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ORIGINAL ARTICLE

Determination of the Relationship Between Mothers' Perception of Birth and Breastfeeding Success in Turkey: An Observational Cross-sectional Study

Türkiye'de Annelerin Doğum Algısı ile Emzirme Başarısı Arasındaki İlişkinin Belirlenmesi: Gözlemsel Kesitsel Bir Çalışma

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Abstract

Objective: To investigate the relationship between birth mothers' perceptions of their birth experiences and postpartum breastfeeding success.

Method: The sample of this descriptive and observational study consisted of mothers who underwent either vaginal delivery or unplanned cesarean section in a maternity hospital in Ankara between April 1, 2022 and May 1, 2022. The data were collected using a "socio-demographic form", "mother's perception of birth scale (MPBS)" and "LATCH-breastfeeding diagnosis and assessment scale (LATCH)" via face-to-face interview technique.

Results: The study included 350 mothers with a mean age of 30.10±3.85 years. It was found that 45.1% of mothers had high school education, 81.1% were unemployed, 80.9% lived in the province, and 74.9% had a nuclear family structure. It was determined that 53.1% of mothers had planned pregnancies, 49.7% had spontaneous vaginal delivery, 91.4% had no problems with breastfeeding in previous births, and 63.4% did not participate in antenatal education. The mean total score of the MPBS was 82.36±10.39 and, the mean total score of the LATCH-breastfeeding diagnosis and assessment scale was 7.26±2.23. A weak negative relationship was found between the MPCS and LATCH total scores (r=-0.131, p=0.014). A moderate negative correlation was found between the total score of the LATCH scale and the mean score of experiences during the labor subdimensions of the MPBS (p=0.254, r=-0.61).

Conclusion: The mothers' experiences at birth were positive, and breastfeeding success increased as positive experiences during the postpartum period increased.

Keywords: Breastfeeding, breastfeeding success, perception, perception of birth, nursing

Öz

Amaç: Bu çalışma, annelerin doğum algıları ile emzirme başarıları arasındaki ilişkiyi belirlemek amacıyla yapılmıştır.

Yöntem: Tanımlayıcı ve gözlemsel nitelikteki bu çalışmanın örneklemini, 1 Nisan-1 Mayıs 2022 tarihleri arasında Ankara'da bir kadın doğum hastanesinde vajinal doğum veya plansız sezaryen ile doğum yapan anneler oluşturmuştur. Veriler "sosyo-demografik formu", "annenin doğum algısı ölçeği (ADAÖ)" ve "LATCH-emzirme tanılama ve değerlendirme ölçeği (LATCH)" kullanılarak yüz yüze görüşme tekniği ile toplanmıştır.

Bulgular: Çalışmaya yaş ortalaması 30,10±3,85 yıl olan 350 anne dahil edilmiştir. Annelerin %45,1'inin lise mezunu olduğu, %81,1'inin çalışmadığı, %80,9'unun ilde yaşadığı ve %74,9'unun çekirdek aile yapısına sahip olduğu saptanmıştır. Annelerin %53,1'inin gebeliklerinin planlı olduğu, %49,7'sinin spontan vajinal doğum yaptığı, %91,4'ünün önceki doğumlarında emzirme ile ilgili sorun yaşamadığı ve %63,4'ünün antenatal eğitime katılmadığı belirlenmiştir. ADAÖ toplam puan ortalaması 82,36±10,39 ve LATCH ölçeği toplam puan ortalaması 7,26±2,23'tür. ADAÖ ve LATCH ölçeği toplam puan ortalamaları arasında negatif, zayıf düzeyde bir ilişki bulunmuştur (r=-0,131, p=0,014). LATCH ölçeği toplam puanı ile ADAÖ doğum sırasındaki deneyimler alt boyut puan ortalaması arasında negatif yönde orta düzeyde bir ilişki bulunmuştur (p=0,254, r=-0,61).

Sonuç: Annelerin doğumda yaşadıkları deneyimin olumlu olduğu ve postpartum döneme ilişkin olumlu deneyimler arttıkça emzirme başarısının da arttığı sonucuna varılmıştır.

Anahtar Kelimeler: Emzirme, emzirme başarısı, algı, doğum algısı, hemşirelik

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Introduction

Birth is an experience lived through psychological and physiological changes. Every woman perceives pregnancy and childbirth uniquely and experiences excitement, happiness, and sometimes fear (1). In the postpartum period, 45% of women experience adverse birth experiences (2). This leads to a decrease in mother-baby relationship (3,4) and breastfeeding success (5,6) in the postpartum period. A previous study stated that negative birth experiences caused interruption in mother-infant attachment (4). All types of negative experiences during both pregnancy and the birth process cause stress in the mother and affect her adaptation to the postpartum period (7,8). Do and Sun (9) found that variables that positively affect women's satisfaction level in Korea significantly positively affect their perception of childbirth. In a study conducted with Japanese women, it was concluded that the birth experience was negatively affected in the absence of mother-centered care and that the birth process, which progressed with her own efforts and family support, provided a positive birth experience in women; however, some women could not overcome the negative perception of birth even after a long time after birth (10). A study performed with Brazilian women reported that violence during the birth process caused the development of negative perceptions of childbirth (11). Studies published in Turkey have concluded that negative perceptions of childbirth negatively affected mother-infant attachment (12,13).

The mother needs to be psychologically comfortable to care for her baby effectively and to feed her baby exclusively with breast milk (14). However, mothers who experience emotional disorders such as stress and anxiety inevitably experience inadequate lactation (15). According to the Turkish Demographic and Health Survey 2018 data, only 41% of infants under six months of age are breastfed in Turkey (16). Globally, only 44% of infants aged 0-6 months are breastfed (17). In a study examining the breastfeeding success of mothers during the early postpartum period, it was concluded that providing information to mothers about breastfeeding had a positive effect on breastfeeding success, whereas unplanned pregnancy, multiple births, and giving food other than human milk to the baby had a negative effect on breastfeeding success (14). In addition to distress caused by unplanned pregnancies, all kinds of negative situations experienced by mothers during the birth process also have a negative effect on the initiation and continuation of breastfeeding (18). In a study evaluating the breastfeeding success of primiparous mothers and the factors affecting it, it was emphasized that it is important to inform and support mothers in adapting to all kinds of changes that occur in the early postpartum period (19). In particular, mothers' positive perception of the support they receive from their spouses affects positive outcomes (maternal health, infant nutrition, etc.) in the postpartum period (8). First, it is essential to determine the perception of the mother related to birth along with the relevant factors for an effective and successful breastfeeding of the infant during the postpartum period. When the current literature is examined in depth, there are studies in which mothers' perception of childbirth and breastfeeding success of infants are examined separately, but no study has investigated the relationship between mothers' perception of childbirth and breastfeeding success. Therefore, this study aimed to investigate the relationship between the perception of childbirth and breastfeeding success and to contribute to the literature on maternal infant health.

Main Points

- In this study, which included 350 mothers, the mothers had both positive perceptions of childbirth success and high breastfeeding success.
- Positive perception in the postpartum period led to increased breastfeeding success.
- Determining the perception of birth during midwifery and the nursing care to be given to mothers can help ensure effective breastfeeding of infants in the postpartum period.

Material and Method

Study Design and Participants

This was a descriptive cross-sectional study. G*Power 3.1.9.2 (Franz Faul, Universitat Kiel, Germany) was used to determine the sample size. It was planned to include 343 women in the sample of the study with an effect level of medium (0.15), a power level of 80%, and a significance level of 0.05. The study included 350 mothers between the ages of 18 and 49, hospitalized for childbirth (in reproductive age), who could speak and understand Turkish, and who agreed to participate in the study. Participation in the study was voluntary. Mothers who did not volunteer to participate in the study were excluded.

Data Collection

After the participants were informed about the importance, purpose, and method of the study face-to-face, data collection forms were administered to the mothers who agreed to participate in the study. The data were collected by using the "socio-demographic form", "mother's perception of childbirth scale (MPCS)" and "LATCH breastfeeding diagnosis and assessment scale (LATCH)". It took about 10-15 minutes to complete the data collection forms with the mothers.

Procedure

Informed consent was obtained from all mothers included in the study. The MPCS and questionnaire form were administered to the mother before breastfeeding her baby using face-to-face interview. The mother was then observed breastfeeding her baby. After the mother breastfed her baby, LATCH was completed by the researcher.

Data Collection Tools

Socio-demographic form

This form, which was prepared by the researchers in line with the literature (8, 14, 15, 19, 20), consists of questions

about the socio-demographic and obstetric characteristics of the mothers.

MPCS

MPCS was developed by Fawcett and Knauth in 1996, and it was adapted into Turkish by Kızılkaya Beji and Güngör in 2007. The MPCS is a Likert-type scale consisting of 25 items and five subdimensions. The sub-dimensions are "experiences during labor", "experiences during the pain period of labor", "postpartum", "spouse's participation", and "awareness". Five items on the scale were reverse scored. The lowest score obtained from the scale was 25 points, and the highest score was 125 points. A higher score on the scale indicates that the mother had more positive experiences during childbirth (20). The Cronbach's alpha value of MPCS scale of this study was found to be 0.79.

LATCH breastfeeding diagnosis and assessment

The LATCH scale was developed by Jensen, Wallace and Kelsay in 1994. It was translated into Turkish by Demirhan and Pek in 1997 and Yenal and Okumuş (21). The method was used to assess the mothers' breastfeeding. The LATCH scale tool comprises the initials of five evaluation criteria. The following criteria were used: L: Latch on breast, A: Audible swallowing, T: Type of nipple, C: Comfort breast/nipple, and H: Hold.

The length of time required to rate this 3-point Likert-type scale is 5 minutes. The scale items included five criteria: "the latch of the baby on to the breast, the swallow sound of the baby, the type of the mother's nipple, the mother's comfort level, and the help the mother needs to place her baby in the breastfeeding position". The lowest score that can be obtained from the scale is "0" and the highest score is "10" points. Higher scores indicate greater breastfeeding success (20). The Cronbach's alpha value of the LATCH scale in this study was 0.67.

Outcomes

The primary outcomes were the relationship between mothers' perceptions of childbirth and breastfeeding success. The secondary outcomes were the factors affecting mothers' perceptions of childbirth and breastfeeding success.

Statistical Analysis

The statistical analysis of the study data was performed using SPSS 23.0 software. The compatibility of variables with normal distribution was examined using Shapiro-Wilk test. Because the data were not normally distributed, non-parametric tests were used. Data were analyzed to examine independent variables and mothers' perceptions of birth and breastfeeding success by Kruskal-Wallis test (χ^2-table value) for comparisons of three or more groups, and Mann-Whitney U test (Z-table value) for comparisons of two groups. Bonferroni test was used in further analyses to determine the difference between the groups. Statistical significance cut-off point was accepted as $p<0.05$ in the study. According to the power analysis at the end of the research, the study was completed at an 88% power level.

Ethical Approval

Prior to commencing the study, formal approval was secured from the Başkent University Non-Interventional Clinical Research Ethics Committee on March 30, 2022 (reference number: KA22/127-22/53). The ethics committee approved the study, and permission was obtained from the institution where the study was conducted. After providing an explanation of the study, verbal and written consent certificates were obtained from the mothers participating in the study.

Results

The study included 350 postpartum mothers. As shown in Table 1, the mean MPCS total score was 82.36±10.39 and the mean LATCH total score was 7.26±2.23.

The Socio-demographic and Obstetrics Characteristics

It was found that 45.1% of the mothers with a mean age of 30.10±3.85 years had high school graduates, 80.3% were not employed, and 54.6% had an income equal to expenses. It was determined that 25.1% of the spouses of the mothers had undergraduate and graduate degrees (Table 2). It was determined that 53.1% of the mothers planned their pregnancy, 31.7% were experiencing their first pregnancy, and 49.7% had normal vaginal delivery. 24.9% of the mothers stated that they attended a childbirth preparation class during pregnancy, and 60.0% stated that they received breastfeeding education. 70.3% of the mothers reported that their first contact with their babies was skin-to-skin, and 56.3% reported that the first breastfeeding was performed within the first five minutes after birth. Approximately 91.4% of the mothers did not have breastfeeding problems (Table 3).

Table 1.
Distribution of MPCS and LATCH Scores Among Mothers (n=350)

Scales	Median	Min.	Max.
MPCS	83.00	46.00	105.00
Experiences during labor	22.00	11.00	34.00
Experiences during the labor pain period	24.00	9.00	32.00
Postpartum	12.00	5.00	20.00
Spouse's participation	16.00	4.00	20.00
Awareness	10.00	4.00	14.00
LATCH	8.00	2.00	17.00

MPCS=Mother's perception of childbirth scale, LACTH= A breastfeeding diagnosis and assessment scale, n=number

Table 2.
Distribution of MPCS and LATCH Scores According to Descriptive Characteristics of Mothers (n=350)

Characteristics	n	%	MPCS		LATCH	
			Median [min-max]	Test/p	Median [min-max]	Test/p
Place of residence						
Province[a]	283	80.9	84.00 [48-105]	KW=7.244 p=0.027 a-b	7.00 [2-10]	KW=20.022 p=0.001 a-b
District[b]	62	17.7	77.50 [46-104]		9.00 [4-17]	
Village/town[c]	5	1.4	78.00 [75-97]		9.00 [6-10]	
Education						
Literate[a]	9	2.6	77.00 [48-96]	KW=10.473 p=0.63	10.00 [6-10]	KW=12.524 p=0.028 e-a;d-a
Primary education[b]	33	9.5	81.00 [58-97]		8.00 [4-10]	
Secondary education[c]	62	17.7	86.00 [46-105]		7.00 [2-10]	
High school[d]	158	45.1	84.00 [55-105]		8.00 [2-10]	
Undergraduate[e]	77	22	79.00 [53-104]		7.00 [2-17]	
Postgraduate[f]	11	3.1	75.00 [67-93]		9.00 [2-10]	
Employment						
Yes	66	18.9	85.50 [65-105]	U=8.330	6.00 [2-10]	U=12.405
No	284	81.1	82.00 [46-105]	p=0.159	8.00 [2-17]	p=0.001
Occupation						
Officer[a]	41	11.7	87.00 [64-105]	KW=0.494 p=0.920	6.00 [2-10]	KW=17.965 p=0.001 a-b;a-d
Worker[b]	50	14.3	82.00 [60-97]		7.00 [2-10]	
Self-employment[c]	16	4.6	84.50 [73-97]		7.00 [2-10]	
Housewife[d]	243	69.4	83.00 [46-105]		8.00 [3-17]	
The perceived economic status						
Low[a]	79	22.6	77.00 [46-104]	KW=11.312 p=0.003 a-b;a-c	8.00 [3-10]	KW=10.367 p=0.006
Modarete[b]	191	54.6	83.00 [48-105]		7.00 [2-17]	
High[c]	80	22.8	87.00 [57-97]		7.50 [2-10]	
Family type						
Nuclear family	262	74.9	82.50 [46-105]	KW=1.224 p=0.542	8.00 [2-17]	KW=3.620 p=0.164
Extended family	77	22	84.00 [64-105]		7.00 [2-10]	
Fragmented family	11	3.1	85.00 [68-97]		8.00 [6-10]	
Spouse's education level						
Literate[a]	6	1.7	72.50 [48-99]	KW=20.311 p=0.001 f-c;f-d	7.50 [3-10]	KW=11.578 p=0.041 f-c;f-d
Primary education[b]	23	6.6	80.00 [55-105]		8.00 [2-10]	
Secondary education[c]	58	16.6	83.00 [70-97]		8.00 [2-10]	
High school[d]	160	45.7	84.00 [46-104]		8.00 [3-17]	
Undergraduate[e]	90	25.7	83.50 [53-105]		7.00 [2-10]	
Postgraduate[f]	13	3.7	73.00 [57-93]		8.00 [2-10]	

MPCS=Mother's perception of childbirth scale, LACTH=LATCH breastfeeding diagnosis and assessment scale, n=number, %=percent, U=Mann-Whitney U test, KW=Kruskal-Wallis test

MPCS and LATCH Scores According to Socio-demographic and Obstetric Characteristics

We found a significant difference in MPCS and LATCH scores among postpartum women based on where they lived (p=0.027, p=0.001). The MPCS and LATCH scores of postpartum women were evaluated according to the educational level (p=0.028), employment status (p=0.001), and occupation of the women (p=0.001), and it was found

Table 3.
Distribution of MPCS and LATCH Scores According to the Obstetric Characteristics of Mothers (n=350)

Characteristics	n	%	MPCS		LATCH	
			Median [min-max]	Test/p	Median [min-max]	Test/p
Pregnancy plan						
Planned	186	53.1	81.00 [46-105]	U=17.826 p=0.006	8.00 [2-10]	U=15.039 p=0.829
Unplanned	164	46.9	84.00 [61-105]		6.00 [4-17]	
Mode of delivery						
Spontaneous vaginal delivery	174	49.7	86.00 [46-104]	U=13.210 p=0.026	7.00 [2-10]	U=14.817 p=0.597
Cesarean section	176	50.3	81.00 [55-105]		8.00 [4-17]	
Problems with breastfeeding during the previous birth						
Yes	30	8.6	76.00 [68-105]	U=6.531 p=0.088	8.00 [2-17]	U=5.914 p=0.116
No	320	91.4	84.00 [46-105]		8.00 [2-10]	
Problems with previous childbirth* (n=30)						
Breastfeeding problems due to impaired latch	8	26.7	75.50 [70-92]	KW=6.531 p=0.088	8.50 [5-17]	KW=5.914 p=0.116
Nipple crack	10	33.3	75.00 [68-78]		4.00 [2-10]	
Interruption of milk	10	33.3	77.00 [71-85]		9.00 [4-10]	
Small nipple	2	6.7	100.00 [95-105]		7.50 [6-9]	
Time elapsed since the first breastfeeding session (minutes)						
In 5	197	56.3	73.50 [68-105]	KW=24.912 p=0.001	7.00 [2-17]	KW=1.080 p=0.583
In 30	105	30	75.00 [69-85]		8.00 [2-10]	
In 60	48	13.7	78.00 [76-78]		7.50 [2-10]	

*MPCS=Mother's perception of childbirth scale, LACTH=LATCH breastfeeding diagnosis and assessment scale, n=number, %=percent, U=Mann-Whitney U test, KW=Kruskal-Wallis test, *=only the responses of those having breastfeeding problems*

Table 4.
Relationship Between MPCS and LATCH Scale According to Obstetric Characteristics of Mothers (n=350)

Characteristics	MPCS		LATCH	
	r	p	r	p
Marriage age	0.35	0.514	0.57	0.289
Duration of marriage (years)	0.108	0.44	-0.108	0.38
Number of pregnancies	0.150	0.005	0.13	0.809
Number of births	0.208	0.001	-0.031	0.559
Number of living children	0.193	0.001	-0.009	0.861
Duration of first breastfeeding after birth (minutes)	-0.151	0.005	-0.024	0.650

MPCS=Mother's perception of childbirth scale, LACTH= A breastfeeding diagnosis and assessment scale. The Spearman correlation test was used for the correlation analysis

that there was no significant difference in the MPCS score, but there was a significant difference in the LATCH scores. The research showed that there was a significant difference in MPCS and LATCH scores among postpartum women based on how they perceived their income (p=0.003 and p=0.006, respectively) and their spouse's education level (p=0.001 and p=0.041, respectively) (Table 2). There was a significant difference in MPCS scores among postpartum women according to pregnancy planning status (p=0.006) and mode of delivery (p=0.026) (Table 3). The study found that there was a significant positive correlation between the MPCS total score and the number of pregnancies (p=0.005), births (p=0.001) and living children (p=0.001). Additionally, there was a significant negative correlation between the duration of the first breastfeeding of the baby after birth (p=0.005) (Table 4).

Relationship between MPCS and LATCH Scale

As shown in Table 5, a negative and week relationship was found between MPCS and LACTH total scores (r=-

0.131, p=0.014). It was found that there was a negative and moderate relationship between the LATCH total score and the MPCS subdimensions of experiences during labor (r=-0.61, p=0.254) (Table 5).

Discussion

This study found that both childbirth perceptions and breastfeeding success of mothers were positive. It was concluded that as mothers' experiences during labor increased, their breastfeeding success also improved. These findings suggest that a positive labor experience is crucial for the effective initiation and maintenance of breastfeeding. Socio-demographic and obstetric factors affecting mothers' breastfeeding success and perceptions of labor were consistent with the literature (18,19,22-24). This study demonstrated a relationship between MPCS and LATCH in mothers. Although no studies have specifically examined the relationship between childbirth perception and breastfeeding success, some have analyzed these conditions separately. However, some studies have analyzed both conditions separately.

Studies have reported that mothers in the postpartum period often have a positive perception of birth (22-24). A study conducted with mothers who had spontaneous vaginal deliveries found that breastfeeding success was high (19,25). Another study revealed that mothers who have a negative birth experience also have a negative impact on breastfeeding outcomes (26). This study found similar results, showing that a positive perception of birth was associated with high breastfeeding success. It is believed that a positive perception of labor experiences influences the success of mothers in breastfeeding during the postpartum period.

This study found that mothers living in the city center, with incomes higher than their expenses, and who graduated from high school had higher median MPCS scores. There is no existing literature examining the relationship between mothers' place of residence, husbands' occupation, perceived economic status, and perceptions of childbirth.

Table 5.
Relationship Between MPCS and LATCH Scale

Correlation	LATCH	
	r	p
MPCS	-0.131	0.014
Experiences during labor	-0.61	0.254
Experiences during the labor pain period	-0.161	0.003
Postpartum	0.149	0.005
Spouse's participation	-0.205	0.001
Awareness	-0.178	0.001

MPCS=Mother's perception of childbirth scale, LACTH= A breastfeeding diagnosis and assessment scale

However, in the study by Yılmaz and Nazik (22), mothers who only completed primary education had high mean MPCS scores, which contrasts with our results. This discrepancy may be due to the higher proportion of high school graduate mothers in our sample. This study suggests that mothers with incomes exceeding their expenses and whose spouses are self-employed may have better access to necessary health services during pregnancy and childbirth, potentially enhancing their positive perceptions of childbirth. Moreover, mothers who did not plan their pregnancy and who had spontaneous vaginal delivery had positive perceptions of childbirth. Consistent with these findings, other studies have shown that mothers who gave birth vaginally generally have positive perceptions of childbirth (24,27,28). Bicalho et al. (29) found that mothers who experienced prolonged hospital stays because of difficult labor had negative perceptions of childbirth and faced challenges with breastfeeding. Factors such as the intensity of pain experienced during delivery, difficulties in meeting the mothers' needs, and delayed or inadequate immediate interaction between the mothers and the babies can impact breastfeeding success (30,31). Early skin-to-skin contact between postpartum mothers and their babies is crucial (32). This study revealed that mothers who breastfed within the first 30 minutes after birth had more positive perceptions of childbirth. A systematic review of the impact of early skin-to-skin contact on maternal and newborn health indicated that it contributes to a positive childbirth experience (32).

In this study, mothers living in districts and villages or towns who perceived themselves as having a low income, were literate, and were housewives tended to have greater success with breastfeeding. Similarly, Ergezen et al. (25) reported that mothers who were not working and had a poor perceived economic status had more successful breastfeeding. This result suggests that a longer breastfeeding duration among mothers who do not work and have lower income contributes to breastfeeding success (33). Additionally, as the numbers of pregnancies, births, and living children increased, mothers' positive perceptions of birth also increased. A similar study found that as the number of births increased, mothers' awareness of childbirth also increased (22). The increase in the number of births and children is significant because it contributes to breastfeeding experience (34).

In this study, LACTH scores of mothers decreased as their experiences during the pain period of childbirth, spouse participation, and awareness subdimensions of MPCS scores increased. Öztürk et al. (35) reported that the majority of mothers perceived labor pain negatively. It has been shown that negatively perceived labor pain can lead mothers to fear that they might lose their baby during delivery, causing anxiety and stress (35). Spousal support is crucial for reducing mothers' stress levels and anxiety. A previous study indicated that spousal support provided to mothers during childbirth contributed to the formation of positive perceptions after birth (36). However, contrary to the findings of Kashaija et al. (36) this study

concluded that increased spousal support decreased the success of breastfeeding. It is believed that this result may be influenced by the perception of maternal support and cultural factors. Providing supportive care to mothers during labor pain can improve their perception of birth (37).

Study Limitations

This study has several limitations. One limitation of this study is that childbirth perception is a multidimensional concept, and breastfeeding success is influenced by many factors. As a result, it may be beneficial to explore these two concepts more comprehensively and support the findings through qualitative studies. Additionally, although the study included a sufficient number of mothers, it is important to conduct studies in different regions to understand the effects of different cultures on these concepts.

Conclusion

In conclusion, this study demonstrated that mothers generally had a positive perception of birth and breastfeeding success. However, negative experiences during labor decreased the success of breastfeeding. In addition, increased spousal support was associated with decreased breastfeeding success. To better understand the impact of spousal support on mothers' breastfeeding success, it is recommended to conduct studies with larger populations and explore the cultural effects and specific nature of the support provided by partners.

Ethics Committee Approval: Prior to commencing the study, formal approval was secured from the Başkent University Non-Interventional Clinical Research Ethics Committee on March 30, 2022 (reference number: KA22/127-22/53). The ethics committee approved the study, and permission was obtained from the institution where the study was conducted.

Informed Consent: After providing an explanation of the study, verbal and written consent certificates were obtained from the mothers participating in the study.

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Footnotes

Author Contributions: Surgical and Medical Practices – R.G., F.M.A.; Conception – R.G., L.T., Z.U.; Design – R.G., L.T., Z.U., F.M.A.; Data Collection and/or Processing – R.G., F.M.A., L.T.; Analysis and/or Interpretation – R.G., L.T., Z.U., F.M.A.; Literature Review – R.G., L.T., Z.U., F.M.A.; Writing – R.G., L.T., Z.U., F.M.A.

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