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Araştırma Makalesi/Research Article

The Effects Of The Breastfeeding Counseling Course On The Education Of Midwifery Students And Their Perspectives

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ABSTRACT

Objective: Breastfeeding is essential for mother and baby health. An effective breastfeeding counseling ensures a healthy breastfeeding period. Midwives must learn comprehensively in their undergraduate education to gain all the necessary qualifications for this counseling. This study, it is aimed to compare the effect of breastfeeding counseling courses given to undergraduate students of the midwifery department on pre-and post-education information situations.

Methods: The study was conducted in an experimental, single group pre-test-post-test design. This study was conducted with 91 students studying at a university from January to December 2020. Two hours of lessons per week were given for 14 weeks. A course included breast anatomy and physiology, breastfeeding methods, positions, breastfeeding indications, and contraindications. In the analysis of the information obtained, significance was accepted as $p<0.05$.

Results: Many of the participants are in the third grade, on average 21 years old, and 93.3% of them have not received breastfeeding counseling training before. It was determined that breastfeeding training should be given during pregnancy and breastfeeding counseling should be given as a separate course in the curriculum.

Conclusion: In this study, it was concluded that breastfeeding counseling should be given as a separate course in undergraduate education. Thus, effective training can be provided in their professional lives.

Keywords: Breastfeeding; education; medical education, midwifery

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INTRODUCTION

Although it is known that breastfeeding has many benefits not only in infancy but also in the future life of the child; increasing breastfeeding rates, improving care, and promoting and supporting breastfeeding has become a universal goal (Hector, King and Webb, 2005; Agency for Healthcare Research and Quality, 2007; Radzyminski and Callister, 2015; Patel and Patel, 2016). Maintaining breastfeeding effectively and correctly is recommended by many professional orga(nizations as important (American Academy of Pediatrics, 2005; Association of Women's Health, Obstetric and Neonatal Nurses, 2007; American College of Obstetricians and Gynecologists, 2007; American Academy of Family Physicians, 2008; World Health Organization [WHO], 2018). In line with these recommendations, it is necessary to establish policies and determine strategies to start and maintain breastfeeding correctly (Patel and Patel, 2016). These strategies should be taught and given opportunity to health professionals, both independently and as part of a multi-component program such as undergraduate education. For this reason, it is thought that it would be more effective to include breastfeeding counseling (BC) training as a separate course in the curriculum rather than mentioning it within other courses. In this study, it is aimed to determine and compare the knowledge level of students who take a BC course at a university for the first time before and after the lesson.

METHODS

The type of the research

This study was conducted in an experimental, single group pretest and posttest design. In this study, it is aimed to compare the BC knowledge of midwifery students who are one of the health professionals in maintaining and supporting breastfeeding before and after the training.

Research hypotheses

H_1: There is a connection between a student's breastfeeding knowledge and the class they are in.

H_2: Taking a breastfeeding counseling course improves students breastfeeding knowledge and attitude.

H_3: Students can get understanding and correct information by attending the breastfeeding counseling course.

The samples of the research

While the universe of this study was composed of students at Istinye University, Faculty of Health Sciences, Midwifery Department, the sampling included 91 students who would take the BC course for the first time, agreed to participate in the study and met the inclusion criteria. The study was conducted between from January to December in 2020 and necessary permissions were obtained before the study. Before the BC course, which will be given for the first time in the study, a "breastfeeding information form" consisting of 19 questions was applied as a pretest. After giving BC course for 14 weeks, two hours a week, breastfeeding information form was applied as a posttest at the end of the training. Being a midwifery student, taking BC course and knowing Turkish constitute the inclusion criteria for the study. This study was conducted in line with the CONSORT checklist.

Data collection tools

The "Breastfeeding Information Form" created by the researchers by scanning the literature (Patel and Patel, 2016; Zahid, Sheikh and Ahmet, 2016; Davis and Sherrod, 2015) was used to collect the data. This form consists of 19 open and closed ended questions that question the introductory characteristics of the participants such as age, class, and their knowledge about BC.

Data Analysis

Statistical Package for the Social Sciences (SPSS) Version 25 software program (IBM, Turkey) was used for the analysis of the data of this study. In the analysis of continuous data, mean, median, standard deviation, minimum and maximum values were calculated. In the analysis of categorical data, numbers and percentages were calculated. In the analysis of comparative variables, One-sample t test, Wilcoxon test and Paired sample t test were used according to normality distributions. The relationship between the groups was calculated with the Spearman Correlation Test. The significance value was accepted as $p<0.05$ at 95% confidence interval.

The ethical aspect of research

Prior to the study, ethical approval was obtained by Istinye University's Social and Human Research Ethics Committee, with decision number 06 taken from a committee meeting on January 6, 2020. Written and verbal consents of the participants were obtained before the study. In the recording of the data, the numbering method was used instead of the names of the participants. The principles of the Declaration of Helsinki complied with the study.

Results

In this section, the pretest and posttest results and comparisons of the information obtained about the participants' introductory characteristics and BC are included.

The descriptive characteristics of the participants in the study are given in Table 1. The mean age of the participants in the study is 21 years old, and most of them are third grade midwifery students (Table 1).

Table 1. Characteristics of the participants (N=91)

Characteristics			
Age (years)	Mean±Sd	21.19±2.07	
	Min-max (median)	19-37 (21)	
		n	**%**
Grade	2nd grade	11	12.1
	3rd grade	56	61.5
	4th grade	24	26.4
Graduated from high school	Anatolian normal	71	78
	Vocational	5	5.5
	Health vocational / College	15	16.5
Previous BC training	Yes	6	6.6
	No	85	93.3
Total		91	100

BC:Breastfeeding counseling

Of the students, 93.3% stated that they did not take a course about BC before calf. When the characteristics of the participants regarding BC were compared, a significant difference was found between the pretest and posttest participation in BC training (Table 2).

When asked about the inclusion of BC in midwifery curriculum; significance was determined between pretest and posttest, and it was found that this situation was since nobody answered no (p=.000). When the pretest and posttest answers of BC is given to women; significance was determined (p=.000), and it was determined that this situation was caused by those who gave the answer that should be given during pregnancy. Looking at the pretest and posttest answers to whom breastfeeding training should be given; significance was found between the two tests, and it was determined that this was due to the responses of both spouses and everyone in the family (p=.000; Table 2).

Table 2. Distribution of BC characteristics according to pre-test and post-test (N=91)

Characteristics		**Pre-test**		**Post-test**		**Test p**
		n	**%**	**n**	**%**	
Previous BC training	Yes	6	6.6	91	100	***-4.667**
	No	85	93.4	0	0	**.000**
Should BC be in the midwifery curriculum?	Yes	91	100	91	100	***1.000**
	No	-	-	-	-	**.000**
Occupations that can be BC	Midwife	12	13.2	7	7.7	-.281 .779
	Nurse	-	-	1	1.1	
	Health Sciences Faculty (anyone department)	18	19.8	28	30.8	
	Health professionals	61	67	55	60.4	
Should midwives attend paid courses to be able to provide BC?	Yes	43	47.3	33	36.3	*-1.768 .077
	No	48	52.7	58	63.7	
Requirements to be a BC	Getting a certificate for a fee	67	73.6	57	62.6	*-1.715 .086
	Being a midwife or nurse	24	26.4	34	37.4	
	Theoretical knowledge	37	40.7	16	17.5	
BC qualifications	Be known about babies and children	5	5.5	3	3.3	**-2.771 .006
	Be able to communicate with the mother	4	4.4	7	7.7	
	Should be able to empathize	17	18.7	21	23.1	
	Must have a BC certified	2	2.2	3	3.3	
	Must have a bachelor's degree	6	6.6	1	1.1	
	All	20	22	40	44	
Content of BC course	Breastfeeding	27	29.7	12	13.2	**-2.517 .012
	Breastfeeding positions	2	2.2	2	2.2	
	Mother-baby communication	21	23.1	33	36.3	
	All topics related to mother and baby	39	42.9	44	48.4	
The ideal BC training time	I have no information	2	2.2	-	-	****-4.209 .000**
	Pre-pregnancy	12	13.2	37	40.7	
	Pregnancy	67	73.6	50	54.9	
	After birth	12	13.2	4	4.4	
Persons for BC	Woman	30	33	4	4.4	****-5.703 .000**
	Woman and husband	34	37.4	34	37.4	
	To the woman and the caregiver	5	5.5	1	1.1	
	Everyone in the family	22	24.2	52	57.1	
Total		91	100	91	100	

*Paired sample t test; **Wilcoxon test; Statistical significance p<0.05
BC:Breastfeeding counseling

When the participants were asked the criteria for breastfeeding to be successful for the mother; in the pretest group, the most positive feedback was given by the mother with 31.9%, while it was found that the mother and baby were happy with the highest rate with 33% in the posttest group. When the participants were asked about the success criteria of breastfeeding for the

baby; it was found that the baby's satiety answer was 69.2% in the pretest group and 80.2% in the posttest group (Table 3).

When asked about the father's role in breastfeeding; while saying yes with 94.5% in the pretest group, it was determined that all the participants in the posttest group said yes, and a statistical significance was found between the two tests (p=.025) (Table 3).

Table 3. Distribution of breastfeeding characteristics according to pre-test and post-test (N=91)

Breastfeeding characteristics			**Pre-test**		**Post-test**		**Test value p**
			n	%	n	%	
BC training success criteria	In terms of mother	Beginning of mother-baby relationship	6	.6	5	5.4	*-1.629 .103
		Start breastfeeding	20	22	13	14.3	
		Baby's satiety	19	20.9	16	17.6	
		Happy mother and baby	14	15.4	30	33	
		Mother's positive feedback	29	31.9	27	29.7	
		I have no idea	3	3.3	-	-	
	In terms of baby	Beginning of mother-baby relationship	7	7.7	6	6.6	*-1.730 .084
		Start breastfeeding	18	19.8	11	12.1	
		Baby's satiety	63	69.2	73	80.2	
		I have no idea	3	3.3	1	1.1	
Can smoking be used during breastfeeding?		Yes	43	47.3	28	30.8	*-2.611 .009
		No	48	52.7	63	69.2	
Can alcohol be used during breastfeeding?		Yes	9	9.9	2	2.2	*-2.333 .020
		No	82	90.1	89	97.8	
Does the father have a role in breastfeeding?		Yes	86	94.5	91	100	*-2.236 .025
		No	5	5.5	-	-	
What is the father's role in breastfeeding?		Physical support	35	38.5	43	47.3	**.540 .000
		Psychological support	52	57.1	48	52.7	
		No role	4	4.4	-	-	
Total			91	100	91	100	

*Wilcoxon test; **One-sample t test; Statistical significance p<0.05

When asked what the father's role in breastfeeding was; while it was found that psychological support received the most in the pretest and posttest groups, followed by physical assistance to the mother, statistical significance was found between the two tests (p=.000) (Table 3). When looking at the relationship between breastfeeding and BC and the introductory characteristics of the students; while determining the relationship between the qualifications that a BC should have and age (p=.000), there was no relationship between the requirements of being a BC, who can be a BC, the requirement for a paid certificate to become a BC, and the status of taking a BC course.

DISCUSSION

It is known that health professionals, especially midwivesand nurses, have great responsibilities in initiating and maintaining effective breastfeeding and supporting the mother after birth, and studies have also obtained supportig results for this situation (Radzyminski and Callister, 2015). In the light of these results the necessity of providing comprehensive theoretical knowledge and application opportunities regarding BC of midwives and nurses arises and this requirement should be met in undergraduate education which is the first starting point of education. In this study, when questions about breastfeeding and BC were asked before and after the BC course, it was observed that the training was effective, the lack of knowledge was eliminated, and their knowledge and

attitudes changed posi tively after the training (Table 2). In a study in which the effectiveness of breastfeeding training given to nursing students was questioned, it was reported that the education the students received was at a good level, but it was also emphasized that it was important for students to practice clinical practice in environments that would reinforce their knowledge (Zahid et al, 2016). In another study, when the effectiveness of BC training given to mothers in line with the education of paediatric nursing graduate students was questioned, all mothers reported that education encouraged breastfeeding, but the subjects of breastfeeding education and the time allocated were insufficient (Boyd and Spatz, 2013). It has been reported in other studies that there may be similar deficiencies (Dodgson and Tarrant, 2007; McLaughlin, Fraser and Young, 2011; David and Sherrod, 2015). When the midwives were asked about their breastfeeding information and their breastfeeding training, most of them stated that the BC they gave was insufficient and limited and the reason for this was the lack of practice (Furber and Thomson, 2008). Looking at this study and other study results, it can be emphasized that BC training should be given to midwives and nurses in a comprehensive and systematic way as part of their undergraduate education and they should be provided with the opportunity to practice, so that they can be confident and fully equipped BC in their professional lives. In the light of this information, the answers to the first and second questions of our study were obtained.

It is thought that the reinforcement of BC training, which is given as a separate course in undergraduate education, will be the first step of an effective BC after graduation. Because students are frequently involved in the first breastfeeding interaction of mother and baby in clinical practice (Hellings and Howe, 2004). It was determined that 93.3% of the students who participated in this study did not attend a training or course related to breastfeeding before, although they were in the third and fourth grade of the university, and their knowledge was limited to brief information in their lectures (Table 1). Like this study, it was reported in a study that students did not receive a specific training for breastfeeding and that 61% of their knowledge was only limited to verbal brief information in the lessons (Kang, Song and Im, 2005). When the studies are examined, it has been reported that health sciences students 'knowledge of breastfeeding and BC is higher than other disciplines, but similarly, students' knowledge about breastfeeding is quite low, and their knowledge about BC is even less than breastfeedi ng information (Ahmed and Guindy, 2011; Ahmedi Bantz and Richardson, 2011). In the study of with university students, it was found that the students studying in health-related departments had higher levels of knowledge about breastfeeding (Kang et al, 2005). Thus, it can be said that the increase in breastfeeding knowledge level is not a sufficient criterion for BC, and a comprehensive training on breastfeeding is required. In the light of this information, the answers to the second and third questions of our study were obtained.

It is thought that BC to women should be given gradually and in a planned manner with the finalization of pregnancy. It is even reported that breastfeeding training should be given as of adolescence to develop the correct attitude towards breastfeeding (Kang et al, 2005). In this way, there will be enough time to have sufficient information about breastfeeding and to learn the practices. In this study, when the students were asked about the time to give breastfeeding training, it was answered that it should be given in the pregnancy period in the groups before and after the BC course (Table 2). Giving breastfeeding training during pregnancy is important for breastfeeding success and breastfeeding self-efficacy (Mizrak, Ozerdogan and Colak, 2017). In the breastfeeding guidelines of the WHO it has been reported that the BC given during pregnancy has positive effects on the breastfeeding period (WHO, 2019). In the light of this information, it can be emphasized once again that breastfeeding education should not be restricted to a short period and the issues should be known and applied by all health professionals, including students.

Breastfeeding is an issue that concerns all family members, especially the father. It is known that the support the mother receives from her husband and her environment positively affects the breastfeeding period (Pisacane, Continisio and Aldinucc, 2005). When breastfeeding training was mentioned in the past, the belief that only women should be educated was replaced by the idea that people who will help her (spouse, friend, relative) should receive this training. In this study, when students were asked who / to whom breastfeeding training should be given, a difference was found between the pre-test and post-test answers. While it was stated that only women should be educated in the pre-test group, the answers were given to educate the whole family in the post-test group. In addition, in the post-test, all participants stated that the father should have a role in breastfeeding, and it was determined that this role can be provided mostly with psychological and

physical support to the mother (Table 2). It can be thought that the BC course given in undergraduate education enables students to approach the family with a holistic approach and to better understand the importance of environmental factors and family support in breastfeeding.

Breastfeeding and BC subjects should be included in the education curriculum as a separate course, not in other courses (Patel and Patel, 2016). Thus, midwives and nurses in their professional lives will not make any effort to receive breastfeeding training, will be able to provide a more effective breastfeeding training without wasting time and will make breastfeeding widespread. In this study, when the students were asked whether they wanted the BC course to be included in the curriculum, a significant difference was found between the pre-test and post-test answers, and after the lesson, all students answered that the BC course should be added to the curriculum (Table 2). In this study, the BC course consisted of many topics such as breast anatomy and physiology, breastfeeding physiology, importance of breast milk, baby care, breastfeeding styles, positions, benefits, and special conditions related to breastfeeding, and two lesson hours were allocated to each subject. Within the scope of the course, students were provided with breastfeeding training in both case studies and field applications. Looking at other studies; in one study, it was reported that while focusing on breastfeeding education in the lecture given to students, issues related to lactation were mentioned less (Kang et al, 2005), while another study conducted with nurses reported that the breastfeeding and lactation process was explained comprehensively (Webber and Serowoky, 2016). Although the necessity of starting breastfeeding education in students is important, there are ambiguities about how to include this education in the curriculum. For students who are interested in women's and child health, supporting the theoretical education they receive through laboratory and clinical applications can increase students' self-confidence in their professional lives and the quality of their care (Ahmed and Bantz, 2011; Webber and Serowoky, 2016). Considering the studies investigating the effectiveness of the theory-based applied trainings given in this context; it has been reported that this method supports breastfeeding appropriately, increases the evidence-based breastfeeding knowledge level of midwives and nurses, and mothers who receive training in this direction gain positive attitudes towards breastfeeding and this situation positively affects breastfeeding (Gu, Zu and Zhang, 2016; Dodgson and Tarrant, 2007; Hellings and Howe, 2004). In the light of this information, it can be said once again that BC should be given as a separate training or course, although breastfeeding and breastfeeding training is mentioned in different courses.

With BC training, initiation, duration, and breastfeeding rates increase (Patel and Patel, 2016). However, situations such as lack of knowledge, lack of resources, insufficient counseling skills and negative attitudes of the clients that may arise about BC lead to insufficient and effective training (Laantera, Pölkki and Pietila, 2011). In addition, the lack of theoretical knowledge and practice of the instructor also causes this (Furber and Thomson, 2008; Hellings and Howe, 2004). To prevent the occurrence of these situations, the awareness of women should be trained about breastfeeding and receiving this training from experts in the field. On the other hand, breastfeeding and BC trainings should be included in the education curriculum in a comprehensive way, they should be taught to health professionals as a midwife and nursing student, and they should reinforce their theoretical knowledge in practice.

Limitations of the study

One of the limitations of the study is that the study is single-centered.

CONCLUSION

Midwifery and nursing students will be one of the professions that spend the most time with mothers and their babies in the future. For this reason, they should be trained to continue breastfeeding as of their undergraduate education. Rather than being a short term topic in a lesson, breastfeeding should be added to the curriculum as a separate course and students work with breastfeeding mothers in clinical practice.

Ethics Committee Approval: , ethical approval was obtained by Istinye University's Social and Human Research Ethics Committee, with decision number 06 taken from a committee meeting on January 6, 2020. Written and verbal consents of the participants were obtained before the study.

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