



The Impact of the Experience of Normal Delivery on Breastfeeding

Normal Doğum Deneyiminin Emzirme Üzerine Etkisi

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ABSTRACT

Objective: The aim of this research is to examine the impact of women's experience with normal delivery on breastfeeding.

Method: The study has a cross-sectional descriptive design. The study sample consisted of women (n: 367) who met the study criteria, and were hospitalized in the maternity ward of a state hospital during the period April 3, 2017 - October 2, 2017 after normal delivery and had consented to participate in the research.

Results: The breastfeeding techniques of participants who had 3-4 children, received support during breastfeeding and believed that their breasts had been sufficiently emptied during the breastfeeding had more successful breastfeeding techniques ($p<.05$). Participants who experienced a moderate level of anticipatory fear from childbirth had a more positive attitude toward breastfeeding compared to those who had a high or clinical level of fear of childbirth ($p<.05$). The breastfeeding techniques of those with moderate and clinical-level fear of childbirth were more successful than that of women who had a high level of fear from childbirth ($p<.05$).

Conclusion: It was found that women who had experienced normal delivery had a higher level of fear from childbirth which had a negative impact on their breastfeeding.

Keywords: Birth experience, breastfeeding, fear of birth, breastfeeding attitude

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Amaç: Bu araştırmanın amacı kadınların normal doğumda yaşadıkları deneyimin emzirme üzerine olan etkisinin incelenmesidir.

Yöntem: Kesitsel tanımlayıcı bir araştırmadır. Araştırmanın örneklemini bir devlet hastanesinde 03.04.2017-02.10.2017 tarihleri arasında normal doğum sonrası kadın doğum servisinde yatan araştırma kriterlerine uygun ve araştırmayı kabul eden kadınlar oluşturmaktadır (n:367).

Bulgular: Katılımcılardan 3-4 çocuğu olan, emzirme döneminde destek alan ve memelerinin yeterince boşaldığını düşünen kadınlar daha başarılı emzirme tekniğine sahiptirler ($p<.05$). Orta düzeyde doğum korkusu yaşayan katılımcılar; yüksek ya da klinik düzeyde doğum korkusu yaşayan katılımcılara göre daha olumlu bir emzirme tutumuna sahiptirler ($p<.05$). Orta ve klinik düzeyde doğum korkusu yaşayan kadınlar yüksek derecede doğum korkusu yaşayan kadınlara göre emzirme teknikleri daha başarılıdır ($p<.05$).

Sonuç: Normal doğum yapan kadınların yüksek derecede doğum korkusu yaşadıkları ve bunun da emzirmelerini olumsuz etkilediği bulunmuştur.

Anahtar kelimeler: Doğum deneyimi, emzirme, doğum korkusu, emzirme tutumu

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INTRODUCTION

In Turkey, the rate for exclusive breastfeeding within the first six months is 9.5% and the rate of continuing breastfeeding up until the age of two is 33.9% ⁽¹⁾. It has been determined that mothers having a normal birth start to breastfeed earlier than mothers undergoing cesarean delivery, that the mother-infant bond is stronger and the likelihood of their experiencing problems with breastfeeding is lower ⁽²⁾. Due to the increasing rates of cesarean deliveries in Turkey, a law (No. 6354) was enacted on July 24, 2012 stipulating that, "Deliveries may be carried out by cesarean section in the event that it is a medical necessity for the pregnant woman or the child in the womb." This stipulation, along with the provision that "The physician cannot be held responsible for unwanted consequences occurring after birth, despite the fact that all necessary measures have been taken," is designed to encourage normal delivery ⁽³⁾. The prevalence of normal delivery in Turkey is 47% ⁽⁴⁾. Although the babies of women delivered normally have a higher rate of breastfeeding, every woman delivering normally cannot breastfeed effectively from the moment the infant is born. There are certain factors involved in this. The experience of normal delivery first of all, involves many variables. Many studies have been conducted in Turkey on the factors affecting breastfeeding but there is no study that explores the impact of the experience of childbirth on breastfeeding. The aim of this research was to examine the impact of women's experience with normal delivery on breastfeeding.

METHODS

The study had a cross-sectional descriptive design. The study sample consisted of volunteered women (n:453) hospitalized after normal delivery in the maternity ward of a state hospital during the period April 3, 2017 - October 2, 2017 and met the study criteria. Meanwhile, 86 of the consenting women withdrew from the study before completion and their data were not used. The women who consented to participate and actually completed the study (n:367) were included in the research. Turkish speaking women who voluntarily participated in the research, had a normal delivery, had not a baby in intensive care unit after normal delivery, had no

health obstacles preventing breastfeeding, and wished to breastfeed were included in the study.

Demographical Questionnaire, Breastfeeding Observation Form, Breastfeeding Attitude Scale, Wijma Delivery Expectation/Experience Scale Version B were used to collect data.

Demographical Questionnaire

The demographical questionnaire prepared by the researcher to collect demographical and other information on the puerperal period, including pregnancy, childbirth and breastfeeding data, is made up of 17 open-ended and 50 multiple-choice questions.

Breastfeeding Observation Form

The Breastfeeding Observation Form developed by H.C. Armstrong was used in observing breastfeeding techniques. It consists of five headings as Mother's body position, Baby's behavior, Emotional bonding, Anatomy, and Sucking, and each one of the twenty-five parameters of the form is scored on a range of 0-1-2 points. A score of 46-50 indicates a successful technique, a score of 45 and below is accepted as an unsatisfactory technique ⁽⁵⁾.

Breastfeeding Attitude Assessment Scale

This scale is a 5-point Likert-type of scale composed of 46 statements. The statements are scored as follows: "4: I fully agree; 3: I agree; 2: I'm undecided; 1: I agree a little; 0: I disagree". While the statements signifying a positive attitude are scored as I fully agree (4), I agree (3), I'm undecided (2), I agree a little (1), I disagree (0), the statements signifying a negative attitude are scored as I fully agree (0), I agree (1), I'm undecided (2), I agree a little (3), I disagree (34). The overall score for the scale is 184. As the score rises, a more positive attitude toward breastfeeding is displayed. The Cronbach alpha coefficient is 0.63 ⁽⁶⁾. The scale's Cronbach alpha value in this study was found to be 0.65.

Wijma Delivery Expectation/Experience Scale Version B

The scale consists of a total of 33 questions that explore feelings and thoughts such as fear, security, loneliness, and happiness. It is a 6-point Likert-type of scale where each statement derives a response

between the range of 1 (completely) and 6 (not at all). The minimum score for the scale is 33; maximum is 198. The higher the score, the higher is the level of the fear of childbirth that a woman has experienced. The Cronbach alpha coefficient of the scale in this study is 0.88⁽⁷⁾.

Data Collection

To test whether the questionnaire was comprehensible, it was applied first, in the form of face-to-face interviews, to a group of 18 puerperal women who met the sample criteria but were not included in the research. Because the face-to-face interviews took more than an average of 30 minutes, the questionnaires were explained to the women and they were asked to fill out the form on the basis of self-reporting. Parts of the form that they were unable to understand were clarified and support was given to the women on breastfeeding. The questionnaires were administered between the 2nd and 24th hours after childbirth. The researcher filled out the forms on behalf of the illiterate members of the group.

Data Analysis

The sociodemographic data were analyzed using numbers and percentages. Mean scores on the Breastfeeding Attitude Assessment Scale were compared with the Student's t test, the Mann-Whitney U test, the One-way ANOVA and Kruskal-Wallis tests. The data on the Breastfeeding Observation Form and the Wijma Delivery Expectation/Experience Scale Version B were analyzed with a chi-square test. Tamhane, Yates and Fisher's chi-square tests were used in the advanced analysis.

Ethical Considerations

Kocaeli University Ethics Committee approved the implementation of the study under Approval Code KÜ GOKAEK 2017/74. The women agreeing to participate in the research were duly informed and their verbal or written consent was obtained.

RESULTS

The mean age of the puerperal women was 27.31±5.77 years; while 52.3% of them were elementary school graduates and 82% of them were unemployed. Most (90.5%) of the women, had social security coverage and 84.5% of them stated that

they had a moderate income level. The participants, were multigravida (69.2%), had no history of miscarriage (86.4%) or stillbirth (98.6%). Induction had not been applied to 61%, and episiotomy had not been performed on 57.8% of the women. A group of 52.6% of the women had female infants and birth weights of 85% of them were between 2501-3800 grams. Most of (81.2%) the women, started breastfeeding in the first half hour after childbirth (Table 1).

Table 1. Characteristics of the women

	N	%
Ages		
17-34 years	317	86.4
35 years and over	50	13.6
Education		
Illiterate	10	2.7
Elementary School	192	52.3
High School and above	165	45.0
Employment		
Employed	66	18.0
Unemployed	301	82.0
Social Security		
Yes	332	90.5
No	35	9.5
Income		
Low	43	11.7
Average	310	84.5
High	14	3.8
Pregnancy		
Primigravida	113	30.8
Multigravida	254	69.2
Labor induced		
Yes	143	39.0
No	224	61.0
Episiotomy		
Yes	155	42.2
No	212	57.8
Baby's gender		
Girl	193	52.6
Boy	174	47.4
Baby's weight		
Below 2500gr	12	3.3
2501-3800 gr	312	85.0
3801 grand over	43	11.7
Start of breastfeeding		
In first half-hour	298	81.2
In first one hour	51	13.9
In first two hours or later	18	4.9
Total	367	100

It was found that women with 3-4 children, those supported in breastfeeding, and able to empty their breasts during breastfeeding were more successful in their breastfeeding techniques ($p < .05$) (Table 2).

Statistically significant differences were found between the women in terms of the variables of income

**Table 2. Breastfeeding observation form according to women's characteristics**

Women's Characteristics	Unsatisfactory Breastfeeding Technique		Successful Breastfeeding Technique		Total		Statistical Assessment
	n	%	n	%	n	%	
Number of living children							
1-2	237	94.0	15	6	252	100	* $\chi^2=6.430$
3-4	91	86.7	14	13.3	105	100	p= .040< .05
5 and more	10	100	**	**	10	100	
Support during breastfeeding							
Yes	72	84.7	13	15.3	85	100	* $\chi^2=8.306$
No	266	94.3	16	5.7	262	100	p= .004< .05
Breasts emptied							
Adequately emptied	224	89.6	26	10.4	250	100	* $\chi^2=6.724$
Inadequately emptied	114	97.4	3	2.6	117	100	p= .010< .05
Total	338	92.1	29	7.9	367	100	

*Chi-square, ** There is no data

Table 3. Mean Scores on Breastfeeding Attitude Assessment Scale by Women's Characteristics

Women's Characteristic	N	%	$\bar{x} \pm SD$	Statistical Assessment
Income Status				
Low	43	11.7	106.62±11.79	KW*=14.784
Average	310	84.5	115.07±13.78	p= .001< .05
High	14	3.8	110.28±14.23	
Family Type				
Nuclear	265	72.2	114.91±13.26	t**=2.272
Extended	102	27.8	111.27±14.96	p= .024< .05
Wanted baby				
Wanted	339	92.4	114.36±13.99	U***=3464.00
Unwanted	28	7.6	108.35±10.51	p= .017< .05
Problems with breasts during pregnancy				
Yes	23	6.3	105.82±15.14	U***=2657.50
No	344	93.7	114.44±13.59	p= .008< .05
Total				
Time elapsed since delivery				
2-10 hours	117	31.9	116.41±14.89	F****=3.158
11-19 hours	140	38.1	113.31±12.97	p= .044< .05
20 hours and more	110	30.0	111.98±13.45	
Total planned breastfeeding time				
1 year	35	9.5	109.85±14.22	KW*=9.408
2 years	316	86.1	114.72±13.76	p= .009< .05
3 years and more	16	4.4	106.50±11.03	
Breastfeeding fatigue				
No	322	87.7	114.48±14.00	t**=2.158
Yes	45	12.3	109.75±11.86	p= .032< .05
Prenatal breastfeeding education				
Received	103	28.1	118.60±14.15	t**=4.151
Did not receive	264	71.9	112.07±13.29	p=0.000
Postnatal breastfeeding education				
Received	67	18.3	117.55±13.46	t**=2.402
Did not receive	300	81.7	113.09±13.81	p= .017< .05

* Kuruskal Wallis ** Student t Test ***Mann Whitney U ****OneWayAnova

status, family type, having a wanted baby, planned total breastfeeding time, experiencing a problem with the breasts during pregnancy, the time elapsed after childbirth, breastfeeding fatigue, and having attended prenatal and postnatal breastfeeding training programs (p<.05) (Table 3).

There was a significant difference (p<.05) between the mean breastfeeding attitude scores in terms of experiencing a moderate, high or clinically severe level of fear of childbirth and since this difference did not signify a homogeneous distribution of mean scores of breastfeeding attitude, Tamhane's test was applied and it was determined that the statistical dif-

Table 4. Women's Breastfeeding Attitude Scale Mean Scores according to the Wijma Delivery Expectation/Experience Scale Version B

Wijma Delivery Expectation/Experience Scale Version B	N	%	$\bar{x} \pm SD$	Statistical Assessment
Experiencing moderate level of fear of childbirth (score of 38-65)	34	9.3	117.41±19.71	F*=8.117 p= .000<.01
Experiencing high level of fear of childbirth (score of 66-84)	49	13.4	120.18±11.56	
Experiencing clinical level of fear of childbirth (score of 85 and over)	284	77.4	112.40±13.00	
Total	367	100	113.90±13.83	

*OneWayAnova

Table 5. Women's Breastfeeding Observation Forms according to the Wijma Delivery Expectation/Experience Scale Version B

Wijma Delivery Expectation/Experience Scale Version B	Unsatisfactory Breastfeeding Technique		Successful Breastfeeding Technique		Total		Statistical Assessment
	n	%	n	%	n	%	
Experiencing moderate level of fear of childbirth (score of 38-65)	24	70.6	10	29.4	34	100	* $\chi^2 = 25.420$ p= .000<
Experiencing high level of fear of childbirth (score of 66-84)	44	89.8	5	10.2	49	100	
Experiencing clinical level of fear of childbirth (score of 85 and over)	270	95.1	14	4.9	284	100	
Total	338	92.1	29	7.9	367	100	

*Monte Carlo Chi-square

ference stemmed from the women who had experienced a moderate level of fear of childbirth (Table 4).

A significant difference was observed between experiencing a moderate, high or clinically severe level of fear of childbirth and the use of an inadequate or unsuccessful breastfeeding technique ($p < .05$). This difference was analyzed using Fisher's exact test and the Yates chi-square test. It was found that the difference stemmed from the women who had experienced a moderate and clinically severe level of fear of childbirth (Table 5).

DISCUSSION

The data of our study showed that the participants with 3-4 children displayed a more successful breastfeeding technique compared to those with 1-2 children. Women who received support while breastfeeding had a higher rate of using a successful breastfeeding technique than those who did not have that support. In a study by Rempel et al. ⁽⁸⁾ it was found that mothers who received adequate support from their partners exhibited more frequently an intention to breastfeed for a longer period of time. A study carried out in Vietnam revealed evidence that mot-

hers receiving the support of their partners started breastfeeding at an earlier date, were more likely to start their babies off on breastfeeding in the first hour after birth and did not feed their infants with a formula ⁽⁹⁾. In the study by Hunter et al. ⁽¹⁰⁾ it was found that mothers who received breastfeeding support from the fathers of their infants in the first 48 hours after the birth continued to breastfeed after leaving the hospital and for at least 6 months thereafter. A study conducted with educated fathers showed that 94% of them provided mothers with continuous breastfeeding support and contributed to the continuity of breastfeeding ⁽¹¹⁾. Brown and Davies reported in their study that fathers wished to encourage breastfeeding and wanted to support their partners but that they were left outside of the prenatal training program and considered postpartum support as an insignificant issue. Fathers would like to be more helpful and wish to have more information about how they can support breastfeeding ⁽¹²⁾. Furthermore, women who felt that their breasts had sufficiently emptied were more successful at breastfeeding than those who believed that their breasts had not been emptied enough. Emptying the breasts is related to making use of a successful breastfeeding technique.



The results of our study showed that participants who were from a household with a middle income level, lived in a nuclear family, delivered wanted babies, thought about breastfeeding their infants for 2 years, had not experienced breast problems in pregnancy. Besides, 2, and 10 hours after delivery they said that breastfeeding did not tire them out, and those who had received postnatal breastfeeding training had a more positive attitude towards breastfeeding compared to the other women. In a study performed in Nigeria, it was found that increasing knowledge about breastfeeding affect attitude about breastfeeding positively ⁽¹³⁾. In the study by Golbasi and Koc in which the researchers explored breastfeeding behavior, it was reported that there were no significant differences between overall mean scores on the breastfeeding attitude scale in terms of the initial time of breastfeeding after delivery, exclusive breastfeeding, the start of supplementary feeding and total planned breastfeeding time ⁽¹⁴⁾. In our study, however, the difference in the breastfeeding attitude scale in terms of total planned breastfeeding time was significant in that women who planned to breastfeed their infants for 2 years displayed higher breastfeeding attitude scores. The reason for the higher scores among those who planned to breastfeed for two years may have been a result of the breastfeeding training these women received before and after the delivery.

The data of the study indicated that fear of childbirth increased as more time elapsed after the birth and lower abdominal pain increased and that women who experienced problems with breastfeeding their previous child had higher levels of fear of childbirth. We can say that the rise in fear of childbirth as the time elapsed after the birth may have stemmed from a tendency toward postpartum depression. A study conducted in India indicated that fear of childbirth is correlated with symptoms of postpartum depression ⁽¹⁵⁾. In their study, Molgora et al. reported that clinical depression was correlated with a high level of fear of childbirth ⁽¹⁶⁾. Jaju et al. ⁽¹⁷⁾ reported that a large majority of women in a state of emotional depression or clinical depression displayed fear of childbirth. Abdominal pain affects fear of childbirth and childbirth has an impact on abdominal pain. In the study conducted by Fenwich et al. ⁽¹⁸⁾ the researchers found that fear of childbirth was caused by anxiety about

labor pain. The research by Junge et al. ⁽¹⁹⁾ indicates that women with a severe fear of childbirth experience a greater degree of labor pain. In the study by Gosselin et al. ⁽²⁰⁾ it was found that fear of childbirth was related to the perception of pain in vaginal deliveries where anesthesia was not used. The reason for the high level of fear of childbirth among women experiencing problems with breastfeeding is known to be a result of a secondary fear of childbirth, which occurs in multipara who had some negative experience or trauma during a previous delivery ^(21,22).

Study Limitations

The Cronbach Alpha of Breastfeeding Attitude Assessment Scale was .65 in this study. We have used this scale, because there is no other scales in Turkey to use to evaluate breastfeeding attitude.

Conclusion and Suggestions

The study revealed that the less the woman's fear of childbirth, the more positive was her attitude toward breastfeeding and the more successful was her breastfeeding technique. Fear of childbirth not only affects a woman during delivery but also in the period after childbirth. Because of this, midwives should plan on conducting research that will explore the means of lessening a woman's fear of childbirth and encouraging breastfeeding. The factors that cause fear of birth need to be examined in depth. Interventions to prevent fear of birth should be planned, and implemented. Interventions to prevent fear of birth should be planned.

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Conflict of Interest: None.

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