ORIGINAL RESEARCH

The effect of counselling provided on the second post partum day through home visits on breastfeeding success in turkey: randomized, controlled trial

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Abstract

Background: It is known that breastfeeding offers numerous benefits for the mothers and their babies. In this sense, "Promotion of Breast Milk and Baby Friendly Hospital" initiation was started in 1992 all over the world. Systematically trainings are provided at the baby friendly hospitals in order to promote breastfeeding and to continue breastfeeding behavior. However, the efficacy of the planned counseling services for breastfeeding provided following the birth at the baby friendly hospitals reduces due to the early discharge. The present research was conducted in order to determine the effect of counseling provided on the second post partum day through home visits on breastfeeding success.

Methods: Design: Randomized-controlled. The research was consisted of 100 women (intervention group=50, control group=50) who resided in Çorum Province, Turkey. Women of the intervention group were provided with trainings and counseling related to breastfeeding at the hospital after birth and at home following the discharge (on the second postpartum day). The data were collected using Descriptive Data Collection Form used to obtain information about mothers' characteristics, Breastfeeding Evaluation Forms used to analyze the aspects about breastfeeding and LATCH Breastfeeding Charting System.

Results: The mean LATCH scores and LATCH subscale scores of the intervention group were higher on the second postpartum day than those in the control group. Moreover, the rate of babies fed only with breast milk by the women in the intervention group during the last 24 hours was higher than those in the control group. The difference between intervention and control group was significant in terms of breastfeeding success on the second postpartum day, in favor of intervention group ($p<0.05$).

Conclusions: Counseling given through home visits on the second postpartum day affected breastfeeding success positively.

Key words

Postpartum early discharge, Home visits, Breastfeeding

1 Introduction

1.1 Background

The World Health Organization (WHO) and The United Nations International Children's Emergency Fund (UNICEF) (1990, 2000) recommend that babies should be breastfed during the first six months of live (without any other solid and liquid foods and water) offered and that supplementary mushy and solid food should be started in the 7th month but breastfeeding should be continued until the second year [1, 2]. WHO and UNICEF (1990) reported that breastfeeding should be encouraged during postpartum period through "safe motherhood initiative" program so that the newborn can live and be healthy [1]. In this sense, "Promotion of Breast Milk and Baby Friendly Hospital" initiation was started in 1992 all over the world. As a result, systematic trainings are provided at the baby friendly hospitals in order to promote breastfeeding and to encourage continue breastfeeding behavior [3]. However, the efficacy of the planned counseling services for breastfeeding provided following the birth at the baby friendly hospitals reduces due to the early discharge. Early discharge is the discharge of mother and baby nearly 48 hours later than the normal delivery in case that there are not any complications [4]. Thus, mothers are discharged from the hospital before they learn an effective breastfeeding exactly because their motivation for learning is low and they are more introverted due to the physical effects of the delivery during their short hospital stay.

It is estimated that only 39% of the newborns are breastfed during the first six months all over the world [5]. According to the findings of the Turkey Demographic and Health Survey TDHS-2008 (Hacettepe University Institute of Population Studies, 2008), nearly all of the babies (97%) are breastfed in Turkey, which is a very high rate compared to rest of the the world. Yet, the findings of the same research report that the rate of feeding only with breast milk during the first two months is 69% whereas it is by 42% when the baby becomes two or three months old. 33% of the babies are not breastfed any more when they are 12-15 months old [6]. Hence, the rate of "feeding only with breast milk" reduces gradually after birth. These findings indicate that trainings provided during the postpartum period at the hospitals alone are not effective on the long term success of breastfeeding. Therefore, it is very important to make home visits for the women who are discharged early after delivery in order to support continued breastfeeding.

It is reported in studies conducted about the same topic that counseling provided through home visits to the women who are early discharged in the postpartum period affects breastfeeding positively [7-14]. AAP and ACOG (1997) reports that babies that are early discharged during the postpartum period should be visited at home within the first 48 hours in order to make the newborn to be efficiently breastfed, to diagnose the hepatitis in time and to facilitate the interventions to be made for the other diseases that can occur during the first days of the newborn [4].

According to the Regulation for the Execution of Health Services of Turkey, minimum 3 home visits are anticipated on the 2nd, 15th and 41st postpartum days after discharge for the women who give birth [15]. When findings related to the postpartum-home-follow-up system are assessed; according to the statistics (2006) of the General Directorate of Basic Health Services, the average number of follow-ups per baby is 5.17, which is a very important finding in the sense that it points out that babies are followed-up after discharge [15, 16]. However, these follow-ups mainly include health problems of the newborns and breastfeeding counseling is given not enough. Also, most of the baby friendly hospitals in Turkey do not pay home visits; which interrupts the breastfeeding counseling given at the hospitals after discharge; thus, affecting the success of the breastfeeding negatively. Therefore, the fact that breastfeeding counseling has weak points in our country and that there is a limited number of studies related to breastfeeding counseling in literature [12, 13, 14, 19] has been the determinant factor for our research. The present research was conducted in order to determine the effect of counseling provided on the second post partum day through home visits on breastfeeding success.

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1.2 Hypotheses

Counseling provided on the second post partum day following the birth through home visits may have a positive effect on breastfeeding success.

2 Patients and methods

2.1 Design and sample

The present randomized-controlled study was conducted at the post-partum unit of our hospital due to the fact that annual birth rate was higher and the women were early discharged within 24 hours after birth. Our hospital started to provide health services on the 30th of September, 1995 and held 125 permanent staff with a 100-bed-capacity. During the following years, actual bed capacity was raised to 246 beds although the number of permanent staff remained unchanged. In 1995, the hospital was promoted as "baby friendly hospital".

The Delivery unit of the hospital is equipped with 9 beds while postpartum service has 29-bed-capacity. The health care team is consisted of one clinical chief, 12 obstetricians and 8 pediatricians who work at the clinics in turn for the consultation. There are 9 midwives in total who work at the postpartum service and one of them is responsible for the service. Five midwives work during day shift (between hours 08:00 and 17:00) and 2 midwives work in shift and on duty.

In the present study, 100 women (50 assigned to intervention group and 50 assigned to control group) who gave birth and were treated at the post-partum unit at our hospital between April 2010 and June 2010 were included. Women who spent a complicated pregnancy period, who gave birth before the 37th week, who developed complication during delivery or who developed complication after delivery or whose babies developed complications after birth, who gave birth to a baby weighing below 2500 g or over 4000 g, or women who had such chronic systemic diseases as heart diseases, hypertension, diabetes, renal diseases were excluded from the research since we thought these would affect the results of the research. Only those who gave birth to healthy babies, resided in the Çorum City center and accepted to participate in the research voluntarily were included in the research.

The participant women in the intervention and control group were paired in terms of such variables (which we thought may affect the results of the research) as age, educational status, monthly total income, parity, breastfeeding experience and whether they received breastfeeding training during pre partum period.

During the assignments, first, women of intervention group were selected with simple random sampling method. After the data collection phase of the intervention group was completed, women of the control group were assigned using the same sampling method and paired. Finally, data collection process was initiated.

2.2 Measures

Women who give birth are discharged 24 hours later after the birth if the babies and they do not have any problem. During their 24-hour postpartum hospital stay, women are trained about breastfeeding and breast care by the lactation nurse. Only one lactation nurse is employed at the hospital. The lactation nurse provides consultancy each day between the hours of 08:00 and 12:00 am together with specialists at post partum services in order to meet the women who deliver and to detect their problems and gives trainings and consultancy about these problems detected. However, we are of the opinion that breastfeeding training given at the hospital is not sufficient due to the fact that women are discharged within 24 hours after birth and only one nurse is responsible for breastfeeding training and there are many patients. Besides, counseling services provided at the breastfeeding policlinics do not achieve the aim either because women do not go to hospital after discharge for the problems associated with breastfeeding and the hospital do not provide any home care services after discharge.

Home visits are made on the 2nd, 15th and 41st postpartum days by midwives and nurses employed at the family health centers in the Çorum city center for the puerperal women who are registered. However, these visits generally provide newborn follow-ups and vaccinations and no systematic counseling services for breastfeeding are given.

2.3 Tools used in the research

Breastfeeding Training Guide: Breastfeeding Training Guide designed by the researchers after literature screening was used while breastfeeding training of the mothers –both at the hospital before discharge and during the home visits after discharge- was given. The guide contained basic topics about breastfeeding such as anatomy of the breasts, physiology of the lactation, milk ejection reflex (let-down), correct breastfeeding techniques, breastfeeding positions and effective breastfeeding.

Descriptive Data Collection Form: Descriptive Data Collection Form About Mothers' Characteristics designed by the researchers after a literature screening was used in order to know basic characteristics of the mothers. The form contained topics such as age, educational status, monthly total income, parity, breastfeeding experience and whether they received breastfeeding training, breastfeeding status within the first hour, colostrum giving and discharge time.

Evaluation Form of Characteristics of Breastfeeding: Evaluation Form of Characteristics of Breastfeeding designed by the researchers after a literature screening was used in order to determine some characteristics of breastfeeding after discharge. The form contained day breastfeeding length, nocturnal breastfeeding length, total breastfeeding length.

Latch Breastfeeding Charting System: LATCH Breastfeeding Charting System was used in order to evaluate breastfeeding behaviors (successes) of the mothers. LATCH Breastfeeding Charting System, developed by Jensen, Wallace, and Kelsay (1994) like Apgar scoring, is a breastfeeding assessment tool that includes five subscales. The first Turkish validity and reliability trials of the LATCH Breastfeeding Charting System were conducted by Demirhan (1997) and it was reported that LATCH Breastfeeding Charting System is a reliable scale for the assessment of the breastfeeding. LATCH Breastfeeding Charting System is consisted of five single subscales. LATCH is the combination of the first letters of each subscale (see Table 1; Jensen, Wallace, & Kelsay, 1994). Breastfeeding is assessed giving scores between 0 and 2 for each subscale. The highest score is 10. Scores <10 indicate that mothers need help about breastfeeding.

Table 1. The Latch Breastfeeding Charting System

	0	1	2
L Latch	Too sleepy or reluctant No sustained latch or suck achieved	Repeated attempts for sustained latch or suck Hold nipple in mouth Stimulate to suck	Grasps breast Tongue down Lips flanged Rhythmical sucking
A Audible Swallowing	None	A few with stimulation	Spontaneous and intermittent (<24 hours old) Spontaneous and frequent (>24 hours old)
T Type of Nipple	Inverted	Inverted	Everted (After stimulation)
C Comfort (Breast/nipple)	Engorged Cracked, bleeding, large blisters or bruises Severe discomfort	Filling Reddened/small blisters or bruises	Soft Non-tender
H Hold (Positioning)	Full assist (Staff holds infant at breast)	Minimal assist(i.e., elevate head of head, place pillows for support) Teach one side, mother does other Staff holds and then mother takes over	No assist from staff Mother able to position and hold infant

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2.4 Analytic strategy

The data of the research were collected at two phases: the data collection of first phase was conducted at the hospital after the delivery and the second phase was conducted at home after discharge. Home visits were made by the researcher to the women of the intervention and control group on the 2nd postpartum day. Appointments were made before each home visit both for women of intervention group and control group. Also, we phoned the women in order to fix the visit day and hour. Home-visits lasted approximately 1 hour for the intervention group and 30 minutes for the control group. The procedure below was followed for the data collection.

2.4.1 First phase (Hospital Follow-Up)

The researcher first met mothers of intervention and control group when they came in the post partum service after birth and gave information about the research and obtained their oral consents. Following the oral consents, the researcher administered Descriptive Data Collection Form about Mothers' Characteristics and appointments were made for home visits. The researcher provided the intervention group with breastfeeding training and counseling according to Breastfeeding Training Guide at the post partum service before discharge. The control group was not given any intervention before discharge.

Researcher made the second interview with the mothers of experimental group after delivery at post partum service. The researcher conducted medical examination and follow-ups of these women before discharge during this interview at the post partum service.

2.4.2 Second phase (Home Follow-Up)

The mothers of both intervention group and control group were visited at home by the researcher within the 24 hours after discharge (on the second day after birth) and on the seventh day after birth at the hours fixed beforehand.

The researcher gave training to the mothers of intervention group according to Breastfeeding Training Guide on the second day after birth. The researcher did not perform any nursing intervention at all for the mothers of control group during this visit.

On the seventh day after birth, the researcher assessed the mothers of intervention and control groups breastfeeding competence in accordance with LATCH Breastfeeding Charting System.

2.5 Ethical considerations

The ethical appropriateness of the research was approved by Ethical Committee of Medical Faculty of Erciyes University with approval number of 2011/234. The necessary permissions were obtained from the hospital for the pre-test of the research instruments and the administration of the research. Written information about the research was given to the participant women and their oral approvals were obtained. During the first phase conducted at the hospital, data collection and trainings were completed at a time when women felt physically comfort and rested and did not have any pain. Women of the control group were informed about the fact that they would not be given any nursing intervention during hospital stay and home visits if they accepted to participate in the research. The researcher gave mothers of both groups trainings and consultation about puerperal period and baby care during home visits although it was not aim of the research. Also, mothers of the control group received trainings upon their requests following the completion of the research.

2.6 Statistical analysis

Independent variables of the research were nursing trainings, and consultancy performed during the home visits and dependent variable of the research was the success of breastfeeding. Data were statistically analyzed using percentages, means and significance test of the difference between two means (*t*-test) and Statistical Package for the Social Sciences (SPSS) for Windows (version 13.0; SPSS Inc., Chicago, IL, USA).

3 Results

It was found that three out of five women in the intervention and control group were at the age of 25-29 (I: 60.0%, C: 60.0%). Most of the women of the both groups had high school degrees and their monthly income was between 1001-1500 TL (I: 80.0%, C: 80.0%). Three out of five women were primipara and had no previous breastfeeding experience (I: 60.0%, C: 60.0%). Also, these women did not receive any kind of trainings related to breastfeeding during pre partum period (I: 60.0%, C: 60.0%). All of the women of the both groups breastfed the babies and gave them colostrum within the first hour after delivery (see Table 1). When we analyzed the findings related to the discharge time of the participant women, it was found out that mean discharge time of the both groups were very similar (I: 24. 84 hours, C: 24.52 hours). The difference between the intervention group and control group was statistically insignificant in terms of discharge time ($p>0.05$).

When we analyzed the post-discharge characteristics related to the breastfeeding of the women in intervention and control groups, it was noted that mean number of breastfeedis (I: 7.64, C: 7.48), mean number of nocturnal breastfeedis (I: 3.66, C: 3.54) and total number of daily breastfeedis (I: 11.30, C: 11.02) of the women in intervention group were slightly higher than that of the women in control group. However, the difference between the intervention group and control group was found statistically to be insignificant in terms of mean number of day breastfeeding, of nocturnal breastfeedis and total number daily breastfeedis ($p>0.05$; see Table 2).

When we analyzed the distribution of the scores that the participants obtained according to LATCH Breastfeeding Charting System, it was observed that mean LATCH scores of the women in intervention group were higher than those of the women in control group on the second post partum day (I: 9.4, C: 7.6). The difference between the intervention group and control group was statistically significant in favor of intervention group in terms of mean LATCH scores on the second post partum day ($p<0.05$) (see Table 3). When we analyzed the distribution of the scores that the participants obtained from LATCH subscales on the second postpartum day; it was seen that mean scores that women in intervention group obtained from the subscales (Latch on breast, Audible swallowing, Type of nipple, Comfort of breast/nipple and Help needed to position baby) were higher compared to the scores of control group. The difference between the intervention group and the control group was statistically significant in favor of intervention group in terms of the subscales (Latch on breast, Audible swallowing, Type of nipple, Comfort of breast/nipple and Help needed to position baby) on the second post partum day ($p<0.05$) (see Table 3).

Table 1. The distribution of the participant women in intervention and control group in terms of their informative characteristics

Informative Characteristics	**Groups**	
	Intervention (n=50)	**Control (n=50)**
Age		
25-29 years	30 (60.0)	30 (60.0)
30-34 years	20 (40.0)	20 (40.0)
Educational Status		
Secondary School	10 (20.0)	10 (20.0)
High School	40 (80.0)	40 (80.0)
Total Monthly Income (TL)		
501-1000	15 (30.0)	15 (30.0)
1001-1500	35 (70.0)	35 (70.0)

(Table 1 continued on page 97.)

Table 1. (Continued.)

Informative Characteristics	Groups	
	Intervention (n=50)	Control (n=50)
Parity		
Primipara	30 (60.0)	30 (60.0)
Multipara	20 (40.0)	20 (40.0)
Breastfeeding Experience		
Yes	20 (40.0)	20 (40.0)
No	30 (60.0)	30 (60.0)
Breastfeeding Training Before Birth		
Yes	20 (40.0)	20 (40.0)
No	30 (60.0)	30 (60.0)
Breastfeeding Status Within The First Hour		
Yes	50 (100.0)	50 (100.0)
No	0	0
Total	50 (100.0)	50 (100.0)

Note. Data are presented as number and percentage.

Table 2. The distribution of the participant women in the intervention and control group in terms of breastfeeding characteristics after discharge

Breastfeeding Characteristics	Groups		*t*	*p*
	Intervention (n=50)	Control (n=50)		
Mean number of day breastfeeding	7.64±0.96	7.48±1.15	0.755	0.452
Mean number of nocturnal breastfeeding	5.66±0.94	5.54±0.91	0.649	0.518
Total number of daily breastfeeding	11.30±0.76	11.02±0.82	1.768	0.080

Note. Data are presented as mean±standard deviation.

Table 3. The distribution of the participant women in the intervention and control group in terms of mean latch scores after discharge

	Groups		*t*	*p*
	Intervention (n=50)	Control (n=50)		
Mean Latch Scores	9.4±0.7	7.6±1.4	7.978	0.000*
Latch Subscale Criteria				
Latch on breast	1.7±0.5	0.8±0.8	7.031	0.000*
Audible swallowing	1.5±0.5	1.2±0.6	2.870	0.005*
Type of nipple	1.8±0.4	1.6±0.5	2.318	0.023*
Comfort of breast/nipple	2.0±0.1	1.2±0.4	12.614	0.000*
Help needed to position baby	1.9±0.3	1.3±0.5	6.895	0.000*

Note. Data are presented as mean±standard deviation.

*$p<0.05$ is considered significant.

4 Discussion

According to the findings of Turkey Demographic and Health Survey 2008 the highest death risk related to pregnancy and birth for the women occurs under the age of 20 and over the age of 35. According to the findings of Turkey Demographic and Health Survey, 18% of the women in Turkey was deprived of schooling or had primary school degree. The findings of the same research reported that only 21% of women had high school degree or above [6]. According to the results of 2007 Poverty Study (Turkish Statistical Institute Prime Ministry, Rebuplic of Turkey, 2008), poverty line of a family of four persons was 619 TL [16]. In light of these findings, it can be argued that the participant women of our study was at the safe age limit for pregnancy and birth and their educational status and socio economical status were higher compared to average of Turkey; which we thought affected success of breastfeeding of the women positively. Besides, previous studies conducted on the same issue reported that women with previous breastfeeding experience had higher breastfeeding success compared to those without breastfeeding experience [17-19]. One fifth of the women of our study was primipara and had no breastfeeding experience. Also, they had no training about breastfeeding, either. Therefore, it may be suggested that an important part of the women of both groups needed post partum breastfeeding support more. It was thought that this fact about the groups increased the reliability of the research in order to understand the effect of post partum home visits on breastfeeding success.

It is necessary to start breastfeeding in the first half an hour for the beginning of milk production and milk ejection reflex (let-down), stimulation of babies' sucking, acceleration of the uterus involution process and development of psychological connection between the mother and the baby [20-23]. It was found out that all of the women of both group breastfed their babies in the first half an hour after birth. According to the findings of TDHS-2003 the rate of breastfeeding in first half an hour was by 53.9% whereas it decreased to 39.0% according to the findings of the TDHS-2008 [6, 24]. In light of these findings, we can conclude that the rate of breastfeeding in first half an hour of our participants is higher compared to the average of Turkey. The participant women were encouraged to breastfeed by the lactation nurse and obtained counseling since they gave birth at the baby friendly hospital. Therefore, we thought that the reason why the start of the breastfeeding time was similar among the groups was due to the counseling and support services provided at the hospital.

The frequency of breastfeeding was 10-12 times a day in the infancy period; once two hours, 7-8 times during the day, 3-4 times during night. Each breastfeeding length lasts nearly 30-40 minutes [20-23]. According to the findings of TDHS-2008, the rate of daily breastfeeding 6 times or more for the babies <6 months was by 95%. The findings of the same research revealed that mean number of daily breastfeeding was 6.8 and mean number of nocturnal breastfeeding was 5.4 [6]. When compared to literature, we may say that our participant women breastfed their babies frequently enough. According to these findings, there was not significant difference between the groups in terms of day breastfeeding number, nocturnal breastfeeding number and total breastfeeding number. Therefore, we thought that the breastfeeding training provided at post partum service may have decreased the difference. In this sense, we may argue that breastfeeding training provided at the baby friendly hospital affected positively the frequency of breastfeeding. However, when we analyzed the findings related to breastfeeding success on the second post partum day, it was seen that mean LATCH scores of the women in the intervention group were higher than those of the control group. Mean scores that the women obtained from the subscales (Latch on breast, Audible swallowing, Type of nipple, Comfort of breast/nipple and Help needed to position baby) were higher than those of the control group, too. Also, the rate of feeding only with breast milk by the women of the intervention group during the last 24 hours after birth was higher than that of the women of the control group. These findings indicated that breastfeeding success of the women in intervention group was better. Therefore, we may conclude that training given at the post partum service was not effective alone on increasing success of breastfeeding after discharge. On the other hand, the fact that women of the intervention group who received breastfeeding support through home visits after discharge breastfed their babies more successfully is very important in the sense that it demonstrated the positive effect of home visits on breastfeeding behavior. The studies conducted on the same topic concurred with our conclusion that postpartum home visits affected positively breastfeeding [7-14]. In the study of McKeever et al. (2002), more mothers of term newborns in the experimental group (standard hospital care with early discharge and home support from nurses who were certified as lactation consultants) were breastfeeding exclusively at follow-up compared with the control group

(standard care and standard length of hospitalization) from 5 to12 days postpartum. When other studies conducted in our country were analyzed, it was noted in the study of Akan (1995) that feeding behavior only with breast milk of the women who were given breastfeeding counseling for four months after birth was higher compared to the control group [25]. In the study of Erenel and Eroğlu (2005), it was reported that breastfeeding training that was initiated at the postpartum clinics and maintained using home visits for six months after birth had positive effects on breastfeeding behavior [13]. Similarly, the study of Duman (2010) indicated that women of the intervention group who were visited three times at home during 6 week postpartum period had fewer problems associated with breastfeeding [14]. These findings also supported our findings. According to our findings, we may conclude that breastfeeding training and counseling given to the women who were early discharged through home visits during the post partum period contributed positively to the breastfeeding success (Hypothesis approved).

It was concluded in the study that counseling given through home visits on the second postpartum day affected breastfeeding success positively.

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