

The Relationship Between Postpartum Maternity Blues and Breastfeeding

Doğum Sonu Annelik Hüznü ve Emzirme Arasındaki İlişki

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ABSTRACT

Objective: This study aims to investigate the relationship between postpartum maternity blues and breastfeeding and the effect of maternity blues on breastfeeding.

Methods: This cross-sectional was conducted with 302 mothers who applied to Taşköprü State Hospital between May and December 2023 and met the research criteria. Data were collected using a "Sociodemographic Information Form", the "Postpartum Maternity Blues Assessment Scale", and the "Breastfeeding Attitude Scale". In the analysis of the data, descriptive statistics, as well as t-tests, ANOVA, Pearson correlation analysis, and simple linear regression were used. A significance level of $p < .05$ and a 95% confidence interval were applied in all statistical tests.

Results: The study found that the mean age of the mothers was 29.70 ± 3.74 years, 54.3% were high school graduates, 77.8% were not employed, 78.1% had an income equal to their expenses, and 68.5% lived in a nuclear family. The mean total score on the Postpartum Maternity Blues Assessment Scale was 63.10 ± 11.68 , and the mean total score on the Breastfeeding Attitude Scale was 89.01 ± 17.21 . There was a statistically significant negative relationship between the scores on the Postpartum Maternity Blues Assessment Scale and the Breastfeeding Attitude Scale ($p < .05$). The level of postpartum maternity blues explained 88.7% of the variance in the breastfeeding attitudes of the mothers.

Conclusion: As maternal blues increases in the postpartum period, breastfeeding attitude decreases.

Keywords: Breastfeeding attitude, maternity blues, midwifery

ÖZ

Amaç: Bu çalışmada doğum sonu annelik hüznü ile emzirme arasındaki ilişki ve aynı zamanda annelik hüznünün emzirme üzerindeki etkisinin araştırılması amaçlanmıştır.

Yöntemler: Kesitsel tasarımda olan bu araştırma; Mayıs-Aralık 2023 tarihleri arasında Taşköprü Devlet Hastanesine başvuran ve araştırma kriterlerini sağlayan 302 anne ile yürütülmüştür. Veriler "Sosyodemografik Bilgi Formu", "Doğum Sonrası Annelik Hüznü Ölçeği" ve "Emzirme Tutumu Ölçeği" ile toplanmıştır. Verilerin analizinde tanımlayıcı istatistiklerin yanı sıra t-testleri, ANOVA, pearson korelasyon analizi, basit doğrusal regresyon kullanıldı. Tüm istatistiksel testlerde $p < .05$ anlamlılık düzeyi ve %95 güven aralığı uygulandı.

Bulgular: Annelerin yaş ortalamasının $29,70 \pm 3,74$ olduğu, %54,3'ünün lise mezunu olduğu, %77,8'inin çalışmadığı, %78,1'inin gelirinin giderine eşit olduğu ve %68,5'inin çekirdek ailede yaşadığı bulunmuştur. Annelerin doğum sonrası annelik hüznü ölçeği toplam puan ortalamasının $63,10 \pm 11,68$ olduğu, emzirme tutumu değerlendirme ölçeği toplam puan ortalamasının ise $89,01 \pm 17,21$ olduğu bulunmuştur. Doğum sonu annelik hüznü değerlendirme ölçeği ve emzirme tutumunu değerlendirme ölçeği puan ortalamaları arasında istatistiksel olarak anlamlı ve negatif yönde bir ilişki saptanmıştır ($p < .05$). Annelerin emzirme tutumunun %88,7'lik kısmı doğum sonu annelik hüznü düzeyi ile açıklanmaktadır.

Sonuç: Doğum sonu dönemde annelik hüznü arttıkça emzirme tutumu azalmaktadır.

Anahtar Kelimeler: Annelik hüznü, emzirme tutumu, ebelik

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Introduction

Pregnancy, childbirth, and the postpartum period are crucial phases in women's lives, during which they acquire new roles. The postpartum period, in particular, involves numerous changes, including physical, psychological, hormonal, and social adjustments. Psychological changes, especially, play a significant role in mother's adaptation during this time (Yavuz and Bilge, 2022). The first and most common mental change that occurs in the postpartum period is a condition known as postpartum blues, postpartum sadness or maternal sadness. Although there is no clear definition, maternity blues can be described as a state in which the mother feels sad, irritable, sleepless, and anxious about the care of the baby in the first days after birth (Yavuz and Bilge, 2022; Fooladi, 2006; Kocamanoglu and Şahin, 2011). It typically manifests on the third or fourth day after birth and may persist for up to 14 days postpartum (Hapgood et al., 1988; Varney et al., 2004; Muhida and Umalilhayati, 2021). The prevalence of postpartum maternity blues ranges widely, spanning from 26% to 85% (Varney et al., 2004; Muhida and Umalilhayati, 2021; Erdem and Bez, 2009). Without proper intervention, approximately 13% of cases of postpartum maternal sadness have been demonstrated to progress to postpartum depression (Varney et al., 2004). Mother experiencing maternity blues in the postpartum period may exhibit reduced awareness of their babies' needs and may not want to breastfeed their babies (Silva et al., 2017; Utami and Nurfitra, 2022).

Breastfeeding holds significant importance for the healthy development of newborns, fostering mother-baby bonding and emotional fulfillment for both parties (Erkal Aksoy et al., 2016). Beyond meeting nutritional requirements, breast milk offers protection against various diseases and plays a pivotal role in mental and physical growth; most notably, it nurtures a unique connection between mother and baby (Çakmak and Dengi, 2019). In the postpartum period, mothers are anticipated to maintain good physical and mental health to effectively care for their babies. However, maternity blues can disrupt breastfeeding, potentially causing difficulties in newborn feeding and impairing mother-baby bonding. Consequently, literature contains studies exploring the impact of mental health on breastfeeding (Erkal Aksoy et al., 2016; Özkan et al., 2014; Çınar et al., 2023; Erdem and Erten, 2012). However, it's worth noting that these studies have primarily focused on examining the association between postpartum depression and breastfeeding (Aydın Özkan et al., 2019; Akbarzadeh et al., 2015; Ayhan Başer, 2018; Küçükoglu et al., 2014; Bölükbaşı and Şanlıer, 2017; Çınar et al., 2023; Özşahin and

Güven Santur, 2021). However, it's important to recognize that some mother who experience postpartum maternity blues may develop more severe mental health issues, such as postpartum depression. This progression is believed to influence mother's attitudes toward breastfeeding their newborns. Therefore, this study aims to delve into the relationship between postpartum maternity blues and breastfeeding and the effect of maternity blues on breastfeeding.

Methods

Research Design

This study utilized a cross-sectional design.

Population and Sample of the Study

The study was conducted at XXX State Hospital between May and December 2023. The population comprised 1128 mother with babies aged 0-1 month who had sought care at the hospital between January 1, 2022, and December 31, 2022. To determine the sample size, a calculation based on the known population was performed, resulting in a minimum requirement of 287 mother with 95% power, a 5% error level, and a 95% confidence interval. Considering potential attrition, data collection was completed with 302 mother.

Data Collection Tools

The data were collected using a "Sociodemographic Information Form," the "Postpartum Maternity Blues Assesment Scale," and the "Breastfeeding Attitude Scale".

Sociodemographic Information Form

This form, developed in accordance with existing literature, encompasses socio-demographic details such as age, educational attainment, employment status, alongside obstetric factors including the number of pregnancies and type of delivery (Erkal Aksoy et al., 2016; Özkan et al., 2014; Çınar et al., 2023; Erdem and Erten Bucaktepe, 2012; Aydın Özkan et al., 2019).

Postpartum Maternity Blues Aessment Scale

The scale developed by Küçük (2022) assesses the level of maternity blues among mother who have undergone both normal and cesarean deliveries within the first 14 days postpartum. Comprising 23 items across three sub-dimensions ("maternal self-care," "infant care," and "spousal support"), the scale yields scores ranging from 23 to 115, with higher scores indicating elevated levels of maternal sadness symptoms during the postpartum period. The original scale demonstrated a Cronbach's Alpha reliability coefficient of .90 (Küçük, 2022). In this study, the

Cronbach's Alpha reliability coefficient was .97.

Breastfeeding Attitude Scale

The scale, developed by Arslan (1997), aims to assess mothers' attitudes toward breastfeeding. Comprising 46 items, the scale yields scores ranging from 0 to 184, with higher scores indicating more positive attitudes toward breastfeeding. The original scale demonstrated a Cronbach's Alpha reliability coefficient of 0.63 (Arslan Özkan, 2015). In this study, the Cronbach's Alpha reliability coefficient was found to be .93.

Data Collection

The data collection relied on self-reports provided by mother aged 18, mother with babies aged 4-14 days within the specified dates, free from chronic diseases or health issues in themselves or their babies, who gave birth at term, were breastfeeding, and volunteered to participate. Each interview lasted between 5 to 8 minutes on average per woman.

Data Analysis

Data analysis was conducted using the SPSS (Statistical Package for Social Sciences) for Windows version 25.0. Number, percentage, minimum, maximum, median, mean and standard deviation were used to analyze descriptive data. In order to determine the normal distribution of the data, kurtosis and skewness values were examined (+1,-1). For normally distributed data, t-tests for independent groups and One-Way ANOVA analysis were utilized as parametric tests. Pearson correlation analysis was employed to explore relationships between variables. Simple linear regression analysis was conducted to ascertain predictive power. A significance level of $p < 0.05$ and a 95% confidence interval were applied in all statistical tests.

Ethical Aspects of the Research

Before commencing the study, approval was obtained from institutional permission (Approval No: E-44008972-929-216094235) and the Kastamonu University Clinical Research Ethics Committee (Approval No: 2023-KAEK-31). All mother were provided with comprehensive information about the study, and their verbal and written consent was obtained. The principles outlined in the Declaration of Helsinki were strictly adhered to throughout the study process.

Results

Table 1 presents the distribution of sociodemographic characteristics among the mothers, alongside a comparison of mean scores on the postpartum maternity blues assessment scale and the breastfeeding attitude assessment

scale across these factors. The mean age of the mothers was determined to be 29.70 ± 3.74 years. It was also found that 54.3% of the mothers were high school graduates, 77.8% were unemployed, 78.1% had income equal to expenses and 68.5% lived in nuclear families.

When the mean scores of the postpartum maternity blues assessment scale and the breastfeeding attitude assessment scale were compared according to the sociodemographic characteristics of the mothers, a statistically significant and negative relationship was found between age and the total score and all sub-dimension mean scores of the postpartum maternity blues assessment scale, and a positive relationship was found between the mean scores of the breastfeeding attitude assessment scale ($p < .05$). Thus, as maternal age increased, the total score and sub-dimension mean scores of the postpartum maternity blues assessment scale decreased, while the mean scores of the breastfeeding attitude assessment scale increased.

Significant differences were observed in the mean scores of the postpartum maternity blues assessment scale and the breastfeeding attitude assessment scale based on the working status, educational status, income status, and family type of the mothers ($p < .05$). Accordingly, while the mean scores of the postpartum maternity blues assessment scale and all sub-dimension scores of employed mothers were higher than those of unemployed mothers, the mean scores of the breastfeeding attitude assessment scale were lower. Mothers who graduated from primary school had higher scores on the postpartum maternity blues assessment scale and all sub-dimension scores than mothers who graduated from high school and university and above, while their mean scores on the breastfeeding attitude assessment scale were lower.

The mothers whose income was equal to their expenses had higher scores on the postpartum maternity blues assessment scale and all sub-dimension scores than the mothers whose income was higher than their expenses, while their mean scores on the breastfeeding attitude assessment scale were lower. Mothers living in extended families had higher scores on the postpartum maternity blues assessment scale and all sub-dimension scores than mothers living in nuclear families, while their mean scores on the breastfeeding attitude assessment scale were lower.

Table 2 illustrates the distribution of obstetric characteristics among mothers, alongside a comparison of mean scores on the postpartum maternity blues assessment scale and the breastfeeding attitude assessment scale based on these characteristics.

Table 1.
Distribution of Sociodemographic Characteristics of Mothers and Comparison of Mean Scores of Postpartum Maternity Blues Assessment Scale and Breastfeeding Attitude Assessment Scale According to These Characteristics

Variables			Postpartum Maternity Blues Assessment Scale				Breastfeeding Attitude Assessment Scale
	n	%	Maternal Self-Care	Infant Care	Spousal Support	Total	
Age			r= -0.676 p= .000	r= -0.624 p= .000	r= -0.588 p= .000	r= -0.664 p= .000	r= 0.620 p= .000
Work Status							
Employed	67	22.2	26.17±1.46	17.83±1.14	6.01±0.12	50.02±2.42	114.14±4.77
Unemployed	235	77.8	36.99±6.61	21.96±2.93	7.87±1.25	66.83±10.53	81.83±11.91
t			-23.146	-17.401	-22.332	-22.461	33.241
p			.000	.000	.000	.000	.000
Education Status							
Primary education	96	31.8	42.29±0.95 ^a	23.95±0.28 ^a	9.00±0.01 ^a	75.25±1.01 ^a	73.35±1.02 ^a
High School	164	54.3	31.85±6.43 ^b	20.04±3.01 ^b	6.88±1.07 ^b	58.78±10.18 ^b	93.32±15.97 ^b
University and Above	42	13.9	27.71±4.25 ^b	18.33±2.25 ^b	6.19±0.55 ^b	52.23±6.76 ^b	107.92±11.92 ^b
F			175.714	113.178	262.388	175.707	130.850
p			.000	.000	.000	.000	.000
Income Status							
Income Equals Expenses	236	78.1	37.00±6.60	21.97±2.92	7.86±1.25	66.83±10.50	81.83±11.89
Income Exceeds Expenses	66	21.9	26.00±0.01	17.75±0.96	6.00±0.01	49.75±0.96	114.66±2.22
t			25.592	18.776	22.911	24.603	-39.988
p			.000	.000	.000	.000	.000
Family Type							
Nuclear Family	207	68.5	32.23±7.22	20.20±2.96	6.88±1.11	59.32±11.10	95.21±17.05
Extended Family	95	31.5	39.74±4.66	22.88±2.74	8.71±0.88	71.34±8.15	75.47±6.37
t			-10.827	-7.668	-15.348	-10.562	14.578
p			.000	.000	.000	.000	.000

F: One-way ANOVA; t: Independent samples t-test; r: Pearson's correlation coefficient; a-b: There is no significant difference between values with the same letter

There was a statistically significant and negative correlation between the number of pregnancies and the number of children alive and the total score and all sub-dimensions mean scores of the postpartum maternity blues assessment scale, and a positive correlation between the mean scores

of the breastfeeding attitude assessment scale ($p < .05$). Thus, as the number of pregnancies and children alive increased, the total score and all sub-dimensions mean scores of the postpartum maternity blues assessment scale decreased, while the mean scores of the breastfeeding attitude assessment scale increased.

Table 2.

Distribution of Obstetric Characteristics of Mothers and Comparison of Mean Scores of Postpartum Maternity Blues Assessment Scale and Breastfeeding Attitude Assessment Scale According to These Characteristics

Variables			Postpartum Maternity Blues Assessment Scale				Breastfeeding Attitude Assessment Scale
	n	%	Maternal Self-Care	Infant Care	Spousal Support	Total	
Number of Pregnancy			r= -0.381 p= .000	r= -0.433 p= .000	r= -0.175 p= .002	r= -0.378 p= .000	r= 0.297 p= .000
Number of Children Alive			r= -0.178 p= .002	r= -0.245 p= .000	r= -0.176 p= .002	r= -0.175 p= .002	r= 0.125 p= .030
Type of Birth							
Vaginal Birth	224	74.2	37.18±6.48	22.19±2.63	7.90±1.23	67.28±10.11	81.73±12.07
Caesarean Section	78	25.8	27.15±4.08	17.76±2.01	6.19±0.73	51.11±6.36	109.89±11.82
t			15.840	15.362	14.565	16.365	-17.840
p			.000	.000	.000	.000	.000
Planned Pregnancy Status							
Yes	99	32.8	28.77±4.89	18.72±2.45	6.77±1.26	54.28±8.31	102.88±16.78
No	203	67.2	37.43±6.73	22.18±2.81	7.79±1.26	67.40±10.62	82.23±12.81
t			-12.693	-10.920	-6.545	-11.717	10.805
p			.000	.000	.000	.000	.000
Receiving Help for Infant Care							
Yes	147	48.7	32.79±8.14	20.04±3.59	7.32±1.49	60.17±13.10	92.38±17.80
No	155	51.3	36.30±6.17	22.00±2.30	7.58±1.18	65.89±9.36	85.80±16.03
t			-4.200	-5.588	-1.671	-4.343	3.366
p			.000	.000	0.096	.000	.001
Person who Helped for Infant Care (n=147)							
Own Mother	57	18.9	31.66±7.33 ^a	20.15±2.91 ^a	7.15±1.47 ^a	58.98±11.69 ^a	97.12±19.56 ^a
Mother-in-law	86	28.5	33.86±8.62 ^a	20.25±3.84 ^a	7.50±1.50 ^a	61.61±13.87 ^a	88.39±15.67 ^b
Caregiver	4	1.3	26.00±0.01 ^b	14.00±0.01 ^b	6.01±0.01 ^b	46.00±0.01 ^b	110.50±0.57 ^c
F			2.737	6.258	2.570	3.187	6.737
p			.068	.002	.080	.044	.002

F: One-way ANOVA; t: Independent samples t-test; r: Pearson's correlation coefficient; a-c: No significant difference between values with the same letter

A significant difference was observed in the mean scores of mothers on the postpartum maternity blues assessment scale and the breastfeeding attitude assessment scale based on the type of delivery, planned pregnancy status, receiving help for infant care, and the person who helped for infant care ($p < .05$). Specifically, mothers who had vaginal deliveries exhibited higher scores on the postpartum maternity blues assessment scale and all its sub-dimensions compared to those who had cesarean sections, while their mean scores on the breastfeeding attitude assessment scale were lower. Mothers whose pregnancies were not planned exhibited higher mean scores on the postpartum maternity blues assessment scale and all its sub-dimensions compared to mothers with planned pregnancies, while their mean

scores on the breastfeeding attitude assessment scale were lower. Mothers who did not receive help for infant care had higher mean scores on the postpartum maternity blues assessment scale and all its sub-dimensions than those who received help, with lower mean scores on the breastfeeding attitude assessment scale.

Mothers who received help for infant care from a person other than their own mother or mother-in-law had lower mean scores on the postpartum maternity blues assessment scale and all its sub-dimensions than those who received help from their own mother or mother-in-law, while their mean scores on the breastfeeding attitude assessment scale were the highest among the groups.

Table 3 presents the mean scores of the mothers' postpartum maternity blues assessment scale and breastfeeding attitude assessment scale. It was determined that the mean score of the maternal self-care sub-dimension of the postpartum maternity blues assessment scale was 34.59 ± 7.40 ; the mean score of the infant care sub-

dimension was 21.04 ± 3.15 ; the mean score of the spousal support sub-dimension was 7.46 ± 1.35 and the mean score of the total scale was 63.10 ± 11.68 . The mean breastfeeding attitude evaluation scale score of the mothers was 89.01 ± 17.21 .

Scales		Mean \pm SD	Median	Minimum	Maximum
Postpartum Maternity Blues Assessment Scale	Maternal Self-Care	34.59 \pm 7.40	38	25	43
	Infant Care	21.04 \pm 3.15	23	14	24
	Spousal Support	7.46 \pm 1.35	7	6	9
	Total score	63.10 \pm 11.68	68	46	76
Breastfeeding Attitude Assessment Scale	Total score	89.01 \pm 17.21	80	72	117

Table 4 displays the relationship between the mean scores of the postpartum maternity blues assessment scale and the breastfeeding attitude assessment scale. A statistically significant and negative relationship was identified

between these mean scores ($r = -0.942$, $p < .05$). As the mean score of the postpartum maternity blues assessment scale increased, the mean score of the breastfeeding attitude assessment scale decreased.

Scale	Postpartum Maternity Blues Assessment Scale				
		Maternal Self-Care	Infant Care	Spousal Support	Total
Breastfeeding Attitude Assessment Scale	r	-.946	-.892	-.879	-.942
	p	.000	.000	.000	.000

In Table 5, the results of simple linear regression analysis are presented to assess the impact of postpartum maternity blues on breastfeeding attitude in mothers. The analysis reveals a significant negative effect of postpartum maternity blues on breastfeeding ($p = .001$). According to this result,

88.7% of the variance in breastfeeding attitude is explained by the level of postpartum maternity blues. An increase of 1 unit in the level of postpartum maternity blues results in a decrease of 1.388 units in breastfeeding attitude.

	β	t	p
Postpartum maternity blues	-1.388	-48.604	.000
$R^2 = 0.887$ $F = 2362.359$ $p = .000$			

Discussion

The maternity blues typically emerge within the first week following delivery. The duration and intensity of maternity blues serve as risk factors for postpartum depression. In mother who initiate breastfeeding during this period, emotional changes can significantly influence breastfeeding

attitudes. For this reason, this study investigated the relationship and effect of postpartum maternity blues with breastfeeding. A limited number of studies on maternity blues have been encountered in the literature. For this reason, the findings of this study are discussed on the

findings of the relevant literature and similar findings.

When evaluating the age, employment status, educational level, income status, and family structure of mothers in relation to postpartum maternity blues, it becomes evident that these sociodemographic factors exert an influence on both postpartum maternity blues and breastfeeding attitude. Erkal Aksoy et al. (2016) conducted a study examining the impact of postpartum depression on breastfeeding and found that educational level, family structure, and income status significantly influenced depression (Erkal Aksoy et al., 2016). This research finding is similar to the finding of the present study. However, it was stated that these socio-demographic characteristics did not affect breastfeeding self-efficacy. In Çankaya and Ocaktan's (2022) study investigating "the relationship between traumatic birth experiences and perception of primiparous mothers in the early postpartum period and breastfeeding attitude", it was found that maternal education status, employment status, family income status and family type did not affect breastfeeding attitude (Çankaya and Ocaktan, 2022). It is thought that this difference between the studies may be due to the difference in sample groups and data collection times (Erkal Aksoy et al., 2016). In the present study, it can be said that the fact that mother with 4-14-day-old babies have breastfed their babies for a certain period of time has an effect on breastfeeding attitudes.

When the obstetric characteristics, postpartum maternity blues and breastfeeding attitude of the mothers were evaluated, it was found that as the number of pregnancies and the number of children alive increased, postpartum maternity blues symptoms decreased, and breastfeeding attitude increased positively. It can be said that this may be due to the fact that the mother's maternal role acquisition occurred after the first child experience and she gained experience on how to take care of newborns, how to breastfeed or how to cope with problems such as breast problems. It was found that the type of delivery, planned pregnancy status, receiving help for infant care and the person who helped for infant care affected maternity blues (Özşahin et al., 2020). In Küçük's (2022) "Postpartum maternity blues assessment scale; development, validity and reliability study", it was found that the type of delivery, planned pregnancy status, and receiving help for infant care did not affect postpartum maternity blues (Küçük, 2022). This difference in the two studies may be attributed to different regions and sample sizes. It was found that the number of pregnancies, number of children alive, type of delivery, planned pregnancy status, receiving help for infant care, and the person who helped for infant care affected the breastfeeding attitude. In the literature, there are studies indicating that type of delivery, planned pregnancy status

does not affect breastfeeding attitudes and there are studies indicating that planned pregnancy status and number of children alive affect breastfeeding attitudes (Çınar et al., 2023; Çankaya and Ocaktan, 2022; Çalışkanyürek et al., 2022; Kurnaz and Hazar, 2021; Idaiani and Basuki, 2012). Variations in findings across studies on breastfeeding attitudes in the literature may be attributed to the sociocultural underpinnings of breastfeeding, individual differences in personal characteristics, and the multifaceted influence of variables such as economic status.

Upon evaluation of the postpartum maternity blues and breastfeeding attitudes of the mothers; it can be said that while symptoms of postpartum maternity blues were prevalent, breastfeeding attitudes tended to be low. Literature indicates a wide range, from 26% to 85%, in the incidence of postpartum maternity blues among all births (Varney et al., 2004; Muhida and Umalilhayati, 2021; Özşahin et al., 2020; Moyo and Djoda, 2020). Mother who experience postpartum maternity blues may exhibit decreased awareness of their newborns' care needs and might be reluctant to breastfeed or emotionally unable to cope with breastfeeding problems. These circumstances could potentially exert a detrimental effect on breastfeeding behavior (Utami and Nurfitra, 2022; Hain et al., 2016). In the present study, the increase in postpartum maternity blues and the decrease in breastfeeding attitude support the finding of the literature.

Postpartum maternity blues accounts for the majority (88.7%) of the decline in breastfeeding attitude during the 4-14 day postpartum period, suggesting a notable decrease in breastfeeding attitudes among mother experiencing maternity blues. Therefore, it is crucial during the postpartum period to provide thorough explanations to parents, especially spouses, about closely monitoring symptoms of maternity blues, actively engaging midwifery services, and establishing supportive social systems to address these challenges effectively.

Limitations of the Study

This study is subject to several limitations. Firstly, it has a cross-sectional design and was conducted with mother selected by random sampling method. For this reason, the findings obtained may vary over time. Another limitation is that the results of the study represent the mother included in the sample.

Conclusion and Recommendations

In conclusion, it was found that maternity blues in the postpartum period had an intense relationship with breastfeeding attitude, maternity blues had a great effect on breastfeeding, and sociodemographic and obstetric

characteristics such as age, employment status, income status, family type, number of pregnancies, number of children alive, type of delivery, planned pregnancy status, receiving help for infant care, and the person who helped for infant care affected postpartum maternity blues and breastfeeding attitude. When postpartum maternity blues is not evaluated and handled correctly, it appears to be an important developmental situation considering that it may lead to breastfeeding problems or psychiatric problems such as postpartum depression in the mother. The correct and effective provision of midwifery services in this period will help the woman to overcome this process in a normal and more comfortable way. Another suggestion on the subject is that studies on postpartum maternity blues can be increased. Although postpartum maternity blues covers a short period of time such as the first 14 days after birth, it is an important time for mother to meet their babies for the first time and get used to each other. Ensuring active breastfeeding during this period is especially important for both newborn and maternal health.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Kastamonu University (Date: April, 5, 2023, Number: 2023-KAEK-31).

Informed Consent: Written and verbal informed consent was obtained from all women who participated in this study.

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Geniştirilmiş Özet

Gebelik, doğum ve doğum sonu dönem kadınların yeni rol kazanımlarının olduğu ve kadın yaşamının önemli dönemlerindedir. Bu gelişimsel dönemler içinden doğum sonu dönemde fiziksel, ruhsal, hormonal ve sosyal roller bağlamında pek çok değişiklik yaşanmaktadır. Özellikle ruhsal değişimler kadının bu dönemde sürece adaptasyonunda önemli roller oynamaktadır. Doğum sonu dönemde meydana gelen ruhsal değişimlerden ilki ve en sık karşılaşılabileni postpartum blues, postpartum hüznü ya da annelik hüznü isimleri ile bilinen ruhsal bir durumdur. Genellikle doğumdan sonraki üçüncü veya dördüncü günde ortaya çıkabilmekte ve doğum sonu 14 güne kadar sürebilmektedir. Doğum sonu annelik hüznünün görülme sıklığı %26-85 arasında değişmektedir. Doğru şekilde müdahale edilemediği takdirde vakaların yaklaşık %13'ünün postpartum depresyona girdiği görülmüştür.

Emzirme, yenidoğanın sağlıklı büyümesi, anne bebek bağlanmasının sağlanması bebeğin ve annenin duygusal doyuma sahip olabilmesi için önemli bir yere sahiptir. Bu sebeple doğum sonrası dönemde annelerin bebeklerine sağlıklı bir şekilde bakabilmeleri için beden ve ruh sağlıklarının yerinde olması beklenir. Ancak annelik hüznü yaşayan kadınların bebeklerini emzirmeleri kesintiye uğrayabilir. Yenidoğanın beslenmesi, anne bebek bağlanmasının sağlanabilmesi gibi konularda sorun yaşanmasına yol açabilir. Oysaki doğum sonu annelik hüznü yaşayan kadınların bir kısmı postpartum depresyon gibi daha ciddi bir ruh sağlığı problemi ile karşılaşabilmektedir. Bu durum da kadınların yenidoğanlarını emzirme tutumları üzerinde etkiye yol açabileceği düşünülmektedir. Bu sebeple bu araştırma ile doğum sonu annelik hüznü ve emzirme arasındaki ilişki ve annelik hüznünün emzirme üzerindeki etkisinin araştırılması amaçlanmaktadır.

Kesitsel ve ilişki arayıcı tasarımda yapılan bu araştırma 24.05.2023- 10.12.2023 tarihleri arasında Taşköprü Devlet Hastanesinde yürütülmüştür. Araştırmanın evrenini 01.01.2022- 31.12.2022 tarihleri arasında Taşköprü devlet hastanesine başvuran 0-1 aylık bebeği olan 1128 kadın oluşturmaktadır. Araştırmanın örneklem büyüklüğünün hesaplanması için evreni bilinen örneklem hesaplaması yapılmıştır. Bunun sonucunda %95 güç, %5 hata düzeyi ve %95 güven aralığında en az 287 kadın olarak hesaplanmıştır. Bu çalışmada olası kayıplarda göz önüne alınarak 302 kadın ile araştırmanın veri toplama aşaması tamamlanmıştır. Araştırmaya; yukarıda bahsi geçen tarihler arasında, 4-14 günlük bebeği olan, herhangi bir kronik hastalığı olmayan, kendisinde veya bebeğinde herhangi bir sağlık sorunu olmayan, miadında doğum yapmış, emziren ve araştırmaya katılmaya gönüllü olan kadınlar dahil edilmiştir.

Veriler "sosyodemografik bilgi formu", "doğum sonrası annelik hüznü ölçeği" ve "emzirme tutum ölçeği" formu ile toplanmıştır. Verilerin analizinde SPSS (Statistical Package for Social Sciences) for Windows 25.0 programı kullanılmıştır. Tanımlayıcı verilerin analizinde sayı, yüzde, minimum, maksimum, medyan, ortalama ve standart sapma kullanılmıştır. Verilerin normal dağılımını belirlemek amacıyla basıklık ve çarpıklık değerlerine bakılmıştır (+1,-1). Normal dağılım gösteren veriler için ortalama ve standart sapma değerleri verilmiştir. Normal dağılım gösteren verilerin değerlendirilmesinde parametrik testlerden bağımsız gruplarda t testi ve Tek Yönlü (One Way) Anova Analizi'nden yararlanılmıştır. Veriler arasındaki ilişkiyi incelemek için Pearson Korelasyon analizi yapılmıştır. Yordama gücünü saptamak üzere basit doğrusal regresyon analizi yapılmıştır. Yapılan istatistiksel testlerde %95 güven aralığı ve $p<,05$ anlamlılık seviyesi olarak alınmıştır.

Annelerin yaş ortalamasının $29,70\pm 3,74$ olduğu belirlenmiştir. Ayrıca annelerin %54,3'ünün lise mezunu, %77,8'inin çalışmadığı, %78,1'inin gelirinin giderine eşit olduğu ve %68,5'inin çekirdek ailede yaşadığı bulunmuştur.

Annelerin sosyodemografik özelliklerine göre doğum sonu annelik hüznü değerlendirme ölçeği ve emzirme tutumunu değerlendirme ölçeği puan ortalamalarının karşılaştırılmasına bakıldığında; yaş ile doğum sonu annelik hüznü değerlendirme ölçeği toplam puanı ve tüm alt boyut puan ortalamaları arasında istatistiksel olarak anlamlı ve negatif yönde; emzirme tutumunu değerlendirme ölçeği puan ortalamaları arasında ise anlamlı ve pozitif yönde bir ilişki olduğu saptanmıştır ($p<,05$). Annelerin çalışma durumu, eğitim durumu, gelir durumu ve aile tipi ile doğum sonu annelik hüznü değerlendirme ölçeği ve emzirme tutumunu değerlendirme ölçeği puan ortalamaları arasında istatistiksel olarak anlamlı bir farklılık saptanmıştır ($p<,05$).

Gebelik sayısı ve yaşayan çocuk sayısı ile doğum sonu annelik hüznü değerlendirme ölçeği toplam puanı ve tüm alt boyut puan ortalamaları arasında istatistiksel olarak anlamlı ve negatif yönde; emzirme tutumunu değerlendirme ölçeği puan ortalamaları arasında ise anlamlı ve pozitif yönde bir ilişki saptanmıştır ($p<,05$). Annelerin doğum şekli, planlı gebelik durumu, bebeğin bakımı için yardım alma durumu ve bebeğin bakımı için yardım alınan kişi ile doğum sonu annelik hüznü değerlendirme ölçeği ve emzirme tutumunu değerlendirme ölçeği puan ortalamaları arasında istatistiksel olarak anlamlı bir farklılık saptanmıştır ($p<,05$).

Annelerin doğum sonu annelik hüznü değerlendirme ölçeği anne öz bakım alt boyut puan ortalamasının $34,59\pm 7,40$; bebek bakım alt boyut puan ortalamasının $21,04\pm 3,15$; eş desteği alt boyut puan ortalamasının $7,46\pm 1,35$ ve toplam ölçek puan

ortalamasının $63,10 \pm 11,68$ olduğu belirlenmiştir. Annelerin emzirme tutumunu değerlendirme ölçeği puan ortalamasının ise $89,01 \pm 17,21$ olduğu saptanmıştır. Doğum sonu annelik hüznü değerlendirme ölçeği ve emzirme tutumunu değerlendirme ölçeği puan ortalamaları arasındaki ilişkiye bakıldığında; doğum sonu annelik hüznü değerlendirme ölçeği ve emzirme tutumunu değerlendirme ölçeği puan ortalamaları arasında istatistiksel olarak anlamlı ve negatif yönde bir ilişki saptanmıştır ($p < ,05$).

Annelerde doğum sonu annelik hüznünün emzirme tutumu üzerindeki etkisini belirlemeye yönelik yapılan basit doğrusal regresyon analizi sonucu, doğum sonu annelik hüznünün emzirme üzerinde negatif yönde anlamlı etkisi olduğu görülmektedir ($p = ,001$). Bu sonuca göre emzirme tutumunun %88,7'lik kısmı doğum sonu annelik hüznü düzeyi tarafından açıklanmaktadır. Doğum sonu annelik hüznü düzeyindeki 1 birimlik artış emzirme tutumu üzerinde 1,388 birimlik bir azalışa neden olmaktadır.

Sonuç olarak doğum sonu dönemde annelik hüznünün emzirme tutumu ile yoğun bir ilişkisi olduğu, annelik hüznünün emzirme üzerinde büyük oranda etkisi olduğu, yaş çalışma durumu, gelir durumu, aile tipi, gebelik sayısı, yaşayan çocuk sayısı, doğum şekli, planlı gebelik durumu, bebeğin bakımı için yardım alma durumu, bebeğin bakımı için yardım alınan kişi gibi sosyodemografik ve obstetrik özelliklerin doğum sonu annelik hüznünü ve emzirme tutumunu etkilediği bulunmuştur. Doğum sonrası hüznün doğru şekilde değerlendirilip ele alınmadığında, emzirme sorunlarına ya da annede doğum sonu depresyon gibi psikiyatrik sorunlara yol açabileceği düşünülünce önemli bir gelişimsel durum olarak karşımıza çıkmaktadır. Bu sebeple özellikle ebelik hizmetlerinin bu dönemde doğru ve etkili sunumunun yapılması kadının bu süreci normal ve daha konforlu bir şekilde atlatabilmesine yardımcı olacaktır. Konu ile ilgili bir diğer önerimizde doğum sonu annelik hüznü ile ilgili çalışmaların artırılabilmesi yönündedir. Doğum sonu annelik hüznü doğum sonu ilk 14 gün gibi kısa bir süreyi kapsasa da kadınlar için bebekleri ile ilk tanıştıkları ve birbirlerine alıştıkları önemli bir süredir. Bu sürede özellikle aktif emzirmenin sağlanması hem yenidoğan hem de anne sağlığı için önemlidir.