

# The Effect Of Training Given in Birth and Parenting Class on Prenatal Attachment and Breastfeeding Self-Efficacy: Example From Tunceli

## Gebe Bilgilendirme Sınıfında Verilen Eğitimin Prenatal Bağlanma ve Emzirme Öz Yeterliliğine Etkisi: Tunceli Örneği

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### ABSTRACT

**Aim:** The aim of this study is to examine the effect of training given in birth and parenting class on prenatal attachment and breastfeeding self-sufficiency.

**Method:** This research is a training intervention study. The sample of the research is consisted of 55 pregnant women. The research data were obtained by using the questionnaire form including sociodemographics and pregnancy-related characteristics, "Prenatal Attachment Scale and Breastfeeding Self-Efficacy Scale".

**Results:** It was determined that 49.1% of pregnant women participating in the study are between the ages of 25 - 29 years, 74.5% are university graduates, 60% are housewives, and 77.7% prefer to have a natural birth. It was found that prenatal attachment and breastfeeding self-sufficiency ( $p < 0.05$ ) of pregnant women increased after participating in the birth and parenting class.

**Conclusion:** It has been observed that the trainings given in the pregnancy information class are effective in increasing the level of attachment and breastfeeding competence.

**Anahtar Kelimeler:** Pregnant training; parental attachment; breastfeeding self-sufficiency.

### ÖZ

**Amaç:** Bu çalışmanın amacı, gebe bilgilendirme sınıfında verilen eğitimin prenatal bağlanma ve emzirme öz yeterliliğine etkisini incelemektir.

**Yöntem:** Bu araştırma, bir eğitim müdahale çalışmasıdır. Araştırmanın örneklemini 55 gebe oluşturmaktadır. Araştırma verileri sosyodemografik özellikleri ve gebeliğe ilişkin özellikleri içeren anket formu, "Prenatal Bağlanma Ölçeği ve Emzirme Öz Yeterlik Ölçeği" kullanılarak elde edilmiştir.

**Bulgular:** Araştırmaya katılan gebelerin % 49,1'inin 25-29 yaşları arasında olduğu, % 74,5'inin üniversite mezunu, % 60'ın ev hanımı ve % 77,7'sinin doğal doğum yapmayı tercih ettiği belirlendi. Kadınların gebe bilgilendirme sınıfına katıldıktan sonra prenatal bağlanma ve emzirme yeterliliklerinin arttığı görüldü ( $p < 0.05$ ).

**Sonuç:** Gebe bilgilendirme sınıfında verilen eğitimlerin bağlanma düzeyi ve emzirme yeterliliğini arttırmada etkili olduğu görülmüştür.

**Keywords:** Gebe eğitimi; prenatal bağlanma; emzirme öz yeterliliği.

### INTRODUCTION

Nowadays, the search of conscious families for information about pregnancy process, birth, postpartum period and newborn care has increased the interest in birth and parenting classes. As in developed countries, there are many education programs in our country such as birth preparation classes, antenatal training classes, parenting

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trainings, perinatal training, pregnant education, etc. similar to "parent class education programs" that allow couples to participate together (1).

The main purpose of pregnancy classes is to increase the knowledge of women on pregnancy, labour, puerperium and baby care in order to ensure compliance of couples with pregnancy, childbirth, postpartum period and to support natural birth (1,2).

In a systematic review in which the effectiveness of pregnancy classes is evaluated, it is stated that there is insufficient evidence about the effect of pregnancy education in small classes on pregnancy and outcomes (3).

In a review study evaluating the studies on birth preparation trainings conducted until 2015

in our country, it was stated that the pregnant women who attended the birthing trainings had a more comfortable pregnancy period, they perceived the delivery process more positively, and breastfeeding was more successful (4). In addition, it was determined that the birth satisfaction of pregnant women who participated in pregnancy classes increased (5), maternal attachment strengthened with the education given to pregnant women (6,7), fear of birth decreased (8,9,10), birth pain decreased, vaginal birth number, readiness for birth, newborn's apgar score and weight increased (11,12). It is important for pregnant women and their babies to gain prenatal attachment and breastfeeding self-sufficiency during pregnancy. Based on all this, the aim of this study is to examine the effect of training given in birth and parenting class on prenatal attachment and breastfeeding self-sufficiency.

## RESEARCH MATERIAL AND METHOD

### Design of the research;

This research is a training intervention study.

### The Universe and Sample of the Research

The universe of the study was composed of all women who applied to the Pregnancy Class of a province in eastern Turkey between June 2018 and January 2019. The sample of the study consisted of 55 pregnant women who had a healthy fetus, did not have communication difficulties and mental disabilities, and agreed to participate in the study after being informed about the study.

### Materials used in the study;

For the collection of research data, a questionnaire containing questions about sociodemographic and obstetric characteristics of individuals, Prenatal Attachment and Breastfeeding Self-Efficacy Scale were used. Pregnant women were given a standard training prepared by the researchers about pregnancy, birth, postpartum period for two hours, once a week for four weeks. The content of the training program provided was standardized by the Ministry of Health in 2014 (Turkish Public Health Institution 2014). Topics included in the training program are topics that are broadly explained under the main headings of pregnancy,

preparation for birth, birth and puerperium. Trainings were carried out in groups of 8-10 people. Before the training, sociodemographic and obstetric data form, Prenatal Attachment and Breastfeeding Self-Efficacy Scale were applied. Prenatal Attachment and Breastfeeding Self-Efficacy Scales were reapplied after completing the training program.

**Questionnaire:** It consists of questions addressing sociodemographic (age, education, employment status, etc.), obstetric characteristics.

**Prenatal Attachment Inventory:** The "Prenatal Attachment Inventory" was developed in 1993 by Mary Muller. The scale consists of 21 items and was developed to describe the thoughts, feelings and status of women during pregnancy and to determine the level of attachment to the baby during the prenatal period. Each item is a four-point Likert type that can score between 1 and 4. A minimum score of 21 and a maximum of 84 can be obtained from the scale. The increase in the score got by the pregnant indicates that the level of attachment also increased. Validity and reliability in Turkish was checked by Dereli Yılmaz and Beji (2013) (13). The Cronbach alpha value of the scale is 0.84.

**Breastfeeding Self-Efficacy Scale-Short Form:** The scale was first developed by Dennis and Faux (1999) with 33 items. This scale evaluates how mothers feel enough about breastfeeding. Breastfeeding Self-Efficacy Scale – Short Form consists of 14 items in total. The scale is 5-point Likert type, the minimum score from the scale is 14, the maximum score is 70. The increase in the score shows that breastfeeding self-efficacy is high. According to Dennis, it is appropriate to apply this scale in the postnatal period. However, he stated that it is possible to use this scale during pregnancy period by using the "future tense" in the scale items. The scale was adapted to Turkish by Aluş-Tokat and Okumuş (2010) (14). The Cronbach alpha value of the scale is 0.86.

### Research questions

1. Does the training given in the pregnancy class affect the prenatal attachment levels of pregnant women?

2. Does the training given in the pregnancy class affect the breastfeeding self-efficacy levels of pregnant women?

### Analysis of Data

The data obtained from this study has been analysed using SPSS Statistics 24 packaged software. In data analysis, wilcoxon test was used in paired groups to compare number, percentage, mean, standard deviation and pre-post tests. While looking at the difference in sociodemographic properties before and after training scores for comparisons between groups, Mann-Whitney U test and Kruskal-Wallis H test were used. Significance level was accepted as  $p < 0,05$ .

### Research Limitation

The limitation of the research was the research being conducted in a small sample group in a small city with a yearly birth rate of 379.

### RESULTS

49.1% of pregnant women participating in the study were 25 to 29 years old. 74.5% of pregnant women were university graduates, 70.9% had prenatal checks, 60% were housewives, 74% had well balanced income and expenses and 77.7% preferred to have natural birth.

Significant differences were found in terms of pre-test and post-test scores of prenatal attachment and breastfeeding self-efficacy scale of pregnant women ( $p < 0.05$ ). Post-test scores of prenatal attachment and breastfeeding self-efficacy scales of pregnant women seem to be significantly higher (Table 1).

There is no significant difference between the sociodemographic and obstetric characteristics of pregnant women and the mean prenatal attachment and breastfeeding self-efficacy scale scores ( $p > 0.05$ ). When the mean gestational age of women and prenatal attachment and breastfeeding self-efficacy scale were compared, it was found that pre-test score of breastfeeding self-efficacy scale was significantly lower in women aged 30 and over compared to women in the other age group ( $P < 0.05$ ), and mothers in the 25-29 age group had significantly lower post-test prenatal attachment inventory scores compared to other age groups ( $p < 0.05$ ). There was no significant difference between the groups in terms of other socio-demographic and obstetric characteristics, prenatal attachment and breastfeeding self-efficacy scale scores in pregnancy ( $p > 0.05$ ) (Table 2).

**Table 1. 2018-2019 Tunceli, Comparison of Pre-Test and Post-Test Mean Scores of Prenatal Attachment and Breastfeeding Self-Efficacy Scale of Women**

Variables	n	Mean	Median	Mode	Minimum	Maximum	sd	Wilcoxon test	
								Z	p
Pregnancy Breastfeeding Self-Efficacy (pre-test)	55	51.69	53.00	45.00	16.00	69.00	10.41	-4,685	0.0000
Pregnancy Breastfeeding Self-Efficacy (post-test)	55	60.89	63.00	70.00	31.00	70.00	7.88		
Prenatal Attachment Inventory (pre-test)	55	34.73	34.00	25.00	22.00	54.00	7.74	-2,377	0.017
Prenatal Attachment Inventory (post-test)	55	39.49	37.00	28.00	21.00	63.00	12.22		

**Table 2. 2018-2019 Tunceli, Comparison of Women's Socio-demographic, Obstetric and Gynecological Characteristics and Prenatal Attachment and Breastfeeding Self-Efficacy Scale Scores**

Variables	n	%	Breastfeeding Self-Efficacy (pre-test)	Breastfeeding Efficacy (post-test)	Prenatal Attachment Inventory (pre-test)	Prenatal Attachment Inventory (post-test)
<b>Age</b>						
20-24	7	12.7	34,0±6,88	23,4±6,07	31,1±7,89	31,4±9,69
25-29	27	49.1	29,9±6,59	24,7±8,69	25,0±7,73	23,0±11,29
30 and over	15	38.2	23,6±14,09	33,8±6,73	30,8±7,77	33,2±13,11
<b>Education level</b>						
High school and below	14	25.5	31,3±13,00	27,7±6,39	36,8±6,79	31,4±10,24
College and over	41	74.5	26,9±9,52	28,1±8,40	25,0±8,40	26,8±12,90
<b>Occupation</b>						
Housewife	33	60.0	31,6±11,98	31,4±5,98	29,4±7,41	26,4±10,72
Worker	1	1.8	5,5±0,0	5,0±0,0	49,0±0,0	53,5±0,0
Officer	16	29.1	24,0±7,57	24,3±10,31	27,8±8,42	29,5±12,35
Self-employed	1	1.8	24,0±0,0	36,0±0,0	5,0±0,0	22,0±0,0
Other	4	7.3	22,0±7,13	18,5±8,39	18,8±6,53	30,2±21,14
<b>Income Perception Status</b>						
Income lower than the expenses	7	13.2	28,1±11,20	33,0±8,45	31,4±6,74	35,1±14,04
Income equal to Expenses	41	74.0	28,2±11,11	27,4±8,03	29,1±8,11	26,3±12,11
Income higher than the expenses	7	12.8	26,4±10,40	26,4±7,88	18,4±7,74	30,6±12,22
<b>Birth preference</b>						
Natural birth	43	77.7	26,7±9,64	28,6±8,11	27,2±7,62	28,6±12,34
Cesarian section	1	2	43,0±0,0	43,5±0,0	11,5±0,0	25,0±0,0
Unanswered	11	20.3	31,7±13,76	24,1±7,21	30,1±8,48	25,6±12,71
<b>Pregnancy Planning Status</b>						
Yes	51	92.8	28,2±10,17	27,9±7,82	28,0±7,90	26,9±11,53
No	2	3.6	45,0±8,48	34,0±9,89	34,5±3,53	32,2±22,62
First I didn't want, than I did	2	3.6	5,5±6,36	27,8±13,43	20,7±7,78	49,7±5,65
<b>Gestational Age</b>						

1 <sup>st</sup> trimester	9	16.4	35,5±6,60	H=2,6	27,9±6,33	H=0,017	32,1±7,58	H=0,9	29,2±11,36	H=0,203
2 <sup>nd</sup> trimester	20	36.4	28,1±11,83		27,7±9,48		25,8±7,94		28,8±12,63	
3 <sup>rd</sup> trimester	26	47.3	25,4±10,15	p=0,261	28,3±7,25	p=0,991	28,3±7,81	p=0,607	27,0±12,61	p=0,903
<b>Wanted Pregnancy Status</b>										
No	16	29.1	22,0±6,80	U=216.5	32,6±7,40	U=238	27,3±6,89	U=301.5	27,8±15,12	U=309.5
Yes	39	70.9	30,4±11,51	p=0,076	26,1±7,97	p=0,169	28,3±8,13	p=0,846	28,1±11,03	p=0,963

\*Other: unspecified

\*\*H: Kruskal Wallis-H Testi, U: Mann Whitney-U Testi

## DISCUSSION

In this research, the effect of training given in pregnancy class on prenatal attachment and breastfeeding self-efficacy was evaluated. As a result of the study, it was found that training received in pregnancy class significantly increased the attachment levels of pregnant women. In the study of Nazik et al., it was found that prenatal education classes increased prenatal attachment (15). In the review of Nacar and Gökkaya, there are findings showing that pregnancy training is effective in maternal attachment (16). In other studies, it is seen that the training given during pregnancy strengthens maternal attachment by ensuring that the woman accepts her pregnancy and accepts the fetus as an individual (16-18). It was determined that the age, education level, income perception status, gestational week and checks during pregnancy did not affect the prenatal attachment level of the mothers who attended the pregnancy class. While there are studies in the literature suggesting that the age of the expectant mother is not effective in prenatal attachment (15), there are also studies suggesting that it is effective (19). Maternal attachment is an emotional bond between parents and their unborn child. Therefore, regardless of the age of the expectant mother, prenatal attachment is mainly affected by pregnancy, birth and newborn factors (6,20).

No significant difference was found between other socio-demographic and obstetric characteristics of pregnant women and prenatal attachment. In the literature, it is seen that women who unintentionally get pregnant are insufficient to connect with their babies (21,22). Unwanted pregnancy status adversely affects compliance to pregnancy. This situation may cause little or no maternal attachment in pregnant women.

There is no significant difference between the educational level of pregnant women and prenatal attachment. While there are studies supporting the result of the research (13,19,23), there are also studies showing that the level of education is effective in maternal attachment (24). This may be due to working with groups from different sociocultural structures. Because the emotional maturity of the expectant mothers during pregnancy, the fears they experience, the presence of social supports, the state of experiencing physiological and psychological stress and adaptation

to parenting differ (13). While regular checks does not affect prenatal attachment in the study, it was found that regular checks in the study of Karakoç and Özkan strengthened maternal attachment (25). This difference is considered to be due to the difference in the service they receive during regular checks.

Breastfeeding actually looks like a natural and simple action, but most women need information, training and support on how to breastfeed. It is seen that the training received in pregnancy class increases the self-efficacy of breastfeeding mothers. In the literature, it was found that supporting and encouraging expectant mothers regarding breastfeeding during pregnancy and postpartum period positively affects breastfeeding (14,26,27). In other studies in the literature, it is seen that attending pregnancy school or receiving breastfeeding training increases breastfeeding self-efficacy (26,28,29).

It was determined that the age, education level, income perception status, gestational week and regular checks during pregnancy did not affect breastfeeding self-efficacy level. There are studies showing that breastfeeding self-efficacy of mothers is related to education level (29-31), while there are studies showing that education level has no impact (27). It is also demonstrated by other studies in the literature that the characteristics of the expectant mother such as income status, planned pregnancy and delivery mode do not have an effect on breastfeeding self-efficacy (26,27,29).

## CONCLUSION AND RECOMMENDATIONS

The training received in the pregnancy class was effective and the prenatal attachment and breastfeeding self-efficacy of the expectant mothers have increased. The sociodemographic and obstetric characteristics of pregnant women did not affect prenatal attachment and breastfeeding self-efficacy. The prenatal period is a good opportunity to evaluate the mother and baby. It is important to evaluate prenatal attachment and breastfeeding self-efficacy affecting both mother and baby. While planning studies to evaluate the effectiveness of pregnancy

classes or trainings given during pregnancy, it is recommended to carry out a study with a larger sample and in comprehensive education classes.

## Research Limitations

The fact that the total number of yearly births in the city where the study was conducted was 379 and the low number of pregnant women who wanted to attend the information class limited the sample of the study and did not generalize to the universe. In addition, due to the low number of participating pregnant women, a grouping could not be made according to the gestational week, and the training was given to mixed groups including 1st, 2nd, and 3rd trimester pregnant women.

## Ethics and Consent

To perform the research, the ethics committee approval was obtained from Munzur University Non-Interventional Ethics Committee (Decision No: 23) and institutional permission was obtained from the hospital where the research was conducted.

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