostly 15–20 minutes (60%). Further study characteristics are presented in Table 4 below.

Table 5. Study Characteristic (N= 5)

Study Characteristic	n(%)
Year of Publication	
2022	2 (40)
2024	1 (20)
2025	2 (40)
Control Treatment	
No treatment	2 (40)
Standard treatment	3 (60)
Duration of Intervention	
3 days	1 (20)
5 days	1 (20)
A week	1 (20)
9 days	1 (20)
A month	1 (20)
Duration of Treatment	
15-20 min	3 (60)
60 min	1 (20)
>60 min	1 (20)
Measurement Tools	
Measuring cup	1 (20)
Breast pump	1 (20)
Breat pump & measuring cup	1 (20)
Indirect composite score	1 (20)
Not mentioned	1 (20)

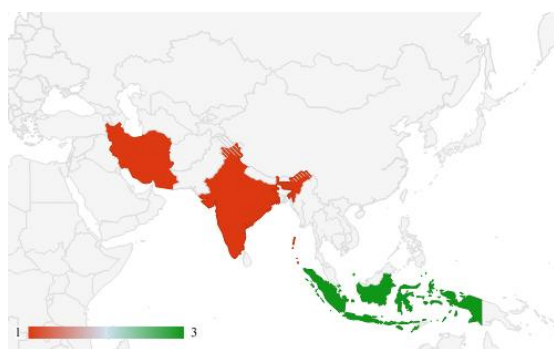


Figure 2. Geographic Distribution of Included Studies

Most countries in Asia employ pharmacological therapy because this method is considered a non-invasive, inexpensive intervention that is consistent with local practices. Figure 3 shows the distribution of studies by country, with three articles originating from Indonesia, one article from India, and one article from Iran. The intervention methods used in these articles are mapped into three sub-themes presented in Table 5 below.

The mapping of the five included articles identified three main intervention themes: physical stimulation therapy, psychological stimulation therapy, and combined interventions. Physical stimulation therapy was reported in three articles (Articles 1, 3, and 4), psychological stimulation therapy in one article (Article 2), and combined interventions in one article (Article 5), as presented in Table 6.

Table 6. Mapping of Research Article Themes

Theme	Article
Physical stimulation therapy	1, 3, 4
Psychological stimulation therapy	2
Combination of interventions	5

Among physical stimulation therapies, oxytocin massage (two studies) and foot reflexology were identified (Table 7). Oxytocin massage resulted in breast milk production of 68.40 ± 23.18 (Anabarsi et al.) and 76.5% high production (Hidayati et al.), while foot reflexology showed a value of 103.78 ± 51.55 .

Table 7. Results of Increased Breast Milk Production in Physical Stimulation Therapy

Types of Therapy	Increased Breast Milk Production (Mean $\pm$ SD)/Indicator (%)
Oxytocin massage (Anbarasi et al)	$68,40 \pm 23,18$

Types of Therapy	Increased Breast Milk Production (Mean±SD)/Indicator (%)
Oxytocin massage (Hidayati et al)	High production (76,5%)
Foot reflexology	103,78±51.55

For the combined intervention method, the use of Roxy Back Massage (RBM) combined with lactapressure resulted in an increase in breast milk production, with a mean increase of 515 mL, as presented in Table 8.

Table 8. Results of Breast Milk Production Increase with the Combined Intervention Method

Intervention	Mean
Roxy Back Massage (RBM) and lactapressure	515 ml

DISCUSSION

Physical Stimulation Therapy

Based on research by Anbarasi E et al, there was a significant increase in breast milk production following an oxytocin massage intervention. The average increase was 68.40 in the intervention group, while in the control group it was only 28.30 ($p < 0.001$, MD= 40.10). In the intervention group, oxytocin massage was administered for 3 days, every morning and evening, by applying circular pressure to the neck, shoulder blades, and spine for 10 minutes, 5-6 times. Oxytocin massage stimulates the parasympathetic nervous system to stimulate the anterior pituitary gland to release oxytocin and prolactin hormones, thereby increasing breast milk production and secretion. In addition, oxytocin massage performed on the 5th to 6th ribs can also increase the production of oxytocin and prolactin hormones and initiate the let-down reflex, reducing breast milk production disorders and maintaining breast milk production by contracting the

alveolar cells in the breasts. Through this mechanism, oxytocin massage can help reduce breast milk blockages and breast swelling.^[13]

A similar intervention was also carried out by Hidayati et al. In this study, oxytocin massage was administered for 20 minutes once daily for 5 consecutive days. The oxytocin massage involved applying firm pressure and circular strokes on both sides of the spine, followed by downward strokes from the neck to the shoulder blades. The massage session was concluded with a wash using warm and cold cloths to enhance relaxation. The results of the intervention showed that 76.5% ($p\text{-value} < 0.05$) of mothers fell into the high breast milk production category. This increase was mediated by higher levels of the hormone oxytocin and the mothers' psychological comfort whilst breastfeeding. Oxytocin massage can stimulate the let-down reflex, which affects the volume of breast milk produced.^[14]

Subsequently, research by Nodehi et al showed no significant difference between the foot reflexology intervention group and the control group ($p = 0.116$). However, the average increase in breast milk production in the foot reflexology group was higher (103.78 ± 51.55) than in the control group (82.16 ± 32.67). In this study, foot reflexology intervention was administered for 7 consecutive days, with each session lasting 20 minutes on both feet. The special reflexology technique was performed by massaging three specific points on the feet. The first was the hypothalamus point, located in the middle of the inner edge of the first phalanx of the big toe on the plantar surface. The second was the solar plexus point, located at the end of the first metatarsal bone of the sole of the foot. The third was the breast point, located on the posterior part of the middle toe between the thumb and ring finger.^[14]

Reflexology has a primary mechanism of stimulating the pituitary gland and releasing oxytocin, endorphins, and enkephalins, which can induce a

feeling of comfort during breastfeeding. This stimulates nerve cells in the hypothalamus and causes the secretion of prolactin from the anterior pituitary gland, which in turn stimulates the alveolar cells in the breast to produce milk. Additionally, the posterior pituitary gland is stimulated to release oxytocin. Oxytocin is circulated in the bloodstream and transferred to the breast alveoli, where it affects the myoepithelial cells, thereby increasing milk production.^[14]

Oxytocin massage and foot reflexology demonstrate significant effectiveness through relatively similar mechanisms in increasing breast milk production, particularly in stimulating the release of oxytocin and prolactin hormones. Although the level of significance of the results differs between studies, both interventions consistently indicate an increase in breast milk production compared to the control group. This confirms that physical stimulation targeting the neuroendocrine system can contribute to supporting the lactation process, either directly through let-down stimulation or by increasing comfort and relaxation.

Psychological Stimulation Therapy

Research by Herliana et al applied a psychological approach in an effort to increase breast milk production through Neuro-Linguistic Programming (NLP). NLP is a model of interaction and communication that emphasises subjective experiences and the reality constructed by individuals, as well as dealing with internal representations of experiences and ways of communicating with oneself or others.^[15] In Herliana et al's study, NLP was provided for four weeks with each session lasting 60 minutes and covering four different topics, including an introduction to NLP and goal setting, planting techniques for stress management, visualisation and submodes, and progress evaluation and social support. These topics were covered to overcome psychological and emotional barriers to breastfeeding.^[16]

The results of the study indicate that there is a significant effect of NLP on milk production immediately after intervention ($p=0.032$) with an average production of 500 ml. The effects of the intervention persisted consistently for up to one month after the intervention ($p=0.015$) with an average production of 600 ml. NLP can increase breast milk production by reducing stress and improving the emotional well-being of mothers.^[16] NLP facilitates goal setting by focusing on the resources that will be used to achieve the desired situation, starting from the current situation. Through NLP techniques, mothers will gain the ability and strength to overcome negative emotions and feel more empowered to achieve their goals. Most importantly, there will be an increase in their level of comfort.^[17] So far, there is no definitive mechanism explaining how psychological conditions can affect lactation. One possible mechanism is that stress disrupts the release of oxytocin, leading to inhibited contractions of myoepithelial cells that contribute to milk production. Previous studies have also confirmed that psychological interventions that can shape positive emotions in mothers can increase oxytocin hormones, which correlate with good feeding and breastfeeding outcomes in infants.^[18]

Combination of Interventions

In the study by Rahayu et al, the combination of Roxy Back Massage (RBM) and lactapressure showed a significant effect on breast milk production at four post-treatment measurement times ($p=0.000$; $p=0.003$; $p=0.000$; $p=0.000$). In addition, the average breast milk production in the RBM & Lactapressure combination group showed the highest results, namely 515 ml/day, compared to the RBM intervention group (348 ml/day) and the lactapressure intervention group (366 ml/day). Furthermore, there was a significant difference in effectiveness between RBM & Lactapressure and RBM ($p<0.0001$) or between RBM & Lactapressure and Lactapressure

($p < 0.0001$). This indicates that the combination of RBM and Lactapressure therapy yields superior results compared to single-therapy interventions with RBM or Lactapressure.^[20]

In the study by Rahayu et al, RBM was performed by applying rolling massage to the back using both palms (effleurage) slowly and gently, as well as finger friction techniques for 30 minutes. Next, pressure was applied to the lactapressure LU-1 stomach (ST-16), SP18 stomach (ST-18), CV-17, and SI-1 meridian points for 24 minutes. The mechanism by which RBM increases milk production is mediated by increased comfort and relaxation in mothers. In addition, back massage can also increase visfatin, which is beneficial in increasing the production and quantity of breast milk. This combination of interventions aligns with the mechanisms of oxytocin massage and acupressure by increasing oxytocin levels and activating beta-endorphins, serotonin, dopamine, and noradrenaline, which contribute to improving the mother's emotional well-being and promoting increased breast milk production.^[20]

These studies show that combination therapy integrating physical stimulation, proper breastfeeding techniques and relaxation approaches has a more consistent effect on increasing breast milk production than single interventions. This combination of interventions works through complementary neuroendocrine pathways, including improving the mother's emotional comfort, optimising nipple and breast stimulation, and activating the hormones prolactin and oxytocin. This multi-intervention approach allows for synergistic effects between the mother's physiological and psychological factors to contribute simultaneously to successful breast milk production.

This scoping review has several limitations that should be acknowledged. First, the small number of included studies ($n=5$) and the substantial heterogeneity in intervention protocols, duration, dosage,

and outcome measurement methods (e.g., measuring cup versus breast pump) limit the comparability and generalisability of the findings. Second, as this is a scoping review, no meta-analysis or quality-weighted pooling of effect estimates was performed; therefore, conclusions regarding the magnitude or certainty of effectiveness cannot be drawn.

CONCLUSION

This scoping review maps the current evidence on non-pharmacological therapies in supporting breast milk production. It shows that interventions based on physical and psychological stimulation, as well as combinations thereof, are consistently associated with increased breast milk production. Combination approaches tend to show more stable results than single interventions, although the heterogeneity of study designs, intervention duration, and measurement methods remain limitations. The results of this review provide a comprehensive mapping of the direction and characteristics of the available evidence and support the integration of evidence-based complementary therapies into lactation care practices.

ACKNOWLEDGEMENT

The authors acknowledge that no external funding was received. The authors declare that the funders of the included studies, where disclosed had no role in the design, data extraction, synthesis, or decision to publish the review.

REFERENCES

1. Dewi MUK, Mustika DN, Kusumawati E. Penyuluhan Tentang ASI Eksklusif, Vitamin A, dan Stunting di Posyandu Anggrek RW 04 Dusun Teseh Kelurahan Meteseh Kecamatan Tembalang Kota Semarang. J Pengabdian Masyarakat Kebidanan [Internet]. 2020;2(2):50–5. Available from: <https://jurnal.unimus.ac.id/index.php>

- /JPMK/
2. Kariyawasam KP, Somaratne G, Dilrukshi S, Umani D. Comparative Analysis of Breastfeeding and Infant Formulas : Short- - and Long- - Term Impacts on Infant Nutrition and Health. *Food Sci Nutr*. 2025;
 3. Zhelyazkova D, Dzhogova M, Popova S, Pancheva R. Beyond Infant Nutrition : Investigating the Long-Term Neurodevelopmental Impact of Breastfeeding. *Nutrients*. 2025;1–17.
 4. World Health Organization. Infant and Young Child Feeding [Internet]. 2021. Available from: <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>
 5. BKKBN. Pedoman Pelayanan Kontrasepsi dan Keluarga Berencana. Paper Knowledge . Toward a Media History of Documents. Jakarta Selatan: Kementerian Kesehatan Republik Indonesia; 2021. 286 p.
 6. Andini FR, Lohasiriwong W, Mahato RK, Kaen K, Kaen K. International Journal of Public Health Asia Pacific International Journal of Public Health Asia Pacific district in Indonesia , exclude one province it. *Int J Public Heal Asia Pacific*. 2022;4(09):101–13.
 7. Id B, Bosonkie M, Mafuta E, Id NM, Mapatano A. Common breastfeeding problems experienced by lactating mothers during the first six months in Kinshasa. *PLoS One*. 2022;1–11.
 8. Hikmatun KD, Purbasari D, Sari D, Fitriyani R, Komariyah O. Oxytocin Massage Education for Postpartum Mothers to Impove the Smooth Production of Breast Milk (Breast Milk). *Asian J Heal Sci [Internet]*. 2024;3(2003):197–202. Available from: <https://ajhsjournal.ph/index.php/gp>
 9. Wulandari A, Agustin NA, Putrianti B. Enhancing Breast Milk Production and Body Weight through Complementary Oxytocin Massage Therapy. *J Keperawatan Komprehensif (Comprehensive Nurs Journal)*. 2025;11(2):340–6.
 10. Susanto VCP, Nuraini I, Hubaedah A. Effectiveness of Giving Oxytocin Massage and Klabet Seed Tea (*Trigonella Feonum-Graceum L*) on Increasing Breast Milk Production. *J Kebidanan Indones*. 2025;16(2):18–25.
 11. Pollock D, Peters MDJ, Khalil H, Mcinerney P, Alexander L, Tricco AC, et al. Recommendations for the Extraction, Anlysis, and Presentation of Results in Scoping Reviews. *JB I Evid Synth*. 2023;520–32.
 12. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Ann Intern Med*. 2018;169(7):467–73.
 13. Anbarsi E, Kalabarathi S, Padma Priya D. Effectiveness of oxytocin massage on promoting lactation among postpartum mothers at Saveetha medical college and hospital ,. *Cardiometry*. 2022;(25):197–203.
 14. Hidayati, Syafar M, Syamsuddin S, Jusuf EC, Chaliks R. Association of oxytocin massage with oxytocin hormone levels and breast milk production in mothers with postpartum blues. *Med J Malaysia*. 2025;80(6):848–52.
 15. Nodehi FN, Aziznejadroshan P, Nikbakht HA, Haqshanas M. The effect of foot reflexology on the volume and composition of breast milk in mothers of premature infants hospitalized in the neonatal intensive care unit : a randomized controlled trial. *BMC Pediatr [Internet]*. 2024; Available from: <https://doi.org/10.1186/s12887-024-05270-4>
 16. Drigas A, Mitsea E, Skianis C.

- Neuro-Linguistic Programming , Positive Psychology & VR in Special Education. Sci Electron Arch. 2022;15(Id).
17. Herliana R, Cherry A. The Effectiveness of Neuro - linguistic Programming Intervention in Enhancing Breast Milk Production , Reducing Stress Levels , and Improving Emotional Wellbeing among Breastfeeding Mothers : Quasi - experimental Study. Iran J Nurs Midwifery Res. 2025;
 18. Doğan A, Dal NA. Effect of neuro-linguistic programming on comfort after cesarean : a randomized controlled trial neuro-linguistic programming comfort level cesarean. BMC Pregnancy Childbirth. 2025;
 19. Nagel EM, Howland MA, Pando C, Stang J, Mason SM, Fields DA, et al. Maternal Psychological Distress and Lactation and Breastfeeding Outcomes : a Narrative Review. Clin Ther [Internet]. 2022;44(2):215–27. Available from: <https://doi.org/10.1016/j.clinthera.2021.11.007>
 20. Rahayu S, Hadisaputro S, Hidayat ST. Effect of The Combination of Roxy Back Massage (RBM) and Lactapressure Interventions on Prolactin Levels and Breast Milk Production : A Randomized Controlled Trial. NeuroQuantology. 2022;20(20):2318–33.