

Breastfeeding Attitudes of Women Who Get Pregnant During the Lactation Period*

Emine AKSÜT AKÇAY**, Demet ÇAKIR***

Abstract

Aim: This study aimed to evaluate the breastfeeding attitudes of women who became pregnant while still lactating.

Method: The study used a cross-sectional and descriptive research design. The sample consisted of 144 pregnant women who were in the lactation period and were admitted to the Gynecology and Obstetrics Polyclinic of a hospital in a city center for pregnancy examination between March 22, 2022, and July 1, 2022. The data were collected by face-to-face interview method, using the "Personal Information Form" and the "Breastfeeding Attitude Evaluation Scale (BAES)" data collection instruments.

Results: The majority of pregnant women (49.3%) were in the 18-25 age group, with a mean age of 26.34±5.59 years. It was found that 29.8% of the pregnant women were primary school graduates, 85.4% were unemployed, 57.7% were living in the district, and 64.6% living in a nuclear family. Pregnant women with 2–3 previous pregnancies, one living child, a prior vaginal delivery, a history of giving birth to both a girl and a boy, and an interpregnancy interval of 17 months or more had higher average BAES total scores. In addition, it was determined that there was a significant difference between mode of delivery, the baby's gender, whether the pregnancy was planned, the time between this and the previous pregnancy, and the BAES total score ($p < 0.05$). It was determined that the variables of place of residence, gender of the baby, and whether this pregnancy was planned were significant predictors of BAES. It was found that the attitudes toward breastfeeding of pregnant women who had planned pregnancy and who were living in the city center were significantly higher.

Conclusion: The study showed that the attitudes toward breastfeeding among women who experienced pregnancy during the lactation period were influenced by several factors, including the sex of the baby, place of residence, and planned pregnancy status. In order to improve the breastfeeding attitudes of women who become pregnant during the lactation period, reproductive health training should be organized especially for women living in rural areas and their pregnancies should be planned.

Keywords: Lactation, pregnancy, attitude.

Emzirme Döneminde Gebe Kalan Kadınların Emzirme Tutumları

Öz

Amaç: Bu çalışma, emzirme döneminde gebelik yaşamış kadınların tutumlarını değerlendirmeyi amaçlamaktadır.

Yöntem: Çalışmada kesitsel ve tanımlayıcı bir araştırma tasarımı kullanılmıştır. Araştırmanın örneklemini 22 Mart 2022 ile 1 Temmuz 2022 tarihleri arasında bir şehir merkezindeki hastanenin Kadın Hastalıkları ve

Özgün Araştırma Makalesi (Original Research Article)

Geliş / Received: 08.01.2025 & **Kabul / Accepted:** 27.03.2025

DOI: <https://doi.org/10.38079/igusabder.1616050>

* This study was presented as an oral presentation at the 10th International 14th National Midwifery Students Congress (May 16-18, 2024).

** Lecturer Dr. Kahramanmaraş Sütçü İmam University, Faculty of Health Sciences, Department of Midwifery, Kahramanmaraş, Türkiye. E-mail: bau_sirinim@hotmail.com [ORCID https://orcid.org/0000-0002-2056-4597](https://orcid.org/0000-0002-2056-4597)

*** Asst. Prof. Dr., Tokat Gaziosmanpaşa University, Health Sciences, Department of Midwifery, Tokat, Türkiye. E-mail: demet.cakir@gop.edu.tr [ORCID https://orcid.org/0000-0003-4794-516X](https://orcid.org/0000-0003-4794-516X)

ETHICAL STATEMENT: Ethics committee approval was obtained from the Clinical Research Ethics Committee of a state university (Date: 16.12.2021, No: 01-01.11) and institutional permission from the state hospital where the research data were collected (Date: 22.03.2022, No: E-96172664-050.06.04).

Doğum Polikliniğine gebelik muayenesi için başvuran 144 emzirme dönemindeki gebe kadın oluşturmuştur. Veriler yüz yüze görüşme yöntemi ile “Kişisel Bilgi Formu” ve “Emzirme Tutumunu Değerlendirme Ölçeği” veri toplama araçları kullanılarak toplanmıştır.

Bulgular: Gebelerin çoğunluğu (%49,3) 18-25 yaş grubunda olup, yaş ortalaması 26,34±5,59'dur. Gebelerin %29,8'inin ilkokul mezunu olduğu, %85,4'ünün çalışmadığı, %57,7'sinin ilçede yaşadığı ve %64,6'sının çekirdek ailede yaşadığı saptanmıştır. Gebelik sayısı 2-3 olan, yaşayan 1 çocuğu olan, daha önce normal doğum yapmış olan, daha önce kız bebek doğurmuş olan, daha önce erkek bebek doğurmuş olan ve gebeliği ile önceki doğumu arasında 17 ay ve daha fazla süre olan gebelerin Emzirme Tutumunu Değerlendirme Ölçeği toplam puan ortalamaları daha yüksektir. Ayrıca doğum şekli, bebeğin cinsiyeti, gebeliğin planlı olma durumu, bu gebelik ile bir önceki doğum arasında geçen süre ile Emzirme Tutumunu Değerlendirme Ölçeği toplam puanı arasında anlamlı bir fark olduğu tespit edilmiştir ($p<0,05$). Yaşanılan yer, bebeğin cinsiyeti ve bu gebeliğin planlı olup olmaması değişkenlerinin emzirme tutumu üzerinde anlamlı yordayıcılar olduğu belirlenmiştir. Gebeliği planlı olan ve şehir merkezinde yaşayan gebelerin emzirmeye yönelik tutumlarının anlamlı olarak daha yüksek olduğu bulunmuştur.

Sonuç: Çalışmada, emzirme döneminde gebelik yaşayan kadınların emzirmeye yönelik tutumlarının bebeğin cinsiyeti, ikamet yeri ve planlanan gebelik durumundan etkilendiği belirlenmiştir. Emzirme döneminde gebelik yaşayan kadınlarda emzirme tutumunun arttırılması için özellikle kırsal bölgelerde ikamet eden kadınlara üreme sağlığı eğitimleri düzenlenerek gebeliklerinin planlı olması sağlanmalıdır.

Anahtar Sözcükler: Laktasyon, gebelik, tutum.

Introduction

Breastfeeding is of great importance for the health of both the mother and the newborn. Breast milk is a unique food that can provide all the nutritional requirements for the growth and development of the infant after birth¹. Breast milk is produced specifically for each mother's infant, and its nutrient content varies according to the characteristics and needs of the infant. This characteristic makes breast milk a miraculous food^{1,2}. Breast milk is the most important health investment made in infancy, with long-term benefits into adulthood¹⁻³. The World Health Organization (WHO) and The United Nations International Children's Emergency Fund (UNICEF) recommend that breastfeeding be initiated within the first hour of life, continued until two years of age with exclusive breastfeeding for the first six months, and continued with safe and appropriate complementary foods^{1,3}.

The United Nations International Children's Emergency Fund (UNICEF) reports that in 2020, 44% of newborns aged 0-5 months were exclusively breastfed, while 69% of infants aged 12-15 months and 44% of infants aged 12-23 months continued to receive breast milk³. In Turkey, data from the Turkish Demographic and Health Survey (TDHS) 2018 show that 41% of newborns aged 0-6 months are exclusively breastfed, while 33.5% of children aged 20-23 months continue to receive breast milk. The average duration of breastfeeding in Turkey is 16.7 months³⁻⁵.

There are mothers who breastfeed throughout their second pregnancy. This practice is known as gestational breastfeeding. In this case, mothers must decide whether to wean their breastfed child or continue breastfeeding. Breastfeeding and pregnancy are among the most deeply rooted cultural taboos in societies⁶. Many breastfeeding women choose to stop breastfeeding when they become pregnant. There are important factors that discourage mothers from trying to continue breastfeeding during pregnancy. Mothers and health professionals are concerned about the impact of breastfeeding on preterm

birth, miscarriage, or low birth weight. In addition, mothers are often uncertain about whether breastfeeding will affect their energy reserves or the nutrition of the fetus. It has been reported that the bodies of pregnant women who are properly nourished are able to support both the breastfed child and the fetus. It has also been noted that inadequate nutrition can negatively affect the nutrients that the fetus needs for development and growth⁷.

A literature review suggests that breastfeeding during pregnancy and tandem breastfeeding in the postpartum period are quite common⁸⁻¹⁰. Some physicians argue that breastfeeding during pregnancy may trigger preterm labour due to oxytocin release stimulated by nipple activity. Studies have shown that less oxytocin is released during breastfeeding and that the uterus becomes “desensitized” to oxytocin during pregnancy. Despite the administration of synthetic oxytocin, it has been observed that contractions do not start in breastfeeding women if labour is not due^{9,11}. In our culture, breastfeeding during pregnancy is considered as ‘stealing the right of the baby to be born’ and it is believed that it is not right by our religion, so mothers who are found to be pregnant during lactation are directed to stop breastfeeding immediately¹². However, according to the results of the study, there was no significant correlation between the occurrence of risky conditions during pregnancy, the risk of difficult delivery, neonatal APGAR (Activity, pulse, grimace, appearance, respiration) score and birth weight between women who continued breastfeeding during pregnancy and women who did not continue breastfeeding during pregnancy^{10,11}. Pregnant women who are breastfeeding may discontinue breastfeeding for a variety of reasons, including concerns about religious appropriateness, fears that their breastfed baby may become ill, and concerns about potentially violating the rights of the unborn child. However, the literature suggests that tandem breastfeeding provides a protective effect against disease in infants under two years of age, has a positive effect on the psychological well-being of both infants and reduces potential sibling rivalry¹⁰⁻¹².

Material and Methods

Research Type

This study employed a descriptive cross-sectional research design.

Study Population and Sample

The study population consisted of pregnant women who presented to the gynecology and obstetrics outpatient clinic of a hospital affiliated with the Ministry of Health between March 22, 2022 and July 1, 2022. The G*Power 3.1 program was used to determine the sample size. The sample size was calculated according to the recommendations of Cohen (1988)¹³ regarding the average effect size; and, in line with the two-sided hypothesis method, it was determined that 131 pregnant women should be included in the study with an effect size of $H_1 = 0.24$, a confidence level of 80%, and a margin of error of 5%. After accounting for potential data loss (10%), the study was completed with a total of 144 pregnant women. As a result of the post hoc analysis at the end of the study, the power was 0.83 ($1-\beta=0.83$) with 144 pregnant women.

The study included mothers who were over 18 years of age, between 13 and 42 weeks of pregnancy, had a healthy pregnancy, conceived during the lactation period, breastfed

their infant for at least 30 days during pregnancy, and were required to be literate and free of mental or communication disorders.

Data Collection Tools: The data were collected using the Personal Information Form and the Breastfeeding Attitudes Evaluation Scale.

Personal Information Form: The form was developed by the researchers through a review of the literature and included a total of 20 questions, including mothers' sociodemographic (age, education, employment status) and obstetric (number of pregnancies, number of children, mode of delivery, duration of breastfeeding) characteristics.

Breastfeeding Attitude Evaluation Scale (BAES): The scale was developed by Arslan in 1997 to provide a measurement tool for assessing breastfeeding attitudes of postpartum mothers, by examining different dimensions of breastfeeding. The scale evaluates characteristics that may influence breastfeeding attitudes, such as attitudes toward breastfeeding related to the mother herself, other individuals, and society, and breastfeeding as a woman's specific function. The scale consists of 46 items on a 5-point Likert scale, with 22 positive and 24 reverse-coded items. The score for the positive items is 88, while the score for the negative items is 96. Since the positive attitude items are scored as strongly agree (4), agree (3), neither agree nor disagree (2), somewhat agree (1), and strongly disagree (0), and the negative attitude items are scored between strongly agree (0), and strongly disagree (4), the highest score that can be obtained on this scale is 184. Higher scores on the scale indicate mothers' positive attitudes toward breastfeeding¹⁴. In this study, Cronbach's alpha internal validity coefficient of the scale was calculated to be 0.86.

Statistical Analysis

The data obtained in the study were analyzed using the Statistical Package for Social Sciences (SPSS) 22.0 software package. Descriptive statistical analyses were used to evaluate the data. The independent samples t-test was used to assess the difference between the two means, given the normal distribution of the data. In addition, a one-way analysis of variance was used for three or more variables (Tukey's test was used to determine which group mean differed from the others in case of homogeneity, and Tamhane's T2 test was used when homogeneity was not present). Multiple linear regression analysis was used to evaluate the variables believed to influence the Breastfeeding Attitude Evaluation Scale, with a significance level of $p < 0.05$.

In assessing the normality of the data, Kolmogorov-Smirnov test statistics and p-values, as well as skewness and kurtosis coefficients, were examined to determine the distribution from which the data of the variables were drawn. According to the recommendations of Tabachnick and Fidell (2013)¹⁵, the distribution of the data was accepted to be within normal limits when the p-value was greater than 0.05 or the skewness and kurtosis coefficients were within ± 2 limits.

Ethical Aspect of the Study

Ethical approval was obtained via e-mail from Arslan (1999)¹⁵, who conducted the validity and reliability of the Breastfeeding Attitude Assessment Scale in Turkish. Ethics committee approval was obtained from the Clinical Research Ethics Committee of a state

university (Date: 16.12.2021, No: 01-01.11) and institutional permission from the state hospital where the research data were collected (Date: 22.03.2022, No: E-96172664-050.06.04). Written informed consent and verbal assent were obtained from the pregnant women who participated in the study. The study was conducted in accordance with the principles of the Declaration of Helsinki.

Results

Table 1. Distribution of socio-demographic characteristics of the pregnant women and comparison with the total score of the Breastfeeding Attitudes Evaluation Scale (BAES)

Characteristic		n	%	BAES total X ± SD	Test value/p
Mean BAES total score X ± SD (min-max)				89.95±8.52 (min-max: 73-117)	
Mean age X ± SD (min-max)				26.34±5.59 (min-max: 18-40)	
Age	26 years and under	96	66.7	90.56±8.06	t=1.914
	27 years or older	48	33.3	87.90±5.33	p=0.056
Education status	Literate	28	19.4	85.89±7.26	F=2.359 p=0.056
	Primary school	43	29.8	90.43±8.68	
	Secondary school	40	27.8	91.98±7.29	
	High School	27	18.8	89.96±9.77	
	University	6	4.2	92.00±10.67	
Occupation	Housewife	123	85.4	89.78±8.95	F=0.289 p=0.749
	Officer	13	9.0	90.23±5.19	
	Worker/private sector	8	5.6	92.13±5.74	
Mean age of spouse X ± SD (min-max)				31.17±6.47 (min-max: 20-53)	
Age of spouse	31 years and under	103	71.5	89.75±7.21	t=1.156
	32 years or older	41	28.5	87.46±4.90	p=0.203
Place of residence	Province	47	33.3	93.32±10.12 ^a	F=5.930 p=0.003
	District	83	57.7	88.17±7.01 ^a	
	Village	13	9.0	89.15±7.91	
Family type	Nuclear Family	93	64.6	90.84±9.24	t=1.681
	Extended Family	51	35.4	88.35±6.81	p=0.095
Total		144	100.0		

BAES: Breastfeeding Attitude Evaluation Scale, F: One-way Analysis of Variance, t: Independent samples t-test, a: there is a significant difference between variables with the same letter.

The mean total score of the BAES was 89.95±8.52. This score indicated that the attitudes of women, who breastfed during pregnancy, toward breastfeeding were positive (Table 1).

The mean age of the pregnant women who participated in the research was 26.34±5.59 years, and 66.7% of them were in the 26 years and under group. A total of 29.8% of the pregnant women were primary school graduates, 85.4% were housewives, the mean age of their husbands was 31.17±6.47, 71.5% of their husbands were 31 years and under,

57.7% were living in the district, and 64.6% were living in a nuclear family (Table 1). In evaluating the mean scores obtained from the scale, it was found that pregnant women between the ages of 18 and 25 years, university graduates, employees/workers in the private sector, whose husbands were between the ages of 20 and 30 years, who lived in the provincial center, and who had a nuclear family type had a higher mean total score on the BAES. In addition, there was a significant difference between the place of residence and the total score on the BAES ($p < 0.05$), while there was no statistical difference between the other variables and the total score on the scale ($p > 0.05$) (Table 1).

Table 2. Distribution of obstetric characteristics of the pregnant women and comparison with total score of the Breastfeeding Attitudes Evaluation Scale (BAES)

Characteristic		n	%	BAES total X̄ ± SD	Test value/ p
Mean number of pregnancies X̄ ± SD (min-max)				3.33±1.32 (min-max: 2-8)	
Number of pregnancies	2-3 pregnancies	85	59.0	91.27±8.83	F=2.945 p=0.056
	4-5 pregnancies	50	34.7	87.64±7.99	
	6 and over	9	6.3	90.44±5.83	
Mean number of living children X̄ ± SD (min-max)				2.71±1.24 (min-max: 1-7)	
Number of living children	1 child	25	17.4	90.54±10.19	F=0.419 p=0.659
	2-3 children	85	59.0	90.25±8.53	
	4 and over	34	23.6	88.79±7.26	
Previous mode of delivery	Normal delivery	72	50.0	91.92±10.43	t=2.792
	C-section	72	50.0	88.01±5.49	p=0.006
Gender of baby in this pregnancy	Female	75	52.1	92.36±9.27	t=3.658
	Male	69	47.9	87.36±6.79	p=0.000
Gender of previous baby	Female	76	52.8	89.39±7.38	t=-0.817
	Male	68	47.2	90.58±9.67	p=0.416
Planned status of this pregnancy	Yes	4	2.8	102.75±11.58	t=3.141
	No	140	97.2	89.58±8.17	p=0.002
Time between this pregnancy and previous delivery	2-6 months	35	24.3	87.54±6.89 ^{ab}	F=3.205 p=0.025
	7-11 months	79	54.8	89.65±7.54	
	12-16 months	25	17.4	92.84±10.91 ^a	
	17 months and over	5	3.5	97.00±14.04 ^b	
Time between this pregnancy and previous delivery (months) X̄ ± SD (min-max)				9.22±3.80 (min-max: 2-24)	
Total		144	100.0		

BAES: Breastfeeding Attitude Evaluation Scale, F: One-way Analysis of Variance, t: Independent samples t-test, a-b: there is a significant difference between variables with the same letter.

The mean number of pregnancies was 3.33 $\pm$ 1.32, the mean number of living children

was 2.71 ± 1.24 , and the mean time between this pregnancy and the previous childbirth was 9.22 ± 3.80 months. 59% of the pregnant women had 2-3 pregnancies, 59% had 2-3 living children, 50% had a normal delivery, and 52.1% had a female baby in the current pregnancy, 52.8% of the women had a female infant in their previous pregnancy, 97.2% of the women had an unplanned pregnancy, and 54.8% of the women had an interval of 7-11 months between this pregnancy and the previous birth (Table 2). In the evaluation of the mean scores on the scale, pregnant women who had 2-3 pregnancies, had 1 living child, had a normal previous delivery, had a baby girl, had a baby boy previously, and had an interval of 17 months or more between their pregnancy and their previous birth, had higher average BAES total scores. In addition, it was determined that there was a significant difference between the mode of delivery, gender of the baby, the planned status of the pregnancy, the time between this pregnancy and the previous birth, and the BAES total score ($p < 0.05$), while there was no statistically significant difference between other variables and the total scale score ($p > 0.05$). The results showed that the attitude toward breastfeeding was significantly higher among pregnant women with a planned pregnancy (Table 2).

Table 3. Distribution of pregnant women according to their characteristics related to breastfeeding and comparison with the total score of the Breastfeeding Attitude Evaluation Scale (BAES)

Variable		n	%	BAES total $\bar{X} \pm SD$	Test value/p
How long she breastfed her previous baby during pregnancy	One month	29	20.1	87.07 ± 7.10^a	$F=5.113$ $p=0.002$
	Two months	42	29.2	87.68 ± 7.33^b	
	Three months	42	28.5	91.12 ± 9.77	
	Four months and over	32	22.2	93.97 ± 7.83^{ab}	
Opinion on breastfeeding success during pregnancy	Good	21	14.6	94.43 ± 10.25^a	$F=4.667$ $p=0.011$
	Medium	95	66.0	89.79 ± 7.80	
	Poor	28	19.4	87.14 ± 8.39^a	
Opinion on whether breastfeeding during pregnancy is harmful to the unborn baby	Yes	107	74.3	88.87 ± 8.64^a	$F=3.684$ $p=0.028$
	No	2	1.4	89.00 ± 5.65	
	Don't know	35	24.3	93.29 ± 7.49^a	
Opinion on breastfeeding when learning about present pregnancy while breastfeeding	I should continue breastfeeding	6	4.2	92.67 ± 7.09^a	$F=6.059$ $p=0.001$
	I should stop breastfeeding	73	50.6	87.48 ± 6.92	
	It is more convenient to feed my previous baby with formula	7	4.9	86.00 ± 6.38	
	Both my unborn baby and the baby in my arms need me.	58	40.3	93.19 ± 9.56^a	
The presence of a person who is opposed to her breastfeeding her baby during pregnancy	Yes	140	97.2	89.91 ± 8.63	$t=-0.368$ $p=0.714$
	No	4	2.8	91.50 ± 2.38	
Opinion on abortion when learning about present pregnancy while breastfeeding	Yes	10	6.9	91.80 ± 9.56	$t=0.710$ $p=0.479$
	No	134	93.1	89.81 ± 8.46	
Opinion on using a family planning method when this pregnancy ends	Yes	134	93.1	89.84 ± 8.70	$t=-0.556$ $p=0.579$
	No	10	6.9	91.40 ± 5.54	
Total		144	100.0		

BAES: Breastfeeding Attitude Evaluation Scale, F: One-way Analysis of Variance, t: Independent samples t-test, a-b: there is significant difference between variables with the same letter

A total of 29.2% of the pregnant women breastfed their babies for two months during

pregnancy, 66.0% of these women rated the success of breastfeeding during pregnancy as moderate, 74.3% believed that breastfeeding during pregnancy was harmful to the baby, 50.6% of the women indicated that they would stop breastfeeding if they found out they were pregnant while breastfeeding, 97.2% of the women experienced resistance to breastfeeding their babies during pregnancy, 93.1% of the women would not consider terminating their pregnancy when they learned they were pregnant while breastfeeding, and 93.1% would consider using a family planning method after this pregnancy (Table 3). The mean scores from the scale showed that women who breastfed for four months or more during pregnancy, those who felt their breastfeeding experience was successful, those who didn't know whether breastfeeding could harm the unborn baby, those who planned to continue breastfeeding during pregnancy, those who didn't plan to use birth control after discovering they were pregnant, who had no family members that oppose breastfeeding during pregnancy, those who considered terminating their pregnancy while breastfeeding, and those who didn't consider family planning methods after this pregnancy had higher mean total scores on the BAES. When the total score of the BAES was compared with various variables, a significant difference was observed in factors such as duration of breastfeeding the previous baby, perception of breastfeeding success while breastfeeding the current baby during pregnancy, concerns about potential harm to the unborn baby from breastfeeding during pregnancy, and perceptions about breastfeeding upon discovery of pregnancy during breastfeeding (Table 3).

Table 4. Breastfeeding Attitude Evaluation Scale total score regression analysis

Independent variables of the Breastfeeding Attitude Evaluation Scale	β	S.E.	p*	95% CL	
				Lower	Upper
Place of residence	-2.303	1.109	0.040	-4.496	-0.110
Previous mode of delivery	0.026	1.610	0.987	-3.158	3.211
Gender of baby in this pregnancy	-3.055	1.339	0.024	-5.703	-0.406
Gender of previous baby	-0.400	1.361	0.769	-3.093	2.293
Planned status of this pregnancy	-9.513	4.064	0.021	-17.553	-1.473
Time between this pregnancy and previous delivery	1.931	1.006	0.057	-0.058	3.920
How long she breastfed her previous baby during pregnancy	0.718	0.943	0.448	-1.148	2.583
Opinion on breastfeeding success during pregnancy	-0.513	1.431	0.721	-3.343	2.318
Opinion on whether breastfeeding during pregnancy is harmful to the unborn baby	1.407	0.936	0.135	-0.444	3.258
Opinion on breastfeeding when learning about present pregnancy while breastfeeding	0.729	0.740	0.326	-0.735	2.192
R = 0.519 R ² = 0.214 F = 4.866 p = 0.000*					

*Multiple linear regression analysis

Analysis of the variables believed to affect pregnant women's BAES to predict BAES scores showed that these 10 predictor variables had a significant relationship with BAES ($p < 0.05$). These variables explained 21.4% of the variance in breastfeeding attitudes. The order of importance of these variables on the dependent variable was evaluated according to the standardized regression coefficients, and the results showed that the time between this pregnancy and the previous birth had the highest importance ($\beta = 1.931$), while the planned pregnancy had the lowest importance ($\beta = -9.513$). After conducting significance tests on the regression coefficients, it was found that the variables of place of residence, gender of the baby, and planned status of the current

pregnancy were significant predictors of BAES ($p < 0.05$) (Table 4).

Discussion

Breastfeeding is one of the most important health indicators in improving maternal, infant, and community health. For this reason, it is stated that every newborn has the right to be breastfed until the age of 2 years. The duration of breastfeeding in the world and Turkey is not sufficient. In Turkey, about one-third of infants between 20-23 months of age continue to receive breast milk⁴. Although many factors reduce the duration of breastfeeding, the most important factor is frequent deliveries¹⁶. In this study, almost all participants had an unplanned pregnancy, and the interval between this pregnancy and the previous birth was 7-11 months in more than half of the participants. In the literature, similar to our study, it was found that attitudes toward breastfeeding were significantly higher among pregnant women who had a planned pregnancy and who had an interval of 17 months or more between their pregnancy and the previous birth¹⁷.

Despite the widely accepted benefits of breastfeeding, the rate of exclusive breastfeeding for six months worldwide has not met the WHO recommendation¹⁸. In this study, 74.3% of pregnant women believed that breastfeeding during pregnancy was harmful to the baby, and half of them considered stopping breastfeeding when they discovered that they were pregnant while breastfeeding. In addition, our study found that the majority of pregnant women believed that there were people who would disapprove of them if they breastfed their infant during pregnancy, they did not consider terminating their pregnancies when they learned that they were pregnant while breastfeeding, and they planned to use family planning methods after their current pregnancy. Studies have shown that the majority of women breastfeed in the first trimester. This suggests that mothers faced challenges in stopping breastfeeding promptly due to unplanned pregnancies and lack of preparation, and they continued breastfeeding due to indecision and ignorance until they finally stopped breastfeeding altogether¹⁹⁻²⁰. The results of this study are consistent with the literature.

In our study, we found that variables such as place of residence, planned pregnancy, and gender of the baby explained about a quarter of the variance in breastfeeding attitudes. It has been determined that the breastfeeding attitude scale score average of women living in villages is lower than those living in the city center, those who have unplanned pregnancies are lower than those who have planned pregnancies, and those who have male babies are lower than those who have female babies. In particular, it is vital that health professionals provide education and counseling on reproductive health and breastfeeding during pregnancy in order to ensure planned pregnancies. In addition, it is also important to include people who can influence women's decisions about breastfeeding and simultaneous breastfeeding during pregnancy in education and counseling sessions. Considering that the breast milk rate in our country is 98% immediately after birth²¹, emphasizing the importance of family planning during postpartum and infant care, especially in primary health care settings, can significantly affect attitudes towards breastfeeding²¹. In the study conducted by Çınar et al. (2022) in which they evaluated the breastfeeding attitudes of mothers who were pregnant during the breastfeeding period, it was determined that the majority of mothers made an unconscious decision about feeding their children because they were not given accurate

and sufficient information about starting breastfeeding in the first hour of the baby's life, giving breast milk, continuing breastfeeding during pregnancy, and simultaneous breastfeeding²².

In this study, it was determined that women with higher education levels had higher average BAES scores and there was no significant difference between education level and breastfeeding attitude. It was determined that women living in the city center had higher average BAES scores than women living in villages and districts. In literature reviews, it was determined that education level, region of residence and working status affected women's breastfeeding levels^{23,24}.

In the study by Çınar et al. (2022)²², it was stated that mothers who stopped breastfeeding during pregnancy felt psychologically good and were happy with this situation. Mothers usually go back and forth between breastfeeding and not breastfeeding because they are worried about the health of their babies and children, and their mood changes²³. In this study, when asked what they thought about breastfeeding when they learned that they were pregnant during the breastfeeding process, it was determined that 50.6% of women considered stopping breastfeeding. Pregnancy during breastfeeding is common in Türkiye and is mostly unplanned. In cases where breastfeeding was terminated early, the mother became pregnant again during breastfeeding in 5.7% to 29.2%²⁵. For mothers who are reluctant to breastfeed, a new pregnancy can be considered a valid reason to stop breastfeeding.

Breastfeeding attitude; It can be defined as the woman's view of breastfeeding, how she manages the breastfeeding process, the way she adheres to it and her behavior. A positive breastfeeding attitude ensures the early start and continuity of breastfeeding, supporting not only the physiological but also the cognitive, emotional and spiritual development of the baby, and ensuring and maintaining mother-baby interaction²⁶. In this study, the total BAES score average of women who breastfed during pregnancy was found to be 89.95 ± 8.52 . This result shows that women's breastfeeding attitudes are low. In the study by Topaloğlu Ören et al.²⁷ evaluating postpartum breastfeeding attitudes, the total BAES score average was 100.38-18.88; in the study by Gölbaşı and Koç²⁸ evaluating women's breastfeeding behaviors in the first six months after birth and the effect of prenatal breastfeeding attitudes on postpartum breastfeeding, the total BAES score average of women was found to be 111.36 ± 12.02 . It is seen that these results are higher than the score average we obtained in our study. However, in the study by Yiğitbaş et al.²⁹ evaluating breastfeeding attitudes and behaviors of mothers who gave birth in hospitals in Trabzon, the total BAES score average was 76.34 ± 18.81 . It was determined from this study that our findings are higher. Studies have shown that breastfeeding attitude depends on the woman's level of knowledge about breastfeeding and breast milk, duration and frequency of starting breastfeeding after birth, her breastfeeding experiences, starting the first feeding with breast milk, skin-to-skin contact, social support, health experience, the role models she sees regarding breastfeeding the time. It is stated that it is affected by problems, health care policies and social perceptions.

Limitations: The data of this study is limited to mothers who breastfeed during pregnancy, and the results cannot be generalized to all pregnant women and mothers.

Drawbacks and Shortcomings: The disadvantage of this study is that it was not

conducted in larger sample groups and in a randomized manner. In other studies, it would be appropriate to evaluate breastfeeding attitudes among women who breastfeed and those who do not breastfeed during pregnancy.

Conclusion and Recommendations

Breast milk should be the first choice in nutrition for many reasons such as the nutrients it contains for the growth and development of the newborn, its easy accessibility, being clean and economical. It is undeniable that breastfeeding is a physiological event as well as a difficult and patient process. For this reason, the mother should be supported during pregnancy and breastfeeding afterwards. The health professional who will provide counselling should know that the effects of breastfeeding during pregnancy and breastfeeding both babies after birth on the mother, newborn and baby are the same as in other pregnancies and should advise mothers to continue breastfeeding. The choice should be based on the woman's preference. If breastfeeding during pregnancy is preferred, pregnancy and newborn follow-up should be increased. In order to ensure that health professionals do not lack information on breastfeeding during pregnancy, it is recommended that breastfeeding during pregnancy should be explained to students who are future health professional candidates within breastfeeding counselling. It is thought that it would be useful to include these two special processes within the scope of breastfeeding education.

Conflict of Interest

There is no conflict of interest.

Financial Support

The authors declare that they received no financial support for this study.

Authorship Contribution

EAA, DÇ; idea/concept, design, supervision, analysis, writing, critical review. EAA, DÇ; interpretation, writing, critical review. EAA, DÇ; sources, data collection, literature review.

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