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Breastfeeding Problems and Affective Factors During Postpartum Period

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Abstract

This study aims to examine breastfeeding problems experienced by mothers with 0-1 month old babies and the factors affecting them. The research population consists of breastfeeding mothers with 0-1 month old babies who applied to a State Hospital Clinics of Gynecology and Pediatrics. In data collection, the study used "Demographic Question Form" and "Breastfeeding Experience Scale". Data was collected face to face via questionnaire. Mothers who gave birth on the 33-37th weeks, those who do not have breastfeeding experience, those who did not breastfeed their baby within the first half hour, those who breastfed their babies as soon as they cried, those who use pacifiers or bottles and formula and supplementary, those who experience breastfeeding problems and those whose babies stayed in intensive care unit were found to experience bigger problems with breastfeeding ($p<0.05$). In conclusion, it was determined that mothers who gave birth on the 33-37th weeks, those who do not have breastfeeding experience, those do not breastfeed their baby in the first half hour, those who use a pacifier or bottle, those who give formula or supplementary food to their baby and those who face problems with breastfeeding have greater breastfeeding problems. It was also found compared to the mothers breastfeeding in the first hour or after an hour, the ones breastfeeding in the first half hour faced considerably less breastfeeding problems. The study revealed that compared to mothers breastfeeding their babies once every two or three hours, those breastfeeding their babies as soon as their baby cried experienced more breastfeeding problems.

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1. Introduction

Breastfeeding has numerous advantages for both mothers and infants. World Health Organization (WHO) recommends breastfeeding babies in the first half of full hour after birth and relying only on breast milk up until 6-month period (World Health Organization, 2020). Early start of breastfeeding helps regular production of breast milk by strengthening the bond between mother and the newborn. Therefore, it is recommended that the newborn is placed on mother's breast right after they are born; in addition, other than breast milk, no other sort of pre-breastfeeding (any kind of food/liquid) is recommended (Yüzügüllü et al., 2018). Türkiye Demographic and Health Surveys 2018 data demonstrates that although rate of breastfeeding babies is 98% in Türkiye; as opposed to recommendations, children younger than 6 months of age is breastfed at a rate of only 41%. However, rate of relying only on breastfeeding decreases with age: while it is 59% among 0-1 month old babies, it decreases to 45% when they become 2-3 months old, culminating in a 14% when they are 4-5 months old. Most mothers stop or terminate breastfeeding due to breastfeeding-related problems they face during postpartum period (Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, 2019).

The start and continuation of breastfeeding is affected by numerous factors. Various studies have found that particularly breastfeeding problems faced by mothers have adverse effects on the process of breastfeeding (Karaçam & Sağlık, 2018). Literature has shown mothers usually experience difficulty inbreastfeeding in the early postpartum period (Almqvist-Tangen et al., 2012; Mortazavi et al., 2014; Tokat et al., 2015). While flat-inverted nipples,

redness on the nipple, pain and cracks on the nipple are regarded as the most common problems, concern over insufficiency of milk, baby's low gain weight, mother's negligence of breastfeeding methods and techniques, engorgement and early solid feeding are among the less common breastfeeding problems (Taş Arslan & Yeniterzi, 2013; Tokat et al., 2015; Karaçam & Sağlık, 2018; Uyanık et al., 2022). With detection of these problems, their affective factors and interventions according to the results, it is possible to increase the rate of breastfeeding children. Increase in the breastfeeding period has many advantages for both mother's and infant's health (Karaçam & Sağlık, 2018). This study aims to determine breastfeeding problems experienced by mothers with 0-1 month old babies and the factors affecting them.

2. Materials and Methods

This research was descriptively conducted for the purpose of examining the breastfeeding problems faced by mothers with 0-1 month old babies.

2.1. Population and sample

The research population consists of breastfeeding mothers with 0-1 month old babies who applied to a State Hospital Clinics of Gynecology and Pediatrics. In the calculation made on the basis of the Breastfeeding Experience Scale mean scores (24.6 ± 7.04) (Uyanık et al., 2022) of mothers in 2nd postpartum week, the minimum number of samples were found to be 190.

In order to determine the sample size, calculations were made in accordance with the formula where the number of individuals in the population is unknown.

$$n = \frac{t^2 \times \sigma^2}{d^2} = \frac{1.96^2 \times 7.04^2}{1} = \frac{3.8416 \times 49.5616}{1} = 190$$

In the formula; n: The number of individuals to be taken into the sample.

t²: The theoretical value found in the t table on specific degree of freedom and detected level of error (value 1.96 with 5% margin of error).

σ: Sample standard deviation (SD)

d²: ± deviation to be made according to the average

Inclusion criteria;

- Having a 0-1-month-old baby
- Volunteering to take part in the research

Exclusion criteria;

- Mothers who have never breastfed babies,
- Mothers with diseases that will prevent breastfeeding,
- Mothers using drugs that will prevent breastfeeding
- Babies with health problems that will prevent sucking mother’s nipple
- Hospitalized mothers or babies.

2.2. Data collection

2.2.1. Data collection form

In data collection, the study used “Demographic Question Form” and “Breastfeeding Experience Scale” which were developed by the researchers reviewing the literature (Yüzügüllü et al., 2018; Uyanık et al., 2022). In Demographic Question Form, 37 questions related to individuals’ age, level of education, marital status, perceived income levels,

profession, obstetric and breastfeeding characteristics were asked.

2.2.2. Breastfeeding Experience Scale

Developed by Karen Wambach in 1990, Breastfeeding Experience Scale (BES) is used in the assessment of mother’s breastfeeding experience. It is a 30-item scale that measures breastfeeding results in terms of early breastfeeding issues/experiences, nutritional practices/patterns and breastfeeding time (Wambach, 1993).

The study of Turkish validity and reliability of the first part of the scale (18 items) was carried out by Uyanık (Uyanık et al., 2022). The Cronbach Alpha value of the scale was found to be 0.776. The first 18 items in the scale measures the presence/absence and the severity of common breastfeeding difficulties in the early postpartum period. All items are five likert type and the scores range among (1) “not at all” and (5) “unbearable”. The total score range from 18 to 90 and higher scores refer to increasing severity of the problem. The scale has five sub-dimensions, which are concerns over nipples (three items: pain in the nipples, cracks in the nipple and symptoms and findings of infection in the nipples), concerns over the process (five items: fatigue while breastfeeding, leaking milk from the nipple, frequent breastfeeding of the baby, baby falling asleep while breastfeeding, fragility in the nipples), mechanical concerns (five items: mother’s feeling nervous and overwhelmed, nervousness of the baby while breastfeeding, baby’s difficulty in grasping the nipple, placing the baby in the correct position while breastfeeding), concerns over inadequate amount of milk (three items: concern that the baby does not take adequate amount of milk, concern about baby’s weigh gain, concern that the

mother does not have adequate amount of milk) and social concerns (two concerns: feeling shy about breastfeeding outdoors and in crowded environments, difficulty in managing work and breastfeeding at the same time). In our study, The Cronbach Alpha value of the scale was found to be 0.876.

2.2.3. Data collection process

For the research, breastfeeding mothers, who applied to clinics of gynecology and pediatrics were reached. Informed consent forms were received from these women. Data was collected face to face via questionnaire. Data collection process was completed among April 1, 2023-April 15, 2023. Data collection time for each women took an average of 10 minutes.

2.3. Statistical analysis

The data collected during the research was assessed by a package data program (SPSS 23.0 (Statistical Package for Social Sciences, drive 24.0, for Windows) in a computerized environment. In the analysis of the data, descriptive statistics such as number and percentage, t-test, one-way analysis of variance (ANOVA) and Bonferroni were performed depending on the variables. The suitability of the data for normal distribution was determined by evaluating the skewness and kurtosis coefficients. Linear regression (step by step) analysis of factors affecting breastfeeding problems was also performed. For statistical significance, the alpha level was set at 0.05. The Cronbach- α coefficient was used to evaluate the reliability of the scale used in the study.

2.4. Ethical aspect of the research

Ethical approval for the research was received from Gazi University Ethics Committee (Date: 23.03.2023, Number: E-77082166-604.01.02-619080). Informed consents were received from participants. The research was conducted in accordance with Helsinki Declaration.

3. Results

Characteristics of mothers and infants are listed in Table 1. 48.9% of the women are high school graduates and 77.4% are unemployed. 49.5% of them perceive their income and outcome levels as equal.

Table 1. Characteristics of mothers and infants

Characteristics	$\bar{X} \pm SD$	(Min-Max)
Age	27.17 \pm 4.97	18-41
Number of pregnancies	2.02 \pm 0.98	1-6
Number of birth	1.88 \pm 0.87	1-6
Birth weight	3092.11 \pm 353.83	2100-3950
Baby age (in month)	16.33 \pm 7.72	2-30

Mothers who gave birth on the 33-37th weeks, those who do not have breastfeeding experience, those who did not breastfeed their baby within the first half hour, those who breastfed their babies as soon as they cried, those who use pacifiers or bottles and formula and supplementary, those who experience breastfeeding problems and those whose babies stayed in intensive care unit were found to experience bigger problems with breastfeeding (p<0.05) (Table 2).

Table 2. Obstetric and breastfeeding characteristics of mothers and infants and their effects on the Breastfeeding Experience Scale (BES) mean scores

Characteristic	n	%	BES	Test and p values
			$\bar{X} \pm SD$	
Mode of delivery				
Vaginal	104	54.7	43.56±14.16	t:0.072
C-section	86	45.3	43.44±9.82	p:0.943
Birth week				
Week 33-37	21	10.9	48.61±12.00	t:2.025
Week 37-41	169	79.1	42.87±12.28	p:0.044
Breastfeeding experience				
Yes	124	65.3	41.94±11.53	t:-2.426
No	66	34.7	46.45±13.37	p:0.016
First breastfeeding time				
First half hour ^a	175	92.1	42.41±11.87	F:9.957
First hour ^b	10	5.3	54.20±11.22	p:0.000
Longer than first one hour ^c	5	2.6	60.40±10.21	difference: a-b. a-c
Receiving support in the first breastfeeding				
No	11	5.8	38.45±9.36	F:2.870
Midwife/Nurse	169	88.9	43.39±12.29	p:0.059
Companion	10	5.3	51.10±13.90	
Frequency of feeding the baby				
When s/he cries ^a	84	44.2	46.88±12.88	F:5.927
Once every two hours ^b	98	51.6	40.92±11.70	p:0.003
Once every three hours ^c	8	4.2	39.75±3.19	difference: a-b
Frequency of breastfeeding at night				
1-3 hours	178	93.7	42.90±11.55	t:-0.39
4-5 hours	12	6.3	42.98±11.70	p:0.969
Use of pasifier or bottle				
Yes	52	27.4	46.71±13.31	t:-2.203
No	136	71.6	42.29±11.88	p:0.029
Baby staying in intensive care for a period of time				
Yes	5	2.6	63.60±6.22	t:3.813
No	185	97.4	42.96±12.03	p:0.000
Experience of breastfeeding problems				
Yes	31	16.3	49.46±12.99	t:3.260
No	159	83.7	42.25±1.86	p:0.01
Use of formula or supplementary food				
Yes	29	15.3	48.06±14.22	t:2.179
No	161	84.7	42.68±11.85	p: 0.031

It was found that compared to mothers who breastfed their babies in the first full or a longer hour, those who breastfed in the first half hour experienced significantly less problems. Mothers who breastfed their babies as soon as they cried stated they experienced more breastfeeding problems than those who breastfed their babies once every two or three hours ($p < 0.05$) (Table 2).

In order to determine breastfeeding-related problems, a multi-variable linear regression analysis was

performed, which indicated that failure to breastfeed in the first half hour increased breastfeeding problems approximately 11 times while breastfeeding as the baby cried increased breastfeeding problems 8 times. It was also found that staying in the intensive care unit increased breastfeeding problems approximately 15 times and giving formula or supplementary food increased breastfeeding problems approximately 6 times. The modal explains 21% of breastfeeding problems (Table 3).

Table 3. Linear regression (stepwise) analysis of factors affecting the breastfeeding problems

Variables	B	SE	β	<i>p</i>	<i>R</i>²	<i>Adj R</i>²
First breastfeeding time	10.720	3.136	.235	.001	0.228	0.211
Frequency of baby feeding	-7.796	1.650	-.314	.000		
Baby staying in intensive care for a while	-15.334	5.265	-.199	.004		
Use of formula or supplementary food	-5.907	2.301	-.172	.011		

B: regression coefficient, SE: standard error , β : odds ratio , *Adj R*²: adjusted *R*² , * $p < 0.05$

4. Discussion

Many studies demonstrate that postpartum breastfeeding problems are quite common (Şahin et al., 2013; Karaçam & Sağlık, 2018). Breastfeeding problems in the postpartum period is described as one that negatively affects breastfeeding times and babies' nutrition with mother's milk. These results demonstrate breastfeeding problems must be more emphasized in terms of maternal and infant health.

Literature suggests breastfeeding experience affects breastfeeding process and expectations in the first six months (Santacruz-Salas et al., 2020). Compared to

mothers with breastfeeding experience, mothers with no breastfeeding experience were found to face more breastfeeding problems. Similar to our study, the study conducted by Şencan et al. (2013) pointed out 25,3 % of the mothers are inexperienced, which makes up breastfeeding problems. The study conducted by Yanikkerem et al. (2014), likewise, indicated that compared to mothers with breastfeeding experience, mothers with no breastfeeding experience have greater social and mechanical concerns together with concerns over the relevant process and inadequacy of milk. All these in mind, it might be considered that previous

breastfeeding experiences and information make later breastfeeding experiences far easier.

Due to their negative effects, use of pacifiers and bottles is not recommended (Batista et al., 2018; Yakar et al., 2020; Yeşilçiçek Çalık et al., 2017). Our study also found mothers relying on pacifiers and bottles tend to face more breastfeeding problems ($p < 0.05$). A randomized controlled study found a negative correlation among early use of pacifiers and breastfeeding problems (Howard et al., 2003). Tanrikulu et al. (2012), in their study, claimed that use of pacifiers or bottles in the first six months reduced mothers' breastfeeding times. Our study results examines the current situation but fails to determine whether breastfeeding problems occur before or after using pacifiers or bottles. Nonetheless, it is clear that mothers who experience problems with nipples or breastfeeding tend to prefer feeding with bottles, which makes it more difficult for the baby to get used to the nipple again.

Mother's milk and baby formula are fundamental food sources for 0-6 month old babies. Due to newborns' immature gastrointestinal system, inadequate digestion, impaired absorption of proteins, lipids and lactose, mild digestion problems are usually seen in infancy. The component differences of baby formulas from mother's milk increase the possibility of mild digestion problems in babies fed with formula. Moreover, mothers who give formula or supplementary food to their babies experience problems with breastfeeding (Tanrikulu et al., 2012; Jiang et al., 2022). Thus, it is not recommended to feed babies with formula or any other supplementary food (Yılmaz, 2019). It was found in our study that mothers using formula or

supplementary food experienced more breastfeeding problems ($p < 0.05$). In the study conducted by Tanrikulu et al. (2012) it was found that the breastfeeding times of mothers who give their babies formula or supplementary food in the first six months considerably decreased.

Mother milk is the most appropriate source of nutrition for infants and premature babies. It is more likely for mothers of premature babies to experience nutritional problems due to such additional difficulties as mother-baby separation, baby's failure to suck the nipple and inadequate breast milking skills. The separation of mothers registering into intensive care units and premature babies might affect mother-baby bond and prevent mothers from breastfeeding (Cacho et al., 2017). Our study found mothers who gave birth on 33-37th weeks and whose babies stayed in intensive care units had bigger breastfeeding problems. The study conducted by Lima et al. (2019) demonstrated there was a considerable decrease in babies' rate of feeding on only mother's milk after discharge from newborn intensive care units and underlined constancy of counseling in order to prevent weaning in early period.

Early start of breastfeeding is significant for both infant and maternal health. WHO recommends breastfeeding babies in the first hour after birth. The concern that the milk is inadequate and the baby is not full leads mothers to breastfeed their babies more often. Our study found mothers who breastfeed their babies in the first half hour after birth experience significantly less breastfeeding problems than those who breastfeed in the first hour or after an hour. Bostancı & Sevil (2015), in their study, revealed only

18% of mothers breastfed their babies whenever they wished. Şen & Koçakoğlu (2022) pointed out the rate of mothers breastfeeding in 2 hour intervals is 71,3%. In our study, it was determined 92.1% of the mothers start breastfeeding in the first half hour. Many factors such as mode of delivery, skin-to-skin contact, baby's birth weight, level of family education and traditional practices might affect the first breastfeeding time (Bolat et al., 2011; Cantürk & Kostak, 2020).

Our study also found higher breastfeeding problems scores for mothers who considered to be experiencing breastfeeding problems. Many mothers stop or terminate breastfeeding due to problems with breastfeeding in the postpartum period. Similar to our study results, literature revealed mothers who claimed facing breastfeeding problems are concerned about all sorts of issues from lack of milk to breast problems, from problems in the process to social problems (Almqvist-Tangen et al., 2012; Gönenç & Vural, 2015; Tokat et al., 2015; Yılmazbaş et al., 2015; Feenstra et al., 2018). Feenstra et al. (2018) divided breastfeeding problems into seven categories: The baby cannot grasp the nipple; sore, injured and/or cracked nipples, insufficient milk, too much milk, mastitis, doubt and other breastfeeding problems.

5. Conclusion

Mothers who gave birth on the 33-37th weeks, those who do not have breastfeeding experience, those who did not breastfeed their baby within the first half hour, those who breastfed their babies as soon as they cried, those who use pacifiers or bottles and formula and supplementary, those who experience breastfeeding problems and those whose babies

stayed in intensive care unit were found to experience bigger problems with breastfeeding. It was also found that compared to the mothers breastfeeding in the first hour or after an hour, those breastfeeding in the first half hour faced considerably less breastfeeding problems. The study revealed that compared to mothers breastfeeding their babies once every two or three hours, mothers breastfeeding their babies every time their baby cried experienced more breastfeeding problems. In addition, failure to breastfeed in the first half hour increased breastfeeding problems 11 times while breastfeeding as the baby cries increased breastfeeding problems 8 times. Also babies' stay in the intensive care increased breastfeeding problems 15 times and giving formula or supplementary food increased breastfeeding problems 6 times.

In order to maintain a healthy breastfeeding process, it is crucial to give information about the use of pacifiers and bottles and the solution methods for midwives and nurses, who are in the closest contact with mothers among those providing the most common healthcare services. Healthcare professionals must inform mothers about breastfeeding the baby in the first half hour and not giving formula or any supplementary food in the first six months. So as to manage the breastfeeding process in a healthy manner, it is significant to enhance relevant sensitivity of midwives and nurses and to include information about breastfeeding problems and their solutions in the courses provided to mothers.

Conflicts of interest

The authors declare no conflicts of interest.

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