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The Impact of Mothers' Postnatal Sense of Security on Their Breastfeeding Self-Efficacy on Postpartum Depression

Hatice Gül ÖZTAŞ¹, Gülnaz ERDİ¹, Emine AKSÜT AKÇAY¹

¹ Kahramanmaraş Sütçü İmam University, Faculty of Health Sciences, Department of Midwifery

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ABSTRACT

Objective: This research was conducted in order to determine the effect of the mother's sense of security at the end of childbirth on both breastfeeding self-efficacy and postpartum depression in the mother. **Method:** The analytical-cross-sectional research was carried out on 340 puerperas admitted to a public hospital in the south of Turkey. The data for this study were collected using the puerperal women information sheet (PWIS), the Mothers' Postnatal Sense of Security Scale (MPSSS), the Edinburgh Postnatal Depression Scale (EPDS), and the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF). **Results:** It was determined that the average age of the participants was 27.92 ± 5.12 , 40.2% of the educational status was bachelor's degree and above, 71.1% of them were not working. The mean scale scores of the mothers were 47.86 ± 10.36 for MPSSS, 53.69 ± 11.23 for BSES-SF, and 8.79 ± 5.67 for EPDS. The sub-scale scores for MPSSS were as follows: Empowering behaviors: 16.75 ± 5.10 , General well-being: 11.18 ± 3.49 , Affinity Within the Family: 11.82 ± 3.40 , and Breastfeeding: 8.11 ± 2.53 . Empowering behaviors scores were found to be moderately positively correlated with Affinity Within the Family, Breastfeeding, and BSES-SF scores ($p = 0.001$). Additionally, General Well-Being scores showed a statistically significant moderate positive correlation with Affinity Within the Family, MPSSS, and EPDS scores ($p = 0.001$). **Conclusion:** The results revealed that mothers' higher postnatal sense of security positively affects their breastfeeding self-efficacy and reduces the risk of postpartum depression. It may be recommended that midwives/nurses identify the factors affecting the mother's postpartum sense of security and develop practices to increase the feeling of security.

Keywords: Postpartum, Depression, Breastfeeding, Self Efficacy, Sense of Security.

Annenin Doğum Sonu Güvenlik Hissinin Emzirme Öz Yeterliliğine ve Postpartum Depresyon Düzeyine Etkisi

ÖZ

Amaç: Bu araştırma, annenin doğum sonu güvenlik hissini emzirme öz yeterliliğine ve postpartum depresyon düzeyine etkisini belirlemek amacıyla gerçekleştirilmiştir. **Yöntem:** Analitik-kesitsel türde planlanan araştırma Türkiye'nin güneyinde, bir kamu hastanesine başvuran 340 lohusa üzerinde yürütülmüştür. Veriler, Kişisel Tanıtım Formu, Annelerin Doğum Sonu Güvenlik Hissini Ölçeği (ADSGHÖ), Edinburgh Doğum Sonrası Depresyon (EDSDÖ) ve Emzirme Öz-Yeterlilik Ölçeği (EÖYÖ) kullanılarak toplanmıştır. **Bulgular:** Katılımcıların yaş ortalamasının 27.92 ± 5.12 , eğitim durumunun % 40.2' sinin lisans ve üstü mezunu olduğu, % 71.1'inin çalışmadığı belirlenmiştir. Annelerin ADSGHÖ ölçek puanı ortalaması 47.86 ± 10.36 , EÖY ölçek puanı ortalaması 53.69 ± 11.23 , EPDÖ ölçek puanı ortalaması 8.79 ± 5.67 olduğu, ADSGHÖ ölçeği alt boyutları; Güçlendirici Davranış 16.75 ± 5.10 , Genel İyilik 11.18 ± 3.49 , Aileye Bağlılık 11.82 ± 3.40 , Emzirme 8.11 ± 2.53 olarak bulunmuştur. Güçlendirici davranış puanı ile aileye bağlılık, emzirme ve EÖY puanı arasında pozitif yönde orta düzeyde istatistiksel olarak anlamlı ilişki saptanmıştır ($p = 0.001$). Genel iyilik puanı ile aileye bağlılık, ADSGHÖ, ve EPDÖ puanı arasında pozitif yönde orta düzeyde istatistiksel olarak anlamlı ilişki belirlenmiştir ($p = 0.001$). **Sonuçlar:** Annenin doğum sonu güvenlik hissi arttıkça, emzirme öz yeterlilik duygusu pozitif yönde etkilendiği ve doğum sonu postpartum depresyon riskini azalttığı belirlenmiştir. Ebe/hemşirelerin, annenin doğum sonu güvenlik hissini etkileyen faktörleri belirlemesi ve güvenlik hissini artırmaya yönelik uygulamaları geliştirmesi önerilebilir.

Anahtar Kelimeler: Doğum Sonrası, Depresyon, Emzirme, Öz Yeterlilik, Güvenlik Hissi

Sorumlu Yazar / Corresponding Author: Hatice Gül ÖZTAŞ, Kahramanmaraş Sütçü İmam University, Faculty of Health Sciences, Department of Midwifery, Kahramanmaraş, Türkiye

E-mail: h.gul_akbaba@hotmail.com

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INTRODUCTION

The postpartum period is a critical phase characterized by significant changes for all family members. Increased workload and higher levels of stress among mothers should be evaluated and employing the obtained results, they should be provided with proper management skills to better manage this period (Sırlı, 2020). Mothers who acquire skills to manage the postpartum period feel safer and, as a result, can establish stronger communication with their babies and family members. Furthermore, being supported by family members, mothers feel peaceful, happy, and safe, which enables them to build more positive relationships with others (Sırlı, 2020; Taşkın 2016). Mothers' postnatal sense of security has become a prominent topic of discussion in recent times (Aksoy Derya, Erdemoğlu, Özşahin & Karakayalı, 2019). From a personal standpoint, safety is acknowledged as a fundamental human need that must be fulfilled to guarantee a high quality of life. When mothers go through the journey of parenthood, they encounter physical and psychosocial changes that are often accompanied by feelings of uncertainty and insecurity. To effectively support the safety needs of mothers, it is crucial to comprehend how they express and interpret their feelings of safety (Werner Bierwisch, Pinkert, Niessen, Metzger & Hellmers, 2018). However, very few studies were carried out about the topic (Baykal & Karakoç, 2021; Aksoy Derya et al., 2019).

The sense of security is deemed crucial for postpartum mothers as it plays a significant role in the continuation of breastfeeding (Sırlı, 2020). Both local and global health organizations recommend initiating breastfeeding within the first half hour after birth, exclusively providing newborn babies with breast milk in the initial six months, with continuing breastfeeding during a minimum of two years alongside the introduction of complementary foods (Alb, Theall, Jacobs, & Bales, 2017). Breastfeeding is important in terms of health and sustainable development goals (Duman & Gölbaşı, 2022). Perception of breastfeeding self-efficacy represents mothers' efforts to breastfeed her baby, her emotional preparedness for breastfeeding, and her thoughts regarding breastfeeding. In other words, it reflects the mother's ability to overcome potential challenges encountered during breastfeeding. However, the stress and emotional turmoil that often accompany the experience of being a first-time mother can impede the continuation of successful breastfeeding (İnce et al., 2017). A low sense of security among postpartum mothers is associated with an elevated risk of postpartum depression and an increased likelihood of experiencing disruptions in the bond between the mother and baby (Schaming & Wendland, 2023). When a mother feels secure, the bond between them tends to be healthier, stronger, and established at an

earlier stage. This factor plays a crucial role in the continued practice of breastfeeding (Palmer, Carlsson, Brunt, & Nystrom, 2014).

During the 6-week postpartum period, mothers experience significant physiological and psychological changes (Aslan & Ege, 2016). Postpartum depression (PPD) is a psychiatric disorder that typically emerges within the second to sixth week following childbirth (Mikšić, Uglešić, Jakab, Holik, Milostić Srb, & Degmečić, 2020). Mothers who experience PPD are more likely to discontinue breastfeeding earlier compared to those who do not have depression (Woldeyohannes et al., 2021). Breastfeeding has a positive psychological impact on mothers, as it enhances their overall well-being, self-efficacy, and strengthens their bond with their babies (Gila Diaz, Carrillo, López de Pablo, Arribas & Ramiro-Cortijo, 2020). Moreover, studies have reported that postpartum depression (PPD) occurs less frequently in breastfeeding women. Breastfeeding has been associated with reduced neuroendocrine stress responses, which contribute to the protection of the mother's psychological well-being (Mikšić et al., 2020). Hence, the support provided by midwives and health professionals is very important to protect the mental health and psychological well-being of postpartum mothers (Coxon, et al., 2020; Matvienko Sika, Meedya & Ravalidi, 2020; Viaux, Maurice, Cohen & Jouannic, 2020).

An insufficient sense of security during the early postpartum period can contribute to heightened mental distress, such as anxiety and depression (Schaming & Wendland, 2023; Persson & Kvist, 2014). According to a previous report, the sense of security was found to be negatively associated with the postpartum period. Therefore, increasing the sense of security among mothers would be a significant intervention in reducing the risk of depression. Additionally, the perception of a mother's sense of security is considered a determinant of PPD (Baykal & Karakoç 2021). Persson & Kvist (2014) conducted a study that examined the relationship between the mothers' feelings of security, as well as postpartum anxiety and depression. Their findings revealed moderate negative correlations between feelings of security and both postpartum anxiety and depression (Persson & Kvist, 2014).

To our knowledge, there has been no prior investigation into the impact of mothers' sense of security on both self-efficacy and postpartum depression within a single study. Hence, the goal of this research is to reveal the effect of mothers' feelings of security on self-efficacy and postpartum depression.

MATERIALS AND METHODS

Research design

An analytical cross-sectional study was designed.

Place and time

The study was carried out in the puerperal ward of a state hospital in southern Türkiye between March and June 2023.

Sample

For calculating sample size, G*Power 3.1.9.7 software was employed (Faul, Erdfelder, Lang and Buchner, 2007). To estimate the sample size, the medium effect size suggested by Cohen (1988) was considered. The effect size was found to be $f = 0.25$, with a confidence interval of 80% (Polit & Beck, 2017), and the margin of error was calculated as 5%. Based on the calculations, the recommended sample size for the study was found to be 310 women. However, to account for potential data loss (estimated at 10%), the sample size was decided as 340. Consequently, the sample for the study comprised 340 puerperal women who willingly agreed to participate and met the inclusion criteria. The selection of puerperal women from the target population was conducted using the improbable accidental sampling method.

Data collection tools

Puerperal women information sheet (PWIS)

This sheet was developed by the researchers referred to the literature for the purpose of data collection on the demographic characteristic and obstetric history of the participants (Aksoy Derya et al., 2019; Persson & Kvist, 2014).

Mothers' postnatal sense of security scale (MPSSS)

The scale was prepared by Persson and Kvist 2007. The instrument comprises 18 items assessed using a 4-point Likert-type scale (1 = strongly disagree, 2 = agree somewhat, 3 = agree quite a lot, 4 = strongly agree). The validity and reliability studies for the Turkish translation of the MPSSS were carried out by Geçkil et al. (2016). The scale has four dimensions namely, a perception of empowering behavior from midwives/nurses, a sense of general well-being, a perception that breastfeeding was manageable, and a feeling of affinity within the family. Items 7, 8, 9, and 11 were reverse-coded. The instrument allows for scores ranging from a minimum of 18 to a maximum of 72. Higher scores indicate a higher sense of security. The Cronbach's alpha of the total scale was found to be 0.84 (Geçkil, Koçak, Aslan & Ege, 2016). In the current research, Cronbach's alpha was computed to be 0.90.

The Edinburgh Postnatal Depression Scale (EPDS)

This tool was prepared by Cox (1987) to measure postnatal depression. The validity of the Turkish translation of the EPDS was carried out by Engindeniz et al. (1996). The scale comprises 10 items. The participants mark their choices on a 4-point Likert-type scale varying from 0 to 3. The total scale score is derived by summing the scores of all the items, resulting in a range of 0 to 30. Postnatal depression risk increases as the scale score increases (Arslan, 2012). The Cronbach's alpha of EPDS was

0.79. However, Cronbach's alpha was found to be 0.90 in the current study.

The breastfeeding self-efficacy scale-short form (BSES-SF)

The Breastfeeding Self-Efficacy Scale-Short Form was prepared by Dennis and Faux (1999) as a tool to assess breastfeeding self-efficacy. The scale was later revised and condensed to include 14 items (Dennis, 2003). This tool is rated on a 5-point Likert scale. Scale scores range from 14 to 70. Breastfeeding self-efficacy increases as the scale score increases (Dennis, 2003). The Breastfeeding Self-Efficacy Scale-Short Form was adapted to the Turkish language by Aluş Tokat et al. (2010). They reported the Cronbach's alpha of the scale as 0.86 (Aluş Tokat, Okumus & Dennis, 2010). In the current study, it was computed as 0.95.

Data collection

The data of this study were collected over two stages. In the first stage, the participants responded to the PWIS and MPSSS in a face-to-face manner at the specified institution, with researchers present. The data collection took place at a convenient time for the mothers and their babies and lasted about 15-20 minutes. In the second stage, EPDS and BSES-SF were transferred to Google Forms. Starting from the 10th day after giving birth, the participant mothers filled out the EPDS and BSES-SF online using Google Forms.

Analysis of the data

The data analysis performed on SPSS (IBM Statistical Package Program) v 25. Descriptive statistics were presented as numbers, percentages, means, standard deviations, medians, and min/max values. T-test was conducted for two-group comparisons with normally-distributed data. Conversely, Mann-Whitney U tests were conducted for data that did not follow a normal distribution. The statistical significance level employed in the analysis was established at $p = 0.001$. In the analysis of the relations between the variables, Spearman's rank correlation coefficient was employed since the normal distribution was not achieved.

Ethical considerations

This study adhered to the principles of the Helsinki Declaration. Before the study, approval was received from the Ethics Committee of Non-Interventional Researches of Kahramanmaraş Sütçü İmam University Health Practice and Research Hospital (Protocol no: 2023/03). Participants were briefed on the study's objectives, the voluntary nature of participation, and their consent was obtained through both written and verbal means.

RESULTS

Participants' sociodemographic characteristics are given in Table 1. Participants' mean age was 27.92 ± 5.12 years, 40.2% had an undergraduate or higher education, 71.1% were unemployed, 39.3% had spouses with an undergraduate or higher education,

94.8% had spouses employed, 57.8% reported an income matching their expenses, and 89.9% belonged to a nuclear family.

She distribution of the participants' pregnancy and fertility characteristics is shown in Table 2. Of the women, 74.3% had a planned pregnancy, 67.9% had no health problems during pregnancy, 55.8% received regular prenatal care during their last

pregnancy, 45% had a normal delivery, 63.3% received training about the postpartum period, 88.4% received support from their family during the postpartum period, 92.5% reported having good communication with their spouses after birth, 83.5% had a postnatal baby weight of 2500 g and above, 55.2% had a female baby. In addition, the mean number of pregnancies was found to be 2.20 ± 1.41 .

Table 1. Participants' sociodemographic characteristics (n = 346).

Characteristics	Mean ± sd	Min – Max
Age	27.92 ± 5.12	18 - 43
Spouse age	3.17 ± 5.57	21 – 55
Educational Status	n	%
Primary education	50	14.50
Secondary school	71	20.50
High school	86	24.90
Undergraduate or higher education	139	40.20
Working Status		
Yes	100	28.90
No	246	71.10
Spouse Education Status		
Primary education	32	9.20
Secondary school	67	19.40
High school	111	32.10
Bachelor's degree or higher	136	39.30
Spouse Working Status		
Yes	328	94.80
No	18	5.20
Income Level		
Income more than expense	51	14.70
Income is equal to expense	200	57.80
Income less than expenses	95	27.50
Family Structure		
Nuclear family	311	89.90
Extended family	35	10.10

Sd: standard deviation, Min-Max: minimum and maximum score, respectively

Table 2. Distribution of pregnancy and fertility characteristics of the participants (n = 346).

Variables	n	(%)
Planned pregnancy		
Yes	257	74.30
No	89	25.70
Having a health problem in the last pregnancy		
Yes	111	32.10
No	235	67.90
Receiving regular antenatal care in last pregnancy		
Yes	153	44.20
No	193	55.80
Last delivery type		
Normal delivery	155	45
Cesarean delivery	201	55
Getting postpartum education		
Yes	127	36.70
No	219	63.30

Table 2. (Continue) Distribution of pregnancy and fertility characteristics of the participants (n = 346).

Receiving support from the family during the postpartum period		
Yes	306	88.40
No	40	11.60
Postpartum communication with spouse		
Good	320	92.50
Bad	26	7.50
Birth weight		
Less than 2500 grams	57	16.50
2500 grams and above	289	83.50
Baby Gender		
Girl	191	55.20
Boy	155	44.80
	Mean ± sd	Min – Max
Number of pregnancies	2.20 ± 1.41	0 – 8
The number of living children	1.97 ± 1.28	0 – 9

Sd: standard deviation, M: Median, Min-Max: minimum and maximum score, respectively.

Descriptive statistics for the MPSSS, EPDS, and BSES-SF are presented in Table 3. The mean scale scores were 47.86 ± 10.36 for MPSSS, 53.69 ± 11.23 for BSES-SF, and 8.79 ± 5.67 for EPDS. The sub-scale scores for the MPSSS were as follows:

Empowering behaviors: 16.75 ± 5.10, General well-being: 11.18 ± 3.49, Affinity Within the Family: 11.82 ± 3.4, and Breastfeeding: 8.11 ± 2.53.

Table 3. Descriptive statistics for the MPSSS, EPDS, and BSES-SF.

Variables	Mean ± sd	Min/Max	Cronbach's α
Empowering Behaviors	16.75 ± 5.10	5 - 24	0.94
General Well-Being	11.18 ± 3.49	5 - 20	0.70
Affinity Within the Family	11.82 ± 3.40	4 - 16	0.94
Breastfeeding	8.11 ± 2.53	3 - 12	0.78
MPSSS	47.86 ± 10.36	18 - 72	0.90
BSES-SF	53.69 ± 11.23	14 - 70	0.95
EPDS	8.79 ± 5.67	1 - 27	0.90

Sd: standard deviation, M: Median. Min/max: minimum and maximum score, respectively.

The findings regarding the correlation analysis for MPSSS, EPDS, and BSES-SF are presented in Table 4. Empowering behaviors were found to be moderately positively correlated with Affinity Within the Family, Breastfeeding, and BSES-SF scores ($p = 0.001$).

A significant strong and positive relationship was observed between Empowering Behaviors and MPSSS scores ($p = 0.001$). However, a weak negative correlation was observed between Empowering Behaviors and EPDS scores ($p = 0.001$).

Furthermore, General Well-Being scores were found to be moderately positively correlated with Affinity Within the Family, MPSSS, and EPDS scores ($p = 0,001$). Additionally, Affinity Within the Family scores were moderately positively correlated with Breastfeeding and

BSES-SF scores ($p = 0,001$). Additionally, a strong and positive significant correlation was identified between Affinity Within the Family and MPSSS scores ($p = 0,001$).

A strong significant positive correlation was observed between Breastfeeding and MPSSS scores ($p = 0.001$). Furthermore, it was determined that Breastfeeding scores moderately positively correlated with BSES-SF and EPDS scores ($p = 0,001$). It was observed that a significant moderate and positive correlation exists between MPSSS and BSES-SF scores ($p = 0.001$). On the other hand, a significant moderate and negative correlation was identified between BSES-SF and EPDS scores ($p = 0.001$).

Table 4. Correlation analysis for MPSSS, BSES-SF, and EPDS.

Points	Value	Empowering behavior	General well-being	Affinity within the family	Breastfeeding	MPSSS	BSES-SF	EPDS
Empowering behavior	R		0,092	0,420	0,616	0,818	0,369	-0,250
	P		0,086	0,001*	0,001*	0,001*	0,001*	0,001*
General well-being	R			0,277	0,058	0,452	0,014	0,346
	P			0,001*	0,282	0,001*	0,801	0,001*
Affinity within the family	R				0,489	0,748	0,359	-0,060
	P				0,001*	0,001*	0,001*	0,265
Breastfeeding	R					0,720	0,345	-0,359
	P					0,001*	0,001*	0,001*
MPSSS	R						0,383	-0,200
	P						0,001*	0,063
BSES-SF	R							-0,278
	P							0,001*

r; spearman rank correlation coefficient, * indicates significant relationship between the variables.

DISCUSSION

This study was carried out to identify the impact of mothers' postnatal sense of security on their breastfeeding self-efficacy and postnatal depression. The obtained results are believed to make a valuable contribution to the literature by revealing the impact of mothers' postnatal sense of security on breastfeeding self-efficacy and postnatal depression, which are two important factors for both maternal and newborn health. The assessment of mothers' postnatal sense of security and its subdimensions is crucial for ensuring the provision of high-quality support and care to them (Geçkil et al., 2016). The achievable total score for MPSSS ranges from 18 to 72. In the current study, the mean MPSSS score was found to be 47.86 ± 10.36 indicating a good level of sense of security. Similar findings were reported in prior studies (Koçak et al., 2021; Velagic, Mahmutovic, and Brankovic, 2019). However, several reports found a higher postnatal sense of security scores (Aksoy Derya et al., 2019; Geçkil et al., 2016). The discrepancy in the results can be attributed to the postnatal care and support received by the participants after childbirth. Despite finding a good level of sense of security in this study, it can still be considered lower than the expected or desired level. For this reason, it is believed that enhancing spouse and family support for mothers, as well as improving the quality of midwifery care during the postpartum period, is important. By improving midwifery care, the healthcare services provided to mothers in hospitals can be enhanced, thereby promoting a greater sense of safety for mothers during the postpartum period.

Supporting mothers with behaviors that promote self-efficacy in the postpartum period can contribute to an increased sense of postnatal security (Kumral, 2021; Geçkil et al., 2016). Among the subdimensions of MPSSS, the highest mean score was observed in Empowering Behaviors, with a mean of 16.75 ± 5.10 . Similarly, in the previous studies, the highest mean score was observed in the Empowering Behaviors

dimension (Baykal & Karakoç, 2021; Escribano, Oliver-Roig, Cano-Climent, Richart-Martínez, Persson and Juliá-Sanchis, 2020). Supporting mothers with empowering behaviors of health professionals, especially midwives, would contribute to their sense of security.

The EPDS scores were found to be moderately positively correlated with the "Affinity Within the Family" and "General Well-Being" dimensions of the MPSSS ($p = 0,001$). Literature findings indicated that disrupted general well-being would result in an increased risk for postpartum depression (Baykal & Karakoç, 2021; Akbari, Rahmatinejad, Shater, Vahedian & Khalajinia, 2020;). On the other hand, some previous studies reported that increased affinity within the family reduces the risk for postpartum depression and facilitates the mother's adaptation process to baby care (Zheng Sun, Aili, Yang & Gao, 2022; Baykal and Karakoç, 2021). Negative emotions such as inadequate postnatal sense of security, anxiety, and depression increase the risk of mental health disorders. Furthermore, anxiety and depression can be indicators of sense of insecurity (Schaming & Wendland, 2023). Considering these studies, it is possible to argue that mothers with a higher sense of security might have lower depression risk (Escribano et al., 2020).

Breastfeeding self-efficacy is related to mothers' sense of efficacy emotions regarding breastfeeding their infants. Mothers' breastfeeding self-efficacy also represents their knowledge and skills about breastfeeding (He & Namprom, 2022). The results of this study revealed a significant moderate positive relationship between MPSSS and BSES-SF scores. Consistent with this result, some studies reported that mothers with a higher postnatal sense of security exhibit higher breastfeeding self-efficacy (Kumral, 2021; Erol 2020). It is possible that the increase in postpartum social support provided by midwives, nurses, and family relatives to mothers contributes to an enhanced sense of security among mothers. This, in turn, may increase their breastfeeding self-efficacy (He & Namprom,

2022). Moreover, a strong positive significant relationship was observed between breastfeeding and MPSSS total scores. This result indicates that mothers' sense of security is associated with breastfeeding.

Limitations of the Research

Since the research is cross-sectional and conducted in a single center. It may not be generalizable to all postpartum mothers.

CONCLUSION

This study examined the impact of mothers' postnatal sense of security on their breastfeeding self-efficacy and postpartum depression. The results showed that women had a sufficient level of postnatal sense of security and as their postnatal sense of security scores increase, their breastfeeding self-efficacy increased and reduces the level of postpartum depression. This study yielded significant findings that highlight the impact of the postnatal sense of security on breastfeeding self-efficacy and postpartum depression, which are two factors that play crucial roles in the health of both mothers and newborns during the postpartum period. Accordingly, interventions to increase mothers' postnatal sense of security should focus on improving midwifery care services. As the primary healthcare professionals responsible for delivery services, midwives should demonstrate empowering behaviors that enhance the self-confidence of mothers. They should also provide appropriate care to address the health needs of mothers during the postpartum period. In addition, it is important to encourage fathers and other family members to participate in training programs about the postpartum period and increase their awareness of this subject. There is a need for national and international studies that include fathers with larger sample sizes to obtain more insights into the postnatal sense of security.

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Conflict of Interest

The authors declare no conflict interest.

Author Contributions

Plan, design: HGÖ., GE., EAA.; **Material, methods and data collection:** HGÖ., GE., EAA.; **Data analysis and comments:** HGÖ., GE., EAA.; **Writing and corrections:** HGÖ., GE., EAA.

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Ethical considerations

This study adhered to the principles of the Helsinki Declaration. Before the study, approval was received

from the Ethics Committee of Non-Interventional Researches of Kahramanmaraş Sütçü İmam University Health Practice and Research Hospital (Protocol no: 2023/03). Participants were briefed on the study's objectives, the voluntary nature of participation, and their consent was obtained through both written and verbal means.

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