ATATÜRK ÜNİVERSİTESİ YAYINLARI
ATATURK UNIVERSITY PUBLICATIONS

Research Article DOI:10.62425/esbder.1478339

The Effects of Mothers' Anxiety Level and Obsessive and Compulsive Behaviors Regarding Baby Care on Breastfeeding Motivation in the Postpartum Period

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ABSTRACT

Objective: The study was planned to investigate the relationship between mothers' anxiety and obsessive and compulsive behaviours related to baby care and breastfeeding motivation in the postpartum period.

Methods: The sample of the descriptive and correlational study consisted of 367 mothers who applied to the pediatric clinic of a state hospital in the Central Anatolia region between November 2022 and June 2023 for control purposes. The data were collected using Personal Information Form, Primiparous Breastfeeding Motivation Scale (PBMS), Postpartum Specific Anxiety Scale (PSAS) and Obsessive and Compulsive Behaviours of Mothers Towards Baby Care in the Postpartum Period Scale (PPOCBS). Descriptive statistics, independent groups t test, One-Way ANOVA test and Pearson correlation analysis were used to analyse the data.

Results: The mean scores of PSAS and PPOCBS the mothers who participated in the study were 112.33±3.90, and 26.36±10.80, respectively. The mean scores of the value ascribed to breastfeeding, self- effectiveness, midwife support and expectation of success sub-dimensions of the PBMS scale were 77.19±17.43, 41.71±9.71, 20.19±7.64 and 10.84±6.20, respectively. It was determined that there was a significant relationship between the total mean score of the PSAS and the sub-dimension scores of value ascribed to breastfeeding and success expectation levels of the PBMS. It was found that there was a significant relationship between the mean score of the mothers' PPOCBS and the mean score of the value ascribed to breastfeeding sub-dimension of PBMS.

Conclusion: In the postpartum period, as value ascribed to breastfeeding increases, anxiety increases and success expectancy decreases. As the PPOCBS increases, value ascribed to breastfeeding decreases.

Keywords: Breastfeeding motivation, obsessive compulsive disorder, postpartum anxiety

Received 04.05.2024
Accepted 23.01.2025
Publication Date 26.03.2025

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Cite this article: Kılıç, S., & Dereli Yılmaz, S. (2025). The Effects of Mothers' Anxiety Level and Obsessive and Compulsive Behaviors Regarding Baby Care on Breastfeeding Motivation in the Postpartum Period. *Journal of Midwifery and Health Sciences, 8*(1), 20-31.

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Introduction

The postpartum period is a transition period in which psychological changes occur following the pregnancy and birth process of a woman (Aydın et al., 2022). This period includes postpartum recovery, transitioning into the role of motherhood, assuming new parenting responsibilities, and adapting to overall life changes. Adjusting to these changes can negatively impact the mother's mental health, leading to anxiety (Zappas et al., 2021). Anxiety is one of the most common psychological problems in the postpartum period, and its prevalence rate varies between 13-40% (Field, 2018). Postpartum anxiety may have negative consequences on both maternal and infant health, such as inability to adapt to the maternal role, mother-infant attachment problems, sleep disorders, depression and breastfeeding problems (Bayrı Bingöl & Demirgöz Bal, 2021; Field, 2018).

Another psychological problem that the mother may experience in the postpartum period is the development of obsessive-compulsive behaviours (Russell et al., 2013). Obsessive-compulsive disorder (OCD) is a psychiatric disorder characterised by obsessions and compulsions. While obsessions are defined as involuntary, recurring and distressing thoughts, images or impulses, compulsions are defined as repetitive behaviours or mental actions (Tahir & Fatima, 2018; Tharwat et al., 2022). The prevalence rate of OCD in women in the postpartum period is between 2.43-9% (Ferra et al., 2024), which is approximately 1.5-2 times higher than women in the general population (Russell et al., 2013). Obsessive-compulsive behaviours that occur in the postpartum period are generally more common in primiparous mothers (Fairbrother et al., 2021). The most common obsessive thought in this period is the fear of harming the baby, while the most common compulsions are safety-oriented behaviours such as online information search and cleaning (Garcia et al., 2023). During this period, the woman tries to get away from her baby with the thought that she will harm her baby. For this reason, women's breastfeeding motivation during the postpartum period, and consequently breastfeeding rates, may be negatively affected (Challacombe et al., 2016; Kurt & Söyler, 2022). In a study, breastfeeding rates were found to be lower in mothers with OCD (Challacombe et al., 2016). Motivation is defined as the mobilising force (Pinto et al., 2016). Breastfeeding motivation is an important factor in initiation and maintenance of breastfeeding (Dağlı & Reyhan, 2023). The literature lacks studies examining the effect of maternal anxiety and obsessive-compulsive behaviors related to infant care on breastfeeding motivation during the postpartum period. Therefore, this research was planned to examine the relationship between mothers' anxiety and obsessive and compulsive behaviours towards infant care and breastfeeding motivation in the postpartum period.

Questions of the Study

1. What is the anxiety level of mothers in the postpartum period?
2. What is the level of obsessive and compulsive behaviour of mothers towards infant care in the postpartum period?
3. What is the level of breastfeeding motivation of mothers in the postpartum period?
4. Is there a relationship between mothers' anxiety level and breastfeeding motivation in the postpartum period?
5. Is there a relationship between mothers' obsessive and compulsive behaviours towards infant care and breastfeeding motivation in the postpartum period?

Methods

Type of the Study

This study is descriptive and correlational.

Setting and Time of the Study

The study data were collected between November 2022 and June 2023 in a state hospital in Central Anatolia. The objective of the study was explained to the mothers and their verbal and written consents were obtained. The mothers who agreed to participate in the study completed the data collection forms within 10-15 minutes on average. The study data were collected in the breastfeeding and infant care room of the hospital, paying attention to privacy.

Universe and Sampling of the Study

The universe of the study was composed of women who applied to the paediatric service of a state hospital in the Central Anatolia region for control purposes, who were between the 2nd-8th week in the postpartum period and who were mothers for the first time. The sample size of the study was calculated as 367 people by selecting 1 unit difference from the known mean score, 0.95 power, 0.05 alpha level and two-way hypothesis options with the G-power 3.1.9.7. programme, based on the mean score of PPOCBS (17.77±5.28) (Faul et al., 2007; Faul et al., 2009; Üstüngör, 2022).

Mothers who were 18 years of age or older, could speak and understand Turkish, gave birth for the first time between 37-42 weeks of gestation, were between 2-8 weeks postpartum, and had no diagnosis of psychiatric illness were included in the study. Mothers who were diagnosed with

OCD and whose infants had health problems were not included in the study.

Data Accumulation Tools

Research data were collected based on self-report using Personal Information Form, Primiparous Breastfeeding Motivation Scale (PBMS), Postpartum Specific Anxiety Scale (PSAS) and Obsessive and Compulsive Behaviours of Mothers Towards Baby Care in the Postpartum Period Scale (PPCOBS).

Personal Information Form

The Personal Information Form consists of 12 questions including the sociodemographic characteristics of the mothers and their spouses and 11 questions including the obstetric characteristics of the mothers (Bayrı Bingöl & Demirgöz Bal, 2021; Yalçın & Kaya, 2020).

Primiparous Breastfeeding Motivation Scale (PBMS)

The scale, whose Turkish validity and reliability study was conducted by Akçay and Demirgöz-Bal in 2020, was developed by Stockdale et al. in 2013 to determine the factors affecting breastfeeding motivation in primiparous women (Akçay & Demirgöz-Bal, 2020; Stockdale et al., 2013). The scale has a total of 29 items and a 7-point Likert type with four sub-dimensions: the value ascribed to breastfeeding, self-effectiveness, midwife support and expectation of success sub-dimensions (Akçay & Demirgöz Bal, 2020). There is not any cut-off value and total score in the evaluation of the scale. In the scale, the scores obtained in each subscale are totalled and evaluated. As the score obtained from each subscale increases, the level of breastfeeding motivation for that subscale also increases (Stockdale et al., 2013; Akçay & Demirgöz Bal, 2020). In the internal consistency analysis of the scale, Cronbach's alpha reliability coefficient was found to be α=0.884 for the sub-dimension of the value ascribed to breastfeeding, α=0.825 for the self-effectiveness sub-dimension, α=0.686 for the midwife support sub-dimension and α=0.873 for the expectation of success sub-dimension (Akçay & Demirgöz Bal, 2020). In this study, the Cronbach's alpha reliability coefficient of the scale was α=0.948 for the sub-dimension of the value ascribed to breastfeeding, α=0.925 for the self-effectiveness sub-dimension, α=0.919 for the midwife support sub-dimension and α=0.729 for the expectation of success sub-dimension.

Postpartum Specific Anxiety Scale (PSAS)

The scale, whose Turkish validity and reliability study was conducted by Bayrı Bingöl et al. (2019) was developed by Fallon et al. (2016) to evaluate anxiety symptoms in the first month of the postpartum period (Bayrı Bingöl et al., 2019; Fallon et al., 2016). The scale is a 4-point Likert-type scale consisting of 44 items and four sub-dimensions: maternal competence and attachment anxieties, infant safety and welfare anxieties, practical infant care anxieties, and psychosocial adjustment to motherhood. A minimum of 44 and a maximum of 176 points can be obtained from the scale. High scores obtained from the scale indicate that anxiety symptoms are more intense (Bayrı Bingöl et al., 2019). In the validity and reliability study of the scale, the Cronbach's alpha reliability coefficient of the total score was 0.95. The Cronbach's alpha reliability coefficients of the sub-dimensions of the scale are: maternal competence and attachment anxieties 0.90; infant safety and welfare anxieties 0.89; practical infant care anxieties 0.84; and psychosocial adjustment to motherhood 0.84. In this study, Cronbach's alpha reliability coefficient of the scale was found to be 0.97.

Obsessive and Compulsive Behaviours of Mothers Towards Baby Care in the Postpartum Period Scale (PPOCBS)

PPOCBS is a 5-point Likert-type scale consisting of nine items and a single dimension developed by Özdemir et al. (2020) to determine mothers' obsessive and compulsive behaviours related to infant care, which can be applied between the 2nd and 8th week in the postpartum period. Each item in the scale is scored between 1 and 5. High scores obtained from the scale indicate that mothers in the postpartum period exhibit more obsessive and compulsive behaviours related to infant care. The Cronbach's alpha reliability coefficient of the scale was 0.75 (Özdemir et al., 2020). In this study, Cronbach's alpha reliability coefficient of the scale was found to be 0.93.

Ethical Considerations of the Study

Ethics committee approval was obtained from Selcuk University Non-Interventional Research Ethics Committee (Approval Date: 03/11/2022; Approval No:2022/1080), institutional permission was obtained from the hospital where the study was conducted, and verbal and written informed consent was obtained from the women participating in the study. All steps of the study were carried out in accordance with the Declaration of Helsinki.

Data Analysis

Statistical analysis of the data obtained was performed with Statistical Package for Social Science 25.0 package programme (IBM SPSS Corp., Armonk, NY, USA). Descriptive variables were administered using numbers, percentages, and normally distributed data, mean, and standard deviation (SD). The appropriateness of the variables for

normal distribution was determined by the Skewness and Kurtosis values between −1.5 and +1.5 (Tabachnick et al., 2013). In the intergroup comparisons of PSAS, PPOCBS and PBMS sub-dimensions scores, independent samples t test was used for paired groups and One-Way ANOVA test was used for multiple groups. The relationship between PSAS and PPOCBS and PBMS sub-dimensions was evaluated by Pearson correlation analysis. Statistical significance level was accepted as $p<.05$.

Results

The mean age of the mothers participating in the study was 24.37±3.91 years, the mean age of the spouses was 27.13±4.12 years and the mean duration of marriage was 1.93±1.23 years. The total mean score of the PSAS was 112.33±3.90 and 34.9% of the participants had high anxiety level. When the PSAS sub-dimensions were examined, the mean score of the maternal competence and attachment anxieties sub-dimension was 35.33±2.26, the mean score of the infant safety and welfare anxieties sub-dimension was 31.68±2.03, the mean score of the practical infant care anxieties sub-dimension was 28.45±2.69, and the mean score of the psychosocial adjustment to motherhood sub-dimension was 16.88±1.69. The mean score of PPOCBS was 26.36±10.80. Among the PBMS sub-dimensions, the mean score of the value ascribed to breastfeeding sub-dimension was 77.19±17.43, the mean score of the self-effectiveness sub-dimension was 41.71±9.71, the mean score of the midwife support sub-dimension was 20.19±7.64 and the mean score of the expectation of success sub-dimension was 10.84±6.20 (Table 1).

Table 2 presents information on the sociodemographic and obstetric characteristics of the participants.

In Table 3, the comparison of the mean scores of PSAS total and sub-dimensions, PPOCBS total and PBMS sub-dimensions according to the sociodemographic characteristics of the participants is given. It was determined that there was a statistically significant difference between the educational level of the participants and the mean score of PSAS total (p=.035) and infant safety and welfare anxietiessub-dimension (p<.001), PPOCBS total (p<.001), value ascribed to breastfeeding (p=.003), self- effectiveness (p=.015), midwife support (p=.028) and expectation of success (p=.032) sub-dimensions of PBMS. It was determined that there was a statistically significant difference between the participants' family type and the mean scores of psychosocial adjustment to motherhood (p=.010) and the value ascribed to breastfeeding (p=.037) sub-dimensions. It was determined that there was a statistically significant difference between the participants' perception of income status and the mean scores of PPOCBS total (p<.001) and midwife support (p=.015) sub-dimension. It was determined that there was a statistically significant difference between the level of education of the spouses of the participants and the mean scores of the infant safety and welfare anxieties sub-dimension (p=.020) and PPOCBS total (p<.002). There was a statistically significant difference between the employment status of the spouses of the participants and the mean scores of PSAS (p=.012) and PPOCBS total (p=.004). It was determined that there was a statistically significant difference between the participants' health insurance and PSAS total (p=.038) and the practical infant care anxieties sub-dimension (p=.023) and PPOCBS total (p=.001) mean scores. It was determined that there was a statistically significant difference in terms of the mean scores of PPOCBS total (p=.001) and the value ascribed to breastfeeding sub-dimension (p=.025) with the smoking of the spouses of the participants (Table 3).

Table 1.
Certain Characteristics of the Participants and the Mean Scores of the PSAS and Its Sub-Dimensions, PPOCBS, and PBMS Sub-Dimensions (n=367)

Characteristics	Minimum	Maximum	Mean	Standard Deviation
Age	18	42	24.37	3.91
Age of the spouse	18	48	27.13	4.12
Duration of marriage	1	10	1.93	1.23
PSAS	101	129	112.33	3.90
PSAS sub-dimensions				
Maternal competence and attachment anxieties	27	45	35.33	2.26
Infant safety and welfare anxieties	26	38	31.68	2.03
Practical infant care anxieties	23	37	28.45	2.69
Psychosocial adjustment to motherhood	9	22	16.88	1.69
PPOCBS	9	45	26.36	10.8
PBMS sub-dimensions				
Value ascribed to breastfeeding	13	91	77.19	17.43
Self-effectiveness	7	49	41.71	9.71
Midwife support	4	28	20.19	7.64
Expectation of success	5	35	10.84	6.20

PSAS: Postpartum Specific Anxiety Scale; PPOCBS: Obsessive and Compulsive Behaviours of Mothers Towards Baby Care in the Postpartum Period Scale; PBMS: Primiparous Breastfeeding Motivation Scale

Table 2.
Sociodemographic and Obstetric Characteristics of the Participants

Characteristics	n	%
Educational level		
Primary	72	19.6
High school	157	42.8
College and over	138	37.6
Family type		
Nuclear	310	84.5
Extended	57	15.5
Employment status		
Yes	53	14.4
No	314	85.6
Perceived income level		
Income less than expenses	118	32.2
Income equal to expenses	206	56.1
Income more than expenses	43	11.7
Spouse's educational level		
Primary	103	28
High school	136	37.1
College and over	128	34.9
Spouse's employment status		
Yes	343	93.5
No	24	6.5
Health insurance		
Yes	310	84.5
No	57	15.5
Smoking status		
Yes	30	8.2
No	337	91.8
Spouse's smoking status		
Yes	212	57.8
No	155	42.2
Number of Pregnancies		
Primary pregnancy	323	88.0
2 and over	44	12.0
Number of miscarriages		
Never had a miscarriage	323	88.0
1 and over	44	12.0
Planned pregnancies		
Yes	327	89.1
No	40	10.9
Pregnancy desired		
Yes	360	98.1
No	7	1.9
Participating in pregnancy training sessions		
Yes	90	24.5
No	277	75.5
Type of birth		
Vaginal	205	55.9
C-section	162	44.1
Postpartum week		
Weeks 2 to 4	322	87.7
Weeks 5 to 8	45	12.3
History of psychiatric disorders		
Yes	12	3.3
No	355	96.7
Experiencing difficulties in daily tasks during the postpartum period		
Yes	321	88.8
No	41	11.2
In the postpartum period difficulties in daily work		
Housework is difficult and too much	155	42.0
Difficulties in caring for the baby	88	24.0
Difficulty in cooking with baby care	170	46.3
Difficulty in eating with baby care	121	33.0
Lack of spousal support	27	7.4
Other	4	1.1
Adjustment to the role of motherhood		
Yes	357	97.3
No	10	2.7

In Table 4, the comparison of the mean scores of PSAS total and sub-dimensions, PPOCBS total and PBMS sub-dimensions according to the obstetric characteristics of the participants is given. It was determined that there was a statistically significant difference between the planned pregnancy of the participants and the mean scores of psychosocial adaptation to motherhood sub-dimension (p=.023) and midwife support (p<.001). It was found that there was a statistically significant difference in terms of the sub-dimensions of maternal competence and attachment anxieties (p=.020) and the expectation of success (p=.041) with the participants having a desired pregnancy. It was detected that there was a statistically significant difference in the mean score of the sub-dimension of midwife support (p=.009) with the participants' participation in the pregnancy training sessions. It was determined that there was a statistically significant difference in terms of the mean score of the psychosocial adjustment to motherhood (p=.001) sub-dimension with the participants' experiencing difficulties in daily tasks during the postpartum period.

Table 3.
Comparison of PSAS Total and Sub-dimensions, PPOCBS Total and PBMS Sub-dimensions Score Averages according to Sociodemographic Characteristics of the Participants (n=367)

Characteristics	PSAS Total Mean±SD	Maternal competence and attachment anxieties Mean±SD	Infant safety and welfare anxieties Mean±SD	Practical infant care anxieties Mean±SD	Psychosocial adjustment to motherhood Mean±SD	PPOCBS Total Mean±SD	Value ascribed to breastfeeding Mean±SD	Self-effectiveness Mean±SD	Midwife support Mean±SD	Expectation of success Mean±SD
Educational level										
Primary[a]	111.40±2.85	35.51±1.76	30.74±1.78	27.97±2.42	17.18±1.79	30.04±12.16	70.92±22.63	38.93±12.47	20.21±7.58	12.19±6.79
High school[b]	112.83±4.44	35.53±2.34	31.73±1.97	28.69±2.84	16.89±1.62	26.73±10.30	78.78±16.72	42.93±9.17	21.29±7.45	9.97±5.78
College and over[c]	112.25±3.62	35.01±2.36	32.12±2.06	28.42±2.64	16.71±1.71	24.02±10.01	78.64±14.20	41.76±8.35	18.91±7.74	11.12±6.22
F; p	F= 3.391 **p=.035 a<b**	F= 2.278 p=.104	F=11.680 **p<.001 a<b, c**	F=1.761 p=.173	F=1.844 p=.160	F=7.786 **p<.001 c<a**	F=5.956 **p=.003 a<b, c**	F=4.266 **p=.015 a<b**	F=3.615 **p=.028 c<b**	F=3.465 **p=.032 b<a**
Family type										
Nuclear	112.43±3.40	35.25±2.30	31.69±2.06	28.53±2.78	16.97±1.64	26.45±10.82	78.16±16.48	42.15±9.29	20.43±7.61	10.55±6.03
Extended	111.79±3.29	35.79±1.91	31.63±1.88	28.02±2.18	16.35±1.87	25.88±10.78	71.86±21.24	39.32±11.53	18.86±7.71	12.40±6.86
t; p	t=1.145 p=.253	t=-1.679 p=.094	t=0.190 p=.850	t=1.543 p=.126	t=2.579 **p=.010**	t=0.367 p=0.714	t=2.126 **p=.037**	t=1.751 p=.084	t=1.427 p=.154	t=-1.907 p=.060
Employment status										
Yes	111.85±3.71	34.92±2.18	32.06±2.21	28.13±2.22	16.74±1.62	27.17±11.24	79.47±14.08	42.38±7.88	20.13±7.61	11.70±7.69
No	112.41±3.93	35.40±2.26	31.61±1.20	28.50±2.77	16.90±1.70	26.22±10.74	76.80±17.92	41.59±9.99	20.19±7.66	10.69±5.91
t; p	t=-0.976 p=.330	t=-1.416 p=.158	t=1.470 p=.142	t=-1.074 p=.286	t=-0.659 p=.511	t=0.590 p=.556	t=1.033 p=.302	t=0.544 p=.587	t=-0.055 p=.956	t=1.091 p=.276
Perceived income level										
Income less than expenses[a]	112.52±3.58	35.19±2.14	31.47±2.05	28.81±2.62	17.06±1.54	29.10±10.29	75.10±19.83	40.79±11.22	18.67±8.17	10.36±5.99
Income equal to expenses[b]	112.26±4.16	35.42±2.29	31.71±1.93	28.28±2.72	16.85±1.75	24.14±10.71	78.45±16.25	42.19±9.12	21.17±7.24	11.03±6.44
Income more than expenses[c]	112.16±3.45	35.30±2.46	32.12±2.35	28.26±2.74	16.49±1.76	29.47±10.30	76.84±15.56	41.88±7.84	19.63±7.43	11.23±5.58
F; p	F=0.223 p=.800	F=0.396 p=.673	F=1.680 p=.188	F=1.619 p=.200	F=1.850 p=.159	F=10.441 **p<.001 b<a, c**	F=1.399 p=.248	F=0.794 p=.453	F=4.221 **p=.015a< b**	F=0.528 p=.590
Spouse's educational level										
Primary[a]	112.17±3.87	35.49±2.04	31.23±2.00	28.30±2.65	17.16±1.54	29.25±11.31	74.44±21.23	40.93±11.83	21.34±7.71	11.06±6.53
High school[b]	112.51±4.13	35.40±2.38	31.74±1.96	28.53±2.77	16.84±1.77	26.11±10.03	79.02±15.30	42.89±8.53	19.97±7.26	11.08±6.73
College and over[c]	112.27±3.67	35.13±2.29	31.97±2.07	28.48±2.67	16.70±1.71	24.30±10.75	77.45±15.94	41.07±8.92	19.48±7.92	10.41±5.28
F; p	F=0.251 p=.778	F=0.847 p=.430	F=3.929 **p=.020 a<c**	F=0.222 p=.801	F=2.186 p=.114	F=6.239 **p=.002 c<a**	F=2.063 p=.129	F=1.618 p=.200	F=1.776 p=.171	F=0.479 p=.620
Spouse's employment status										
Yes	112.43±3.95	35.35±2.19	31.72±2.03	28.46±2.72	16.91±1.67	25.93±10.70	77.29±17.44	41.72±9.70	20.13±7.68	10.65±5.98
No	110.88±2.67	35.04±3.04	31.13±1.92	28.29±2.35	16.42±1.95	32.50±10.68	75.67±17.46	41.46±10.04	21.04±7.20	13.50±8.42
t; p	t=2.660 **p=.012**	t=0.647 p=.518	t=1.385 p=.167	t=0.292 p=.771	t=1.383 p=.167	t=-2.910 **p=.004**	t=0.441 p=.659	t=0.129 p=.897	t=-0.568 p=.571	t=-1.628 p=.116
Health insurance										
Yes	112.51±3.94	35.31±2.31	31.75±2.07	28.58±2.72	16.86±1.64	25.55±10.54	77.63±16.68	41.81±9.30	20.24±7.59	10.82±6.10
No	111.35±3.54	35.42±1.93	31.26±1.75	27.70±2.46	16.96±1.94	30.77±11.24	74.77±21.01	41.12±11.76	19.89±7.99	10.93±6.73

t; p	t=2.079 ***p*=.038**	t=-0.332 *p*=.740	t=1.687 *p*=.092	t=2.286 ***p*=.023**	t=-0.425 *p*=.671	t=-3.404 ***p*=.001**	t=1.138 *p*=.256	t=0.493 *p*=.623	t=0.312 *p*=.755	t=-0.120 *p*=.905
Smoking status										
Yes	112.37±5.01	35.67±2.61	31.90±2.54	28.43±2.64	16.37±2.34	29.33±9.76	78.67±12.73	42.93±6.86	22.33±7.26	11.70±5.34
No	112.33±3.79	35.30±2.22	31.66±1.98	28.45±2.70	16.92±1.61	26.09±10.86	77.05±17.92	41.60±9.92	19.99±7.65	10.76±6.27
t; p	t=0.050 *p*=.960	t=0.854 *p*=.394	t=0.507 *p*=.615	t=-0.029 *p*=.977	t=-1.274 *p*=.212	t=1.577 *p*=.116	t=0.485 *p*=.628	t=0.722 *p*=.471	t=1.611 *p*=.108	t=0.794 *p*=.428
Spouse's smoking status										
Yes	112.24±4.11	35.31±2.33	31.53±2.09	28.51±2.68	16.88±1.74	27.93±10.86	75.53±19.33	41.05±10.65	20.23±7.86	10.99±6.61
No	112.46±3.59	35.35±2.16	31.88±1.92	28.35±2.72	16.88±1.63	24.21±10.37	79.45±14.17	42.60±8.20	20.12±7.35	10.64±5.59
t; p	t=-0.555 *p*=.579	t=-0.182 *p*=.855	t=-1.633 *p*=.103	t=0.559 *p*=.576	t=0.000 *p*=1.000	t=3.310 ***p*=.001**	t=-2.244 ***p*=.025**	t=-1.573 *p*=.117	t=0.134 *p*=.893	t=0.544 *p*=.587

SD: Standard Deviation; t=Independent sample t-test; F=One way variance analysis (one-way ANOVA)
PSAS: Postpartum Specific Anxiety Scale; PPOCBS: Obsessive and Compulsive Behaviours of Mothers Towards Baby Care in the Postpartum Period Scale; PBMS: Primiparous Breastfeeding Motivation Scale

It was found that there was a statistically significant difference between the mean scores of the participants in terms of adjustment to the maternal role and the sub-dimensions of self-effectiveness (*p*=.010) and expectation of success (*p*=.001) (Table 4).

In Table 5, the correlation coefficients between the PSAS and PPOCBS scores of the participants and the PBMS sub-dimension scores are given. It was determined that there was a very weak, positive and statistically significant relationship (*p*=.039) between the total score of the PSAS and the sub-dimension score of the value ascribed to breastfeeding. It was found that there was a very weak, negative (*p*=.008) and statistically significant relationship between the participants' PSAS total score and expectation of success sub-dimension score. It was determined that there was a very weak, negative and statistically significant relationship (*p*=.020) between the total score of PPOCBS and the sub-dimension score of the value ascribed to breastfeeding.

Discussion

This research contains information to determine the relationship between mothers' anxiety and obsessive and compulsive behaviours towards infant care and breastfeeding motivation in the postpartum period. In the present study, it was determined that mothers had high levels of postpartum anxiety. In previous studies, the fact that mothers have high levels of anxiety in the postpartum period supports the findings of the study (Bayrı Bingöl & Demirgöz Bal, 2021; Yalçın & Kaya, 2020). Unlike the findings of this study, in a study conducted by Kılıç Doğan and Cesur (2023) (Kılıç Doğan & Cesur, 2023) and another study conducted by Duran and Kaynak (2021), it was observed that mothers had moderate anxiety (Duran & Kaynak, 2021). According to the findings of the study, the postpartum anxiety level of high school graduate mothers was higher than that of primary school graduate mothers. Similar to the findings of the present study, in a study conducted by Kılıç Doğan and Cesur (2023), it was reported that mothers with high school graduates had higher postpartum anxiety levels than mothers with primary education graduates (Kılıç Doğan & Cesur, 2023). This result can be interpreted as women with higher education level have more awareness and therefore experience more anxiety. Unlike the findings of the study, in the study conducted by Bayrı Bingöl and Demirgöz Bal (2021), there was not a significant difference between mothers' education level and anxiety levels (Bayrı Bingöl & Demirgöz Bal, 2021). In the present study, anxiety levels of mothers whose spouses were not working and had no social security were found to be higher. In contrast to these findings, in a study conducted by Kılıç Doğan and Cesur (2023), it was reported that the anxiety levels of mothers with social security were higher (Kılıç Doğan & Cesur, 2023).

In the present study, it can be expressed that the mean PPOCBS score of women was at a moderate level. The fact that the mean PPOCBS scores of women in conducted studies were at a moderate level supports the findings of the present study (Kabul & Çınar, 2023; Kırca et al., 2022).

Table 4.
Comparison of PSAS Total and Sub-dimensions, PPOCBS Total and PBMS Sub-dimensions Score Averages according to Obstetric Characteristics of the Participants (n=367)

Characteristics	PSAS Total Mean±SD	Maternal competence and attachment anxieties Mean±SD	Infant safety and welfare anxieties Mean±SD	Practical infant care anxieties Mean±SD	Psychosocial adjustment to motherhood Mean±SD	PPOCBS Total Mean±SD	Value ascribed to breastfeeding Mean±SD	Self-effectiveness Mean±SD	Midwife support Mean±SD	Expectation of success Mean±SD
Number of miscarriages										
1 and over	112.86±4.76	35.50±2.50	32.02±2.05	28.36±2.51	16.98±1.55	26.98±11.47	76.02±17.76	41.20±9.80	20.02±7.26	9.64±5.61
Never had a miscarriage	112.26±3.77	35.31±2.23	31.63±2.02	28.46±2.72	16.86±1.71	26.28±10.72	77.34±17.40	41.77±9.71	20.21±7.70	11.00±6.26
t; p	t=0.807 *p*=.423	t=0.533 *p*=.594	t=1.201 *p*=.230	t=-0.218 *p*=.827	t=0.417 *p*=.677	t=0.404 *p*=.687	t=-0.471 *p*=.638	t=-0.365 *p*=.716	t=-0.150 *p*=.881	t=-1.374 *p*=.170
Planned pregnancies										
Yes	112.38±3.86	35.34±2.20	31.67±2.03	28.39±2.68	16.98±1.55	26.21±10.88	77.38±17.53	41.83±9.81	20.78±7.45	10.80±6.20
No	111.97±4.19	35.25±2.72	31.78±2.04	28.90±2.82	16.05±2.44	27.58±10.17	75.63±16.64	40.68±8.92	15.33±7.50	11.20±6.25
t; p	t=0.614 *p*=.540	t=0.237 *p*=.813	t=-0.319 *p*=.750	t=-1.128 *p*=.260	t=2.351 ***p*=.023**	t=-0.754 *p*=.452	t=0.599 *p*=.549	t=0.711 *p*=.478	t=4.367 ***p*<.001**	t=-0.390 *p*=.697
Pregnancy desired										
Yes	112.34±3.86	35.29±2.22	31.70±2.01	28.45±2.68	16.90±1.66	26.35±10.86	77.22±17.54	41.74±9.78	20.29±7.61	10.75±6.18
No	112.00±5.71	37.29±3.30	30.71±2.63	28.14±3.76	15.86±2.91	26.86±7.27	75.57±10.69	40.14±4.56	14.71±7.91	15.57±5.74
t; p	t=0.228 *p*=.820	t=-2.331 ***p*=.020**	t=1.272 *p*=.204	t=0.301 *p*=.763	t=0.942 *p*=.382	t=-0.181 *p*=.862	t=0.247 *p*=.805	t=0.430 *p*=.668	t=1.920 *p*=.056	t=-2.049 ***p*=.041**
Participating in pregnancy training sessions										
Yes	112.30±3.49	35.43±2.25	31.87±1.97	28.11±2.38	16.89±1.84	26.70±11.05	75.02±18.15	41.18±9.87	21.90±6.83	10.71±5.57
No	112.34±4.03	35.30±2.26	31.62±2.04	28.56±2.78	16.87±1.64	26.25±10.74	77.89±17.16	41.88±9.67	19.63±7.82	10.88±6.39
t; p	t=-0.091 *p*=.928	t=0.501 *p*=.616	t=1.014 *p*=.311	t=-1.363 *p*=.174	t=0.074 *p*=.941	t=0.344 *p*=.731	t=-1.357 *p*=.176	t=-0.593 *p*=.553	t=2.642 ***p*=.009**	t=-0.226 *p*=.822
Type of birth										
Vaginal	112.17±3.75	35.26±2.27	31.61±2.02	28.48±2.77	16.81±1.86	26.51±10.80	77.54±17.21	41.83±9.74	20.32±7.73	11.12±6.20
C-section	112.54±4.08	35.42±2.24	31.77±2.04	28.40±2.60	16.96±1.46	26.17±10.83	76.74±17.74	41.55±9.69	20.02±7.55	10.49±6.21
t; p	t=-0.921 *p*=.358	t=-0.680 *p*=.497	t=-0.730 *p*=.466	t=0.288 *p*=.773	t=-0.800 *p*=.424	t=0.304 *p*=.761	t=0.434 *p*=.665	t=0.274 *p*=.784	t=0.371 *p*=.711	t=0.966 *p*=.335
History of psychiatric disorders										
Yes	111.42±4.06	35.83±2.62	30.92±2.35	28.17±3.16	16.50±1.98	28.58±11.54	79.00±11.66	43.33±5.57	20.58±7.90	13.33±6.95
No	112.36±3.89	35.31±2.24	31.70±2.01	28.46±2.68	16.89±1.68	26.28±10.78	77.12±17.60	41.65±9.82	20.17±7.64	10.75±6.16
t; p	t=-0.827 *p*=.409	t=0.786 *p*=.432	t=-1.325 *p*=.186	t=-0.366 *p*=.715	t=-0.786 *p*=.432	t=0.725 *p*=.469	t=0.366 *p*=.714	t=0.590 *p*=.556	t=0.183 *p*=.855	t=1.420 *p*=.157
Experiencing difficulties in daily tasks during the postpartum period										
Yes	112.33±3.97	35.32±2.29	31.75±2.06	28.46±2.72	16.80±1.73	26.65±10.77	77.15±17.45	41.62±9.75	20.22±7.67	10.80±6.13
No	112.37±3.25	35.39±1.95	31.15±1.67	28.34±2.54	17.49±1.14	24.02±10.92	77.44±17.41	42.39±9.44	19.88±7.45	11.126.76
t; p	t=-0.058 *p*=.954	t=-0.182 *p*=.856	t=1.789 *p*=.074	t=0.266 *p*=.791	t=-3.391 ***p*=.001**	t=1.471 *p*=.142	t=-0.099 *p*=.921	t=-0.478 *p*=.633	t=0.273 *p*=.785	t=-0.310 *p*=.757
Adjustment to the role of motherhood										
Yes	112.39±3.90	35.30±2.25	31.70±2.04	28.47±2.72	16.91±1.64	26.19±10.79	77.48±17.20	41.92±9.55	20.21±7.63	10.67±6.10
No	110.40±3.24	36.50±2.12	30.80±1.40	27.50±1.43	15.60±2.88	32.40±9.64	66.70±22.73	33.90±12.54	19.30±8.45	17.00±6.63
t; p	t=1.593 *p*=.112	t=-1.668 *p*=.096	t=1.391 *p*=.165	t=1.128 *p*=.260	t=1.438 *p*=.184	t=-1.799 *p*=.073	t=1.937 *p*=.054	t=2.598 ***p*=.010**	t=0.371 *p*=.711	t=-3.229 ***p*=.001**

SD: Standard Deviation; t=Independent sample t-test; F=One way variance analysis (one-way ANOVA)
PSAS: Postpartum Specific Anxiety Scale; PPOCBS: Obsessive and Compulsive Behaviours of Mothers Towards Baby Care in the Postpartum Period Scale; PBMS: Primiparous Breastfeeding Motivation Scale

Table 5.
Correlation Coefficients of PSAS and PPOCBS Scores of the Participants with the Scores Obtained from PBMS Sub-dimensions (n=367)

	Value ascribed to breastfeeding	Self-effectiveness	Midwife support	Expectation of success
PSAS				
r	0.108	0.100	-0.003	-0.139
p	**.039**	.055	.952	**.008**
PPOCBS				
r	-0.121	-0.092	0.017	0.100
p	**.020**	.077	.739	.057

r: Pearson correlation analysis
PSAS: Postpartum Specific Anxiety Scale; PPOCBS: Obsessive and Compulsive Behaviours of Mothers Towards Baby Care in the Postpartum Period Scale; PBMS: Primiparous Breastfeeding Motivation Scale

Unlike the findings of the study, Üstüngör (2022) reported that the mean PPOCBS scores of women were at a mild level (Üstüngör, 2022). According to the findings of the present study, it was found that women with primary education and their spouses had higher mean PPOCBS scores than women with university and higher education and their spouses. Similar to the findings of the study, Kabul and Çınar (2023) reported that women who graduated from secondary school had higher mean PPOCBS scores (Kabul & Çınar, 2023). Unlike the findings of the study, in the study of Kırca et al. (2022), it was reported that the mean PPOCBS scores of mothers who were university graduates were higher (Kırca et al., 2022). In the study of Kurt et al. (2023), there was not any significant difference between the level of education and the mean PPOCBS scores (Kurt et al., 2023). According to the findings of the present study, it was determined that the mean PPOCBS scores of mothers who stated that their income was equal to their expenses were lower than those of mothers who stated that their income was less and more than their expenses. It was determined that the mean PPOCBS scores of women whose spouses were unemployed, who were without health insurance and whose spouses smoked were higher. In contrast to the findings of the study, Kabul and Çınar (2023) reported that there was not a significant difference between perception of income level, employment status of the spouse and having social security and PPOCBS mean scores (Kabul & Çınar, 2023). In general, although the results obtained from the studies are contradictory, it can be expressed that obsessive-compulsive behaviours are more common in sociodemographically disadvantaged groups.

In this study, it was determined that the mean score of the PBMS sub-dimension of the value ascribed to breastfeeding was at a high level. Similar to the findings of the study, in a study conducted by Akçay (2019), it is seen that the value ascribed to breastfeeding sub-dimension scores are at a high level (Akçay, 2019). Unlike the findings of the study, Dağlı and Reyhan (2023) reported that the value scores ascribed to breastfeeding in the control group were at a moderate level (Dağlı & Reyhan, 2023). In the present study, the value ascribed to breastfeeding sub-dimension scores of mothers with higher education level, who lived in nuclear families and whose spouses were non-smokers were higher. In Akçay's (2019) study, the higher value ascribed to breastfeeding sub-dimension scores of mothers with higher education level and nuclear family supported the findings of the study (Akçay, 2019). According to our opinion, mothers with a higher level of education have a higher level of awareness about the benefits of breastfeeding and therefore they value it more. Considering that women living in large families have many domestic responsibilities, it may be thought that they do not spare enough time and value breastfeeding.

In the present study, it was determined that the mean score of PBMS self-effectiveness sub-dimension was at a high level. In a study conducted by Akçay (2019), the high level of PBMS self- effectiveness sub-dimension scores supports the findings of the study (Akçay, 2019). In Dağlı and Reyhan's (2023) study, self-effectiveness sub-dimension scores in the control group were at a moderate level, which differs from the findings of the study (Dağlı & Reyhan, 2023). In the study, it was determined that the self-effectiveness sub-dimension scores of mothers with high school education level were higher. Unlike the findings of the study, Akçay (2019) reported that there was not a difference between the level of education and self-effectiveness sub-dimension scores (Akçay, 2019). In the study, it was found that the self-effectiveness scores of mothers who felt themselves compatible with the motherhood role were higher. In our opinion, this may make mothers more confident about breastfeeding and increase their motivation to breastfeed.

In the present study, it was determined that the mean score of PBMS midwife support sub-dimension was at a high level. Similar to the study findings, in a study conducted by Akçay (2019), it was stated that the midwife support sub-dimension scores were at a high level (Akçay, 2019). Unlike the findings of the study, Dağlı and Reyhan (2023) found that the midwife support sub-dimension scores were low in the control group (Dağlı & Reyhan, 2023). In the study, it was determined that mothers with high school education level had higher midwife support sub-dimension scores than mothers with university and graduate education level. Unlike the findings of the study, Akçay (2019) reported that there was no difference between the mothers' level of education and midwife support sub-dimension scores (Akçay, 2019). In the study, it was determined that the midwife support sub-dimension scores of mothers who stated that their income was less than their expenses were lower than those of mothers who stated that their income was equal to their expenses. In Akçay's (2019) study, there was not any difference between perceived income perception and midwife support sub-dimension scores, which is different from the findings of the study (Akçay, 2019). In the study, it was found that the midwife support sub-dimension scores of mothers who planned their pregnancy and participated in the pregnant education class were higher. Unlike the findings of the study, Akçay (2019) found that there was not a difference between pregnancy planning and midwife support sub-dimension scores (Akçay, 2019).

In this study, it was determined that the mean score of the PBMS expectation of success sub-dimension was low. The low scores of PBMS expectation of success sub-dimension in conducted studies are similar to the findings of the study (Akçay, 2019; Dağlı & Reyhan, 2023). In the study, it was found that mothers with high school education level had lower scores in the sub-dimension of the PBMS expectation of success than mothers with primary education level. Unlike the findings of the study, in Akçay's (2019) study, it was determined that there was not a difference between the level of education and PBMS expectation of success sub-dimension scores (Akçay, 2019). In this study, it was found that mothers who desired their pregnancy and felt themselves compatible with the role of motherhood had lower scores in the expectation of success sub-dimension of the PBMS.

In the present study, it was found that there was a significant relationship between the postpartum anxiety levels of mothers and the value ascribed to breastfeeding and expectation of success. As the postpartum anxiety levels increased, it was observed that the level of value ascribed to breastfeeding increased and the level of expectation of success decreased. The findings of the study reveal that anxiety experienced in the postpartum period negatively affects the value women ascribed to the breastfeeding process and their expectations of breastfeeding success. In this study, it was determined that there was a significant relationship between the PPOCBS level of mothers and the level of value ascribed to breastfeeding and the level of value ascribed to breastfeeding decreased as the PPOCBS level increased. The results of the study show that women with obsessive-compulsive symptoms in the postpartum period reduce negative feelings about breastfeeding and the value given to this process. In the literature, there is not any study examining the relationship between the levels of postpartum anxiety, value ascribed to breastfeeding and expectation of success and PPOCBS levels of mothers. In this context, it is thought that the research will contribute to the literature.

Limitations of the Study

The study included first-time mothers in the 2nd to 8th weeks of the postpartum period who visited the pediatric department of a public hospital in the Central Anatolia region for routine check-ups. Therefore, the results obtained can only be generalised to mothers who applied to this centre and gave their first birthThe limited number of studies conducted with the scales we used constituted a limitation in terms of comparing the article with other research results while writing the discussion section.

Conclusion and Recommendations

As a result, it was determined that first-time mothers had high levels of postpartum anxiety, moderate levels of obsessive and compulsive behaviours towards infant care, high levels of value ascribed to PBMS breastfeeding, self-effectiveness and midwife support and low levels of expectation of success. In the postpartum period, it was found that as the value ascribed to breastfeeding increased, the anxiety level of mothers increased and the expectation of success decreased. It was found that increased levels of obsessive and compulsive behaviours towards infant care decreased the value ascribed to breastfeeding. In line with these results, midwives should support and counsell women about breastfeeding in the postpartum period.

Ethics Committee Approval: The Ethics Committee for Non-Interventional Research Ethics of Health Sciences Faculty at Selcuk University (Date: November 3, 2022, Decision no: 2022/1080).
Informed Consent: Informed consent was obtained from the mothers in the study, both verbally and in writing.
Peer-review: Externally peer-reviewed.
Author Contributions: Concept - S.K., S.D.Y.; Design - S.K., S.D.Y.; Supervision - S.K., S.D.Y; Resources - S.K., S.D.Y; Materials - S.K., S.D.Y; Data Collection and/or Processing - S.K.; Analysis and/or Interpretation - S.K., S.D.Y.; Literature Search - S.K.; Writing Manuscript - S.K., S.D.Y.; Critical Review - S.D.Y.; Other – S.K., S.D.Y.

Conflict of Interest: The authors declare that they have no known competing financial interest or personal relationships that could have appeared to influence the work reported in this paper.
Financial Disclosure: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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