Original Article / Araştırma Makalesi

THE EFFECT OF PRIMARY AND REPEATED CESAREAN BIRTH ON BREASTFEEDING SUCCESS AND MATERNAL ATTACHMENT LEVEL IN POSTPARTUM: A CROSS-SECTIONAL AND COMPARATIVE STUDY

Primer ve Mükerrer Sezaryen Doğum Yapmanın Lohusalardaki Emzirme Başarısı ve Maternal Bağlanma Düzeyine Etkisi: Kesitsel ve Karşılaştırmalı Bir Çalışma

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
ABSTRACT

This research was conducted to determine the effect of primary and repeated cesarean births on breastfeeding success and maternal attachment level in postpartum women. The cross-sectional and comparative study sample consisted of 322 postpartum women who applied to a public hospital in eastern Turkey. Data were collected with the "Personal Information Form", "LATCH Breastfeeding Assessment Tool" and "Maternal Attachment Scale(MAS)". Descriptive statistics, independent group's t-test, and Pearson correlation analysis were used to analyze the data. The average age of the puerperants with primary and repeat births was determined as 28.14±6.15, and 30.56±4.91, respectively. The mean LATCH and MAS total scores of postpartum women who had primary cesarean delivery were lower than those of postpartum women who had repeated cesarean delivery, and the difference between them was statistically significant(p=0.000). It was found that there was a weak, positive relationship between the MAS and LATCH score averages of women who had primary and repeated cesarean deliveries, and as breastfeeding success increased, the level of attachment also increased. It was concluded that breastfeeding success and attachment levels were lower in primary cesarean births compared to repeated cesarean births, and as the breastfeeding success achieved in both groups increased, the level of attachment increased.

Keywords: Attachment, Breastfeeding success, Postpartum, Repeated cesarean, Primary cesarean.

ÖZ

Bu araştırma, primer ve mükerrer sezaryen doğum yapmanın lohusalardaki emzirme başarısı ve maternal bağlanma düzeyine etkisini belirlemek amacıyla yapıldı. Kesitsel ve karşılaştırmalı tipte olan araştırmanın örneklemini, Türkiye'nin doğusunda bulunan bir kamu hastanesine başvuran 322 lohusa oluşturdu. Veriler, "Kişisel Tanıtım Formu", "LATCH Emzirme Tanılama Ölçüm Aracı" ve "Maternal Bağlanma Ölçeği (MBÖ)" ile toplandı. Verilerin analizinde tanımlayıcı istatistikler, bağımsız gruplarda t testi ve pearson korelasyon analizi kullanıldı. Primer ve mükerrer doğum yapan lohusaların yaş ortalaması sırasıyla 28.14 ± 6.15, 30.56 ± 4.91 olarak belirlendi. Primer sezaryen doğum yapan lohusaların LATCH ve MBÖ toplam puan ortalamasının mükerrer sezaryen doğum yapan lohusalara göre daha düşüktü ve aralarındaki farkın istatistiksel olarak anlamlıydı (p=0.000). Primer ve mükerrer sezaryen doğum yapan kadınların MBÖ ve LATCH puan ortalamaları arasında pozitif yönde zayıf düzeyde anlamlı ilişki olduğu ve emzirme başarısı arttıkça bağlanma düzeyinin de arttığı saptandı. Primer sezaryen doğumlarda mükerrer sezaryen doğumlara oranla emzirme başarısı ve bağlanma düzeylerinin daha düşük olduğu ve her iki grupta elde edilen emzirme başarısı arttıkça bağlanma düzeyinde arttığı sonucuna varıldı.

Anahtar kelimeler: Bağlanma, Emzirme başarısı, Lohusa, Mükerrer sezaryen, Primer sezaryen.

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INTRODUCTION

Cesarean section, one of the most important operations in obstetrics and gynecology, has life-saving value for both the mother and the baby (ACOG, 2023; Bulbul, 2021). Although normal birth is the most ideal form of birth preferred for the health of the baby and the mother, in some cases, cesarean section is inevitable (Altıparmak & Yılmaz, 2021; Capık, Sakar, Yıldırım, Karabacak, & Korkut, 2016; Elmalı Şimşek & Alpar Ecevit, 2020). Although the World Health Organization predicts the ideal cesarean section rate to be between 10-15%, this rate is increasing today (WHO, 2015). According to the Ministry of Health Health Statistics Yearbook 2019 data, the cesarean section rate in Turkey is 54.4% and the primary cesarean section rate is 26.5%. In addition, it is seen that Turkey has the highest cesarean section rate among OECD (Organization for Economic Cooperation and Development) countries (OECD, 2013). In Turkey, the general and primary CS rates between 2018 and 2023 were 57.55% and 28.83%, respectively, and when analyzed according to Robson's ten groups, it was seen that Groups 1-4 constituted 58.4% of all CS (Ulgu, Birinci, Altun Ensari & Gözükara 2023).

If a pregnant woman gives birth by cesarean section for the first time, it is called primary cesarean section, and if a pregnant woman who has had a cesarean section before gives birth by cesarean section again, it is called repeated cesarean section (Bulbul, 2021). Postpartum complications such as hemorrhage, puerperal fever, urinary system infections, breast problems and thromboembolism are encountered more frequently in cesarean births compared to normal births. The likelihood of these risks increases, especially in repeated cesarean sections. From the newborn's perspective, transient tachypnea of the newborn, respiratory distress syndrome, need for ventilator treatment, hypoxic respiratory failure, and history of admission to the neonatal intensive care unit are more common in births by cesarean section (Amanak & Karaçam, 2018; Duman & Golbası 2023; Ozkan, Uzun Ozer & Arı, 2021). In addition, cesarean delivery may negatively affect breastfeeding success and mother-infant bonding (Çakır & Alparslan, 2018; Işık, Cetişli & Başkaya, 2018).

There is an important relationship between the physiology of birth and the physiology of milk secretion. It is stated that the chain of events that begins with physiological labor pain and leads to the secretion of hormones considered necessary for the secretion of milk is affected in cesarean births (Odent and Tekin, 2015). In addition, mothers start breastfeeding late due to physical complaints and the effects of anesthetics (Aydın & Aba, 2019; Çakmak & Kuguoglu, 2007). Factors that enable mother-baby bonding in the postpartum period include sharing the room, embracing, skin-to-skin and eye-to-eye contact, breastfeeding, and contributing to the

baby's care. Delay in these conditions after cesarean delivery affects maternal attachment (Çakır & Alparslan, 2018; İşler, 2007). It is suggested that especially in the first 45-60 minutes after birth, the baby is in a receptive and alert mode and that this period is the ideal time for mother-baby interaction and love to form (Kavlak, 2007). When the literature is examined, one encounters studies investigating the effects of cesarean section on breastfeeding success and maternal attachment levels in postpartum women (Keten Edis, 2021; Kokanalı et al., 2018; Unal & Kaya Senol, 2022). However, no study has been found investigating the effect of primary or repeated cesarean delivery on breastfeeding success and maternal attachment levels in postpartum women.

This study aims to determine the effect of primary and repeated cesarean deliveries on breastfeeding success and maternal attachment levels in postpartum women. It is thought that the results obtained will make a significant contribution to the development of effective midwifery practice methods for midwives providing postpartum care services.

MATERIAL AND METHOD

Aim and Type of Research

This study was conducted cross-sectional and comparative.

Population and Sample of the Research

This study was conducted between July 20 and September 1, 2021, in the obstetrics and obstetrics service of a public hospital serving in a provincial center in eastern Turkey. The population of the research consisted of women who gave birth by cesarean section in the specified institution. The number of women who gave birth by cesarean section in the specified institution between 2020-2021 is 2547. Sample size in the calculation made using power analysis. It was determined to be at least 314 postpartum mothers with an error level of 0.05, a 95% confidence interval, and an ability to represent the universe of 80%. Until the determined sample group was reached, women who gave birth by cesarean section in the relevant hospital and met the criteria for inclusion in the study were selected by non-probability random sampling method. This study was completed with 322 puerperal mothers.

Women who were able to communicate verbally, who did not become pregnant with assisted reproductive techniques, who gave birth by cesarean section at term (36 weeks and above), within the first 48 hours after birth, and who did not develop any complications related to the postpartum period in the mother and newborn were included in this study. Postpartum

women with any diagnosed psychiatric health problems and under the age of 18 were not included in the study.

Data Collection Tools

Data were obtained through the "Personal Information Form", "LATCH Breastfeeding Assessment Tool" and "Maternal Attachment Scale".

Personal Introduction Form

It was created by the researcher to aim the socio-demographic characteristics of postpartum women (age, employment status, educational status, spouse's age, income status, etc.) and some fertility characteristics (week of birth, number of pregnancies, cesarean section experience, cesarean indication, etc.). This form consists of 19 questions (Altiparmak & Yilmaz, 2021; Egelioğlu, Işık, Kahveci & Hacılar, 2020; Evcil & Zoroğlu, 2020; Ozkan et al., 2021)

LATCH Breastfeeding Assessment Tool

LATCH Breastfeeding Assessment Tool is a tool created in 1986, similar to the APGAR score system in terms of scoring method. The reliability of this measurement tool was established in America by Adams and Hewell in 1997 and was developed to objectively diagnose breastfeeding, detect breastfeeding problems and make education plans, create a common language among healthcare professionals, and be used in research. Evaluation is quick and easy. This measurement tool consists of five evaluation criteria and is a combination of the first letters of the English equivalents of these criteria. Each item is evaluated between 0 and 2 points. The total score that can be obtained from the scale is 10. The measurement tool has no cut-off point, and as the LATCH score increases, breastfeeding success increases. The reliability of the LATCH Breastfeeding Assessment Tool in Turkey was determined by Yenal and Okumuş (2003) (Adams & Hewell, 1997; Jensen, Wallace & Kelsay, 1994; Yenal & Okumuş, 2003). In the validity and reliability study, Cronbach's alpha value was found to be 0.95. In this study, the Cronbach Alpha reliability coefficient of the scale was found to be 0.72.

Maternal Attachment Scale (MAS)

The Maternal Attachment Scale was developed by Muller in 1994 to determine the mother's love and attachment to her baby (Muller, 1994). The scale, consisting of 26 items, is a four-point Likert type. Each item varies between "always" and "never" and includes direct statements. A general score is obtained from the sum of all items, the highest score that can be

obtained from the scale is 104 and the lowest score is 26. A high score indicates that maternal attachment is also high (Muller, 1994). Cronbach's alpha internal consistency reliability of the Maternal Attachment Scale, whose Turkish validity and reliability study was conducted by Kavlak and Şirin; While it was 0.77 in mothers with 1-month-old babies, it was found to be 0.82 in mothers with 4-month-old babies (Kavlak & Şirin, 2009). In this study, the Cronbach's alpha reliability coefficient of the scale was found to be 0.982.

Data Collection and Data Analysis

The data of the study was collected by the researcher in the patient room within the first 48 hours after birth; The personal introduction form was obtained by face-to-face interview method, the LATCH breastfeeding and diagnostic measurement tool was obtained by the observation method during breastfeeding, and the Maternal Attachment Scale was obtained by telephone interview at the end of the first month after birth.

Coding and evaluation of the data carried out on a computer using the SPSS 22.0 package program. Statistical methods used in the evaluation of the data obtained as a result of the research were percentage distribution, arithmetic mean, standard deviation, Pearson correlation, and t-test in independent groups. Statistical significance was accepted as $p<0.05$.

Limitations of the Research

In conclusion, this study has limitations. The first limitation of the study is that it was conducted only in the city center. The second limitation is the inclusion of postpartum mothers who were literate, able to communicate verbally, and volunteered to participate in the study. Other limitations are that the study was conducted in a single center and the answers given to the questions in the data collection forms were based on women's statements. This study is a cross-sectional evaluation of postpartum women rather than a follow-up study.

Ethical Considerations

The research, approval was received from Inonu University Health Sciences Scientific Research and Publication Ethics Board (Decision No: 2021/2323). Before starting the research, verbal and written consent was obtained from all postpartum women. The researchers stated that the data obtained from the postpartum women would be published anonymously for scientific purposes and that they could withdraw from the study at any time. Volunteers were included in the research. The study was carried out in accordance with the International Declaration of Helsinki.

The Effect of Primary and Repeated Cesarean Birth on Breastfeeding Success and Maternal Attachment Level in Postpartum: A Cross-Sectional and Comparative Study
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RESULTS

Table 1. Descriptive Characteristics of Women Who Had Primary and Repeated Cesarean Delivery (n=322)

Descriptive Characteristics	Primary Caesarean (n=119) Mean ± SD (min-max)		Repeated Caesarean (n=203) Mean ± SD (min-max)	
Age (years)	28.14 ± 6.15 (min:18, max:43)		30.56 ± 4.91(min:20, max:42)	
Spouse's Age (years)	31.93 ± 6.71(min:18, max:53)		34.35 ± 5.08(min:21, max:50)	
Delivery Week	38.89 ± 1.18(min:36, max:40)		38.41 ± 0.85(min:36, max:40)	
	n	%	n	%
Educational Level				
Literate-primary school	34	28.6	89	43.8
Middle school	26	21.8	43	21.2
High school	36	30.3	49	24.2
University and above	23	19.3	22	10.8
Working Status				
Working	18	15.1	17	8.4
Not working	101	84.9	186	91.6
Place of Residence				
Province	81	68.1	136	67.0
Town	27	22.7	41	20.2
Village	11	9.2	26	12.8
Family Structure				
Nuclear Family	85	71.4	137	67.5
Traditional Family	34	28.6	66	32.5
Economic Situation				
Income more than expenses	17	14.3	34	16.7
Income and expense equivalent	83	69.7	136	67.0
Income less than expenses	19	16.0	33	16.3
Baby's Gender				
Female	58	48.7	101	49.8
Male	61	51.3	102	50.2
First Breastfeeding Time				
Within the First Half Hour	73	61.3	47	23.2
Half Hour to One Hour	14	11.8	35	17.2
An hour later	32	26.9	121	59.6

SD: Standart Deviation

Table 1 presents the descriptive characteristics of postpartum mothers who had primary and repeated cesarean deliveries. The average age of postpartum women who had a primary cesarean section was 28.14±6.15, 30.3% were high school graduates, 84.9% were not working, 68.1% lived in the province, 71.4% had a nuclear family structure and 69.7% had an income equal to their expenses. It has been determined that. The average age of the spouses of postpartum mothers is 31.93±6.71. It was also found that 51.3% of them had a female baby, gave birth at 38.89±1.18 weeks of gestation, and 61.3% breastfed their baby within the first half hour.

The average age of postpartum women who had repeated cesarean section was 30.56±4.91, 43.8% were primary school graduates, 91.6% were not working, 67% lived in the province, 67.5% had a nuclear family structure, and 67% had an income equal to their expenses.

It has been determined that. The average age of the spouses of postpartum mothers is 34.35±5.08. It was also determined that 50.2% of them had a male baby, gave birth at 38.41±0.85 weeks of gestation, and 59.6% breastfed their baby one hour later.

Table 2. Distribution of the Scores That Postpartum Women Who Had Primary and Repeated Cesarean Births Can Receive from the LATCH Breastfeeding Assessment Tool and Maternal Attachment Scale, and the Lowest and Highest Scores They Received (n=322)

Scales	Lowest and Highest Score Possible	Primary Caesarean (n=119)	Repeated Caesarean (n=203)
		Min-Max	Min-Max
LATCH Breastfeeding Assessment Tool	0-10	6-9	4-10
MAS	26-104	59-79	51-95

MAS: Maternal Attachment Scale

In Table 2, the scores that postpartum women who had primary and repeated cesarean births could get from the LATCH breastfeeding assessment tool and the maternal attachment scale, as well as the distribution of the lowest and highest scores they received, are given.

The lowest score on the LATCH breastfeeding assessment tool of postpartum women who had a primary cesarean section was 6, and the highest score was 9. It was determined that postpartum women who had repeated cesarean deliveries received a minimum score of 4 and a maximum score of 10 on the LATCH breastfeeding assessment tool.

The lowest score on the maternal attachment scale of postpartum women who had a primary cesarean section was 59, and the highest score was 79. It was determined that postpartum women who had repeated cesarean deliveries received the lowest score of 51 and the highest score of 95 on the maternal attachment scale.

Table 3. Comparison of LATCH Breastfeeding Assessment Tool and Maternal Attachment Scale Total Score Means of Postpartum Who Had Primary and Repeated Cesarean Delivery (n=322)

Scales	Primary Caesarean (n=119)	Repeated Caesarean (n=203)	Test* and p-value	
	Mean ± SD	Mean ± SD	t	p
LATCH Breastfeeding Assessment Tool	6.75±0.93	8.20±1.52	-4.520	0.000
MAS	70.62±3.68	74.93±9.83	-9.212	0.000

SD: Standart Deviation   MAS: Maternal Attachment Scale   * Independent Samples T-Test

In Table 3, the comparison of the LATCH breastfeeding assessment tool and maternal attachment scale total score averages of postpartum mothers who had primary and repeated cesarean deliveries.

It was determined that the mean total score of the LATCH breastfeeding assessment tool of postpartum women who had a primary cesarean section was 6.75±0.93, and the mean total

score of the LATCH breastfeeding assessment tool of postpartum women who had a repeat cesarean section was 8.20±1.52, and the difference between them was statistically significant (t=-4.520; p=0.000).

It was determined that the mean MAS total score of postpartum women who had a primary cesarean section was 70.62±3.68, the mean MAS total score of postpartum women who had a repeat cesarean delivery was 74.93±9.83, and the difference between them was statistically significant (t=-9.212; p=0.000).

Table 4. The Relationship between the Average Scores of Women Who Had Primary and Repeated Cesarean Births from the LATCH Breastfeeding Assessment Tool and the Maternal Attachment Scale (n=322)

Group	Mean±SD	Test* and p-value
Primary Caesarean (n=119)		
LATCH breastfeeding assessment tool	6.75±0.93	r=0.223
MAS	70.62±3.68	p=0.016**
Repeated Caesarean (n=203)		
LATCH breastfeeding assessment tool	8.20±1.52	r=0.320
MAS	74.93±9.83	p=0.000***

MAS: Maternal Attachment Scale
*Pearson Correlation Analyze

In Table 4, the relationship between the mean scores of postpartum women who had primary and repeated cesarean births from the LATCH breastfeeding assessment tool and the maternal attachment scale is given. As a result of the correlation analysis, it was determined that there was a weakly positive relationship between the LATCH breastfeeding assessment tool and the MAS score averages of postpartum women who had primary and repeated cesarean deliveries and that as breastfeeding success increased, the level of attachment also increased. (Primer Caesarean (r=0.223, p=0.016**), Repeated Caesarean (r=0.320, p= 0.000***))

DISCUSSION

Initiating breastfeeding immediately after cesarean delivery and keeping the mother and baby in the same room can greatly contribute to the formation of a strong mother-baby bond. This study was conducted to investigate the impact of primary and repeat cesarean sections on breastfeeding success and maternal attachment levels in postpartum women. The findings of the study were discussed in existing literature.

There is an important relationship between the physiology of birth and the physiology of milk secretion. It is stated that the chain of events that begins with physiological labor pain and leads to the secretion of hormones considered necessary for the secretion of milk is affected in cesarean births (Ozkan, Mercan Başpınar, Güleç Geylani & Basat, 2022). While breastfeeding

usually occurs within the first hour even after an uneventful vaginal birth, this period is longer in cesarean delivery. Cesarean birth doesn't prevent the mother from breastfeeding her baby, and she can breastfeed like those who give birth vaginally. However, after a cesarean section, mothers may face some problems while breastfeeding their babies. (Ustgorul & Yanikkerem, 2014). In this study, determined that the LATCH breastfeeding assessment tool total mean score of postpartum women who had a primary cesarean section was 6.75 ± 0.93, and the LATCH breastfeeding assessment tool total mean score of postpartum women who had a repeat cesarean delivery was 8.20 ± 1.52, and the difference between them was statistically significant ($t=-4.520$; $p=0.000$). As the LATCH score increases, breastfeeding success also increases. Therefore, the breastfeeding success of postpartum women who have repeated cesarean births is higher than that of postpartum women who have had primary cesarean births. It is thought that this is because postpartum women who have had a primary cesarean section have no previous experience with breastfeeding and do not have sufficient knowledge.

No research has been found in the literature comparing the breastfeeding success of postpartum women who had primary and repeated cesarean deliveries. It is seen that postpartum breastfeeding success is generally examined under 2 groups, vaginal birth, and cesarean section, and breastfeeding success is lower in postpartum women who have had a cesarean section (Zanardo et al., 2012). There are many studies in the literature showing that postpartum women experience more difficulties after cesarean births than after normal births. In the study was conducted by Uğurer, it was found that the breastfeeding success of mothers who gave birth vaginally (8.93 ± 1.04) was better than that of those who gave birth by planned (5.33 ± 2.02) and emergency cesarean section (8.16 ± 1.41), and the breastfeeding success of mothers who gave birth by emergency cesarean section was higher than that of those who gave birth by planned cesarean section. It has been found that it is better than those who have given birth (Uğurer, 2023). In the study of Evcil and Zoroğlu (2020), it is stated that the average LATCH scale scores of mothers who gave birth by cesarean section are lower than those of mothers who gave birth vaginally (vaginal birth: 7.18 ± 0.28, cesarean birth: 6.14 ± 0.29) (Evcil &Zoroğlu, 2020). In the study conducted by Egelioğlu et al., it was reported that breastfeeding success was low in mothers who gave birth by cesarean section (vaginal birth: 8.00 ± 1.90, cesarean birth: 6.54 ± 2.32) (Egelioğlu et al., 2020). In the study of Unal and Kaya Senol, it was 7 points (min: 4–max: 10) in primiparous mothers who gave birth vaginally and 7 points (min: 3–max: 10) in primiparous mothers who gave birth by cesarean section, and the method of delivery did not affect breastfeeding success. It has been detected (Unal & Kaya Senol, 2022). In their study,

Cakmak and Kuguoglu stated that the average LATCH scale score of mothers who gave birth by cesarean section (6.27±1.51) was lower than that of mothers who gave birth vaginally (7.64±0.97) (Cakmak & Kuguoglu, 2007). In a study conducted on the mode of birth and breastfeeding, it was found that the mode of birth has a great impact on breastfeeding in the early period, and due to some difficulties caused by cesarean section, breastfeeding has difficulties and slows down breastfeeding (Akın & Erbil, 2020). When evaluated from this perspective, it can be seen that cesarean section is an important factor in terms of breastfeeding success and the findings are compatible with the literature.

Factors that support mother-baby bonding in the postpartum period include sharing the room, embracing, skin-to-skin and eye-to-eye contact, breastfeeding, and contributing to the baby's care. For the first 45-60 minutes after birth, the baby is in a receptive and alert mode, and it is suggested that this period is the ideal time for mother-baby interaction and love to form. For this reason, contact between mothers and babies is very important during this process. Delay in these conditions after cesarean section negatively affects maternal attachment (Çimen & Varol, 2021). In this study, it was determined that the mean MAS total score of postpartum women who had primary cesarean delivery was 70.62±3.68, and the mean MAS total score of postpartum women who had repeated cesarean births was 74.93±9.83, and the difference between them was statistically significant (t=-9.212; p=0.000). A high score from MAS indicates that maternal attachment is also high. Therefore, the maternal attachment of postpartum women who have had repeated cesarean births is higher than that of postpartum women who have had primary cesarean births. It is thought that this situation creates more anxiety, fear, and unrest in postpartum women who have had a primary cesarean section and may cause the mother's interest in the baby to remain secondary due to the difficulties of both the postpartum period and the surgical operation, thus prolonging the mother-baby bonding process (Arslan, Okcu, Coskun & Temiz, 2019; Cakır & Alparslan, 2018; Gulesen & Yildiz, 2013). Studies have shown that as women's experiences with previous births increase, the sensitivity of prolactin receptors in the central nervous system increases and they quickly switch to maternal behavior when they encounter their babies (Debiec, 2007; Levine, Zagoory-Sharon, Feildman & Weller, 2007).

No research has been found in the literature comparing the maternal attachment of postpartum women who had primary and repeated cesarean deliveries. However, it seems that postpartum maternal attachment is generally examined in vaginal birth and cesarean section. In a study, it was found that the maternal attachment scores of those who had a cesarean section

(95.58±7.64) were lower than those who had a vaginal birth (96.87±6.13) (Avcı & Çetişli, 2021). Similarly, in a study conducted by Çetisli et al., they stated that mothers who gave birth by cesarean section (91.86±14.11) showed lower maternal attachment than mothers who gave birth vaginally (97.07±7.06) (Cetisli, Arkan & Top, 2018). In a study by Kokanalı et al., it was found that mothers who gave birth by cesarean section (99.64±9.35) showed lower maternal attachment than mothers who gave birth vaginally (100.47±5.05) (Kokanalı et al., 2018). In a study conducted by Çankaya et al., it was found that the mean DRD scores of mothers who delivered vaginally were high (vaginal birth: 96.2±7.9, cesarean delivery: 88.6±10.3) (Çankaya, Yılmaz, Can & Kodaz, 2017). In a study conducted by Cimen and Varol, while no difference was found between the type of birth and maternal attachment, maternal attachment was determined to be higher in mothers whose birth process was not difficult and was quite easy and comfortable (vaginal birth without intervention: 99.88±5.62, vaginal birth with episiotomy/artificial pain: 97.67). ±6.48, cesarean birth: 97.98±5.93) (Cimen & Varol, 2021). When evaluated from this perspective, it is seen that birth by cesarean section is an important factor in terms of maternal attachment and the findings obtained are lower than the average scores in studies conducted in the literature. It has been stated in the literature that cesarean birth may prevent the mother from bonding with the baby, establishing a positive relationship with her baby in the postpartum period, and negatively affecting and making it difficult to accept her. For this reason, initiating and supporting the mother-baby relationship in the early period during cesarean births is emphasized (Başdas et al., 2022; Kınık & Ozkan, 2020).

As a result of the correlation analysis, it was determined that there was a weakly positive relationship between the LATCH breastfeeding assessment tool and the MAS score averages of postpartum women who had primary and repeated cesarean deliveries and that as breastfeeding success increased, the level of attachment also increased. The research found as a result of the literature review, that mothers who gave birth by cesarean section were compared with mothers who gave birth spontaneously; there are significant differences between the times when children see their babies, embrace them, and start breastfeeding (Tezergil, 2007).

CONCLUSION

In this study, determined that the breastfeeding success and attachment levels of postpartum women who had a primary cesarean section were lower than the postpartum women who had a repeat cesarean delivery, and as the breastfeeding success achieved in both groups increased, the level of attachment increased. Since postpartum women who have had a primary

cesarean section have no previous experience with breastfeeding and do not have sufficient knowledge, midwives and other health professionals should assist with breastfeeding and support mothers in the continuity of breastfeeding. Additionally, mother-baby bonding should be ensured and the mother should be encouraged to participate in baby care.

Acknowledgment

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