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Views of parents' about taking human milk of premature infants

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Abstract

Objective: This descriptive study aims to determine the views of parents that have 32-37 weeks premature babies about babies' breast feeding.

Methods: The research was conducted in Newborn Intensive Care Units in totally six hospitals including one private hospital, two university hospitals, and three state hospitals in Konya city center between July 1 and November 30, 2011. Data were obtained from 100 parents by face to face interviews or by phone. Percentage and chi-square tests were used for statistical analysis.

Results: It was determined in the study that 39% of the parents had their first baby. During the study, it was found out that 48% of babies were girl babies, 64% of babies were born by section and 60% of them were born at 32-34 weeks of gestation. It was found that 39% of the babies have other problems except prematurity and 56% of them were followed-up in incubator. It was determined that 66% of the babies were fed with human milk. It was concluded that 40% of babies took human milk by breast feeding, 21% of them by naso-gastric catheter, 15% of them by baby bottle and 24% of them by breast feeding with the support of baby bottle since breast feeding was not sufficient. It was stated by 71% of mothers and 64% of fathers that they know benefits of human milk for premature babies. Additionally, 91% of fathers stated that they want to support to mothers about breast feeding.

Conclusion: According to findings, mothers were found having more experience and knowledge than fathers on premature babies taking human milk. Additionally, it was concluded that comprehensive trainings should be given to parents about human milk and breast feeding.

Key words: Premature, breast feeding, human milk, nurse, parents.

Prematüre bebeklerin anne sütü alımı ve ebeveynlerinin görüşleri

Amaç: Araştırma, 32-37 haftalık prematüre bebeğe sahip ebeveynlerin, bebeklerinin anne sütü alması konusundaki görüşlerini belirlemek amacıyla tanımlayıcı türde yapıldı.

Yöntem: Araştırma; 1 Temmuz - 30 Kasım 2011 tarihleri arasında, Konya ili merkezinde yer alan bir özel hastane, üç devlet hastanesi, iki tıp fakültesi olmak üzere toplam altı hastanenin Yenidoğan Yoğun Bakım Ünitelerinde yapıldı. Veriler anket yöntemiyle 100 anne ve babadan yüz yüze veya telefonla görüşülerek toplandı. İstatistiksel analizlerde sayı-yüzdelik ve ki-kare testleri kullanıldı.

Bulgular: Araştırmada ebeveynlerin %39'unun ilk bebeği olduğu belirlendi. Bebeklerin %48'inin kız, %64'ünün sezaryenle dünyaya geldiği, %60'ının 32-34 haftalık olarak doğduğu bulundu. Bebeklerin %39'unun prematürite dışında başka sağlık problemlerinin olduğu ve %56'sının kuvözde takip edildiği saptandı. Bebeklerin %66'sının sadece anne sütü ile beslendiği belirlendi. Anne sütünün bebeklere %40 emzirme, %21 nazogastrik sonda, %15 biberon ve %24 oranında ise emzirmenin yeterli olmaması durumunda biberon desteği ile verildiği bulundu. Annelerin %71'i, babaların ise %64'ü prematüre bebek için anne sütünün faydalarının neler olduğunu bildiklerini ifade etti. Babaların %91'inin emzirme konusunda anneye destek vermeyi düşündükleri belirlendi.

Sonuç: Prematüre bebeklerin anne sütü alması konusunda annelerin babalara göre daha çok bilgi ve deneyim sahibi olduğu, anne sütü alımının arttırılması için ebeveynlere anne sütü ve emzirme ile ilgili kapsamlı eğitimler verilmesi gerektiği sonucuna ulaşıldı.

Anahtar sözcükler: Prematüre, emzirme, anne sütü, hemşire, ebeveyn.

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Introduction

As the growth rate is high during first years of the life, it is a critical period for a newborn for growing and development. Human milk is an ideal and natural nutrient with higher biological efficacy which is adapted for the needs of every baby.[1] UNICEF and WHO recommend parents to give only human milk to their babies during first 6 months (without any solid or liquid food and water), and to start to give supplementary food beginning from 7th month. In addition to giving supplementary food after first 6 months, it is also recommended to give human milk until two years old.[2] Human milk is not only a nutrient, but also a liquid providing a healthy start for baby and protecting against various risks that may be seen in future. Also, it supports newborn development and it is better than all artificial nutrients in terms of nutritional values.

Human milk includes growth factors providing development to many systems such as gastrointestinal system, central nervous system, respiration system etc.[3,4] Human milk includes vitamin A and essential fat acids which are required for the development of baby, and it reinforces the immune system of baby.[5,6] It is expressed that human milk cures physiologic jaundice more quickly and prevents iron deficiency anemia.[2,7] Breast feeding also increases the emotional bond between mother and baby.[5,6,8]

Premature babies have many problems since they were born before they complete their intrauterine developments and all their systems are immature. One of the most significant problems is nutrition. As Immature gastrointestinal systems of premature babies, being born between 24 and 36 weeks of gestation which has the period with the highest fetal growth rate, and having poor nutrient stores are among the factors making it difficult to get fed. Aspiration risk, weak sucking reflex and requirement of patience due to long nourishment period are also other possible difficulties during practice. In the care of premature babies, it is very essential to provide ideal nourishment.[9-12] Due to its indisputable, nutritional, immunologic, psychological and economical advantages, human milk should be of top priority for premature babies.[13] American Academy of Pediatrics stated that nourishment by human milk is preferred nourishment type also for premature babies.[14] Milk of mothers giving premature delivery is quite different than those giving normal delivery, and it includes high amounts of fat, protein, sodium, lysozyme, and low amount of lactose. These substances help premature baby to grow faster. Also, during each breast feeding period, the content of mother's milk varies according to the needs of baby, and the most appropriate milk is lactated. Human milk also decreases the retinopathy risk of premature babies.[15-17]

In our country, there are limited numbers of studies for determining human milk taken by premature babies and effective factors.[18-21] In this research, it has been aimed to determine the views of parents having premature babies about babies' breast feeding and to analyze related factors affecting these views.

Method

The research was in descriptive type in order to determine the views of parents that have premature babies about babies' breast feeding. The research was conducted in Newborn Intensive Care Units (NICUs) in totally six hospitals including one private hospital, two university hospitals, and three state hospitals in Konya city center. The data were obtained in between July 1 and November 30, 2011. The population was the parents of preterm babies between 32 and 37 weeks of gestation who had treatment and care in NICUs. Population size of the research was the parents of 100 premature babies who were 32-37 weeks of gestation between July 1 and November 30, 2011, and the study group was established from parents who were volunteers and had no problem that will prevent their participation.

As data collection method, survey form prepared by researchers was used in the light of the literature.[22-24] The survey form had two chapters of questions, which were the questions for parents, and for babies. In the first section, demographic data of parents (age, education, number of child, presence of any previous premature baby), and questions about premature baby feeding and the condition of taking human milk (feeding type of baby, feeding way, condition of taking human milk, the time for starting to take human milk, knowledge of parents about the advantages of feeding with human milk, relieving gas of baby, preventing vomiting, problems during breast feeding, opinion of father for supporting mother etc.) were asked. Some questions were open-ended, and some classifications were done according to responses. In the second section, questions about delivery and baby (delivery type, gender of baby, gestational week and current week of baby, diagnosis of baby and interventions made on baby) were asked. Data were collected by researcher at hos-

pital from parents by face to face interviews or by phone.

Preliminary practice of the research was applied to parents with babies born at 32-37 weeks of gestation (five parents) and these data were not included into the research. At the end of this practice, incomprehensible expressions were determined in the information form and reviewed. Percentage and chi square tests were applied in the statistical analysis of data by using SSPS 16.0 software, and $p<0.05$ was deemed as significant. Verbal consent was obtained from parents participated to the research, and required written consents were obtained from related hospitals.

Results

The mean age of mothers in the research group was 27.43±5.94, it was 30.94±5.74 for fathers in the group, and it was found that 69% of mothers and 51% of fathers were graduated from primary schools. 20% of parents had premature baby previously, and 40% of them had their first baby (**Table 1**). 48% of the babies were girl, 64% of them born by cesarean section and 40% of them were born at 32-33 weeks of gestation. 39% of babies had no problems other than prematurity, and 57% of them were followed-up in the incubator. 66% of the babies included to the research were fed only by human milk; 40% of babies took human milk by breast feeding, 21% of them by naso-gastric catheter, 15% of them by baby bottle and 24% of them by breast feeding with the support of baby bottle since breast feeding was not sufficient. It was found that 20% of the babies had their first breast milk when they worn, 14% of them during their first day, and 62% of them a few days after the delivery (**Table 2**).

71% of mothers and 64% of fathers stated that they were aware of the benefits of human milk for premature babies. 26% of mothers expressed that human

Table 1. Demographic data of mothers and fathers (n=100).

Data	Number	%
Maternal age (Mean age: 27.43±5.94) (yrs)		
18-24	37	37.0
25-31	36	36.0
32 and above	27	27.0
Paternal age (Mean age :30.94±5.74) (yrs)		
19-25	17	17.0
26-32	48	48.0
33 and above	35	35.0
Educational status of mother		
Primary school	69	69.0
High school	23	23.0
University	8	8.0
Educational status of father		
Primary school	51	51.0
High school	35	35.0
University	14	14.0
Having premature baby previously		
Yes	20	80
No	80	80.0
Baby number		
First baby	40	40.0
2 and above	60	60.0

Table 2. Data of premature baby and feeding (n=100).

Data	Number	%
Gender		
Girl	48	48.0
Boy	52	52.0
Delivery type		
Normal	36	36.0
Cesarean	64	64.0
Delivery week		
32-33 weeks	40	40.0
34-35 weeks	32	32.0
36-37 weeks	8	28.0
Current week		
32-34 weeks	26	26.0
35-37 weeks	55	55.0
38 week and above	19	19.0
Diagnosis		
Premature	61	61.0
Premature + Newborn jaundice	18	18.0
Premature + *Other	21	21.0
Girişimler		
Taken to incubator	57	57.0
Taken to cot	15	15.0
Connected to inhalator	28	28.0
Feeding type		
Human milk	66	66.0
Formula	4	4.0
Human milk and formula	30	30.0
Feeding method		
Breast feeding	40	40.0
Naso-gastric catheter	21	21.0
Baby bottle	15	15.0
Breast feeding + baby bottle	24	24.0
Human milk intake		
Never taken	4	4.0
Taken for a while	4	4.0
Still taking	92	92.0
Starting time of human milk intake		
As soon as born	20	20.0
During the day baby born	14	14.0
A few days after birth	62	62.0
Never taken	4	4.0

*Sepsis, congenital anomaly, diabetic mother's baby, preeclamptic mother's baby, meconium aspiration syndrome.

milk provides growth-development and strengthens immune system, while these rates were 33% and 24% for fathers, respectively. 51% of mothers and 41% of fathers stated that baby needs to have human milk until two years old. For preventing vomiting, 48% of mothers reported that they will use gas relieving and 13% of them will lay baby laterally; these rates were 24% and %3 for fathers, respectively. 39% of mothers and 73% of fathers stated that they do not know how to prevent vomiting. When gas relieving was asked, 72% of mothers said that they will hold baby over their shoulders and pat them on the back, 24% of mothers will hold baby over their shoulders and tap them on the back slightly; these rates were 35% and 22% for fathers, respectively. 43% of fathers and 4% of mothers stated that they do not know how to relieve the gas of baby. When it was asked to parents that how will they understand when their baby is fed, 29% of mothers expressed that they will understand when baby falls asleep, 54% of them understand when baby does not want to suck, 16% of them understand by urine-stool of baby; these rates were 24%, 46% and 8% for fathers, respectively. 22% of fathers stated that they will not understand whether their babies are fed or not (**Table 3**).

73% of mothers expressed that they feel sufficient themselves for applying breast feeding techniques, 28% of them have problems with breast feeding, 50% of them have no problem, 27% of them do not breast feed their babies. About breast feeding, babies of 15% of mothers fall asleep, babies of 7% of mothers cannot grab completely their breasts, and 6% of mothers have small nipples. 28% of mothers want to learn everything about breast feeding, 14% of them want to learn breast feeding techniques, 6% of mothers want to know what nutrients increase breast milk, and 11% of mothers want to know benefits of breast feeding, milk preservation conditions, prevention of vomiting etc. (**Table 4**).

In the research, 91% of fathers consider to support mother about breast feeding, and it was found that 20% of fathers consider to provide this support by taking care of mother's nourishment, 23% of them by buying nutrients increasing breast milk, 24% of them by encouraging breast feeding, and 24% of them by doing everything asked by mother.

There was a significant relationship between feeling sufficient for breast feeding techniques and maternal age (women over 25 years old), educational status (primary school graduate) and child number (having two or more children) (respectively χ^2=10.72, p=0.005; χ^2=8.30, p=0.040; χ^2=8.93, p=0.034).

Table 3. Views of mothers and fathers having premature baby on feeding and human milk (n=100).

	Mother		Father	
Topics	Number	%	Number	%
Are you aware of the benefits of human milk?				
Yes	71	71.0	64	64.0
No	29	29.0	36	36.0
What are the benefits of human milk?				
It provides growth-development.	26	26.0	33	33.0
It protects against diseases.	17	17.0	13	13.0
It strengthens immune system.	9	9.0	11	11.0
It speeds up development of intelligence.	8	8.0	4	4.0
It both speeds up the growth and protects against diseases.	11	11.0	3	3.0
I do not know.	29	29.0	36	36.0
How long do you think that your baby should take human milk?				
As long as baby lactates	21	21.0	28	28.0
Until 1 year old	5	5.0	13	13.0
Until 2 years old	51	51.0	41	41.0
As long as milk exists	23	23.0	18	18.0
What do you do to prevent vomiting?				
I relieve the gas of baby.	48	48.0	24	24.0
I lay baby laterally.	13	13.0	3	3.0
I do not know.	39	39.0	73	73.0
How do you relieve the gas of baby?				
I hold baby over my shoulder and pat him/her on the back	72	72.0	35	35.0
I hold baby over my shoulder and tap him/her on the back slightly	24	24.0	22	22.0
I do not know.	4	4.0	43	43.0
How do you understand when your baby is fed?				
When falls asleep	29	29.0	24	24.0
When does not want to lactate	54	54.0	46	46.0
By urine-stool	16	16.0	8	8.0
I do not know.	1	1.0	22	22.0

Discussion

In the research, it has been aimed to determine the views of parents having premature babies about babies' breast feeding and to analyze related factors affecting these views. Within this context, it has been considered to determine problems during breast feeding of premature baby and to contribute taking precautions for these problems by this research.

In the study, most of premature babies were born before 35th week of gestation, had many health problems and required medical care. Medical care requirements of premature babies born without completing their intrauterine development are an expected condition.[13] It was found out in the research that more than half of the premature babies (66%) take only human milk. Although this rate is not at a desirable level, it indicates that premature babies have problems with taking human milk and lactating. Almost half of the mothers (40%) participated to the research give breast milk by breast feeding. It is considered that it is caused by the developmental characteristics of the premature babies.

Human milk which is an essential nutrient for infants and babies provides immunity against childhood diseases and it fulfills the nutrient requirements by itself during the first months of a newborn.[22] In the research, differences were found among the premature babies for their first human milk intakes. TNSA-2008 results show that the time for starting to take human milk is quite late in our country. It is reported that 39%

Table 4. Competency of mothers for breast feeding and topics they want to learn (n=100).

Topics	Number	%
Do you feel sufficient yourself for breast feeding techniques?		
Yes	73	73.0
No	27	27.0
Do you have any problem during breast feeding?		
Yes	28	28.0
No	50	50.0
I do not do breast feeding	23	23.0
What problems do you have?		
I have small nipple	6	6.0
Baby cannot grab my breast	7	7.0
Baby falls asleep	15	15.0
I have no problem	72	12.0
What do you want to know about breast feeding?		
Generally everything about breast feeding	28	28.0
Breast feeding techniques	14	14.0
Benefits of breast feeding	2	2.0
Milk preservation conditions	4	4.0
Ways to prevent vomiting	5	5.0
Nutrients increasing human milk	6	6.0
I know everything	41	41

of babies who are fed with human milk are not lactated within the first hour after they are born, and 27% of babies not within first 24 hours. These rates are lower than the results of TNSA-2003 and it shows that the practice rate of early breast feeding in Turkey continues to decrease. Also, low rate of early lactating of premature babies is an expected condition.

It is reported that breast feeding period and incidence in preterm and low-birth-weight babies are lower compared to term babies. While the rate of terms babies for taking human milk is 69% in the USA, it is 50% in preterm babies.[24] The reasons for having such low breast feeding rate in these babies are reported as not receiving sufficient information, consultancy, encouragement and support from health care professionals about benefits of breast feeding, and milking and preserving the milk, hospitalizing these babies for a long time, and insufficient lactating etc.[25] Low rate of breast feeding and starting to breast feeding late are affected negatively by the concern of mother that milk will not be enough, and false beliefs and practices about unprepared delivery and breast feeding.[23] Even though premature babies lactate insufficiently, it is recommended to encourage breast feeding babies if they are available to lactate.[21]

In the research, it was found out that mothers have more knowledge about the benefits of human milk compared to fathers. Same results are observed also about relieving the gas of baby, preventing vomiting and understanding that baby is fed. These results show that mother is more efficient and well-informed about the primary care of premature baby compared to father. It was found by the research that a major part of mothers (73%) feels sufficient themselves for applying breast feeding techniques. In the study of Eker and Yurdakul (2006), it was reported that most of mothers carry out breast feeding techniques properly.[20] In our study, for some reasons (mothers having small nipple, babies cannot grab breasts, baby falls asleep), half of the mothers had problems during breast feeding. It was shown in various studies that similar problems may occur in premature baby feeding.[18-21] Newborn nurse has an active role in resolving and preventing such problems.

In our research, it was observed that mothers are willing to learn some baby feeding topics (everything about breast feeding, breast feeding techniques, nutrients increasing breast milk, benefits of breast feeding milk preservation conditions, prevention of vomiting). These results also determine the extent and borders of trainings to be applied for baby feeding. Therefore, it is required to inform mothers beginning before delivery. It was reported in a study that the training and support given to mothers having term and preterm babies had significant consequences in terms of the continuity of human milk.[20-26] It is reported that breast feeding and human milk trainings given to mother by nurse contribute to maintaining breast feeding and preventing breast complications.[27] Before baby is discharged from NICU, nurse should provide these services to parents within the context of family-oriented approach. Also it is required to perform regular follow-up on mother during postnatal period, the control whether breast feeding trainings are practiced or not, and to response questions of parents with premature baby.

In the research, almost all of the fathers stated that they will support mother about breast feeding. It has been seen that this support has many fields. Supports of fathers on breast feeding and other baby care issues (relieving gas, bathing etc.) will also make positive contribution to maternal health, and also it will help to create deeper bond between father and baby.[28] For that purpose, taking baby on lap by father and visiting mother at hospital frequently will help to strengthen the bond with baby. A significant relationship was found in the research between the condition of mothers for feeling sufficient in breast feeding techniques and maternal age, educational status and child number. Mothers graduated from primary school feels sufficient themselves and this may be caused by having two or more children. In our country, it is a well-known fact that number of child decreases as educational level increases. The increase of baby feeding capabilities in parallel to the increase of child number is an expected condition. The experience may help mothers to feel more comfortable, to resolve problems easily and to feel themselves more sufficient.

Conclusion

Human milk has an essential role on the feeding of premature babies. In order to increase human milk intake, it is required to remedy the concerns of parents having premature babies about feeding, and to inform parents about human milk and breast feeding. It has been found by the research that mothers are more knowledgeable and experienced than fathers about human milk intake of premature babies. It can be recommended to give trainings on feeding premature baby for both fathers and mothers.

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