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Primipar Annelere Verilen Emzirme Danışmanlığının Emzirme Süresine, Doğum Sonu Depresyona ve Yaşam Kalitesine Etkisi

The Effect of Breastfeeding Counseling to Primiparous Mother on Duration of Breastfeeding, Postpartum Depression and Quality of Life

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Öz

Giriş ve Amaç: Anne sütü, doğumdan sonra ilk altı ay süresince bebeğin tüm ihtiyaçlarını tek başına karşılayan en ideal besindir. Bu çalışma ile emzirme danışmanlığının sadece anne sütü ile beslenme süresine, postpartum depresyona ve yaşam kalitesine etkisinin belirlenmesi amaçlanmıştır.

Gereç ve Yöntemler: Araştırma, randomize olmayan gruplarda son test kontrol gruplu tekrarlı ölçümlerin olduğu yarı deneysel tasarım olarak yapılmıştır. Araştırma evrenini 36-40 gebelik hastasında tıp fakültesinin Kadın Hastalıkları ve Doğum Kliniği'ne başvuran gebeler oluşturmuştur. Araştırma örneklemini deney ve kontrol grubuna 32'şer primipar gebe olmak üzere toplam 64 gebe oluşturmuştur. Gebelerin deney ve kontrol gruplarına atanmasında kura ve tabakalama yöntemleri kullanılmıştır. Verilerin toplanmasında "Anne Bilgi Formu", "Bebek Bilgi Formu", "Emzirme Özellikleri Formu I", "Emzirme Özellikleri Formu II", "Edinburgh Doğum Sonrası Depresyon Ölçeği ve "Doğum Sonu Yaşam Kalitesi Ölçeği kullanılmıştır.

Bulgular: Deney grubundaki bebeklerin anne sütü alma süresi ortalamasının kontrol grubuna göre çok ileri düzeyde anlamlı olarak yüksek olduğu belirlenmiştir (3.02 ± 2.24) ($p < .001$). Deney grubundaki annelerde doğum sonrası altıncı ayda depresyon riskinin altıncı haftaya göre anlamlı düzeyde azaldığı belirlenmiştir. Kontrol grubundaki annelerde doğum sonrası altıncı ayda depresyon riskinin altıncı haftaya göre arttığı, ancak bu farkın anlamlı düzeyde olmadığı belirlenmiştir. Deney grubundaki annelerin doğum sonu altıncı haftada ve ayda doğum sonu yaşam kalitesi puan ortalamasının kontrol grubundakilere göre anlamlı düzeyde yüksek olduğu ve aradaki farkın anlamlı olduğu belirlenmiştir.

Sonuç: Annelere gebeliğin 36-40. gebelik haftasından doğum sonu altıncı ayın sonuna kadar verilen emzirme danışmanlığının, sadece anne sütü ile beslenme süresini uzattığı, doğum sonu doğum sonu depresyon riskini düşürdüğü ve yaşam kalitesini arttırdığı saptanmıştır.

Anahtar kelimeler: Emzirme danışmanlığı, Emzirme süresi, Postpartum depresyon, Yaşam kalitesi.

Abstract

Objective: Breast milk is the best nutrient to meet an infant's all needs alone for the first six months within the postpartum period. This study, we aimed at investigating the effects of breastfeeding counseling on exclusive breastfeeding duration, postpartum depression and quality of life.

Materials and Methods: The quasi-experimental study was performed in non-randomized groups where repeated measurements with final-test control were conducted. The universe of the study consisted of primiparous women with 36- to 40-week pregnancy admitted to the department of Gynecology and Obstetrics Clinic of Medical Faculty Hospital in the hospital. The samples were composed of 64 primiparas, 32 in the experimental and 32 in the control groups. Primiparas were placed into groups by drawing by tol and stratifying methods. To collect data, the Mother Information Form, the Infant Information Form, the Edinburgh Postnatal Depression Scale and the Maternal Postpartum Quality of Life Scale were used.

Results: It was statistically difference duration of breastfeeding the average duration of breastfeeding of the infants in experimental group is higher compared to control group (3.02 ± 2.24) ($p < .001$). It was also found that the risk of depression of mothers in experimental group in postpartum sixth month is decreased compared to sixth week it was statistically significant level. It shows that the risk of depression of mothers in control group in postpartum sixth month is increased in the sixth week, however, this difference statically is not significant. The average quality of life of the mothers in experimental group in the sixth postpartum week and month is determined to be higher than the ones in control group and this finding is not significantly difference.

Conclusion: The fact that breastfeeding counseling lasts from prenatal weeks 36-40 to postpartum sixth month was determined to extend only exclusive breastfeeding duration, decrease the risk of postpartum depression and increase maternal quality of life

Keywords: Breastfeeding consultancy, Breastfeeding duration, Postpartum depression, Quality of life.

1. Introduction

According to the recommendations by the United Nations Children's Aid Fund (UNICEF), all infants should be exclusively breastfed for maximum health during the first 6 months of life up to 2 years of age [1]. Breast milk is unique and cannot be compensated by any other food in infant nutrition [3,5]. In addition, it is known that breast milk is also a factor affecting maternal health, as well as its positive effects on infants' health. Additionally, in the studies performed, BF was reported to reduce the risk of postpartum depression [3,5,8] and enhance quality of life [26,28,29].

Encouraging, maintaining and supporting BF are seen as the priorities for maternal and children's health across the world. Although the rate of BF initiation is high in Turkey, the fact that maintaining BF effectively is not at the desired level suggests that BF is encouraged, but there are insufficiencies in supporting BF process [2]. We aimed at investigating the effects of BF counseling on feeding duration with EBF, postpartum depression and QoL.

2. Materials and Methods

This is a quasi-experimental study containing repeated measurements with final-test control in non-randomized groups. The universe of the study consisted of primiparous women with 36- to 40-week pregnancy admitted to the department of maternal and children's health in the hospital of a medical faculty.

In the study performed by Gozukara, the rate of feeding with EBF during the first 6 months was reported as 51.6% among mothers in the experimental group, and as 12.9% in the controls [9]. Our sample size was determined as 64 primiparous women, 32 in the experimental and 32 in the control groups, by aiming at achieving at least such a success level, and considering an alpha value of 0.05 and a power level of 0.90.

The methods of drawing by lot and stratification were used in order to avoid subjectivity in the placement of women with pregnancy into the experimental and control groups. Prognostic factors, such as education, age and income levels, were controlled by the methods of drawing by lot and stratification. The participants were grouped by drawing by lot until the sample size was reached. Because blinding the experimental and control groups was impossible in our study, single-blinded technique was applied through statistical blinding.

Selection of participants was based on: (i). Being between 36-40 weeks of pregnancy (ii). Having a single healthy fetus (iii). With spontaneous pregnancy. Excluded from this study was based on: (i). With the history of a chronic (ii). Experiencing such a situational crisis as death, an accident or migration in the last one year (iii). Existence of a current psychiatric illness, based on self-reporting or diagnosis (iv).

In order to collect the research data, the Mother Information Form, the Baby Information Form, Breastfeeding Properties Form I-II, the Edinburgh Postnatal Depression Scale (EPDS) and the Maternal Postpartum Quality of Life Scale (MAPP-QOL) were used. The Mother Information Form, the Baby Information Form and the Breastfeeding Properties Form I-II were developed by the researcher, based on the literature [9,13]. EPDS was developed by Cox and Holden in 1987 [14]. The 4-point Likert-type scale consists of 10 questions. The internal consistency coefficient and cut-off score of the scale were found to be 0.87 and 12/13, respectively. The validity and reliability of Turkish version Engindeniz et al. (1997). The 6-point Likert-type scale consists of 40 items and two parts. The internal consistency coefficient of EPDS was found as 0.79. The women with a total score of 13 or more were considered risk groups [15]. MAPP-QOL was developed by Hill et al. (2007) to assess maternal QoL in the postpartum period [16]. The adaptation, validity and reliability studies of MAPP-QOL in Turkey were conducted by Altuntug and Ege (2012). As the score increases in the scale, it indicates that postpartum QoL is high, while lower scores indicate that postpartum QoL decreases. The internal consistency coefficient of the scale (Cronbach's alfa) was 0,95 [17].

The data for the study were collected between 15th September 2016 and 20th August 2017. The first interviews with the experimental and control groups was held in the department of maternal and children's health, when the women were with at 36- to 40-week pregnancy. The Mother Information Form between prenatal 36-40 weeks, the Baby Information Form and the Breastfeeding Properties Form I within postpartum first 24 hours, the Breastfeeding Properties Form II at postpartum first week, and the Breastfeeding Properties Form II, EPDS and MAPP-QOL at postpartum sixth week and sixth month were performed for the mothers in the experimental and control groups. Apart from the standard

care, no interventions or procedures were given to those in the control group at hospital. Standard BF training was individually performed for those in the experimental group between postpartum 36-40 weeks in our outpatient clinic. The training was carried out in accordance with BF counseling handbook and BF training plan by inviting women with pregnancy to the training room. For all mothers, counseling was performed via face-to-face interviews four times a month within postpartum 24 hours and during postpartum first six weeks and six months, and by reaching the mothers via telephone eight times within postpartum 2nd, 3rd, 4th and 5th weeks and postpartum 2nd, 3rd, 4th and 5th months. The training was provided for the problem/problems identified during the training in accordance with the plan, and a booklet containing a brief summary of the training was given to the mothers. After training sessions, all participants were assessed using checklists to determine if the problem was solved, and the training was given to those with ongoing problems. The study was approved by the Necmettin Erbakan University Ethics Committee (2016/465). Written consent was obtained from hospital was affiliated in order to conduct the study. Participants were informed about the aim and content of the study and their written consents were taken before the beginning of the study. The analyses of the data obtained in the study were conducted using SPSS 20 statistical analysis program (Chicago, IL, USA). The data were statistically evaluated with single-blinded technique.

3. Results and Discussion

3.1 Results

The socio-demographic characteristics of the study group are shown in Table 1.

Table 1. Distributions of Age, Education and Income Levels Through Stratified Method

Characteristics (n=61).	Experimental Group (n=31)		Control Group (n=30)		χ^2	p
	S	%	S	%		
Age Groups						
≤ 24 age	16	51.6	15	50.0	.016	.900
≥ 25 age	15	48.4	15	50.0		
Educationl						
Primary and secondary schools	15	48.4	16	53.3	.149	.699
High school and college	16	51.6	14	46.7		
Level of income						
Minimum - wage and lower	16	51.6	14	46.7	.149	.699
Minimum - wage and higher	15	48.4	16	53.3		

Although 87.1% of the infants in the experimental group were fed with EBF until postpartum first week, 90.3% until postpartum sixth week and 77.4% until postpartum sixth month, 63.3% of the infants in the control group were fed with EBF until postpartum the first week, 53.3% until postpartum sixth week and 16.7% until postpartum sixth month (Table 2).

Table 2. The Rates of Those Fed with Exclusive Breastfeeding at Postpartum First and Sixth Weeks, and Sixth Month.

Charac-teristics	Experimental Group (n=31)			Control Group (n=30)		
	1st week	6th week	6th month	1st week	6th week	6th month
	S (%)	S (%)	S (%)	S (%)	S (%)	S (%)
Feeding with EBF						
Yes	27 (87.1)	28 (90.3)	24 (77.4)	19 (63.3)	16 (53.3)	5 (16.7)
No	4 (12.9)	3 (9.7)	7 (22.6)	11 (36.7)	14 (46.7)	25 (83.3)

EBF: Effect of breastfeeding

It was determined that mean EBF duration (5.29±1.69 months) of the infants in the experimental group was significantly much higher than that of the control group (3.02±2.24) (p<.001),

For the mothers in the experimental group, the risk of depression at postpartum sixth month (3.2%) was determined to decrease significantly, compared with that at the sixth week (22.6%) (p<.05, Tablo 3). However, for those in the control group, it was determined that the risk of depression (33.3%) increased at postpartum sixth month, compared to that at postpartum sixth week (20%), but the difference was not significant (p>.05 Table 3).

Table 3. Comparison of Postpartum Depression Risks of Mothers at Sixth Week and Sixth Month.

Groups	Postpartum Depression	Sixth Week S (%)	Sixth Month S (%)	
Experimental Group (n=31)	No risk	24 (77.4)	30 (96.8)	p: .031*
	Risk	7 (22.6)	1 (3.2)	
Control Group (n=30)	No risk	24 (80.0)	20 (66.7)	p: .289*
	Risk	6(20.0)	10 (33.3)	

* McNemar test, binomial distribution

Mean QoL scores of the mothers in the experimental group at postpartum sixth week (25.30±2.70) was determined to be significantly higher than those of the mothers in the control group (23.48±3.31) (p<.05). It was also determined that mean QoL scores of the mothers in the experimental group at postpartum sixth month (26.64±2.07) were significantly higher than those of the mothers in the control groups (24.93±2.87) (p<0.01, Table 4)

Table 4. Comparisons of mean postpartum quality of life scores of the mothers at sixth week and sixth month

Groups	Quality of life	
	Sixth Week	Sixth Month
	$\bar{x} \pm SD$	$\bar{x} \pm SD$
Experimental Group (n=31)	25.30±2.70	26.64±2.07
Control Group (n=30)	23.48±3.31	24.93±2.87
t*	2.347	2.684
p	.022	.009

SD: Standard deviation

3.2. Discussion

Although the importance of breast milk in infantile nutrition and feeding and healthcare is emphasized at national and international levels, feeding infants with EBF still remains at unwanted levels [2, 18]. The rate of feeding infants with EBF for the first six months is 38% worldwide [18]. However, the rate is 30% in Turkey [2]. In the study, it was determined that the mothers in the experimental group fed their infants with EBF for mean 5.29 months, while those in the control group fed the infants with EBF for mean 3.02 months. When compared to the rates in the world (38%) [18] and in Turkey (30%) [2], the results of the mothers in the experimental group of feeding infants with EBF for the first six months are quite higher. We consider that due to consisting of primiparas, the mothers in the experimental group need more information and assistance on BF.

In the present study, we determined that the depression risk rates of the mothers in the experimental group decreased significantly at postpartum sixth month, compared to the rates at postpartum sixth week; however, while the difference between these rates was significant, no significant difference was found in the control group. In various studies, a negative relationship was found between BF and postpartum depression, and it was suggested that BF reduces the maternal risk of postpartum depression [19,21] and decreases the depressive symptoms [6, 20]. Wouk et al. (2017) determined not breastfeeding in the early postpartum period as a risk factor for postpartum depression [21]. Studies have reported that postpartum depression reduces breastfeeding rates [7,20,29]. Liu et al. (2017) argued that

the best way of reducing the risk of postpartum depression is to adopt feeding the infant with breastmilk only [30].

As parallel to those in other studies, our study findings demonstrated that BF counseling has positive contributions to reducing the risks of postpartum depression.

Several studies report that BF and QoL have a significant association, and BF increases QoL [12, 27]. We also considered that our study findings were consistent with the current findings reported in literature and related to the fact that mothers experience less BF problems thanks to the maintenance of BF counseling for postpartum six months and to the provision of continuing BF process by intervening with BF problems at an early stage.

4. Conclusion

The data obtained in our study showed that BF counseling given for postpartum six months from 36-40 weeks of pregnancy increases EBF duration, decreases postpartum depression and enhances QoL. It is essential to provide that BF counseling departments should be established in all hospitals, and all women can benefit from this type of service either by applying to the hospital or through phone after hospital discharge

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