An Investigation into Breastfeeding Characteristics of Mothers Attending Childbirth Education Classes

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Purpose This paper is a report of a study of the effects of breastfeeding education on the breastfeeding success and breastfeeding characteristics of mothers in a Turkish context.

Methods The research was designed as quasi-experimental. The sample consisted of 93 mothers who participated in (n = 46) and did not participate in childbirth education classes (n = 47). The data was collected between 2005 and 2007. The childbirth education class comprised 16 hours in total. Two hours of this class involved breastfeeding education. The course was carried out with the principles of adult education principles. Data on mothers’ breastfeeding were collected in the sixth week postpartum.

Results The majority of the mothers (63.4%) were university graduates. No difference was found between breastfeeding frequency in the control and experimental groups and starting supplemental food. It was found that 80.4% of the women in the experimental group breastfed in line with the techniques. This rate was found to be 48.9% in the control group. It was documented that the first breastfeeding times were earlier in the experimental group, their babies slept longer after being fed, their perceived spouse support was higher, and had even higher perceived breastfeeding success.

Conclusions On the basis of the study results it could be argued that attending childbirth preparation class with the husband has a positive effect over breastfeeding. Childbirth education classes will greatly contribute to the health of the society by affecting breastfeeding positively. [Asian Nursing Research 2010;4(4):216–226]

Key Words breastfeeding, childbirth, education, nursing, Turkey

INTRODUCTION

Breast milk is the only nutrition for babies which includes sufficient amount and quality milk that the baby needs. It is the cheapest food source that is appropriate for every baby’s need protecting and developing the baby’s health (Cushing et al., 1998; Dewey, 2001). In addition to this, breastfeeding has many positive effects on the mother. It helps involution process, makes reaching pre-natal weight faster (Heinig & Dewey, 1997) and protects against ovary and breast cancer by accelerating the involution of...
the uterus (Kennedy, 1994). Moreover, it enhances mother–baby attachment by providing the opportunity skin to skin contact (London, Ladewig, Ball, & Bindler, 2003).

In 1991, World Health Organization (WHO) and The United Nations Children’s Fund (UNICEF) established Promotion of Breastfeeding and Baby-friendly Hospitals Program in order to increase breastfeeding frequency and incidence. Baby-friendly Hospitals Program encourages providing the babies with exclusive breastfeeding in the first six months and providing them with complementary food as well as breastfeeding in the first two years (WHO Regional Office for Europe, 1999; Cooperation Program of Turkish Government and UNICEF, 2000).

According to National Health Services (NHS) in United States, in 2005 the rate of starting breastfeeding was reported to be 74.2%, whereas the rate of exclusive breastfeeding in babies younger than 6 months was reported as 11.9% (WHO Global Data Bank on Infant and Young Child Feeding, 2009a). According to data from the United Kingdom, breastfeeding rate for 6-month-old babies was 76% but exclusive breastfeeding rate was under 1% (WHO Global Data Bank on Infant and Young Child Feeding, 2009b). In Turkey, 97% of children are breastfed for some period. Although the breastfeeding rates are higher when compared to many other countries worldwide, the Turkish Demographic Health Survey (TDHS, 2008) data points to various problems related to breastfeeding. One of the major problems is the delay in breastfeeding after birth. It has been found that 27% of the breastfed babies are not breastfed within the 24 hours following birth. The rate of babies who are breastfed within an hour after birth is only 39% (TDHS).

In Turkey another significant breastfeeding problem is the low rate of exclusive breastfeeding. The exclusive breastfeeding rate is 68.9% for babies younger than 2 months and 41.6% for babies younger than 6 months. As for the 6-month-old babies, the breastfeeding rate is 95.9% (TDHS, 2008).

The reasons for quitting breastfeeding early and starting to feed the babies with formula and supplemental food are showed as breastfeeding problems and mistakes related to breastfeeding (Brandt, Andrews, & Kvale, 1998; Riordan, 1998). In Turkey, recent changes in the social structure have resulted in an increase in the number of nuclear families. This has led to an inadequate support system available for new mothers as they cope with the challenges of breastfeeding and infant care. The nuclear family unit makes up 80.7% of the Turkish population (Turkish Statistical Institute, 2006) and 75.5% of the population live in urban areas (Turkish Statistical Institute, 2009), many times isolated from their cultural support systems. In addition to the insufficiency of social support, the lack of breastfeeding consultancy given to mothers may have resulted in weaning breastfeeding early (Hill & Humenick, 1996).

One of the factors which might affect breastfeeding in social aspects is the role of the father. Research has demonstrated that fathers’ willingness (Kong & Lee, 2004) and training in breastfeeding increases the period of breastfeeding (Sciacca, Phipps, Dube, & Ratliff, 1995; Scott, Landers, Hughes, & Binns, 2001; Pisacane, Continisio, D’Amora, & Continisio, 2005). Childbirth education classes (CEC) may increase fathers’ awareness and insistence on breastfeeding. Thus, fathers may understand their spouses in a better way and support them in finding solutions to breastfeeding problems. This could influence breastfeeding positively. Because of this CEC should prepare the parents. For, the pregnancy period gives couples the opportunity to learn parenthood, adaptation, planning, and preparation. However, the couples cannot receive sufficient training, support and consultancy services during antenatal observations. One of the ways of providing the couples with these services is CEC (Okumus, Mete, Aytur, Yenal, & Demir, 2002; Zaghloul, Harrison, Fendley, Pierce, & Morrissey, 2004). In Turkey, CEC is very limited.

In Turkey, there are some deficiencies related to prenatal care. According to TDHS (2008) data, 89.5% of the women received prenatal care from the doctor, 2.5% stated they received care from the nurse while 8% stated they received no prenatal care. The routine prenatal care lasts 10–20 minutes. Within this period the history of the pregnant woman is taken, physical examination and ultrasound are
applied. This limited time is not enough for prena-
tal education.

Since the majority of the hospitals in Turkey are
baby-friendly, mothers are given breastfeeding sup-
port by postpartum breastfeeding nurses. However,
the postpartum hospital stay is quite short. As long
as there is no problem, the mother is discharged
from the hospital 24 hours after normal birth, and
48–72 hours after the caesarean birth. As the period
after birth is the time in which the mother adapts
to the new condition, the education and consultancy
services cannot be delivered sufficiently in this short
period.

In order to decrease breastfeeding related prob-
lems and to make breastfeeding successful, the
mother and the father should be prepared for this
period. This preparation should be geared towards
developing the parents’ knowledge, skills, and atti-
tudes. CEC may be effective in meeting the parents’
needs in pregnancy, during birth, and the period fol-
lowing birth. In CEC, the partner may help the
mother become more successful at breastfeeding
with his support.

The purpose of this study is to investigate the
effects of breastfeeding education in CEC on breast-
feeding in the Turkish context. The following hypoth-
eses were tested:

1. The women in the experimental group will start
breastfeeding earlier than those in the control
group.
2. The women in the experimental group will use
a more appropriate breastfeeding technique than
the control group.
3. The rate of full breastfeeding will be higher in
the experimental group when compared with the
control group.
4. The women in the experimental group will feel
more successful than the women in the control
group.
5. The post-breastfeeding sleep periods of the
experimental group members’ babies are longer
than that of the control group.
6. The women in the experimental group receive
more support from their spouses than the con-
trol group.

METHODS

Design
The research was conducted in quasi-experimental
design.

Sample
The sample comprises totally 93 mothers, 46 mothers
in the experimental group, 47 mothers in the control
group.

The sample size was calculated using NCSS Statis-
tical & Power Analysis Software program (Kaysville,
UT, USA). At the end of the study the power of the
study was calculated based on the data obtained.
Breastfeeding technique score was considered as the
primary outcome.

The experimental group data were collected from
couples who attended CEC classes between year
2005 and 2007, who agreed to participate in the
study and at the same time met the sample charac-
teristics. 50 couples participated in the education.
Four mothers were excluded from the sample due
to having premature birth and lower birth weight
(Figure 1). The mothers who participated CEC with
their husbands were in experimental group. The
starting time of CEC is the 20th–24th week of the
pregnancy.

The education classes consisted of 4–8 couples.
The experimental and control groups were paired
in terms of age, educational level, birth type and
the hospital where the birth was carried out, which
are features thought to be affecting breastfeeding
characteristics.

The control group was comprised of mothers
with 6-week-old babies coming to the healthy child
clinic of a university hospital between 2005 and
2007. The mothers who have healthy and term
babies were included in the sample. The mother
candidates who had any complication in their preg-
nancy and birth and/or multiple pregnancies were
not included in the sample.

Structure of the CEC
The education was delivered in the School of Nurs-
ing, in a hall prepared for CEC. Pregnant women
who were in their 20th–24th week were invited for planning the course date and time. In the meeting, an appropriate day and hour were decided on, considering the work conditions of all the group members. In this organization, the principle of “the adult’s time is valuable” was taken as basis (Kurt, 2000).

The mothers participated in CEC together with their husbands. The couples attended the education once a week for 8 weeks. The education lasted 16 hours in sum and 2 hours of the education was allotted to breastfeeding education. The breastfeeding education program is detailed in Table 1. At the end of the program, the participants were given a certificate. The certificates were given on the basis of “adults like to receive rewards” principle (Kurt, 2000).

The education was carried out by the researchers. In order to form positive group dynamics and a common language, the trainers who did not carry out the training participated in the class as observers. The education materials consisted of models, materials such as DVD used in pregnancy, birth and neonatal care. The whole 16-hour education program was prepared on the basis of adult education principles.

**Measurement**

Two forms were used in data collection. The first form is the participant characteristics form towards determining the socio-demographic features and features related to birth. The first form consisted of four closed ended questions. The second consisted of six open and closed ended questions on breastfeeding characteristics. The questions were concerned with breastfeeding start time, breastfeeding technique (the breast that the feeding started with and breastfeeding duration, breastfeeding frequency), use of supplementary feedings of water and formula, baby’s sleep duration, whether there is husband support or not. In order to assess the breastfeeding success perception, a scale which required the mothers to give points varying between 0–10 points was used.

**Figure 1. Study design.**
The questionnaires were reorganized on the basis of expert opinion and piloted with 10 people. Thereafter, the questionnaires were finalized and used in the research.

Evaluation of the hypotheses
1. The mothers were asked what their first breastfeeding time after birth was; their statements were recorded as hours;
2. Mother’s breastfeeding time, frequency, with which breast the breastfeeding started were asked and those who applied all of these correctly were accepted to be “breastfeeding with the appropriate technique”;
3. Exclusive breastfeeding, is defined by WHO as “feeding solely with the breast milk excluding drugs like vitamins, minerals.” In order to test this hypothesis, this definition was taken as the basis.

<table>
<thead>
<tr>
<th>Educational content</th>
<th>Method</th>
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<tr>
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<td>Warm-up exercises</td>
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<tr>
<td>Perceptions, experiences, beliefs towards breastfeeding</td>
<td>Discussion of perceptions related to breastfeeding; Discussion of experiences and myths of breastfeeding; Asking about experiences and observations related to breastfeeding</td>
</tr>
<tr>
<td>The importance of breastfeeding, its benefits for the mother and the baby</td>
<td>Asking about knowledge of breastfeeding; Discussion of the benefits of breastfeeding for the mother and the baby</td>
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<tr>
<td>Breast anatomy and breastfeeding physiology</td>
<td>Presentation; Use of model</td>
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<tr>
<td>Factors affecting milk formation:</td>
<td></td>
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<tr>
<td>– The psychological state of the mother</td>
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<tr>
<td>– Breastfeeding/Milking frequency and duration</td>
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</tr>
<tr>
<td>– The significance of husband’s support</td>
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<td>– Diet of the breastfeeding mother</td>
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<td></td>
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<td></td>
<td>Discussion: Traditional practices</td>
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</tbody>
</table>
4. The mothers were asked how successful they felt about their breastfeeding. They were asked to rate their breastfeeding success with one to ten points;

5. The mothers were inquired about their babies’ sleep duration after breastfeeding within the previous week. The data obtained were recorded as hours;

6. The mothers were asked how much support they received from their spouses. They were required to choose from “supported,” “partially supported,” “did not support at all.”

**Data collection**

The data were collected in the sixth week postpartum. The couples in the experimental group received training in Dokuz Eylul University School of Nursing (DEUSON) during their pregnancy. The data were collected via interviews in the DEUSON or in their own houses on the sixth week postpartum. No interview was conducted with the control group during the pregnancy, they were interviewed in the sixth week postpartum when they brought their babies to the healthy child clinic. Those in the control group received only routine pregnancy care, while those in the experimental group participated in an 8-week CEC additionally as a routine monitoring. Since the institution and building where CEC was delivered and the institution where the control group checks were conducted were located in different places, the contamination of the two groups is not deemed possible.

**Data analysis**

SPSS 15.0 (SPSS Inc., Chicago, IL, USA) was used for the statistical analysis. Hypotheses 1 and 4 were tested using t test and hypotheses 2, 3, 5 and 6 were evaluated by means of $\chi^2$ test.

**Ethical approval**

The couples in the experimental and control groups were informed of the research purpose and asked whether they volunteered to participate or not. The couples were assured that participation in the research will not affect the delivery of services. It was also stated that their names will be held confidential. Permission of the two institutions was also taken.

**Study limitations**

The results of a 2-hour breastfeeding training is evaluated in the research. However, couples in the experimental group received this training as part of a 16-hour training. For this reason, spouse support is influenced not only from breastfeeding training but also from other trainings. This poses a limitation for the study. In addition, the appropriacy of the breastfeeding technique is not based on observation but evaluated through the mother’s statements, which is another limitation of the study.

**RESULTS**

In Table 2, the sample characteristics of the couples are given. About 54.3% of the experimental and 46.8% of the control groups were in the 25–29 age range ($M = 26.7 \pm 3.8$ yr). It was found that 63.4% of the women in the sample had college level education; 59.1% gave birth in a hospital whereas 65.6% had caesarean operation. The experimental and control groups were matched in terms birth type and birth place. The $\chi^2$ test showed that there was no difference between the groups in terms of matched features (Table 2).

The rate of breastfeeding with the appropriate technique was 80.4% in the experimental group while this rate was found to be 48.9% in the control group ($p < .050$). These findings confirmed hypothesis 2.

When the babies were compared in terms of sleep states after being breastfed, 17.4% of those in the experimental group were found to have irregular sleep while this rate was 6.4% in the control group. On the other hand, the rate of babies sleeping for 3 hours or over was 39.2% in the experimental group.
and 12.8% in the control group \( (p < .050) \). These findings confirmed hypothesis 5.

When the women were compared in terms of perceived spouse support, 60.9% in the experimental group stated they received spouse support while this rate was 21.3% in the control group \( (p < .001) \). These findings confirmed the hypothesis 6.

In Table 4, the mothers in the experimental and control groups were compared in terms of first breastfeeding times and perceived breastfeeding achievement. The mothers in the experimental group breastfed approximately 1.54 \( \pm 1.5 \) hours after the birth while the mothers in the control group breastfed approximately 2.6 \( \pm 1.7 \) hours later \( \text{min: } 0.5 \text{ hr, max: } 8 \text{ hr, } p < .05 \). These findings confirmed hypothesis 1.

The perceived breastfeeding success was approximately 8.43 \( \pm 1.6 \) in the experimental group, which was found to be higher than that of the control group \( (M = 7.63 \pm 2.1) \) \( \text{min: } 0, \text{ max: } 10, p < .050 \). These findings confirmed the hypothesis 6.

**DISCUSSION**

In this study which was carried out with the assumption that breastfeeding education would have positive effects over time of starting breastfeeding, breastfeeding technique, breastfeeding achievement perception, baby’s sleep time after breastfeeding and father’s support to breastfeeding, but statistically no difference was found between the experimental and control groups in terms of exclusive breastfeeding.

In the first hypothesis it was assumed that the mothers in the experimental group will start breastfeeding earlier than the mothers in the control group (hypothesis 1). The babies in the experimental group breastfed their babies for approximately 1.5 hours after the birth while the mothers in the control group started breastfeeding approximately 2.6 hours later. In one study it was found that women who received consultancy starting from the eighth month of pregnancy had significantly shorter first breastfeeding times than the control group (Hoyer & Horvat,
According to TDHS (2008) data, only 39% of the breastfed babies start being breastfed within the first hour after birth; 27% are not breastfed within 24 hours after birth. Considering this, the result from the experimental group becomes more significant. Starting breastfeeding early cannot be explained only by the fact that mothers are knowledgeable about the topic. Besides the mother’s knowledge of the importance of early breastfeeding, the sensitivity of the people supporting the mother after birth will also affect the result. In our study, the fact that fathers were included in the education may have positively affected starting breastfeeding early. However, the possibility that the father support might have been influenced by the 16-hour training should not be overlooked.

The rate of those who breastfeed in the appropriate technique was found to be higher in the experimental group than the control group (hypothesis 2). Another result which can be analyzed in line with

| Breastfeeding Characteristics of the Mothers in Experimental and Control Groups |
|-------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Breastfeeding technique                        | Experimental    | Control         | Total           | *          |
|                                                | n  | %  | n  | %  | n  | %  | χ²         |
| Appropriate                                    | 37 | 80.4 | 23 | 48.9 | 60 | 64.5 | 0.002*     |
| Not appropriate                                | 9  | 19.6 | 24 | 51.1 | 33 | 35.5 | 10.075     |
| Exclusively breastfeeding                       | Yes | 37 | 80.4 | 37 | 78.7 | 74 | 79.6 | 0.838      |
|                                               | No  | 9  | 19.6 | 10 | 21.3 | 19 | 20.4 | 0.042      |
| Sleep time after breastfeeding                 | Regular        | 8  | 17.4 | 3  | 6.4 | 11 | 11.8 | 0.002*     |
|                                               | < 1 hr         | 6  | 13.0 | 16 | 34.0 | 22 | 23.7 | 14.587     |
|                                               | 1–2 hr         | 14 | 30.4 | 22 | 46.8 | 36 | 38.7 |           |
|                                               | ≥ 3 hr         | 18 | 39.2 | 6  | 12.8 | 24 | 25.8 |           |
| Husband support                                | Yes            | 28 | 60.9 | 10 | 21.3 | 38 | 40.9 | 0.000*     |
|                                               | No             | 13 | 28.3 | 29 | 61.7 | 42 | 45.2 | 15.305     |
|                                               | Partially      | 5  | 10.9 | 8  | 17.0 | 13 | 14.0 |           |
|                                               | Total          | 46 | 100  | 47 | 100  | 93 | 100  |           |

*p < .050.

| Comparison of First-breastfeeding Times and Perceived Breastfeeding Success of Mothers in Experimental and Control Groups (N = 93) |
|----------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|
| Features                                                          | Experimental | Control        | t              | p              |
|                                                                  | M    | SD  | M    | SD  |          |
| First breastfeeding time (hr)                                     | 1.54 | 1.5 | 2.6  | 1.7 | 2.970 | .04           |
| Breastfeeding success                                             | 8.43 | 1.6 | 7.63 | 2.1 | 2.047 | .04           |
this, concerns babies’ sleep duration after breastfeeding (hypothesis 5), specially the rate of babies who slept for 3 or more hours after breastfeeding was found to be high in the experimental group. When breastfeeding starts, foremilk rich in protein is secreted in the first minutes, while at the end of breastfeeding; hind milk rich in fat is excreted more. Babies who are breastfed effectively and in the right period benefit from hind milk more and have a longer period of fullness (WHO, UNICEF, 1993). This will result in a longer sleep time for babies.

In terms of exclusive breastfeeding, it was determined that there is no difference between the mothers who participated and did not participate in CEC (hypothesis 3). Hoyer and Horvat (2000) found that in contrast to the control group, the rate of exclusive breastfeeding was higher among women receiving support and consultancy from the eighth month of pregnancy till the end of breastfeeding. Zaghloul et al. (2004) observed that women who participated in the childbirth education class breastfed at a higher rate and used less baby formula at the time of discharge from the hospital. In a study carried out in Taiwan, 54 pregnant women (at 36th–39th week of pregnancy) who watched a video on breastfeeding, were given a booklet, and were observed by phone. Their breastfeeding results were compared with that of the control group who received standard care. As a result, it was found that the group which received treatment had a more positive breastfeeding attitude and the rate of breastfeeding was higher in the first month postpartum (Lin, Kuo, Lin, & Chang, 2008). In a study by Weiss, Rupp, Cragg, Bassett and Wooned (2006), it was found that women who attended workshops on breastfeeding in the 34th week of pregnancy had a higher rate of exclusive breastfeeding. As TDHS (2008) study indicated, breastfeeding rate in the sixth month is 95.9% in Turkey. Turkish society traditionally encourages breastfeeding, but starts supplement food early. The common belief among mothers is that if supplemental food starts early, the babies will get used to food more rapidly and not face any problem related to nutrition. It is also believed that babies who do not get liquid food like water, fruit juice, and herbal tea will have liquid deficiency. It may be hard to change traditional beliefs and practices. The differences in the results of the studies on starting supplemental food may be explained by cultural differences.

The mean score of mothers’ perceived breastfeeding success in the experimental group was found to be higher than those in the control group (hypothesis 4). In a study by Weiss et al. (2006), the perceived breastfeeding self-efficacy of women who attended workshop programs on breastfeeding was found to be higher in the fourth and eighth weeks postpartum in comparison with the women who did not attend workshops. In their study, Pisacne et al. (2005) applied a 40-minute breastfeeding education on fathers and found the rate of mothers with insufficient breast milk perception to be 8.6% in the experimental group and as 27% in the control group within 6 months. As can be seen, breastfeeding education in the pregnancy period influences women’s perception of breastfeeding success positively. The effect on breastfeeding success perception is a significant finding since it influences women’s continuation of breastfeeding positively.

The rate of mothers who stated having received their spouse’s support about breastfeeding is found to be higher in the experimental group in comparison with the control group (hypothesis 6). In a study by Sciacca et al. (1995) one group received spouse-supported training while another group received standard breastfeeding training, the breastfeeding rates were found to be higher in the second and sixth weeks, and the third month postpartum in the group who received supported training. Kong and Lee (2004) detected a positive relationship between father’s preferences about the baby’s nutrition and the mother’s practices related to baby’s nutrition. If the father’s preference was in favor of breastfeeding, mothers breastfed at a higher rate. In a study by Scott et al. (2001), a strong relationship was found between perceived spouse support and breastfeeding rate. Pisacane et al. (2005) delivered breastfeeding education to fathers and found the full breastfeeding rate to be 25% in the experimental group and 15% in the control group in the first six months. Weiss et al. (2006) gave breastfeeding education to parents
and found the spouse support perception to be higher in the training group. In a study by Susin and Giugliani (2008), breastfeeding characteristics of three groups were compared: (a) only mothers receive training, (b) both parents receive training together, (c) standard training is given. As a result, no difference was detected between the two groups which received training in terms of breastfeeding rate. However, in the education group in which fathers participated, the mothers’ rate of feeding the babies with exclusive breastfeeding in the first 4 months was found to be high. The findings of this study are in line with other studies and if the breastfeeding is supported by the father, perceived breastfeeding rates are positively affected. During the breastfeeding education, the parents learn about the process mothers and babies will experience and thus understand each other better. They achieve this by living the pregnancy and birth period together, which is invaluable for both of them. This might have affected spouse communication after birth positively. Therefore the spouse might have provided better support for the mother in breastfeeding.

CONCLUSIONS

In conclusion, it was found that the 2-hour breastfeeding education as part of 16-hour CEC positively affects the time of starting breastfeeding, breastfeeding technique, mother’s breastfeeding perception, and spouse’s support to breastfeeding. No difference was identified between the two groups in terms of full breastfeeding rates. Thus, it could be argued that the 2-hour breastfeeding training within CEC is effective.

As a result of the research, the following might be recommended for the practitioner nurses: Nurses could give different breastfeeding education to couples. Recommendations for researcher nurses include: Giving 2-hour breastfeeding education to couples and comparing the spouse support and breastfeeding success; planning research by using different childbirth education models and comparing the results related to breastfeeding.

REFERENCES


