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The Effect of Breast Milk and Breastfeeding Education Given to Prenatal Mothers on Postnatal Breastfeeding Behaviors and Attitudes

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ABSTRACT

Introduction: Antenatal breastfeeding education plays a crucial role in positively shaping mothers' postnatal attitudes and practices, thereby promoting sustained breastfeeding and enhancing neonatal health outcomes.
Objective: This study aimed to evaluate the effects of breast milk and breastfeeding education provided to antenatal mothers on their postnatal breastfeeding behaviors and attitudes.
Methods: A descriptive and cross-sectional study was conducted at the Department of Obstetrics and Gynecology at Ankara University Cebeci Research and Practice Hospital between August 2021 and August 2023. In the study, data were collected from 199 mothers who gave birth at 36 weeks or more in the Obstetrics and Gynecology clinic, who were not separated from their babies for any reason after birth, who did not have any health problems that could prevent breastfeeding, and who agreed to participate in the study, using the Descriptive Characteristics Form, the Effects of Breast Milk and Breastfeeding Education on Postpartum Breastfeeding Behaviors Form, and the Breastfeeding Attitude Assessment Scale questionnaires 6 months after birth. Descriptive analysis, one-way ANOVA test, and independent groups t-test were used for statistical analysis.
Results: Among the 199 mothers, 100 received prenatal education on breastfeeding, while 99 did not. Notably, 97% of mothers who received training planned to breastfeed for over two years, compared to only 8.1% of those without training ($p<0.01$). Additionally, the average score on the breastfeeding attitude scale was significantly higher in the educated group (132.14±8.42) than in the uneducated group (68.28±10.85) ($p<0.01$).
Conclusion: It was found that mothers who received antenatal breast milk and breastfeeding education had better postnatal breastfeeding attitudes and breastfed longer than mothers who did not receive education. There was no difference in duration of first breastfeeding or duration of first skin-to-skin contact between mothers who received education and those who did not.

Keywords: Breast Milk, Breastfeeding, Education.

INTRODUCTION

The Ebers Papyrus, one of the oldest known sources, emphasizes that the only food in infant feeding is breast milk and that the baby should be breastfed until the age of three (1). The World Health Organization(WHO) and the United Nations Children's Fund (UNICEF) currently recommend exclusive breastfeeding (EBF) for the first six months and continued breastfeeding with complementary foods up to two years of age and beyond (2). In recent years, studies shown that human milk cannot be replaced in infant feeding (3,4).

Breastmilk provides all of a child's nutritional requirements for the first six months of life, at least half of the requirements for six-twelfth months, and more than a third of the requirements for the second year (5). Data from the 2018 Turkey Demographic and Health Survey (TDHS) in our country, with 98% of children born being breastfed. The rate of breastfeeding within the first hour after birth is 71%. The rate of EBF for the first 6 months was reported as 30% in the TDHS-2013 and 41% in the TDHS-2018. Again, according to the 2018 data, the median duration of breastfeeding for exclusively breastfed children is 1.8 months; in other words, half of the children stop EBF by the time they reach this duration, and contrary to recommendations, 42% of breastfed children received pre-lacteal feeding (6). According to the WHO-2018 data, the rate of EBF in the first six months was reported to be 41% worldwide. In

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line with these data, the WHO has set a target of increasing the rates of breastfeeding within the first hour and exclusive breastfeeding for the first six months to 70% worldwide by 2030 (7).

Although studies conducted in our country have shown that the rate of exclusive breastfeeding has increased, the results are not at the desired level.The main problems in our country are late initiation of breastfeeding, giving sugary water or formula as the first food before breastfeeding, the belief that breast milk is not enough as a reason for crying, giving additional foods too early or too late, and the use of bottles and soothers (8). The Convention on the Rights of the Child, adopted by the United Nations General Assembly in 1989, states that "breast-milk is the best food for infants and that all sections of society should be informed, encouraged and provided with educational opportunities to breastfeed" (9). Studies in different countries have shown the impact of maternal education on improving breastfeeding, especially exclusive breastfeeding and increasing breastfeeding duration (10,11). Many studies have reported that breastfeeding behavior can be changed by external interventions, that educational programs are the most important factor influencing exclusive breastfeeding, and that breastfeeding education and support by health professionals increases breastfeeding duration and initiation rates (11,12-19).

We planned our study to reveal whether there is a difference in the postnatal breastfeeding attitudes of mothers who received antenatal breast milk and breastfeeding education.

METHODS

The study was designed as a descriptive cross-sectional study. The study population consisted of 199 women who were born at Ankara University Cebeci Research and Practice Hospital, Department of Obstetrics and Gynecology at 36 weeks and over, who were not separated from their babies for any reason after birth, and who did not have any health problems that could prevent breastfeeding. Prenatal trainings on breast milk and breastfeeding are organized from the 32nd week of pregnancy. These trainings cover the importance and benefits of breast milk and breastfeeding, breastfeeding techniques, pregnancy, birth and postpartum periods. The one-hour face-to-face sessions, held two days a week, are delivered by midwives trained in breastfeeding and counseling.

Data Collection

Descriptive Characteristics Form, Effects of Prenatal Breastfeeding and Breastfeeding Education on Postpartum Breastfeeding Behaviors Form, and Breastfeeding Attitude Assessment Scale were used as data collection tools in the study.

Introductory Characteristics Form: The Descriptive Characteristics Form was prepared by the researchers in line with the literature and expert opinions, and it is a form consisting of a total of 13 questions including descriptive characteristics of women such as age, occupation, education level, etc.

Questionnaire on the Effects of Breast Milk and Breastfeeding Education Given to Prenatal Mothers on Postpartum Breastfeeding Behaviors: The Questionnaire on the Effects of Breast Milk and Breastfeeding Education Given to Prenatal Mothers on Postpartum Breastfeeding Behaviors was prepared by the researchers in line with the literature and expert opinions. It takes an average of 10-15 minutes to fill out the form. It consists of a total of 26 question items about breastfeeding behaviors.

Breastfeeding Attitude Scale: The Breastfeeding Attitude Assessment Scale was developed in 1997 by working with mothers who gave birth in the obstetrics and gynecology clinics of 10 hospitals in Istanbul. In this study, a five-point Likert scale consisting of 46 items was used to assess the different dimensions of attitudes that guide mothers' breastfeeding behaviors. The total score of the scale is 184. The score of positive items is 88 and the score of negative items is 96. The higher the score, the more positive the breastfeeding attitude (20). The first group was defined as mothers who received training and the second group as mothers who did not receive training.

Statistical Analysis

The data were evaluated using the SPSS package program, version 22.0. The data were analyzed using Chi-square test and one-way analysis of variance (ANOVA). The significance level and confidence interval were set at 95% ($p < 0.01$).

Research Ethics

The research was conducted in accordance with the ethical standards of Ankara University Rectorate Ethics Committee, which approved the study on 2 August 2021 with decision number 134.

RESULTS

The study population consisted of a total of 199 mother-child pairs, 100 of whom received breastfeeding education and 99 of whom did not receive breastfeeding education. The two groups were compared to determine whether breastfeeding education had an effect on the outcomes of interest. Scale scores of 199 participants were ranked and divided into two categories, with the first group being mothers who received training and the second group being mothers who did not receive training. For questions related to positive attitudes, the mean score was 42.03±7.002 for mothers who received training and 32.19±5.793 for mothers who did not receive training (p=<0.01), and 132±14 and 68.28±10.85 (p=<0.01) for the total score of the breastfeeding attitude evaluation scale, respectively. The mean age of the mother participants who received training (28.81±5.092 years) was significantly lower than the mother participants who did not receive training (30.93±4.929 years) (p=0.03). Marriage occurred at a significantly earlier age (p<0.01) in mothers who received training compared to mothers who did not receive training (25.80±4.361 years).

Regarding reproductive characteristics, mothers who received training showed higher parity (1.69±1.228) compared to mothers who did not receive training (1.09±1.153) (p<0.01). In addition, the inter-pregnancy interval of the mothers who received education (4.10±4.272) was significantly longer than that of the mothers who did not receive education (2.02±2.955) (p<0.01).

Table 1. Distribution Of Age, Age At Marriage, Number Of Births, İnterpregnancy Period, Breast Milk And Positive Effect Of Breastfeeding Education On Breastfeeding Variables Of Pregnant Women According To The Scale Scores

Variables	Education Group	Control Group	P
Age, mean years±SD	28.81±5.092	30.93±4.929	0.03
Age at marriage, mean years±SD	22.26±4.165	25.80±4.361	<0.01
Parity, mean±SD	1.69±1.228	1.09±1.153	<0.01
Duration of interpregnancy, mean ±SD	4.10±4.272	2.02±2.955	<0.01
Mean total score of the questions related to positive attitudes, mean±SD	42.03±7.002	32.19±5.793	<0.01
Mean total score of the breastfeeding attitude assessment scale, mean±SD	132.14±8.42	68.28±10.85	<0.01

Demographic characteristics of the population revealed significant differences between mothers with and without education in several aspects. Educational status varied significantly (p<0.01), with a higher proportion of individuals with a university degree in mothers who did not receive education (56.6%) compared to mothers who received education (26%). Similarly, middle and high school education was more common among mothers with education (22% and 41%, respectively) than among mothers without education (6.1% and 31.3%, respectively) (Table 2).

Family structure also differed significantly between the groups; the proportion of nuclear families was higher in mothers without education (97%) than in mothers with education (86%) (p=0.009). Breastfeeding history showed significant differences; the proportion of individuals who breastfed for 2 years or more was higher in mothers who received training (44%) than in mothers who did not receive training (17.2%); the proportion of individuals who could not breastfeed was higher in mothers who did not receive training (59.6% vs. 36%) (p<0.01) (Table 2).

The prevalence of chronic diseases was significantly higher in mothers who did not receive education (32.3%) compared to mothers who received education (8%) (p<0.01). Other characteristics such as income status, marital status during pregnancy, planned pregnancy status and harmful habits during pregnancy did not show a statistically significant difference between the groups (p>0.05) (Table 2).

The study revealed significant differences in breastfeeding education and practices between the groups. All participants (100%) among mothers who received education reported positive effects of pregnancy education on breastfeeding and readiness to breastfeed after education (Table 3).

Table 2. Demographic Characteristics Of Population

Demographic Characteristics	Education Group, n (%)	Control Group, n (%)	Total	P
Educational Status				<0.01
Literate	0(0)	1(1)	1(0.5)	
Illiterate	0(0)	0(0)	0(0)	
Primary School	11(11)	5(5.1)	16(8)	
Middle School	22(22)	6(6.1)	28(14.1)	
High School	41(41)	31(31.3)	72(36.2)	
University	26(26)	56(56.6)	82(41.2)	
Income Status				0.481
Low	19(19)	15(15.2)	34(17.1)	
Middle	78(78)	78(78)	156(78.4)	
High	3(3)	6(6.1)	9(4.5)	
Family Structure				0.009
Nuclear	86(86)	96(97)	182(91.5)	
Extended	14(14)	3(3)	17(8.5)	
Marital Status During Pregnancy				0.319
Married	99(99)	99(100)	198(99.5)	
Not Married	1(1)	0(0)	1(0.5)	
Planned Pregnancy Status				0.564
Yes	93(93)	94(94.9)	187(94)	
No	7(7)	5(5.1)	12(6)	
Breastfeeding History in Previous Pregnancies				<0.01
Could not breastfeed	36 (36)	59 (59.6)	95 (47.7)	
Partially Breastfed	20 (20)	23 (23.2)	43 (21.6)	
2 Years + Breastfed	44 (44)	17 (17.2)	61 (30.7)	
Harmful Habits During Pregnancy				0.644
Smoking	89(89)	86(86.9)	175(87.9)	
Alcohol	11(11)	13(13.1)	24(12.1)	
Drugs	0(0)	0(0)	0(0)	
Chronic Disease				<0.01
Yes	8(8)	32(32.3)	40(20.1)	
No	92(92)	67(67.7)	159(79.9)	

Mode of delivery differed significantly between groups, with a higher rate of vaginal delivery in mothers who did not receive education (77.8%) compared to mothers who received education (43%) ($p<0.01$). Although the timing of first breastfeeding and skin-to-skin contact were not significantly different ($p=0.184$ and $p=0.082$, respectively), breastfeeding practices were significantly different. Trained mothers predominantly breastfed every two to four hours (92%), whereas untrained mothers predominantly breastfed every one to two hours (84.8%) ($p<0.01$). The duration of breastfeeding was also significantly different; 93% of the mothers who received training breastfed for 30-35 minutes, while 78.8% of the mothers who received training breastfed for 10-20 minutes ($p<0.01$) (Table 3).

In terms of complementary feeding practices, mothers who received training adhered more strictly to exclusive breastfeeding guidelines, with 100% avoiding water in the first six months compared to 86.9% in mothers who did not receive training ($p<0.01$). All participants planned to start solid foods between 6 and 12 months in mothers who received training, compared to 35.4% in mothers who did not receive training ($p<0.01$). Long-term breastfeeding intentions were also significantly different, with 97% of mothers who received training planning to breastfeed for more than two years compared to only 8.1% of mothers who did not receive training ($p<0.01$) (Table 3).

Significant differences were observed in pacifier or bottle use (3%-30.3%, $p<0.01$), willingness to use formula products (1%-7.1%, $p=0.035$), and breastfeeding position; mothers who received training mostly used the prone position (97%), whereas mothers who did not receive training preferred the cradle position (68.7%) ($p<0.01$). All participants (100%) who received training understood the importance of the correct latching technique (the entire brown area in the baby's mouth), while this rate was 80.8% in mothers who did not receive training ($p<0.01$) (Table 3).

Table 3. Distribution of the Effects of Prenatal Breast Milk and Breastfeeding Education on Postnatal Breastfeeding Behaviors

Questions	Group 1, n (%)	Group 2, n (%)	Total n (%)	P
Referred to Pregnancy Education by Health Professional				*
Yes	99 (99)	29 (29.3)	128 (64.3)	
No	1(1)	70 (70.7)	71 (35.7)	
Positive Effect of Pregnancy Education on Breastfeeding				*
Yes	100 (100)	0 (0)	100 (50.3)	
No	0 (0)	0 (0)	0 (0)	
Not educated	0 (0)	99 (100)	99 (49.7)	
Readiness to Breastfeed After Education				*
Yes	100 (100)	0 (0)	100 (50.3)	
No	0 (0)	0 (0)	0 (0)	
Not educated	0 (0)	99 (100)	99 (49.7)	
Reduction of Prejudices and Fears by Pregnancy Education				*
Yes	99(99)	0(0)	99(49.7)	
No	1(0)	1(0.5)	99(49.7)	
Not educated	0(0)	99(100)	99(100)	
Type of Delivery				<0.01
Vaginal	43(43)	77(77.8)	120(60.3)	
Caesarian	57(57)	22(22.2)	79(39.7)	
Time to Start First Breastfeeding				0.184
0-15 min	88(88)	84(84.8)	172(86.4)	
15-30 min	3(3)	2(2)	5(2.5)	
1-2 hours	3(3)	4(4)	7(3.5)	
2-4 hours	1(1)	7(7.1)	8(4)	
>4 hours				
First Skin Contact				0.082
0-15 min	96(96)	89(89.9)	185(93)	
15-30 min	2(2)	2(2)	4(2)	
1-2 hours	1(1)	8(8.1)	9(4.5)	
2-4 hours	1(1)	0(0)	1(0.5)	
>4 hours	0(0)	0(0)	0(0)	
First Food After Birth				0.345
Breast milk	97(97)	92(92.9)	189(95)	
Formula	3(3)	6(6.1)	9(4.5)	
Other	0(0)	1(1)	1(0.5)	
Frequency of Breastfeeding				<0.01
1-2 hours	7(7)	84(84.8)	91(45.7)	
2-4 hours	92(92)	12(12.1)	104(52.3)	
4-6 hours	0(0)	0(0)	0(0)	
Other	1(1)	3(3)	4(2)	
Duration of Breastfeeding				<0.01
5 min	0(0)	13(13.1)	13(6.5)	
10-20 min	5(5)	78(78.8)	83(41.7)	
30-35 min	93(93)	8(8.1)	101(50.8)	
Other	2(2)	0(0)	2(1)	
Giving Water in the First 6 Months				<0.01
Yes	0(0)	13(13.1)	13(6.5)	
No	100(100)	86(86.9)	186(93.5)	
Time to Start Solid Foods				<0.01
0-6 months	0(0)	35(35.4)	35(17.6)	
6-12 months	100(100)	64(64.6)	164(82.4)	
How Long Will You Breastfeed Your Baby				<0.01
0-1 year	1(1)	60(60.6)	61(30.7)	
1-2 years	2(2)	31(31.3)	33(16.6)	
>2 years	97(97)	8(8.1)	105(52.8)	
Use of Pacifier or Bottle				<0.01
Yes	3(3)	30(30.3)	33(16.6)	
No	97(97)	69(69.7)	166(83.4)	
Desire to Use Formula Products				0.035
Yes	1(1)	7(7.1)	8(4)	
No	99(99)	92(92.9)	191(96)	
Breastfeeding Positions				<0.01
Embrace	0(0)	68(68.7)	68(34.2)	
Reverse Embrace	1(1)	11(11.1)	12(6)	
Armpit	2(2)	0(0)	2(1)	
Lying down	97(97)	20(20.2)	117(58.8)	
All of them				
Entire Brown Area of the Breast Should Be in Baby's Mouth				<0.01
Yes	100(100)	80(80.8)	180(90.5)	
No	0(0)	19(19.2)	19(9.5)	

*The hypothesis test was not applied since there were questions that were not appropriate for the group that did not receive training. Descriptive frequencies were calculated instead.

DISCUSSION

The results of this study demonstrate the significant impact of antenatal education on breastfeeding knowledge, attitudes and practices. Mothers who received structured education had better breastfeeding practices, including exclusive breastfeeding for the first six months and correct breastfeeding techniques, than those who did not receive education. The findings highlight the need for breastfeeding education to be integrated into antenatal care to build maternal confidence and address common misconceptions. Such programmes have the potential to contribute to improved breastfeeding outcomes, thereby promoting the health and well-being of both mothers and babies.

Previous studies have shown that the provision of education is associated with an increase in the frequency of breastfeeding on demand (16). In our study, the frequency of breastfeeding was significantly higher in the educated group when evaluated in terms of time intervals alone, averaging every two-four hours. However, as the option of breastfeeding on demand was not included in the study, the comparison remains limited.

Knowledge of correct breastfeeding, specifically ensuring that the entire brown area of the breast is in the baby's mouth, was implemented with 100% accuracy in the group that received education, demonstrating a significantly higher rate of correct implementation. One study showed that the supine position was observed in 24% of the group who received education, compared with 12% of the group who did not receive education (14). The supine breastfeeding position was observed more frequently in the educated group, which was associated with higher breastfeeding confidence and adequate knowledge of correct breastfeeding techniques in this group.

Previous studies have shown that the rate of exclusive breastfeeding during the first six months was 28% in the uneducated group, compared with 67% in the educated group (11). In another study, the proportion of participants introducing complementary foods before six months was 4% in the educated group, in contrast to 96% in the uneducated group (14). In our study, the rate of exclusive breastfeeding for the first six months was 100% in the educated group, while the rate of solid food consumption for the first six months was 35% in the uneducated group. Many studies have shown that education has a significant impact on awareness of the importance of exclusive breastfeeding for the first six months.

The study found that 97% of the educated group intended to breastfeed their child for two years or more, compared to only 8% of the uneducated group. However, these data are based on self-report, which is limited by the lack of long-term follow-up.

There is considerable evidence from previous studies that the duration of uninterrupted breastfeeding is longer in the educated group (11,13). The data from our study showed a significantly higher rate of breastfeeding for 30-35 minutes in the educated group compared to the uneducated group. This suggests that the duration of breastfeeding depends on the needs of the infant.

The cornerstone for raising healthy generations is laid in the prenatal period, when mothers and babies receive essential health services. This is then reinforced in the postnatal period, ensuring a continuum of care. In the postnatal period, early maternal contact with the newborn, early initiation of breastfeeding and maternal attitudes towards continued breastfeeding are particularly important in facilitating the newborn's adaptation to the external environment and maintaining healthy development (7). Some studies have found that mothers who received breastfeeding education had higher mean breastfeeding attitudes (8). The results of our study revealed a notable discrepancy between the groups in terms of receipt of breastfeeding education and subsequent breastfeeding attitudes. It was found that the mean breastfeeding attitude score was higher in the group that had received breastfeeding education.

This study is limited by the lack of long-term follow-up to assess the sustained impact of breastfeeding education and the potential confounding effects of pre-existing demographic and clinical differences between the groups. Future studies would benefit from a longitudinal design and stratified analyses to better account for these factors.

CONCLUSION

Our study highlights the importance of breastfeeding education in improving breastfeeding practices. The value of education in raising awareness, particularly regarding exclusive breastfeeding for the first six months, optimal breastfeeding techniques and the importance of first breastfeeding, has been demonstrated. This underscores the need for such programs, especially those targeted at vulnerable populations, to be included in antenatal care protocols to ensure equitable access and support for mothers who choose to breastfeed. Addressing gaps in breastfeeding education and practices has the potential to have a significant impact on maternal and neonatal health outcomes.

DESCRIPTIONS

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