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Araştırma/Research

Bebek Hemşiresi Desteğinden Sonra Annelerin Bebek Beslenmesi ve Bakımı ile ilgili Bilgi ve Uygulamaları

Mothers' Knowledge and Practices about Infant Feeding and Care after the Support of the Infant Nurse

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Öz

Amaç: Annelerin bebek beslenmesi ve bakımı ile ilgili bilgi ve uygulamalarına bebek hemşiresinin etkisini belirlemek.

Gereç ve Yöntem: Bu çalışma bir devlet hastanesinde doğum yapan anneler (n=200)de gerçekleştirildi. Veri toplama aracı olarak anket formu ve kontrol listeleri kullanıldı. Anneler ile üç farklı zaman diliminde (taburcu olmadan önce, 3 ay sonra, 6 ay sonra) görüşüldü. İkinci ve üçüncü görüşme telefon aracılığıyla gerçekleştirildi. Elde edilen veriler uygun istatistiksel analizlerle değerlendirildi.

Bulgular: Annelerin en sık karşılaştıkları sorunların bebeğin gazının çıkarılması (n=38, %19), emzirme (n=28, %14) ve bebek banyosu (n=21, %10,5) ile ilgili olduğu belirlendi. Ayrıca bebek hemşireliği uygulamasından sonra annelerin bebeklerini ilk altı ay sadece anne sütü ile besleme oranlarının %73,9, emzirme oranlarının ise %96,3 olduğu görüldü.

Sonuç: Çalışma sonucunda bebek hemşireliği uygulamasının anneleri hem bebek bakımı hem de beslenmesi konusunda, annenin önceki deneyimlerine göre yararlı etkileri olduğu görülmüştür. Bu nedenle tüm hastanelerde bebek hemşireliği uygulamasının aktif hale getirilmesi ve geliştirilmesi önerilmektedir.

Anahtar Kelimeler: Anne, anne-çocuk hemşireliği, bebek, bebek bakımı, emzirme

Abstract

Aim: To determine the effect of infant nurses on the knowledge and practice of the mother about infant feeding and care.

Materials and Methods: This study was the mothers (n=200) who gave birth in a state hospital. Questionnaires and checklists were used as data collection tools. Mothers were evaluated in three different time periods (before discharge, after 3 months, after 6 months). The second and third interviews were conducted via telephone. The obtained data were evaluated with appropriate statistical analysis.

Results: It has been determined that the most common problems are related to removing the infant's gas (n=38, 19%), breastfeeding (n=28, 14%), and the infant's bathing (n=21, 10.5%), In addition, after the infant nursing practice, it was observed that the rates of breastfeeding for the first six months of the mothers were only 73.9%, and the breastfeeding rates were 96.3%.

Conclusion: As a result of the study, it was seen that the practice of infant nursing had beneficial effects on mothers both in terms of infant care and nutrition, according to the previous experiences of the mother. For this reason, it is recommended to activate and develop infant nursing practice in all hospitals.

Keywords: Breast feeding, ınfant, ınfant care, maternal-child nursing, mother

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Introduction

Although the concept of health is important for every age group, it is an important issue that the whole world focuses on especially infant and child health.[1] With the aim of improving infant health, mother-baby nursing practices have been developed and continue to be implemented. The main priority of nurses in this area has been the establishment of a mother-infant bond. It is stated in the literature that the concept of mother-infant bond first became popular with Klaus and Kennell. Establishing a strong mother-infant bond is stated as a factor that can also affect the breastfeeding method. Therefore, strengthening attachment and commitment leads to nursing interventions.[2]

In order to reduce infant mortality rate, it is necessary to monitor both infant deaths and to determine the causes of death correctly and produce solutions for these problems. For this purpose, social, familial, maternal, and medical and health system factors that are thought to affect the death process should be examined in detail. When the infant mortality rates are examined, it is seen that babies died in the first days of life. Therefore, providing professional support to mothers and sustaining this support during this period should be one of the prevention activities.[3] For many years, obstetric care was provided in an environment where mothers and their babies were separated shortly after birth. Nowadays, it is thought that the misconception of this practice is realized and that it is more useful to provide mother-infant association immediately after delivery.[4] These changes made to protect the infant's health have become official with the infant nursing practice that has been started to be applied in all hospitals. The tasks of the infant nurse can be summarized as follows (Table 1);[5]

Table 1. The tasks of the infant nurse

The tasks of the infant nurse
Receiving newborns and sick babies by making all preparations
Planning, implementing and evaluating the treatment and care of the newborn and the patient infant in line with the doctor's request
Ensuring the harmony between the mother and other family members
Complete all necessary procedures during the separation of the newborn and the patient who have completed treatment from the infant's room, mother's side, or the Neonatal Intensive Care Unit (NICU)
To ensure that treatment and care given to babies are carried out successfully and without any problems
To guide the family at all levels of care, to plan and apply health education to protect and improve the health of the infant (breast milk and its importance, breastfeeding technique, breast care, newborn screening tests, growth and development, prevention of accidents, vaccination, monitoring and controls etc.)
To inform the mother about feeding and breastfeeding technique

Prepare the newborn and family for discharge and home care
Ensuring the mother and the infant to be monitored at home

In the literature, there is evidence that both mother and infant being together from the moment of birth have a positive effect on the health of both.[1,4,6] With the infant nursing planned to be implemented, it is ensured that infants stay in minimal time in areas such as NICU that need to be separated from their mother and mother-baby cooperation is tried to be established in the early period. When the working hours of the infant nurses are evaluated in our country, it is determined that they work in the 8-hour day shift, the mothers are the most difficult and they do not work in the night shift which forms a larger part of the day.[5]

In the literature, the duties of the baby nurse are discussed individually or with some of their features. However, no study was found in which all of the duties for both maternal and infant health were addressed. It has been observed that breastfeeding is generally emphasized and practices for baby care are limited. Some of these articles are the development of baby nutrition with kangaroo care,[7] the role of the nurse in stimulated breastfeeding techniques in maintaining breastfeeding,[8] breastfeeding support in very low birth weight newborns.[9] Therefore, this study was carried out to determine the effect of 24 - hour uninterrupted service of infant nurses working on hospital on the infant health and care.

Materials and Methods

Population and Sample

The population of the study consisted of mothers who gave birth in a State Hospital. An average of 2500 deliveries occurs in a year at the designated hospital. In the hospital where the research was carried out, the practice of infant nursing has just started and it provides service 24 hours a day, seven days a week. Infant nurses follow the mothers closely until they are discharged, and carry out the infant feeding and care together with the mother. After discharge, information is obtained by phone in the third and sixth months of the infant. Mothers who have problems with infant feeding and care during the interviews are invited to the hospital.

Duties and responsibilities of infant nurses in this hospital;

- Taking the infant from the delivery room and doing their first care.
- To maintain the infant's body temperature.
- To bring the mother and infant together as soon as possible and to provide sensual contact.
- Supporting the mother to initiate and maintain breastfeeding.

- Giving information about the care of the infant (Bath, gas, dressing, bed, clothing choices, etc.)
- Answering mother's questions about infant care and feeding.

The sample of the study consisted of mothers who gave birth and volunteered to participate in the study between April 1 and June 30, 2018. The total number of births between the specified dates is 600. 280 mothers who met the study criteria were included in the study. Although all mothers were interviewed before discharge, 30 mothers could not be reached in the evaluation three months later and 50 mothers in the evaluation six months later. Therefore, a total of 200 mothers who completed the last interview constituted the sample of the study.

Data collection procedure

During the practices, mothers were informed about the aim of the study and it was stated that the study was based on volunteering. Data Collection Tool was introduced and it was emphasized that the information obtained will be kept confidential. The study was carried out in three time periods: just before discharge, at 3 months and at six months. The first interview with the mothers was carried out just before discharge. After obtaining information about demographic characteristics in this first interview, information about the mothers' first experiences of infant care and practice was obtained and recorded in the form. Before the first interview, all mothers contacted the baby nurse and were given information about baby care. In this first meeting, information was also obtained about the problems that the mothers had experienced with regard to their previous baby care. At the end of the interview, the mother was informed that she would be called in the 3rd and 6th months, and phone information was requested from the mothers who gave consent. The second and third interviews were made via telephone. In these interviews, the knowledge and practices of infant care directed to the mother in the first interview were asked. The answers given were recorded in the data collection tool.

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Ethical considerations

Before starting to collect data, ethical approval was obtained from Karamanoglu Mehmetbey University Faculty of Health Sciences Non-Interventional Ethics Committee (No: 08-2018/25). In addition, written consent and written consent of the participants were obtained from the institution where the data will be collected.

Data Collection Tools

Data were obtained from mothers themselves. For the information to be taken from the mothers, a questionnaire form prepared by the researchers and a checklist determining the information and practices related to the infant care were used. Before applying the data collection tool, it was directed to five experts in the field and their opinions were taken. In addition, a pilot application was made to 5 mothers to evaluate the clarity of the questions before the application. Mothers participating in the pilot study were excluded from the study. In the questionnaire, a total of 24 questions were taking place that 5 questions (age, economic status, number of children, etc.) for determining demographic characteristics, 9 questions about current infant, 3 questions about determining infant care problems and 7 questions about infant nurses. The information and application checklist prepared in line with the literature consisted of 22 items including 11 items that determine the status of the information about infant care and 11 items that determine the application status in the 4-point Likert type (1: Good, 2: Medium, 3: Bad, 4: No) [1-3, 5-7].

Data Analysis

Data were analyzed by using SPSS 21 package program. Descriptive statistics (number, percentage, crosstab etc) were used in data analysis.

Results

The mean age of the mothers was 29.2 ± 5.77 years (min = 18 years, max = 42 years). The majority of the mothers reported that they did not have a chronic disease (85.5%) and were not very ill (91%). The economic status of more than half of the mothers was moderate (73%). Approximately 1/3 (32.5%) mothers had one child. It was determined that the majority of babies' birth weight and height were within normal limits (10-90% percentile). The babies of the majority of the mothers were at their side (95.5%), no health problems (91%), cuddling her infant within the first 30 minutes (72%) and, gave breast milk as her first feeding (92.5%).

Table 2. The distribution of mothers according to their problems related to infant care

	Previous problems		**Current problems**	
	Number (n)	**Percent (%)**	**Number (n)**	**Percent (%)**
Infant hygiene	5	2.5	5	2.5
Breast-feeding	**76**	**38**	**28**	**14**
Removing the infant's gas	**104**	**52**	**38**	**19**
Belly care	18	9	10	5
Infant bath	**38**	**19**	**21**	**10.5**
Infant dressing	8	4	1	0.5

It was determined that mothers' previously (before last birth) and currently (last birth) the most common problem was to remove the infant's gas. Then, the problems related to breastfeeding and infant bath were encountered (Table 2). It was determined that mother of the living conditions of the mentioned problems did not affect and the characteristics of the mother and infant (p> .05).

When mothers' problems regarding infant care are examined before (before last birth) and now (last birth), it was determined that the biggest decrease between the two evaluation rates was for the removal of the infant and breastfeeding. While 52% of mothers had previously had problems regarding the removal of the infant's gas, it was found that this rate decreased to 19% after the education and support received from the infant nurse (Table 2).

Table 3. Changes in the problems of mothers about infant care over time

Previous experience	**Current experience**	
Removing the infant's gas		
	Yes (n=38, %19)	No (n=162, %81)
Yes (n=104, %52)	26 (%13)	78 (%39)
No (n=96, %48)	12 (%6)	84 (%42)
Breast-feeding		
	Yes (28, %14)	No (n=172, %86)
Yes (n=76, %38)	14 (%7)	62 (%31)
No (n=124, %62)	14 (%7)	110 (%55)

From 104 mothers (52%) who had previously (before last birth) experienced problems in removing the infant's gas, while 26 mothers (13%) continued to have problems, 78 mothers (39%) did not experience any problems last birth. Similarly, 38% had previously experienced problems with breastfeeding (n=76), and this rate decreased to 14% after education and support from a infant nurse. From 76 mothers who had experienced problems before, 62 mothers (36%) have not had problems at the moment (Table 3).

When mothers were asked whether they had any problems with the baby, it was seen that nearly half of them had problems (55.5%). Nearly half of those who had problems stated that the baby nurse helped them to solve these problems (43.5%), while the other half stated that they received help from their relatives due to their experience (43%). However, 10% said that their problems continued. It was determined that mothers' problems were not affected by maternal and infant demographic characteristics (p> .05).

When the mothers were asked about the tasks of the infant nurse, they seemed to respond in similar proportions to the options, and the most known task was to provide

information about home care (68.5%). Breastfeeding (53%), the health status of the infant (49.5%), providing infant care (48.5%) was known at the intermediate level. The least known task was the vaccination of the infant (16%). The mothers received information about breastfeeding (90%), gas extraction techniques (77.5%) and hand washing (49.5%) from infant nurses. When mothers were asked to get information from the infant nurse, the first three lines were gas extraction techniques (42%), infant baths (41%) and breastfeeding (37%). In addition, almost all of the mothers (92%) thought that the infant nurse was helpful.

Table 4. Information and application status of mothers for infant care

	Information status			**Application status**		
	Good n (%)	**Medium n (%)**	**Bad n (%)**	**Good n (%)**	**Medium n (%)**	**Bad n (%)**
Holding the infant	**157(78.5)**	37 (18.5)	6 (3)	**167 (83.5)**	29 (14.5)	2 (1) U/Y* 2(1)
Breastfeeding infant	87 (43.5)	83 (41.5)	30 (15)	94 (47)	79 (39.5)	12 (6) U/Y*3(1.5)
Hand washing	**185(92.5)**	14 (7)	1 (0.5)	**186 (93)**	13 (6.5)	1 (0.5)
Removing the infant's gas	76 (38)	84 (42)	40 (20)	72 (36)	86 (43)	38 (19) U/Y* 4(2)
Feeding bottle / pacifier	101 (50.5)	90 (45)	9 (4.5)	44 (22)	38 (19)	5 (2.5) U/Y*113(56.5)
Infant's bath	87 (43.5)	84 (42)	29(14.5)	79 (39.5)	41 (20.5)	20 (10) U/Y*60(30)
Eye Care	71 (35.5)	91 (45.5)	38 (19)	67 (33.5)	65 (32.5)	19 (9.5) U/Y*49(24.5)
Oral care	85 (42.5)	80 (40)	35(17.5)	82 (41)	50 (25)	17 (8.5) U/Y*51(25.5)
Nose care	79 (39.5)	87 (43.5)	34 (17)	79 (39.5)	53 (26.5)	19 (9.5) U/Y*49(24.5)
Belly care	91 (45.5)	84 (42)	25(12.5)	89 (44.5)	59 (29.5)	15 (7.5) U/Y*37(18.5)
Choice of infant clothes	**173(86.5)**	26 (13)	1 (0.5)	**175 (87.5)**	21 (10.5)	1 (0.5) U/Y*3 (1.5)

* U / Y = no application

When the knowledge and practices of mothers on infant care are evaluated, the first three most known and applied issues are hand washing (knowledge=92.55%, practice=93%), infant clothing selection (knowledge=86.5%, practice=87.5) and infant care (knowledge=78.5%, practice=83.5%. (Table 4).

When the relationship between mothers' knowledge and application status is examined; there was a positive correlation between knowledge and practice in terms of all care practices. The strongest relationship between knowledge and practice was determined breastfeeding (r = .721 p = .000), removing the infant's gas (r = .659 p = .000), eye care (r = .709 p = .000), oral care (r = .678 p = .000), nasal care (r = .689 p = .000).

Table 5. At the end of the first three months, the distribution of mothers according to the problems and support sources (n=188)

		Mother's practice for solution	
	Problems n (%)	**Support from family elders n (%)**	**Support from health workers n (%)**
Holding the infant	**63 (%33.5)**	**2 (%3.2)**	**61 (%96.8)**
Breastfeeding infant	**66 (%35.1)**	**4 (%6.1)**	**62 (%93.9)**
Removing the infant's gas	**63 (%33.5)**	**2 (%3.2)**	**61 (%96.8)**
İnfant's bath	24 (%12.8)	24 (%100)	0 (%0)
Eye Care	2 (%0.5)	2 (%100)	0 (%0)
Belly care	3 (%1.6)	3 (%100)	0 (%0)
Rash	**74 (%39.4)**	**1 (%1.4)**	**73 (%98.6)**
Mansion	46 (%24.5)	37 (%94.9)	9 (%5.1)
Thrush	29 (%15.4)	20 (%69)	9 (%31)

The problems experienced by mothers about infant care and their sources of support for solving these problems are given in Table 5. Accordingly, the most common problems experienced by the mothers were diaper rash (n=74, 39.4%), breastfeeding the infant (n=66, 35.1%), burping the infant (n=63, 33.5%) and holding the infant (n=63, 33.5%). Almost all of the mothers (98.6-93.9%) stated that they received support from health professionals to solve these problems. However, all of the mothers who had problems with infant bathing (n=24), eye care (n=2) and belly care (n=3) received support from family elders.

Table 6. Applications of mothers for infant nutrition

	3 months later		**6 months later**	
	n	%	n	%
Only breast milk	166	88.3	139	73.9
Breastfeeding status	188	100	181	96.3
Vitamin D intake status	178	94.7	172	91.5
Multivitamins	128	68.4	128	68.4
Iron support	-	-	152	80.9
Additional food	5	2.7	41	26.1

The applications of mothers in three and six month periods for infant feeding are given in Table 6. According to this, in the first three months mothers continued breast milk and 88.3% of them were exclusively breastfed. This rate decreased to 73.9% at the end of six months. In both-time evaluation, the majority of the mothers gave vitamin D and

multivitamin. In addition, it was observed that mothers who started additional food in the first three months of their babies (2.7%) (Table 6).

Discussion

In the study conducted to determine the benefits of the infant nurse for the mother and the infant, it was found that the infant nurse is very useful in terms of mother and infant health (breastfeeding, burp baby, bathing etc). It was determined that the three most common problems of mothers about infant care were the infant's gas removal, breastfeeding and infant bath. This situation is similar to the literature.[7,8] In this study, which evaluated the efficacy of the infant nurse in the solution of these problems, it was found that the mothers started to have fewer problems about removing the gas and breastfeeding especially after taking care from the infant nurse. While 52% of the mothers had a problem with the removal of the infant's gas, this rate decreased to 19% after the infant nurse. Of the 104 mothers who had previously had problems with removing the infant's gas, 26 had problems and 78 mothers did not experience any problems at the moment. Similarly, the rate of having previously had problems with breastfeeding was 38% and it decreased to 14% after infant nurse. In addition, of 76 mothers who had experienced problems before, 62 mothers were not having problems at the moment. In the light of these findings, we can say that the infant nurse is more useful especially in areas where mothers have the most problems.

One of the most common problems faced by almost all mothers regarding infant care is burping the infant. Guzel et al (2017) found that all mothers who had a infant once (100%) had difficulty in passing gas, and 79% of them experienced diaper rash.[8] The rate given in the literature regarding the incidence of gland dermatitis varies between 50-80%.[7-10] Three months after the first interview, the most common problems of mothers were found to be about diaper rash, breastfeeding the infant, removing the infant's gas and keeping the infant. This finding suggests that there is a lack of practice in spite of education. Accordingly, baby nurses should not be content with just narration. At the same time, it is thought that mothers who are not sufficient for expression should support them with applications. Nearly all of the mothers receive support from health professionals to solve these problems, shows the availability of infant nurses. All of the mothers who had problems with the infant bath from the infant care issues received support from the family elders while there were no mothers who received support from the health care workers. This may be due to the fact that infant nurses describe this practice only theoretically.

The most well-known of the tasks of the infant nurse was to provide information about home care (68.5%), to help breastfeeding (53%), to assess the health status of the infant (49.5%), to provide infant care (48.5%). This situation may be due to the fact that the mothers received the most support from the infant nurse about the infant care. The least known was to make the infant's vaccination (16%). This practice may not have been seen as the duty of infant nurses since vaccination practices in our country are performed in family health centers. It was determined that mothers had the most information from the infant nurse about breastfeeding (90%), infant's gas removal techniques (77.5%) and hand washing (49.5%). In addition, it was found that mothers still wanted to get information about gas extraction techniques (42%), infant bath (41%) and breastfeeding (37%). In the study, it was observed that the mothers increased their practices when their knowledge increased. This suggests that education reduces the anxiety of mothers.

In the study, all mothers continued breast milk for the first three months, while 88.3% were exclusively breastfed. This rate decreased to 73.9% at the end of six months. 39% of babies fewer than 6 months in developing countries receive only breast milk.[10-12] Breastfeeding rates in infants younger than six months reported as 1% in England, 12% in Azerbaijan, 16.4% in America, 16% in Afghanistan, 30% in South Africa, 32% in East Asia, 51% in China,% in Pakistan 53, 53% in Egypt.[1,14,15] Despite many incentives for breastfeeding in our country, it has been shown that 41% of infants receive only breast milk for the first six months. Although breastfeeding is a physiological process, support is often required to initiate and maintain this process. Specially trained nurses have a great role in initiating and maintaining breastfeeding and in solving breastfeeding problems.[16] According to the Turkey Demographic and Health Survey (2018), the rate of those who give only water in addition to breast milk was 15%; the median duration of exclusive breastfeeding was 1.8 months.[15] Yeşilçiçek Çalık et al. (2017) in their study with 401 mothers has been identified that mothers' breastfeeding rates differ according to some variables, such as the mother's age, educational status, and employment status. In addition to they were found that the rate of breastfeeding was only 44.6% in 0-1 months, this rate decreased every month and this rate decreased to 9% in 6 months.[17] On the other hand, Bakiler et al. (2017) worked with 526 full-term mothers and their babies aged 12-24 months, who did not have any congenital anomalies. They found that demographic characteristics did not affect only breastfeeding, but the birth weight of the infant did. Accordingly, as birth weight increases, the rate of exclusive breastfeeding increases.[18] When compared with the literature, it can be said that the rates in

our study are quite high, and that only the infant nurse has positive contributions on breastfeeding.

In both-time evaluation, the majority of the mothers gave vitamin D and multivitamin. Iron preparations were given more in 6 months. This situation may be caused by the iron support implementation in our country after the infant has completed the fourth month.

Conclusion

Infant nursing is one of the current developments, but its job description and usefulness is a nursing branch that has not yet been determined. In this study, the usefulness of mothers of infant nurses along with their mothers was evaluated. As a result of the study, it was seen that the duties and authorities of the infant nurse were moderately known by the mothers. It has been determined that the worst issue in the knowledge and practice of mothers is to burp the infant. In addition, the most common problems experienced by mothers regarding infant care were related to the techniques of bubbling the infant. Gas removal techniques were one of the subjects that mothers received the most information about, but still wanted to learn about. The most effective training given to mothers by the infant nurse was breastfeeding and removing the infant's gas.

It has been determined that the practices of mothers who have good knowledge in all infant care practices are also successful. The increase in the level of knowledge about breastfeeding the infant, burping the infant, eye care, oral care and nose care made the application more successful. The rate of breastfeeding in the first three months and the first six months of the mothers who received support from the infant nurse has increased compared to the provincial statistics of the previous years, and the start of additional food for their babies has been postponed to later periods. Use of vitamin D, multivitamins and iron supplements has also increased.

According to these findings; it is observed that infant nurses are more effective in the subjects that mothers are most difficult. In this respect, it is recommended that infant nurses, such as nurses working in other internal and surgical branches, should also define their duties and authorities and provides 24-hour uninterrupted service in all hospitals.

Conflict of Interest

All authors declare that there is no conflict of interest for this study.

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