RESEARCH ARTICLE

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Infant Nutrition and Breastfeeding Practices: Knowledge and Practice Approaches for Mothers

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Objective: This study aimed to empower mothers in supporting infant feeding and breastfeeding effectively, thereby promoting infant health and development.

Materials and Methods: The study included 396 mothers from the baby unit service and breastfeeding outpatient clinic of Mersin City Training and Research Hospital, between December 1, 2023, and January 31, 2024. A 45-question survey covering infant details, demographic and obstetric characteristics, breastfeeding knowledge, and practices was administered.

Results: Of the babies included in the study, 51% were girls, and 49% were boys. A total of 30.8% of the mothers were in the 25-30 age group, 93% were housewives, and 44.2% were primary school graduates. It was found that 68.9% of the mothers did not receive prenatal information about infant feeding, whereas all of the mothers received information about breastfeeding and infant feeding in the postnatal period, and 90.7% received this information from the breastfeeding nurse. Among the mothers, 62.4% had a cesarean section, and 37.6% had a normal delivery. Breastfeeding was observed in 98% of the mothers who gave birth normally and in 96.4% of the mothers who gave birth by caesarean section. It was observed that traditional practices such as waiting for three hours for breastfeeding, emptying the first mouth milk, and giving water after breastfeeding were known by many mothers but were practiced at low rates.

Conclusion: Supporting breastfeeding is crucial for maternal and infant health. The adoption of policies supporting breastfeeding in health institutions and the training of personnel will contribute to a healthy future by increasing public health.

Key Words: *Breast milk, baby-friendly hospital, breastfeeding habits, child, infant*

Bebek Beslenmesi ve Emzirme Pratikleri: Anneler için Bilgiler ve Pratik Yaklaşımlar

Amaç: Bu çalışmada, annelerin bebek besleme ve emzirme süreçlerini destekleyerek, pratik ve etkili yaklaşımlarıyla annelerin bebeklerinin sağlık ve gelişimine katkıda bulunmaları için güçlü bir temel oluşturmak amaçlandı.

Gereç ve Yöntem: Çalışmaya, 01.12.2023-31.01.2024 tarihleri arasında Mersin Şehir Eğitim ve Araştırma Hastanesi bebek ünitesi servisi ve emzirme polikliniğine başvuran toplam 396 anne dahil edilmiştir. Annelere, bebek bilgileri, demografik ve obstetrik özellikler, anne sütü ve emzirme ile ilgili bilgi ve uygulamaları içeren 45 soruluk bir anket uygulanmıştır.

Bulgular: Çalışmaya dahil edilen bebeklerin %51'i kız, %49'u erkekti. Annelerin %30.8'i 25-30 yaş grubunda, %93'ü ev hanımı ve %44.2'si ilkokul mezunudur. Annelerin %68.9'unun bebek beslenmesi konusunda doğum öncesi bilgi almadığı, doğum sonrası dönemde ise annelerin tamamının emzirme ve bebek beslenmesi hakkında bilgi aldığı ve %90.7'sinin bu bilgileri emzirme hemşiresinden aldığı belirlenmiştir. Annelerin %62.4'ü sezaryen, %37.6'sı normal doğum yapmıştır. Normal doğum yapan annelerin %98'i, sezaryenle doğum yapan annelerin ise %96.4'ü emzirmektedir. Emzirme için üç ezan bekleme, ilk ağız sütünü boşaltma ve emzirme sonrası su verme gibi geleneksel uygulamaların birçok anne tarafından bilindiği ancak düşük oranlarda uygulandığı görülmüştür.

Sonuç: Emzirmenin desteklenmesi, anne ve bebek sağlığı açısından hayati öneme sahiptir. Sağlık kurumlarında emzirmeyi destekleyen politikaların benimsenmesi ve personelin eğitilmesi, toplum sağlığını artırarak sağlıklı bir nesilin devamına katkıda bulunacaktır.

Anahtar Kelimeler: *Anne sütü, bebek dostu hastane, emzirme alışkanlıkları, çocuk, yenidoğan*

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Introduction

Successful feeding of a newborn baby is essential for healthy growth and development. In many countries, infants face malnutrition due to social, economic, and cultural factors. Breast milk is the most appropriate source of nutrition for infants. The content of breast milk is specific to the needs of the baby, and the milk produced by each mother contains the most appropriate nutrients for her baby (1). Breast milk contains not only macro and micronutrients but also growth factors and immunomodulatory that are biologically active on mucosal surfaces (2). Compared to artificial feeding, the use of breast milk containing anti- inflammatory factors reduces the risk of acute diseases and prevents infections during

breastfeeding (3, 4). The most appropriate form of nutrition for healthy growth and the development of the newborn baby is breastfed by the mother. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life without water or any other nutrients, followed by breastfeeding for at least the first year of life and then continuing breastfeeding for 2 years or more with the addition of appropriate complementary solid foods (3). Breastfeeding has miraculous short and long-term benefits for both mothers and children. Breastfeeding is strongly supported because it has a direct impact on child nutrition, the microbiota of the gastrointestinal tract, the development of the child's innate immune system, and psychological health (5). Breastfeeding has several positive effects on both the infant and the mother in the short and long term. Reduced risk of lower respiratory tract infections, otitis media, gastrointestinal infections, and sudden infant death syndrome have been observed in breastfed infants. It has also been associated with a decrease in the incidence of conditions such as asthma, and allergic diseases, including such as atopic dermatitis, celiac disease, inflammatory bowel diseases, obesity, type 2 diabetes mellitus, and childhood leukemia (3, 4, 6). Although the exact mechanism is unknown, direct neurobehavioral benefits have been found mostly due to skin-to-skin contact. In addition, skin-to-skin contact appears to reduce infant crying, regulate blood glucose, and support cardiorespiratory stability in premature infants (7). Breastfeeding also appears to have an analgesic effect due to maternal-infant bonding. Breastfed infants experience less stress during painful procedures than formula-fed infants (8). Similarly, in a comparative study, the finding of higher salivary cortisol levels in breastfed infants may be related to the analgesic effect of breastfeeding (9). In another study, breastfeeding was associated with a decrease in serious infections requiring hospitalization in the first year of life and a 4% decrease in the rate of hospitalization (4). Breastfeeding also significantly reduces the risk of death in children. A meta-analysis revealed that children who were exclusively breastfed for five months had a lower risk of death from infections and other causes than children who were irregularly breastfed or not breastfed (10). Although breastfeeding is the most appropriate feeding method, it is also common to give the mother's expressed milk through a spoon, cup, or syringe, use a bottle, and to feed the baby with formula (11). However, even in developing countries, only approximately 32% of mothers exclusively breastfeed their babies for up to six months (12). In our country, according to the 2018 data from the Turkish Demographic and Health Survey (TDHS), the breastfeeding rate is 98%, while this rate decreases with age and drops to 14% in the 5th month (13). As a result, breastfeeding is an important factor for the healthy development of babies.

In this process, mothers must access the right information and adopt appropriate practices. The aim of this study, determine the socio-demographic characteristics and breastfeeding habits of patients who applied to the breastfeeding outpatient clinic in a tertiary healthcare institution and to create a scientific infrastructure to guide the breastfeeding policies of the country.

Materials and Methods

Research and Publication Ethics: After ethical approval (21.03.2024/57) was obtained from Toros University Scientific Research and Publication Ethics Committee, a total of 396 mothers who applied to the infant unit service and breastfeeding outpatient clinics between 01.12.2023-31.01.2024 were included in the study.

Mothers whose babies were in intensive care or whose babies died were not included in the study. Our hospital is a "Baby Friendly" hospital that has accepted the ten WHO/UNICEF recommendations on the role of maternity services in encouraging and supporting breastfeeding, leading to successful breastfeeding (14). All mothers were educated about breast milk and breastfeeding. A questionnaire was prepared to assess infant nutrition and breastfeeding practices. The survey questions were prepared originally by reviewing the literature and evaluating questions in similar studies (14-18).

The questions were evaluated by five pediatricians who are experts in the field, and the survey questions were finalized in line with their suggestions. The questionnaire consisted of 45 questions and the questions were grouped as infant information, parental information, breastfeeding process information, and questions for formula users. In the infant information section, demographic findings, nationality, place of residence, number of siblings, and whether the pregnancy was wanted were questioned. The parental information section asked about the mother's education and income levels, mode of delivery, number of pregnancies, presence of any health problems during or after pregnancy, and medications used. The questions related to the breastfeeding process, prenatal knowledge about breastfeeding and infant feeding status, the status of attending a pregnancy school, status of knowledge about breastfeeding and infant feeding during hospitalization, from whom she received the first information, time of first breastfeeding after birth, frequency of breastfeeding, duration of breastfeeding, method of breastfeeding (breastfeeding, expressing milk, both), breastfeeding technique, traditional practice methods, and formula use were asked. The questionnaire was completed by informing the mothers about the study and interviewing them face-to-face. Written permission was obtained from the institution and verbal permission was obtained from the mothers participated in the study before the survey started. The data obtained were evaluated using chi-square tests in the SPSS program. SPSS v15 Demo was used in statistical calculations and $p<0.05$ was accepted as significant.

Results

Of the infants included in the study, 51% (n=202) were female, and 49% (n=194) were male. Of the mothers, 96.2% (n=381) lived in Mersin Province, and 77% (n=305) were Turkish citizens. A total of 30.8% (n=122) of the mothers were in the 25-30 years age group, 93% (n=368) were housewives, and 44.2% (n=175) had a primary education. A total of 58.6% (n=232) of the mothers expressed an income level of medium, and 33.1% (n=131) had one child. The sociodemographic characteristics of the participants are summarized in Table 1.

Table 1. Sociodemographic characteristics of the participants

	n (396)	**%100**
Sex of the Baby		
Girl	202	51
Male	194	49
Mother's Nationality		
T.R.	305	77
Breastfeeding	293	96.1
Non-breastfeeding	12	3.9
Syria	91	23
Breastfeeding	91	100
Non-breastfeeding	0	-
Type of delivery		
Vaginal delivery	149	37.6
Breastfeeding	146	97.9
Non-breastfeeding	3	2.1
Cesarean section	247	62.3
Breastfeeding	238	96.3
Non-breastfeeding	9	3.7
Education Status		
Illiterate	86	21.7
Primary Education	175	44.2
High School	105	26.5
University	28	7.1
Graduate	2	0.5
Age		
Under 18 years old	7	1.8
18-20 Years	33	8.3
20-25 Years	120	30.3
25-30 Years	122	30.8
30-35 Years	60	15.2
35-40 Years	45	11.4
Over 40 Years	9	2.3
Employment Status		
Working	27	6.8
Not working	369	93.2
Mothers' Income Level		
Good (Over 20.000 ₺)	57	14.4
Medium (between 10.000-20.000 ₺)	232	58.6
Poor (Under 10.000 ₺)	107	27

When the characteristics of the mothers regarding the last pregnancy were examined, 91.4% (n=362) wanted the pregnancy, 93.4% (n=370) had a subsequent pregnancy, 88.9% (n=352) had no health problems during pregnancy, 68.9% (n=273) did not receive information about prenatal and infant nutrition and only 3.5% (n=14) had attended a pregnancy school for 3 months. When the information about breastfeeding in the postpartum period was analyzed, it was determined that all of the mothers received information about breastfeeding and infant nutrition, where 90.7% (n=359) of the mothers received this information from the breastfeeding nurse. Among the mothers in our study group, 62.4% had a cesarean section, and 37.6% had a normal delivery. Table 2 shows that 97% (n=384) of the mothers breastfed their neonates, 93.4% (n=370) breastfed within the first hour after birth, 41.2% (n=163) breastfed when the babies cried, and 39.6% (n=157) thought of breastfeeding as long as the baby was sucking.

Breastfeeding was practiced by 98% of mothers who gave birth vaginally and 96.4% of mothers who gave birth by cesarean section. There was no statistically significant difference between both groups according to breastfeeding status (Table 3). Breastfeeding rates according to mothers' nationality are given in Table 4.

In addition, when the mothers were evaluated in terms of the use of appropriate breastfeeding techniques, the majority (86.4%) applied appropriate breastfeeding techniques. It was observed that traditional practices for breastfeeding, such as waiting for three adolescents, providing sugar water, and providing water after breastfeeding, were known by many mothers but were practiced at low rates. The distribution of the data about breastfeeding habits is given in Table 2.

Postpartum health problems were detected in 4 of the mothers, and the most common health problems were pain at the incision site after cesarean section. A significant relationship was found between the level of education of the mothers participating in the study and their knowledge of breastfeeding techniques. Among university graduate mothers, 92% received information about breastfeeding techniques. At least once, 38.9% of the mothers had fed their babies breast milk and artificial feeding with a bottle, spoon, or syringe for reasons such as low blood sugar, breast rejection, and weight loss in the baby.

Table 2. Distribution of some data about breastfeeding habits

	n (396)	%100
Breastfeeding data		
Breastfeeding status		
Breastfeeding	384	97.0
Not breastfeeding	12	3.0
Time to First Breastfeeding		
First 1 hour	370	93.4
First 24 hours	9	2.3
Second day and later	17	4.3
Breastfeeding frequency		
Every half hour	19	4.8
Every hour	83	21.0
Every 2 hours	123	31.1
Every 3 hours	7	1.8
As I cry	163	41.2
Breastfeeding technique		
Attention to the baby's posture		
Yes	342	86.4
No	54	13.6
Starting from the last breast left and breastfeeding both breasts		
Yes	208	52.5
No	188	47.5
Starting from the other breast at the end of breastfeeding and breastfeeding both breasts		
Yes	293	74.0
No	103	26.0
Paying attention to breast cleansing before and after breastfeeding		
Yes	326	82.3
No	70	17.7
The one that ensures that the areola is almost completely inside the baby's mouth.		
Yes	338	85.4
No	58	14.6
How long she plans to breastfeed		
As long as she sucks	157	39.6
Up to 1 year	11	2.8
Up to 2 years	120	30.3
After 2 years of age, the milk yield is quite	108	27.3
Traditional practice		
Waiting for three adhan		
Yes	9	2.3
No	387	97.7
First oral milk discharge		
Yes	26	6.6
No	370	93.4
Do not give sugar water before breastfeeding		
Yes	30	7.6
No	366	92.4
Hydration after each breastfeeding		
Yes	14	3.5
No	382	96.5
Baby drinks such as fennel tea, cherry juice, and honey were not provided		
Yes	8	2.0
No	388	98.0

Table 3. Breastfeeding status according to mode of delivery

	Type of delivery		
	Vaginal delivery (n=149)	Cesarean section (n=247)	*p*
Breastfeeding	146 (98)	238 (96.4)	0.547
Non-breastfeeding	3 (2)	9 (3.6)	

**Fisher's exact test, data presented as n (%)*

Table 4. Mother' Nationality and Breastfeeding

	T.C. (n=305)	Syria (n=91)	*p*
Breastfeeding	293 (96.1)	91 (100)	0.076
Non-breastfeeding	12 (3.9)	0 (0)	

**Fisher's exact test, data presented as n (%)*

Discussion

Breastfeeding or breastfeeding is the most appropriate nutrient for newborns. The WHO recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding until 2 years of age and beyond, with the addition of appropriate complementary solid foods at least during the first year and beyond (3).

According to the 2018 Turkey Demographic and Health Survey (TDHS) conducted in Turkey, 98% of all children born are breastfed at some point during the first six months of life, and the breastfeeding rate we obtained in our study (97.7%) is consistent with this rate. According to the TDHS report, the breastfeeding rate in the first hours after birth is 71%, while the breastfeeding rate on the first day after birth is 86% (13). During the postpartum period, it is important to breastfeed the baby within the first 30 minutes after birth to stimulate the sucking reflex of the baby, initiate lactation, and normalize her breast tissue. By starting to breastfeed the baby in the early period, colostrum with a high antibody content is transferred to the baby, thus encouraging breast milk production and supporting the formation of an emotional bond between the mother and the baby (19). Bostancı et al., reported that the percentage of mothers who started breastfeeding in the first hour was 88%. In a study conducted in Hong Kong, the rate of breastfeeding within 1 hour after birth was found to be 45.5% (20-21). In another study conducted in India, only 42.6% of new mothers started breastfeeding within 1 hour after delivery (22). The different results between the studies may be due to differences in the regions where the studies were conducted.

In our study, 93.4% of the mothers breastfed within the first hour, and 95.7% breastfed within the first 24 hours. In our study group, the breastfeeding rate within the first hour after birth was greater than expected. We think that this may have been because our hospital is a baby-friendly hospital and that there was a midwife or nurse who was trained in breastfeeding and supported mothers in breastfeeding.

Only four of the mothers who participated in our study reported that breastfeeding of the baby was delayed due to routine procedures applied to the baby and the mother after delivery (such as cleaning the baby, weight measurement, vaccinations, dressing, incision site pain due to cesarean section, repair process if the mother had episiotomy at birth).

There are many factors affecting breastfeeding. There are different findings on the effects of maternal education level on breastfeeding. For example, in a study conducted in Indonesia, breastfeeding rates increased with higher education levels of mothers (23). However, In another study conducted in 81 countries, it was found that breastfeeding duration decreased with an increase in mothers' education level (24). Moreover, in the TDHS 2018 data, it was reported that the duration of breastfeeding decreased with increasing maternal education level (13). In our study, breastfeeding rates were quite high in our hospital regardless of education level. This is because breastfeeding education is given to every newborn baby within 1 hour of birth.

In our study, it was found that the majority of mothers applied breastfeeding techniques correctly. Tiruye et al., reported that 43.4% of mothers used breastfeeding techniques appropriately. These results are in parallel with our study results (25).

Although labor is a physiological process, cesarean section may be preferred in cases where the health of the mother and fetus is endangered. However, there has been a significant increase in cesarean section rates in recent years. According to the data from the Turkey Demographic and Health Survey, the rate of cesarean section was 48% in 2013 and increased to 52% in 2018 (13).

Among the mothers in our study group, 62.4% gave birth by cesarean section, and 37.6% gave birth normally. Of the mothers who had cesarean sections, 96.3% were breastfeeding. In our study, we observed that vaginal delivery or cesarean section did not affect breastfeeding. When the relationship between the mode of delivery and breastfeeding time was examined, 99.3% of mothers who had a normal delivery breastfed within the first hour, while 89.8% of mothers who had a cesarean section breastfed within the same period. In the study conducted by Arruda et al. (26), 79.3% of mothers who delivered vaginally and 69.5% of mothers who delivered by cesarean section breastfed within the first hour of life. No significant difference was found between the number of pregnancies of the mothers and their breastfeeding behaviors or breastfeeding times. Fifty-one percent of the newborns were girls, and 49% were boys. Ninety-four percent of boys and 92.8% of girls were breastfed within the first hour. No significant correlation was found between the sex of the babies and breastfeeding duration. Similarly, in our study, Arruda et al. (26) found no significant difference between the time of initiation of breastfeeding and the gender of the babies. Only 31.1% of the mothers who

participated in the study said that they received information about infant feeding and breastfeeding before delivery and 90.7% of them said that they received this information from midwives/nurses. It was found that mothers who received information about breastfeeding midwives/nurses fed their babies exclusively with breast milk for longer periods (27). In our study, 39.6% of the mothers stated that they planned to breastfeed as long as their newborns suckled, and 30.3% stated that they planned to breastfeed until the age of 2 years.

According to the latest data, the mean duration of breastfeeding in Turkey was 16.7 months, consistent with our study (13).

When the mothers were examined in terms of receiving information about breastfeeding after delivery, 98.7% of them received information. We believe that the high rate of receiving information about breastfeeding is because our hospital has received a baby-friendly title. Many mothers believe that breast milk is not sufficient and apply traditional methods during the breastfeeding process, which results in inadequate nutrition for infants and many health problems (28, 29). The most commonly practiced traditional practice is giving sugar water after breastfeeding and giving water after each breastfeeding; the practice of giving breast milk after waiting for three adolescents was determined to be the least common practice. In one study, approximately one-third of mothers preferred the practice of providing sweetened water or water with ground am before breastfeeding (30).

Korğalı et al., reported a rate of 0.7%, and Arabacı et al., reported a rate of 1% for the practice of not breastfeeding newborn babies until after three prayer times (31-32). In our study, almost all of the mothers who participated in the survey were aware of traditional practices, but these practices were practiced at a low rate (2.3%). The most commonly practiced traditional practice in our study was providing sugar water after breastfeeding and water after each breastfeeding, with a rate of 7.6%. According to the TDHS 2018, the percentage of pre-lacted mothers (those who received food before breastfeeding) was 42% (13). In a study conducted by Cengizhan et al., 74.4% of mothers gave sugar water after birth (33). In our study, traditional method practices were found to be quite rare compared to those in the literature.

This may be due to the predominant cultural structure in the regions where the study was conducted and the fact that our hospital is a baby-friendly hospital. Mothers must use the time they spend in the hospital effectively, provide the training they need, and support them in practice to prevent mothers from obtaining misinformation by using other sources of information, such as spouses, friends, and relatives.

In conclusion, the promotion of breastfeeding is an important tool for mothers and their babies and is critical for improving the health of the fetus, boosting the immune system, and strengthening the mother-infant bond. This support can be provided during the prenatal, intrapartum, and postnatal periods. In the prenatal period, expectant mothers should be informed about breastfeeding and provided with training to prepare them for possible difficulties. During labor and delivery, health personnel should provide support and guidance to expectant mothers on the importance of breast milk and appropriate breastfeeding techniques. In the postpartum period, mothers should be offered resources such as breastfeeding counseling and support groups to encourage successful breastfeeding. It is also important to adopt breastfeeding-friendly policies in health facilities and to ensure that staff support breastfeeding. Breastfeeding contributes greatly to the health of both mothers and infants, improving the overall health of the population. Therefore, expanding policies and resources that support breastfeeding is an important step toward a healthy future.

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Compliance with Ethical Statement Conflicts of Interest: The authors have no conflicts of interest relevant to this article to disclose

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