

**Kurs****6/11**

Emzirmenin anne ve bebek arasındaki duygusal bağa etkileri*

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Emzirme anne ve bebeğin doğrudan birbiri ile temas ettiği ve besin temelinde olmasının ötesinde, ruhsal ve sosyal bir paylaşımın yapıldığı süreçtir. Bu sürecin en az 6 sürmesi, bir yıla tamamlaması hedeflenmektedir. Bu ilişki ve iletişimden doğacak boyut, ruhsal, sosyal ve kültürel birçok anlamlar taşımaya doğaldır.

Sağlığın oluşması için emzirmenin yeri önemlidir. Emzirme sadece beslenme ötesinde, bir anne ile alış-veriş boyutu olmaktadır. Bebek ilk etik ilkeleri, doyunca emzirmeme, acıkınca ağlayarak emzirme talep etme gibi sosyal boyutları ilk kavradığı bir dönemdir.

Sadece anne ve bebek ten teması bile çok önemli katkıları sağlaması açısından önemi belirgindir.

Sağlık elemanı ve tüm insanların bu etkileşim açısında, kendi annesi olsun veya olmasın emzirmeyi teşvik etmek bir insanlık görevi olduğu bilincinde olunmalıdır.

Özet

Emzirmenin anne ve bebek arasındaki duygusal bağa etkileri

Amaç: Emzirme, sadece besin ötesinde, sosyal ve ruhsal çok yönlü katkıları bulunmaktadır. Bu konu irdelenmektedir.

Giriş: Ülkemizde çok kullanılan "Anasının ak sütü gibi helal etmek" deyimini karşılıksız bir şey vermek anlamında kullanılmakta ve toplumda anne sütüne, anneliğe verilen değeri göstermektedir. Öyle ki anneler çoğu zaman evlatlarını bir tehlikeden korumak istediğinde ilk olarak "sütümü helal etmem" diyerek emzirmenin kutsallığını da vurgulamaktadır.

Yorum: Emzirmenin tarihi sürecinde dünyada ve Türk âleminde emzirmenin önemine dair birçok ipucu karşımıza çıkmaktadır. Son dönemlerde emzirmenin önemi ve anne sütünün üstünlüğüne dair yapılan çalışmalarda bilinen gerçeğin bir anlamda kaybettiğimiz değerlerin yeniden gün yüzüne çıkartılması sağlanmıştır.

Anahtar Kelimeler: Anne sütü, sosyal etkileşim

Outline

The Physiological connection by Infant and Mother, by Brest-Feeding

AIM: Breast-feeding is not just for nutritional state, more than feeding, social and cultural benefit, at the first; mother/family and baby.

Introduction: Traditionally the ethical concept to be true as "so white as mother's milk", meaning to share and empathy as a perfect, thus indicated the superiority value for the mother and breast-feeding. Though, most mother, if to save and protect their boy/girl, indicate as "I won't legitimate my milk, not forgive you" as not to be done, leading to harm, non-ethical acts. This is one of the indication of esteem of the mother's milk valuation.

Conclusion: The breast-feeding at the past, the humankind history at the Universe and Our Cultural concepts, several key notes are noticed. Nowadays, we should inform the values, that are fainting and be again into the daylight.

Key Words: The mother's milk, the value of breast-feeding

Emzirmenin anne ve bebek arasındaki duygusal bağa etkileri

Melek Kılıç

Henüz mamaların, biberon ve emziklerin keşfedilmediği M.Ö 1550 yılına ait olduğu tahmin edilen Ebers Papirüsleri tarihte anne sütünün önemini anlatan ilk yazılı kaynaktır. Mısır'da bir mumyanın kucağında bulunan 700'den fazla tıp reçetesi içeren bu papirüslerde bebek beslenmesinin tek yolunun anne sütü olduğu ve bebeğin 3 yaşına gelene kadar anne sütü ile beslenmesi gerektiği anlatılıyordu. İslamiyet'te ise yine anne sütüne çok değer verilmiş bebeğin anne karnında kanla beslenmesi ile doğumdan sonra anne sütü ile beslenmesi ilişkilendirilmiştir. Öyle ki Lokman suresinde "Biz insana anne ve babasını (onlara iyilikle davranmayı) tavsiye ettik. Annesi onu, zorluk üstüne zorlukla (karnında) taşımıştır. Onun (sütten) ayrılması, iki yıl içindedir" denilmektedir. Eski Türklerde ise her zaman emzirmeye önem verilmiş, anne sütü kutsal atfedilmiştir. Yakut Türklerinde güzellik ve analık tanrıçası Ayzıt'ın yeni doğan bebeğin ağzına süt gölünden getirdiği sütünü damlatarak can verdiğine inanılırdı. İbni Sina ise ünlü eseri El- Kaanon fit-tıp (Tıp Kanunu) da bebeklerin mümkün olduğunca anne sütü alması gerektiği anlatılmaktadır. İlk Türk hekimliği kitabı olan Tedbir-ül Mevlüt (Çocukların korunması) yazarı Ayaşlı Şaban Şifai (1700) bebeklerin beslenmesinde anne sütünün önemini belirtmiştir. Anadolu'da emzik ve biberondan önce süt sağma şişesi keşfedilmiş, annelerin bebekleri için günümüzden 1700 yıl önce süt sağdıkları anlaşılmıştır. Kısaca gözden geçirdiğimiz tarihsel sürecin yanında anne sütü ve emzirme doğal bir uygulama, normal bir davranıştır. Doğası gereği her kadının emzirme yeteneği, her bebeğinde emme refleksi vardır. Fakat anne bebek arasındaki emme- emzirme davranışına sadece anne sütü ile beslenme gözüyle bakmamak gerekir. Emme-emzirme süreci aslında anne ve bebeğin yakınlaştığı, birbirinin ruhsal ihtiyaçlarını karşıladıkları bir süreç, anne sütü ise o sürecin en gözle görünür çıktısıdır. Özellikle yenidoğan bebeğin ilk ihtiyacı annesinin sıcaklığı ve kokusu, ardından ise anne memesidir. Aynı zamanda dokunmak, temas etmek, kendi sıcaklığını

karşındakine aktarırken, ondan da aynı sıcaklığı ve sevgi sinyallerini alabilmektir. Dokunma, vücut temasını sürdürme, güvencede olma duygusunu güçlendirmek açısından yenidoğan için çok önemlidir. Araştırmalara göre, dokunma beyin fonksiyonlarını hızlandırırken, matematik yeteneğini geliştiriyor, beden stresini azaltıyor ve bağışıklık sistemini güçlendiriyor.

Dokunmanın etkileri



Konu ile ilgili yayınlar gözden geçirildiğinde hem “bebeğin anneye bağlanması (attachment), hem de annenin çocuğuna yönelik duygusal bağı (bonding)” “bağlanma” sözcüğüyle karşılanmaktadır. Bağlanma yaşamın ilk günlerinde başlayan, duygusal yönü ağır basan ve olması beklenen bir durumdur. Doğumdan hemen sonra insan yavrusunun doğası gereğince başlayan bağlanma; meme arama, başı döndürme, emme, yutma, parmak emme, yakalama, anneye yönelme, beslenme saatlerini sezinleme ve hazırlanma şeklinde kendisini göstermektedir. Anne ve bebeğin birbiri ile iletişim ne kadar erken ve sağlıklı ise annelik duygusu da o kadar kuvvetli gelişecektir. Örneğin yapılan gözlemlerde sezaryen ile doğum yapan annelerle karşılaştırıldığında normal doğum sonrası bebekleri hemen yanlarına verilen annelerin, şefkat dolu davranışları daha yoğun gösterdikleri dikkati çekmiştir. Bebeğin annesi ile arasındaki bu özel bağlanma sağlıklı ruhsal gelişimdeki en önemli belirleyicidir. Doğumla birlikte anne bebek arasında gelişen bu süreç, bireyin kişilik gelişimini, diğer insanlarla ilişkilerini ve uyumunu etkilemektedir.

Anne ve çocuk arasındaki psikolojik bağ en hızlı doğumdan hemen sonra anne ve bebeğin ten tene temasının sağlanması ile oluşur ve bu bağ emme-emzirme ilişkisi ile artırılabilir. Bunun için doğumdan itibaren en az 1 saat anne ve bebeğin ten teması sağlanmalı ve bu süre içerisinde bebek mutlaka anne göğsüne tutulmalıdır. Erken ten-tene teması uygulaması en basit hali ile doğumla başlayan ve annenin çıplak göğüsü üzerine yüzüstü yatırılan bebeğin sıcak bir battaniye ile örtülmesidir. Tensel temasın anne ve bebek arasındaki etkileşim artırdığını, emzirme için fırsat olduğu, termoregülasyon, ağrı yönetimi, uterus dışı yaşama daha kolay geçiş gibi yararları olduğunu birçok çalışma ile kanıtlanmıştır. Bu muhteşem sürecin sağlıklı devam ettirilebilmesi için bebekle annenin özellikle 24 saat aynı odayı paylaşmaları sağlanmalı ve

bebek her ağladıkça her istedikçe emzirilmelidir. Özellikle bu dönemde yüksek protein düşük yağ ve laktoz içeren kolostrum üretilir. Kolostrum besinsel değer taşımanın yanında daha çok immünolojik ve gelişimsel özelliklere sahiptir. Bu nedenle kolostrumun bebeğe bir damlası bile ziyan edilmeden verilmesi çok önemlidir.

Erken dönemde tensel teması sağlayabilmek için mutlaka hamilelik döneminde anneye Emzirme Danışmanlığı eğitiminin verilmiş olması gerekmektedir. Sağlık Bakanlığı Politikası olarak uygulanan “Başarılı Emzirmede 10 Öneri” nin 3. s.ü 32 hafta ve üzeri tüm gebe kadınların emzirmenin yararları ve yöntemleri konusunda bilgilendirilmiş olmasıdır. Bu bağlamda ister Aile Hekimliği isterse hastanede kontrole gelen gebeye mutlaka Anne sütü ile beslenmenin önemi, tensel temasın önemi ve nasıl yapılacağı, emzirme pozisyonları, sütünün yeterli olmasının nasıl sağlanacağı, bebeği ile aynı odada kalmanın faydaları, yapay beslenmenin zararları gibi konular anlatılmalıdır. Gebelik döneminde danışmanlık verilerek hazırlanmış bir gebeye yardımcı olmak işleri çok daha kolaylaştıracaktır. Sürecin devamında ise desteğe devam edilmesi gerekmektedir.

Doğumla beraber tensel temasın sağlanabilmesi için bazen sürecin çeşitli nedenlerle bozulduğunu ve anne bebeğin buluşturulamadığını biliyoruz. Bu nedenleri sıralamak gerekirse;

- Travayda ve doğum sürecinde annenin yatmak zorunda olması
- Annenin yeterince desteklenmemesi
- Erken doğum sırasında anneye besin ve sıvı verilmemesi
- Anne veya bebeğin sedatize edildiği ağrı giderici girişimler, epizyotomi ve tıbbi nedenler olmaksızın rutin gibi uygulanan diğer müdahaleler
- Doğum sonrası bebeğin kundaklanması/ sıkıca sarılması
- Doğum sonrası anne ve bebeğin ayrı odalara alınması

Doğum süreci daha kolaylaştırmak ve anne ile bebeği erken buluşturmak adına önümüzdeki engelleri kaldırmak için anne mutlaka desteklenmelidir. Bu kişi Kardeş, arkadaş, aile üyesi, eşi veya sağlık personeli olabilir. Anneyi desteleyecek kişi;

- Doğum sürecinde anneyi hareket etmeye ve yürümeye teşvik edebilir.
- Hafif sıvı ve gıdalar tüketmesini sağlayabilir.
- Annenin özgüvenini yükseltebilir.
- Ağrı ve endişeyi yönetmeye destek verebilir.
- Masaj yapabilir, elini tutabilir, hafif giysiler giymesini sağlayabilir.
- Olumlu geri bildirim verebilir, olumlu ifadeler kullanabilir.

Tensel Temasın erken zamanda başlatılabilmesi için doğum salonları ve ameliyathanelerde birçok yersiz endişemiz vardır ve genellikle bu yersiz endişeler nedeni ile anne ve bebeği buluşturmakta gecikir ve doğal süreci bozarız. Kısaca bu endişelere ve sorunlara da değinmek gerekirse;

- 1) Bebeğin üşümesinden endişe etmeyin.
- 2) Bebeğin muayenesi annesinin göğsündeyken yapılabilir, ölçümleri ertelenebilir.
- 3) Annenin epizyo/insizyon dikişleri, bebeği göğsündeyken yapılabilir.
- 4) Verniksin; bebeğin cildini nemlendirmesi ve ısı kaybını önlemesi nedeniyle bebeğin ilk banyosu ertelenebilir.
- 5) Doğumhane yoğun ise anne ve bebek servise transfer edilebilir.
- 6) Yeterli sağlık çalışanı yoksa aile üyelerinden biri anne ve bebek ile kalabilir.

Anneden geçen ilaçlar nedeniyle bebek uykulu ise, bağlanma ve emzirme için ten tene temas yönünden desteklenmesi çok daha önemli olacaktır.

Yeni anne ve babaların bebeğin doğumundan sonra karşılaştıkları manzara çoğunlukla hayal ettiklerinden çok farklıdır. Öğrenmeleri gereken çok fazla şey olmasına rağmen sosyal

destekleri veya rol modelleri olmayabilir. Bu noktada, annelerin bebeklerine karşı gösterdikleri yaklaşımı sağlıklı bir şekilde değerlendirebilmeleri, anne-bebek arasındaki normal bağlanma sürecinde ve doğum sonrası olumlu anne-bebek ilişkisinin geliştirilmesinde sağlık personeli önemli rol oynamaktadır. Bu nedenle eğitilmiş sağlık personeli tarafından verilen eğitim ve destek anahtar durumdadır. Yapılan bir araştırmada emziren annelerin sadece %25' inin sağlık personelinin bilgi aldığı ve sağlık profesyonellerinin sadece yarısının doğumdan hemen sonra emzirmek için anneleri teşvik ettiği saptanmıştır. Sağlık personelinin özellikle antenatal izlemde emzirme konusunda verecekleri eğitimin çok etkili olacağı yadsınamaz bir gerçektir.

Sürekli Yardım



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1) Breast-Feeding vs. Bottle-Feeding

<http://www.child-encyclopedia.com/breastfeeding/according-experts/breastfeeding-and-child-psychosocial-development>

By [Lawrence Kutner, Ph. D](#)

Now here's a topic that's guaranteed to raise the ire of those who are committed to either position. I've enjoyed the impassioned debate, largely because I'm thrilled to see people on both sides who are committed to their children's nutrition. I'm concerned, however, when parents are made to feel like failures if they do not follow a particular approach.

Both sides have been guilty of such cruel propaganda. Adamant breast milk advocates have warned (inaccurately) that bottle-fed babies do not emotionally bond to their mothers as well. (This has been especially painful to adoptive mothers and others who, for biological reasons, cannot nurse their babies.)

Infant formula manufacturers have told mothers in third-world countries that breast milk wasn't as good for their babies as the commercial product — which is also a lie. In fact, this has led to infant malnutrition and diarrhea as poor parents, who used their meager funds to buy the unneeded formula to help their babies, prepared it in unsanitary conditions and with contaminated water. (This has become an even more complex issue in recent years since [HIV](#) can be passed from mother to child through breast milk in those babies who are born healthy but whose mothers have an HIV infection.)

So let's put the emotions of breast-feeding and bottle-feeding aside and deal with the facts. First, with today's commercial formulas for newborns, you don't have to feel that you're depriving your baby of any necessary nutrients. (Note that feeding your child cow's milk is not an adequate substitute for human milk or formula.) An average bottle-fed baby will thrive as well as a breast-fed baby. So adequate nutrition — the biggest concern — shouldn't be an issue.

Each approach has advantages and disadvantages. If the mother is well-fed, breast milk is an ideal diet for a newborn. It has all a baby needs for growth during the first few months of life, with the possible exception of fluoride and [Vitamin D](#), which are easily given as supplements. Talk to your pediatrician about that.

Breast-feeding has some biochemical advantages as well. Even though your baby may be nursing soon after birth, he's not getting any of your milk, which won't be produced by your body until about the third day. Instead, you're feeding him a yellowish liquid known as colostrum, which seems to transfer some of your own disease-preventing antibodies to him. This may protect him against certain viruses.

Also, a breast-feeding mother doesn't have to be worried about her baby being allergic to her milk. Breast milk is sterile, readily available (to the mother, at least), and you never have to worry about its temperature. It can also be manually expressed and refrigerated, so that it's available when the mother isn't around.

Although many (but not all) babies will try to nurse immediately after birth, their efforts meet with varying success. Extracting milk from a breast takes a bit of coordination. Bottles present less of a problem that way. An experienced nurse will be able to share some tips to help your baby get the hang of it without becoming too frustrated. Don't be surprised if it takes him a few tries to become a successful breast-feeder.

You may also find that your baby has trouble "disconnecting" from your breast when he's through or when you want to switch him to the other side. If you simply pull him off you'll not only frustrate him, you'll find it rather painful. Instead, gently insert a finger between his lips and your breast to break the vacuum.

Many [women](#) find breast-feeding a warm, soothing or even erotic experience. It is a special time for them to feel close to their babies and revel in their new relationship. Others find it a frustrating, exhausting, and occasionally painful process. As the weeks go on, they find themselves resenting the constant demands from their babies and the changes in their bodies. They may need to return to work within several weeks following their delivery, and may not have a place to express and store their milk during the day.

There are numerous books to help mothers cope with these problems. The most important thing to remember is that deciding now to breast-feed your baby, or being unable to do so, does not make you a bad parent! In fact, worrying too much about your decision is much more likely to lead to problems, because you'll feel unnecessarily guilty and anxious. Also remember that it's your body, so it's your choice. Don't feel pressured or bullied by anyone, including your spouse, parents or physician, or a formula manufacturer.

There are advantages and disadvantages to bottle-feeding as well. (That's actually a misnomer, since parents who express breast milk also use bottles.) Commercial formula is one of the great equalizers — fathers can give it to their babies as easily as mothers can. So can grandparents, baby-sitters, and others who want to get in on the act.

One of the advantages of bottle-feeding is that it allows fathers to spend more time caring for their baby. This isn't just a matter of family efficiency or fairness. The time spent feeding a baby, like the time spent with the mother during prenatal checkups and labor and delivery, allows fathers to feel more like an integral and needed part of their child's life from the very beginning. That not only helps the father-child relationship, it can prevent feelings of jealousy and resentment as well.

Many first-time parents who use a formula choose the brand that they saw being used in their hospital. They interpret its selection of that particular brand as a tacit endorsement of the product's superior quality. After all, how many television commercial for pain relievers have you see that say something like, "The brand hospitals use the most"?

Bear in mind that formula makers, like pain-reliever and disposable-diaper manufacturers, are acutely aware of this tendency, and will offer hospitals extremely low prices in the hope that parents will stick with the same brand over the coming months. So don't feel that you have to use the same brand of formula or diapers or anything else your hospital used. The fact that they selected those brands doesn't mean they're necessarily better for your baby. More likely, it's a testament to the skill and savvy of the manufacturer's [marketing](#) departments.

Comment/Yorum

Eng

Breast-feeding is close connection, thus, can be not wanted in some mothers, so, it depends on the person and conditions. Father is more active by bottle fed, so be aware of this condition.

TR

Genetik anne olmayıp, sosyal anne olanlar, emzirtmedikleri için bebeğin sanki onları kabul etmeyeceği, benimsemeyecekleri algıları ile bir bakıma yıkılmaktadırlar. Bu konu vurgulanmaktadır. Öncelikle anne sütü ideal olmasına karşın, bebeğe özgü özel yapım mamalar da gereken gereksinimleri karşılamaktadır. Standart değil, bebeğe özgü seçim ile beslenmelidir. Bazı takviyeler, D vitamini ve Flor gibi eklenmesi önerilmektedir.

Bebeklerde bağlanma ve ayırma sorunu olabileceği, parmak ile tatmin duyabilecekleri gündeme gelmektedir. Emzirme sıcak, yumuşak bir deneyimdir. Bazı anneler yakın ilişkiler kurarken, diğerleri zorlayıcı ve sıkıntı verici olarak bulabilmektedirler. Emzirme tek başına ilişki oluşturma anlamında ele alınmamalıdır.

Babanın besleme boyutu biberonla olduğu için, belirli mutluluğu da paylaşmış olmaktadır. Mamaların seçimi, pazarlamaya göre değil, bebeğin gereksinimine göre olmalıdır.

2) Breastfeeding and Child Psychosocial Development

<http://www.child-encyclopedia.com/breastfeeding/according-experts/breastfeeding-and-child-psychosocial-development>

Lianne J. Woodward, PhD, Kathleen A. Liberty, PhD

Introduction

The effects of breastfeeding on children's development have important implications for both public-health policies and for the design of targeted early intervention strategies to improve the developmental outcomes of children at risk as a result of biological (e.g. prematurity) or social adversity (e.g. poverty). To date, research has provided clear support for the nutritional and health benefits of breastfeeding,¹ with appropriate cautions noted for women who are ill or on medication. There is also evidence of small but consistently positive effects of breastfeeding on intellectual development.^{2,3} Less well studied is the relationship between breastfeeding and child psychosocial development.

Subject

Most research concerned with the psychosocial effects of breastfeeding has focused on the following:

- Comparisons between breast- and bottle-feeding mother-infant dyads on a range of maternal and infant measures, such as maternal stress, well-being, parenting behaviour, the quality of early mother-infant interactions and infant self-regulation and behaviour.
- Examining within-group differences in maternal mood and infant state both before and after breast- or bottle-feeding.

- Examining linkages between the extent of breastfeeding and children's longer- term psychosocial outcomes, including attachment to parents, behavioural adjustment and mental health.
- Adjusting these linkages for confounding factors correlated with both the decision to breastfeed and child outcomes.

Problems

The key problems in this area of investigation are as follows:

- Separating the effects of breastfeeding from other potentially confounding factors associated with breastfeeding. Breastfeeding as a choice of infant feeding has been shown to be related to socioeconomic status (SES), maternal mental health, education and nurturance. These factors are also related to child development outcomes. Therefore, determining the unique effects of breastfeeding on child psychosocial outcomes has been difficult and not always well done.
- Nutrition and health factors such as alcohol use and medication can reduce the quality of mothers' breast milk and adversely affect infant neurological state and mother-infant interactions. Therefore, controlling for breast milk quality is also important. Few studies have included such measures or controls.
- Relatively little consideration has been given to the effects of breastfeeding duration or the use of combined feeding methods on later psychosocial outcomes.
- Considerable variability exists in the psychosocial outcomes studied and the length of developmental follow-up, with few studies extending beyond the first years of life.
- Finally and importantly, the mechanisms or pathways by which breastfeeding may influence children's short- and long-term psychosocial adjustment have not been identified.

Research Context

Research in this area has been based predominantly on samples of mothers and infants living in developed countries. Research designs have included both cross-sectional and longitudinal approaches. Cross-sectional studies have used both retrospective and concurrent reports of maternal breastfeeding. With a few exceptions, longitudinal studies have tended to be of short duration. In both longitudinal and cross-sectional studies, outcome measures have included maternal interviews or reports, child interviews, and direct observations of feeding, play and other interactions between mothers and their infants. Experimental investigations in this area have not been able to randomly assign mother-infant dyads to different feeding groups, making other methodological and analytical steps necessary to ensure that research outcomes are accurately attributed to the factors under study.

Key Research Questions

The key research questions in this area are as follows:

- Does breastfeeding contribute to children's psychosocial adjustment both in the short and long term? Psychosocial outcomes of interest include the formation of a secure and close infant-mother attachment relationship, and child social and behavioural adjustment.
- What are the mechanisms and pathways by which breastfeeding might influence child psychosocial outcomes?

Recent Research Results

Evidence suggests that a range of factors are associated with both the decision to breastfeed and the duration of breastfeeding. Specifically, women who choose not to breastfeed and who breastfeed for a shorter length of time tend to be younger, less well educated, sole parents, poorer, and to report lower levels of parental nurturance.⁴⁻⁶ In addition, women who do not breastfeed are more likely to have smoked during their pregnancy, to have infants of lower birth weight, and to be primiparous (i.e. having their first child).⁴ Finally, several studies also show that mothers who are employed or anticipate returning to full-time employment are less likely to breastfeed, and when they do, will tend to feed their babies for a shorter length of time.^{7,8}

These findings clearly indicate that infant breastfeeding is a selective process, whereby those infants who have been exposed to greater perinatal risk and who come from more disadvantaged social and family backgrounds are less likely to be breastfed. It is, therefore, important that these pre-existing differences be considered by researchers when examining associations between breastfeeding and child psychosocial outcomes. Although most studies reviewed have attempted to control statistically for some of these differences, very few have controlled extensively for a range of these confounding factors.⁴

Findings from short-term outcome studies suggest that breastfeeding may have some benefits for both mother and infant, as well as for their developing relationship. Specifically, mothers who breastfeed have been found to report lower levels of perceived stress and negative mood, higher levels of maternal attachment, and tend to perceive their infants as more reinforcing than mothers who formula-feed.^{5,9} There is evidence to suggest that breastfeeding mothers may hold their babies for longer and feel more confident as parents.¹⁰ After

breastfeeding, mothers also report reductions in negative mood compared to mood levels prior to breastfeeding.⁵

In terms of infant behaviour, there is some suggestion that in the first few weeks of life breastfed babies may be characterized by improved alertness^{11,12} and other aspects of neurobehavioural functioning.¹³ For example, Hart et al.¹³ found that one-week-old breastfed infants obtained significantly higher scores on the orientation and motor scales on the Brazelton Neonatal Behavioural Assessment Scale.¹⁴ In addition, they also tended to have better self-regulation, fewer abnormal reflexes and fewer signs of withdrawal than formula-fed infants. Additional support for the possible self-regulatory benefits associated with breastfeeding is also provided by a short-term follow-up study of 158 infants.¹⁰ This study found that between the ages of 13 and 52 weeks, breastfed babies consistently cried for shorter periods of time than formula-fed babies.

Only a small number of studies have examined the effects of breastfeeding on the development of the mother-infant relationship.^{9,10} One study has shown that although breast- and formula-feeding mothers spend similar amounts of time involved in care-taking activities with their infant, breastfeeding mother-infant dyads spent more time engaged in playful and positive interactions than formula-feeding dyads, with this time difference increasing from 3.2 hours per month at six weeks to 19.4 hours per month at 13 weeks. Importantly, this difference persisted after statistical control for the effects of maternal employment and socioeconomic status. A similar, but less well controlled study by Else-Quest et al.⁹ also suggests some linkages between breastfeeding and improved mother and infant psychosocial functioning. They compared two groups of mothers and infants at ages four and 12 months: those who breastfed their infants during the first week and those who did not. At four months, mothers in the breastfeeding group reported higher levels of attachment to their infant and increased infant reinforcement. However, these differences were no longer evident at 12 months. At the 12-month assessment, breastfeeding mothers reported lower levels of negative mood, behaved less intrusively with their infants, and their infants obtained lower scores on a measure of dysregulation (anxiety, self-regulation, frequency of mood changes and organization). The authors concluded that although breastfeeding was associated with some relationship and infant advantages, formula-fed dyads did not have poor quality relationships. The findings from this study are limited by a lack of control for confounding factors and also by the fact that by four months, 50% of the breastfeeding mothers had weaned their babies. Finally, a study of 915 infants found that both exclusively and non-exclusively breastfed infants obtained higher scores on the social personal subscale of the Griffith Scales of Mental Development at 18 months.¹⁵

There are even fewer studies examining the longer-term psychosocial effects of breastfeeding. At present, findings are mixed, with some studies suggesting some limited psychosocial benefits^{4,16} and others not.¹⁷ No clear evidence has emerged to suggest that breastfed babies are at lower risk of developing behaviour or mental health problems in later life.^{4,17,18} However, one study has shown a small but significant association between breastfeeding duration and adolescents' perceptions of maternal care, with a longer duration of breastfeeding being associated with increased adolescent perceptions of maternal nurturance. This association persisted after statistical control for a wide range of the selection factors noted above.

Conclusion

Evidence to support a link between breastfeeding and positive psychosocial outcomes for children is at best modest, and in many cases has been limited by inadequate control for pre-existing differences between breast- and formula-fed infants and their families. Nonetheless, there is some suggestion that breastfed infants may be more alert, cry less, and be better able to engage in interactions with their parents than formula-fed infants. Breastfeeding may also have some stress-reducing properties for mothers and assist parenting confidence. Finally, one well-controlled long-term follow-up study has shown small to modest increases in perceived maternal care among adolescents who were breastfed for longer durations. The mechanisms by which these associations arise have not been empirically established. Attachment fostered through breastfeeding is one possible and frequently cited mechanism. Another explanation could be that associations between breastfeeding and improved mother-child relations may, at least in part, reflect improvements in child cognitive functioning associated with breastfeeding.

Implications for Policy and Services

- There is no substantive evidence to promote breastfeeding on the grounds that it leads to better psychosocial development. However, there is ample justification for the value of breastfeeding from studies of the nutritional and cognitive advantages associated with breastfeeding. This needs to be taken into consideration when preparing breastfeeding promotional materials.
- Although future research may establish whether breastfeeding leads to improved psychosocial functioning, a large number of parent and family factors have been shown to be more strongly linked with child psychosocial maladjustment. These include teenage motherhood, maternal educational under-achievement, poverty, parental antisocial behaviour and other mental-health problems, family violence, child abuse and parenting

difficulties. Therefore, in order to reduce rates of behavioural and mental health problems among children and youth, broadly-based community and family intervention strategies are likely be the most effective approaches.

Comment/Yorum

Eng

The advantages of breast-feeding more and more, due to the mother-infant conditions.

TR

Emzirmenin etkileri/faydaları biyolojik (prematürelde), sosyal avantaj (fakirlik), zekâ ile ilgili olanlar henüz net değildir ve ayrıca ilişkiler gibi konular ise henüz net incelenmemiş urumdur.

Emzirilen ve mama ile beslenen arasında karşılaştırmada; a) annede stress durumu, b) emzirme önce ve sonrası gibi beslenme ile arada oluşan farklılık, c) emzirme ile daha fazla bebek ile olun ilişki durumu, d) bebek durumu ile emzirme arasında karar verme boyutu dikkate alınmalıdır.

Değerlendirme de problemler: a) emzirme veya emzirmeme eyleminde birçok kişisel ve sosyal boyut olabilmektedir ki bunları dengelemek olanaksız gibidir, b) Annenin alkol gibi maddeleri alması ile emzirme niteliği tartışılır olmaktadır, c) birçok besleme teknikleri, emzirmede uygulanacak teknikler de katılarak, yaklaşımlar değerlendirme içine alınmamaktadır, d) Bir yaşından sonra yapılan irdemeler azdır, e) emzirmenin kısa ve uzun dönemde psikososyal durum tanımlanması henüz yapılmamıştır.

Çalışmalar kesitsel ve uzun süreli/longitudinal olması yanında net değerlendirmenin tanımlanması da zordur.

Sorulara cevap vermek zor olup, Başlıcaları; a) *Kısa ve uzun dönemde emzirme psikososyal açıdan etkin olmakta mıdır* ve b) *Bebeği psikososyal açıdan etkileyen veriler nelerdir* olmaktadır.

Son çalışmaların verileri:

1. Anneyi ve toplumu sarsan birçok faktör olmaktadır, bunlar anneyi ve bebeği etkilemektedirler.
2. Oryantasyon/uyum ve motor beceri açısından (Brazelton Neonatal Behavioural Assessment Scale); emzirilenler daha az ağladıkları, kendi kontrolleri, daha az anormal refleksler, daha az anne yoksunluğu çektikleri belirtilmektedir.
3. Emzirten anneler, bakım için aynı zamanı geçirirler bile, bebekleri ile daha fazla ilgilenmektedirler; 6 hafta ayda 3,2 saatten, 13'üncü haftada ayda 19,4 saat alakalı olurlar. 12 aydan sonra ise arada fark kalmamaktadır.
4. Bazı araştırmalar ise, standart tanımlı olmadığı için verileri tam irdelenmemektedir. Emzirilen bebekler daha uyanık, canlı, daha az ağlamaktalar, anne ile daha iyi iletişim ve ilişki kurabilmektedirler.
5. Annenin annelik işlevi ötesinde ruhsal yapısı da öne çıkmaktadır.

3) Emotional & psychological aspects of breastfeeding

<http://www.healthtalk.org/peoples-experiences/pregnancy-children/breastfeeding/emotional-psychological-aspects-breastfeeding>. Last reviewed September 2015

From the women, we spoke to, it seemed that breastfeeding was as much about emotions as it was about the physical transfer of breast milk from mother to baby. It was an emotional roller coaster, especially at specific times like getting started, when dealing with difficulties and weaning. There were great highs when things were going well and the women were feeling confident and lows that could be devastating when they were not. One woman said, "It's a very emotional time. I think your hormones are all over the place after birth".

Many people talked about the satisfaction and joy of breastfeeding or watching their wife/partner breastfeeding. Many women talked about the strong emotional bond that developed between them and their baby and they were proud that they had managed to sustain and nurture another person.

How did you feel watching your wife breastfeed your baby? It felt the right thing, it just felt very natural it just felt right really, that was the only thing I can think and very happy and quite emotional about the whole thing but of course it was, you know, the whole roller coaster of the baby arriving and then the reality dawning and seeing the whole thing sort of take place very, very touching, very moving, very moving.

Can you describe the emotion? Joy, I mean we've got a lot of photographs of me at the time holding my daughter just sort of staring at her, and you know, I'd been at the hospital as soon as I was allowed to be and because my wife was in hospital for a few days just afterwards, first baby and, you know, a few complications, but we were, you know, I was in hospital every opportunity, just going home to get changed and occasionally to eat but that was about it, but absolute joy, absolute joy, and it hasn't changed.

I'm very proud of the fact that I've changed people's opinions on breastfeeding I'm very proud of the fact that I managed to breastfeed comfortably and make other people feel comfortable about breastfeeding. I think my whole breastfeeding relationship with me and my daughter is definitely something that 'proud' is the main word that I'd look back and use for it now. I'm proud that my daughter achieved what she achieved while she was breastfeeding, I'm proud that I managed to change so many people's opinions and, I'm proud that I kept strong throughout you know everything and always came through so yeah, proud is definitely a huge word when it comes to me and my breastfeeding relationship.

Many women talked about growing in confidence as their breastfeeding progressed and their baby thrived and was happy, and as their family grew in size. Some women talked about being embarrassed and lacking in confidence with their first child but being more relaxed and easy going with their second. Some felt that the hands-on approach of some midwives crossed personal boundaries and did not help their confidence (see ['Positioning and attaching/latching the baby at the breast'](#) and ['Support from hospital staff'](#)).

I decided I wanted to have a home birth when I was pregnant with my son because I'd had quite a difficult experience giving birth to my daughter and then I'd had not the very nice experience in the hospital afterwards and I just felt that I didn't want to go through that again. I'd read quite a lot on home births and just decided that I'd like to do that if I could, and I was so lucky that the midwife I had was wonderful. I was so nervous about going to see her and talk about it, and when I went to see her she said "I'd be delighted to deliver your baby at home" which is exactly what I wanted to hear. And he was born at home, he was born in my bedroom on my bed [laughs] where he duly spent the next two years of his life. And it was wonderful and it was actually quite a dramatic birth because he came very fast but apart from that, you know, everything was great and yeah I wouldn't have changed it at all. I wouldn't have changed anything about my son or this baby's births at all and they were both born at home.

So when was your son put to the breast first? He was put to the breast about, less than an hour after being, after being born something that I sort of felt, something that I'd read that breastfeeding you need to get it established, you know, try it within the first hour and it can make such a difference. And he fed for about fifteen minutes, my only, the only problem I had with, with the first feed that I had with my son was that the midwife, she was very hands on and I think it was just her style and she was lovely, she was a really nice person, but I laid on my side and she literally lifted up my breast and sort of shoved it [laughs] in the baby's mouth, and the baby fed fine and I can't complain at all about how it went but I just felt that was a bit too, personal, which probably sounds ridiculous because the woman had just delivered my baby [laughs], you know, we were on a personal level but that was my only, my only complaint was that I felt that, I wished she'd just sort of left me alone to do it myself, not only for, you know, not that I felt that she did anything wrong in any way at all but, also for getting my confidence, if she could have seen how I'd done it, she could've then said, "Yes that's good" and I would've been confident for once she had left. Whereas I didn't have that, although we were lucky we didn't have any problems, and the midwives were very supportive and they came back every day for the first week or so and things, things were fine so I was quite lucky, I think I was very lucky.

Several women talked about simply needing reassurance and eventually developing the confidence to follow their own instincts. Breastfeeding was, for many women, a powerful symbol of their new role as mothers but sometimes when it didn't happen quite as they had hoped they talked about feeling guilty or disappointed that they had failed to live up to their own expectations of being a mother. Several women made comments similar to this woman's'

"Breastfeeding is so wound up in your emotions and your psyche if somebody puts a question mark of doubt in your mind it is going to have a negative effect even if you think it won't."

For example, one young woman, whose six week old baby had not had a dirty nappy for a few days, was told by her doctor to give a bottle of water to her baby. He said that her milk was too thick on account of her not drinking much water herself. She preferred tea. It was clear that the doctor's comments had undermined her confidence in her milk, because she said, "I'm going to keep giving her water because there is obviously something wrong with my milk". *

Second time round was, was a very interesting experience I learnt a huge amount from breastfeeding the second time. Having done it once I was confident that I knew what I was doing I had however under-estimated I think the, the difference in demands that would be on me in terms of breastfeeding, with a very small child around at the same time, and so my little boy was nineteen months old when I had the second child [sighs], oh and everything started off okay, with breastfeeding, but I did have really quite significant problems in terms of sleep deprivation, I was absolutely exhausted [laughs] by about week four when my little girl was born just because of the demands of having a nineteen month old at the same time. And, I got into a bit of a vicious circle of finding it difficult to sit and breastfeed while my little boy was needing attention, and so when feeds weren't happening, doing a lot of activities with my little boy, getting extremely tired, not having the chance to sleep in the same way that you do when you only have one. And physically just being exhausted, and then probably about week six or week seven just finding that the baby wasn't settling at all and so I was getting more and more tired, and eventually I concluded that the tiredness was actually affecting the quality of the feeds that I was giving to the baby. So she wasn't settling, so I wasn't resting, so the quality of the milk was getting worse, and she wasn't settling, and I wasn't resting, and it was a cycle that I got into which was horrendous. By about week eight I was at the point where she was, she was hardly sleeping for more than an hour and a half at a time, she just was, was obviously not happy.

What was happening to her weight at this stage? Well I don't know because I didn't actually get her weighed, that was different experience with, with the first one I, I'd, I lost sort of, I lost interest and faith in the whole weighing [laughs] procedure I just sort of, my personal view is that too much emphasis is put on weighing babies at that very early stage and for me it started to be counterproductive in terms of my own feelings about nurturing and nourishing my baby. And I could see that he was thriving despite that fact that he was towards the lower end of the spectrum in terms of weight. But there

was this constant reference to the sort of [sighs] point on the chart that he was at, and I didn't feel it was helping me or him to be constantly told that he was still only at the eighth centile and so I stopped having him weighed and with my little girl.

So how did you tell that he was okay? Well I had plenty people who knew about babies like my mum and sisters, reinforcing that, it was more with our little girl that I literally didn't ever take her to be weighed. If a health visitor called round and wanted to weigh her that was fine I wasn't going to say no, but I wasn't going to just make a special trip to go and get her weighed because, I didn't see the point.

Ok, right. So in terms of her weight gain, I wasn't really sure whether she was okay or not but she was developing in terms of, you know, starting to be more aware and holding her arms out and grabbing things and the, the milestones that you look for, and so I didn't have any particular concerns about the fact that she was undernourished as such, it was just this cycle of not sleeping properly and my physical deterioration really and an onset of mastitis which didn't help.

Tell me a bit more about mastitis. The mastitis manifested itself through me feeling just very, very unwell very, very suddenly and I'm the sort. few women talked about the grief of having a sick baby and the psychological benefits of being able to focus on providing breast milk for her/him. It gave them the satisfaction of feeling that they could do something.

I think knowing that you can do something, breastfeeding is, it kind of kept me going, and as I say my husband was so encouraging, he felt we were doing something for her, and you do, and at times it's really quite difficult to go and keep going, and keep getting into the routine of, but if you can just keep, keep going it really is worth it, and the fact that she started breastfeeding again is just, miraculous in some ways I, I didn't think she would. After such a long period of time and it was great when we finally got her to drink from a cup, but the fact that I could give her, I sort of felt I was giving her, I don't know nutrients and, and, just a chance to fight infection and, a whole variety of different things, it really kept me going through it in some ways, it gave me something back and I'm sure it was good for her.

Was that all it was about providing the nutrients and stuff or was there some other deeper psychological sort of connection or bonding or whatever of providing for this child? It's a difficult question, it's always difficult to kind of split the psychological with the practical, I suppose that I mean, there is a psychological side and yes you feel like you're kind of doing something for your child, you're so helpless in that situation. And you are therefore doing something, you can go off each day, and the encouragement from the nurses was absolutely fabulous actually they used to laugh and go off and say, "And here comes Daisy", as I came back but, yeah you, I think there is a psychological side as well you really feel as if you're doing something. It's also, it's knowing that there's, you never quite know what's going to happen the next day, I suppose the idea that you're continuing to breastfeed means that psychologically I suppose the idea is that you're actually going to get back to normal at some point, but psychologically it's, I think so it probably keeps you going as well.

So was that what kept you going that feeling that at some stage you would get back to normality? I think it's not necessarily about, it's not necessarily about going back to normality, you don't really think, you kind of focus on the now and the immediacy of the day and, and you get into a routine, and then you just kind of, yeah, you kind of feed her. It's funny it's almost even down to the fact that you know that she needs feeding every four hours, it's best that you kind of get, kind of know that you want to give her some breastmilk, you kind of you go and you do it and you get into the routine again actually as well as moving forward.

So this was something that allowed you to order your days in this surreal environment? I think actually, it doesn't really allow you to order your day, because your day is what it is and it is a fixed day and you have your ward rounds and the doctors and the nurses, you've got, you actually have to force yourself to do it quite a lot. But, it's bizarre it, it's difficult to explain because it, it does force you into a kind of routine as well, you're kind of having to force yourself to get into a routine and yeah it does, at the end of the day you are trying, you are hoping that you're going to get back to normal. I think there's, that's, as you say, there's the psychological side of it, you don't think about it at the time but you are hoping at the end of all this if we get back to normal, then you'll take them home, my husband kept saying to me, you know, "The thing that'll keep us going is we will go home, the three of us will go home at the end of this" and we did, so, and everything did go back to normal so, I suppose, if you can keep doing this because it's, it's very.

The truth is lots of cleft palate babies can breastfeed. Some, especially cleft lip babies because you can just put a seal on the lip and they can feed, and often if there's a discreet hole in the, in the palate they can breastfeed, but my son had a massive hole in his mouth and it wasn't going to happen and I guess I wish I'd had external support to bring me to that realisation sooner because I put him through a lot, you know, he became quite breast averse because he would just get squirted in the eye with all my milk while I was trying. But and I realised well I wanted him to get comfort from me, once or maybe twice he fell asleep at my breast not having fed but that was just something that I want, I held onto so much, I used to find it very, very painful being at regular Mum and Tots groups, seeing people breastfeeding, it was very much like a, as if I had a baby and he was growing, and he was, I wouldn't say he was well at this time but he was with me, I actually to use the word grieving seems terrible when people do lose babies, but it felt like a grief, because it was a loss of something that I had so wanted to do and was very important to me.

After the operation did you try to put him to the breast at all? I did have this fantasy that after the operation, if I could keep my milk going till after the op, not only would he have benefited from my milk but we might be able to breastfeed. And I did try, quite a few times, but the truth was, it was more for me than him because it, he well he didn't get the comfort from being at the breast, he didn't know what it was for, what it was about, what he needed was cuddles and I gave him plenty of those. And it was sort of a second moment of mourning when I realised that it was never going to happen but I could, give myself a lot of comfort from all the goodness I'd given him. My goodness most of these Pierre Robin babies when you see them go into theatre, they're scrawny little things, they generally are not strong babies because they generally have such a tough time taking in any food and liquid whereas mine, he's quite beefy even pre-op, and I felt quite proud that all of that had come from me all apart from the first few weeks of solids that we were just beginning to introduce. So I knew I had done all I could for

him and that was very kind of curative, that was very empowering because it was a tough six months the first six months he'd had and into the first year, I mean to be honest you look back and you just think, 'How this can be the same boy' because he's so, he's doing so well.

Many women talked about anxiety and being anxious for a variety of reasons. Some women were anxious when they were separated from their baby after the birth and unable to breastfeed straight away (see ['Dealing with difficult times'](#) and ['The first breastfeed'](#)). Others, especially first time mothers, felt anxious about the responsibility of looking after a baby (see ['Going home with a breastfed baby'](#)). One woman laughed at herself for being so concerned about germs that she would not take her baby out of the house for the first couple of weeks and then, when she did, she wiped the supermarket trolley with wet wipes before putting her baby into it. Some women, who were away from family and friends, were very lonely and this loneliness sometimes affected their ability to breastfeed their babies.

I think, looking back on it, it, I was lonely, and I don't think I didn't actually get postnatal depression, I wonder how but I didn't, I was lonely and I guess I was quite tense, I spent probably, up to eighteen hours on my own in a typical day, and I guess all that then fed into an anxiety around breastfeeding so.

What aspect, what was it that you were anxious about? Do you remember? I think that I, it was, anxiety overall about the fact that I was, I was probably so lonely and on my own that then, it negatively affected the way that feeding went. I remember my first baby crying a lot, I think that it felt like she cried for twenty hours a day, and I mean I can remember my mum-in-law came out to be with me for about three weeks after I came out of hospital because I'd had a caesarean section and I can remember the two of us being in tears with this baby crying so much, I mean she's an experienced mother of two and so I think that, looking back on it, yeah my baby cried a lot, I was probably anxious about that, which fed into her anxiety, and we just didn't gel really as a, as a mum and baby, we love each other to bits now but we didn't gel as a mum and baby I think for, probably, the first six months of her life. So it was, yeah, feeding was probably one symptom of all the other things that were going on around my anxiety about being somewhere that I, really wished I hadn't been really, being so far away from people that I felt close to

So you said the weight gain was fine? It was, looking back on it, it was excellent, she was a scrappy little two point four kilo baby born, and if I'd had my lets say, my midwifery head? Yeah am I? No don't want it? No okay, right okay.

Just say my midwifery head. So, yeah she was a scrappy little two point four kilo baby born and that was at term so she, you know, so she was little. Looking back on it she was actually feeding really quite well and her weight gain was good and, so I think that I was probably anxious about, you know, being lonely and didn't want to admit it and I kind of, if it makes sense, I took it out on the feeding, and the feeding became the problem but actually the feeding wasn't the problem, it was the fact that I was on my own all the time because I couldn't drive at that point, so I really was stuck, on the ninth floor of this huge apartment block, and I do remember you know, my husband and I we laugh about it now but, I used to take my baby for walks around the car park, and there was nothing else to do and just, you know, and all that I think fed into what I portrayed as an anxiety about feeding so, interesting.

Is there anything else you want to say? Nothing other than, I do think, and again it's only based on my experience, it, it may not be accurate but, I do think that how women do with feeding, whether they live up to their expectations is something that I think potentially they carry with them for a long time. So, and I think that it does go on to perhaps affect the relationship they have with their baby for some time to come. I do still occasionally have, have guilt feelings about the fact that I didn't do as well at feeding first time round, you know, I'm really very close to my oldest daughter but you do, I do sometimes reflect and think 'goodness how did I manage to have done so, so badly at it?' but then you look at the way I was living and you think 'of course that I, you know, why it didn't go according to plan', so.

Several women prematurely weaned their baby onto infant formula because of circumstances at the time but later regretted it (see ['Breastfeeding and working'](#)). Many said that they felt guilty and like a failure when breastfeeding did not go according to expectations (see ['Getting support for breastfeeding'](#) and ['Monitoring baby's growth'](#)). One said that she felt jealous when she saw other women happily breastfeeding. Another, who was unable to breastfeed her baby who had a cleft palate, said that it was painful to watch other breastfeeding women at a mother and tots group (see Interview 13 above). A few women felt like a failure because their birth experience had not been what they planned and so they focused on their breastfeeding experience as a sort of compensation (see ['Dealing with difficult times'](#)).

Can I ask you about your determination to breastfeed? What did you know about breastfeeding when you were pregnant?

I didn't really, to be honest I didn't look into it, my mother had breastfed, my mother's side of the family, my grandmother, my aunt, had all breastfed so they were very much for, my partner's mother hadn't and not, I don't think many of his family had so it's, but because I've grown up like that and I'd grown up watching my aunt breastfeed my cousins etcetera, to me that was just what happened there wasn't another option I wasn't, I didn't look into it I just and I just naively assumed it was easy, which I think, you know, for some people is it but not for all people and there is, you know, it can be hard, but going back to it I, because I had this bad labour and I felt a bit of a failure for not doing things my, I felt I didn't do things myself because it was assisted, that made me even more determined to succeed at breastfeeding, because I didn't want to give up on the two things that were really important to me because, you know, unlike some women and I was really looking forward to the labour, that was a very special thing for me to have a natural special labour was, something that I was looking forward to and enjoy rather than being scared of, and with the breastfeeding I was looking forward to that. So when my labour didn't quite go to plan it made me even more determined that I was going to succeed at one of the things that I set out to do.

And that made you feel better about things? Yeah, yeah definitely I, because I was confronted with so many problems, you know, now that I've got over that and it is a pleasure to feed but in looking back I do feel very proud that I stuck with it. So I go to a breastfeeding group, Bosom Buddies, and they've been fantastic there as well, the support that I receive there is fantastic. And all the time they say, you know, how much they admire me because not a lot of younger mums these days do

breastfeed or they, you know, according to them they said, you know, they perhaps wouldn't have stuck with it as much as what I've done, so that's nice to hear, it's always nice isn't it when you get praise but yeah.

I wish I'd been more pragmatic. But you're so overwhelmed and so distressed, and everything around you is saying that breast is best. And I do believe that, and I would've done it if I could. And it, it, yeah, and all the support out there, all the official formal support is saying breast is best. And it's only when, then, you actually sort of scour beneath and you have conversations with other mums, or you look on mumsnet or all those, you know, Internet things, that there's somebody sort of says, "Actually, yeah, I did struggle." And I think to have, yeah, I think it's really important that there is that balanced view of it. "Yes, breast is best. If you can. But if you can't, then, then, yeah, don't beat yourself up about it." I think I just, I thought I was a, I was a failure as a mum. I felt, I felt like I'd let down, and I'd let myself down, I'd let our baby down. I'd just, yeah. The thing that is meant to be the most natural thing in the world and I couldn't do it. And, yeah. And I, it sounds silly for me. I've always, I've always been quite pleased with the size of my bosom. You know what I mean, like, I always, you know, I'd buy tops that enhance it or, and so you sort of think, "Oh, you know, they're actually, the thing that they're meant for, they're failing at. You know, they're, they're big enough to surely have enough milk in there." And, but then they're not to be, you're sort of going, "Well, how is that possible? How could, you know? This is just meant to happen." So, yeah, I'd, yeah. It was the most upsetting that, just the worst, yeah. Just, I, and you, you look, I looked for support and I couldn't find it...

But yes, I did feel like a failure. Yes, I did feel that I wasn't a very good mum and, you know, I felt that isolated. And, you know, there was some indication but it, for me, it wasn't an indication of postnatal depression. It was an indication of, there's this thing that is not working that's kind of central to all the other things working. So, you know, if it, they always say, you know, "If a baby cries, they're either hungry, they need their nappy changing or they're tired." And I'm sort of going, "Well, I can change his nappy as much as I like, but actually if he's hungry he's not going to sleep." And so it felt like the hunger was just this central point to all of these other things that weren't going well. And, and so until I addressed that hunger, then all of the other things that are, you know, should happen, shouldn't. So it was sort of, yeah, just feeling like I had, like I had failed at the, you know, the thing that, the only, the thing that mums need to do without even trying, I was failing at. So how could I be a good mum otherwise? And so you sort of, I just felt a complete mess.

This time it wasn't, it wasn't much different. This time I did the same but this time I was prepared. I had everything I could possibly have, I had nipple cream, I had the training, I watched the video, I read the books, I have a doula with me, a friend, a friend I could trust. I have, I even bought nipple shields and I used everything I could, I did everything I could possibly do. But then I was still obsessed with the, "I've got to do it, this, my boobies are not going to win, I'm going to win, I'm going to be able.

But then it got to a point my chest was covered in, were covered in blood. I was in so much pain that my breasts felt like they were on fire, like my whole chest felt on fire. And the last thing I did was the - he start crying, I took the nipple shield, I tried to feed him with the nipple shield and even the, even with the nipple shield it was extremely painful.

And I was, he was crying, I was crying and then my partner came in and said, "What are you doing? Stop it. I just going to give him formula, it's not the end of the world". He had to convince again - to me it was really sad, I spent a couple of nights, I felt, I felt like a, I was grieving that I couldn't breastfeed for five days. But, but when the midwife hand me over again to the health visitor, the health visitor talked to me, she realised that I did the best, I did as much as I could to breastfeed. And she told me, "Well, I must let you know, that there is a small percent of people who can't physically breastfeed, like it's, it's not physically possible."

And she asked me, "Do you suffer from, from cysts in your breasts? From lumps?" And I said, "Yes". "OK, that's one of, could be one of the reasons, because your tissue doesn't heal quickly enough to carry on doing this, so if you might actually be doing more harm than good, on the one hand. And on the other hand if you're, if you are not well enough to look after baby who's going to look after him, he needs you. So it's better for mum to be good, baby's happy, you are happy. And then it will go, and, she said - and then made me feel a little bit better but I was still secretly crying like, I didn't tell my boyfriend that I was crying. Like, "Oh, I can't breastfeed". It was really horrible. But I still feel -well is the best I could have done?

A few women described their emotions as having a strong physical component. For example, one woman talked about taking her sick baby out of his cot and curling up together like spoons so that it felt as though they were still physically connected (see [The first breastfeed](#)). This same woman talked about breastfeeding being associated with closeness which she described as "a warmth in the belly". Another woman talked about how her previously breastfed baby suddenly decided to breastfeed again after a long period of tube and cup feeding in hospital and the relief could be seen in her gestures and posture (see [When extra care is needed for mother and/or baby](#)). One woman gave a very graphic description of how her milk let-down even when her baby was not with her

Have you had a let-down when you've been out in public or somewhere else where the baby's not with you? I have yes, particularly to start with I don't get it so much now that she's, that she's six months but I did used to get it quite a lot whether the baby was with me or not, I would be feeling a let-down. I've never been one of these people that it's been triggered by seeing other people's babies, or hearing other people's babies cry, but there was one time I was in [Supermarket], I was visiting my parents and we nipped to the shops to get some photographs developed, and I left the baby with my partner and said to him, 'Phone me when she starts to wake up and I'll come back'. And when he phoned we were in the queue, at the till, and it was a really, really long queue and I could hear the baby in the background, I could hear her crying, now I'd heard probably four or five babies around [Supermarket] and none of those had had any effect, I could hear my baby down the phone and there was milk everywhere, the milk just started flowing and I had to abandon my stuff in the queue, well I left it with, with my dad and just had to go home because there was just milk everywhere so, that was probably the worst one. I've had a few minor ones but that was probably the worst one, and I think that was because I could hear her, I could that was what she wanted and, you know, you're a mother and you can feel it in your tummy that your baby's crying and she needs

you and, you know, nobody else could give her what she wanted and it was just I had to get back as soon as I could and by the time I got back my t-shirt was drenched so that was the worst let-down I ever had away from her.

Some of the more unusual emotional reactions included a few women who talked about losing or taking control of the situation. One woman said:

"I felt quite humiliated almost ... I remember thinking before you have a baby you have bodily fluids but somehow they're more kept away or discreet or something, and then you suddenly have a baby and it's like bodily fluids are everywhere. There's baby posset [regurgitated milk], there's milk coming out of your breasts everywhere, you're bleeding after the birth and it just seemed like suddenly I'd kind of gone back to this state of nature or something and I didn't feel like, kind of, the modern professional woman I'd felt before."

*Footnote: It is quite normal for a breastfed baby to have several dirty nappies a day or to go for several days without one. It is normal for a breastfed baby over six weeks old to go for up to ten days without a dirty nappy. Babies who are being breastfed without restriction do not need extra water. Mothers should drink to satisfy their thirst and it does not always have to be water.

Comment/Yorum

Eng

Breast-feeding is more perfection by teaching and learning more and more by professional help.

TR

Emzirme bir mutlu olay boyutuna getirilmelidir.

Emzirmede ne hissediyorsunuz? Gurur duymaktayım ve güven en sık belirtilenlerdir.

İlk emzirme bir saatten önce olduğu belirtilmektedir.

Sıcak ortam nedeniyle su içmesini öneren hekime anne, ben bol su içerim ve bebeğime de geçer ifadesi vermiştir.

İlk günlerde kilo kaybetmesi, anneyi telaşa düşürmemelidir, ki bunu sıklıkla çevredekiler neden olmaktadır.

Annenin emzirmede desteklenmesi ve psikolojik yardıma gereksinimi olacağı düşünülmelidir. Bazı bebeklerin ayrı olması, Yoğun Bakımlarda olması ile annede anksiyete ve stress önemli boyutta olabilmektedir.

Yarık dudak ve damaklı bebekler bile emzirilebilmektedir.

Annelere soru sormaları teşvik edilmelidir.

Gebelikte emzirme konusunda bilgi sahibi olmaları sağlanmalıdır.

Her ortamda emzirebilecek durumda olunmalıdır.

4) The uniqueness of human milk. Psychological differences between breast and bottle feeding

<https://www.ncbi.nlm.nih.gov/pubmed/4936513>

Newton N. Am J Clin Nutr. 1971 Aug;24(8):993-1004.

Abstract

PIP:

This paper examines the theory that breastfed and bottlefed infants are psychological equivalents. There are 2 patterns of breastfeeding most often encountered, unrestricted and token breastfeedings. There are maternal differences between those who breastfeed and those who do not. The initial experience of breastfeeding is culturally dependent. A mother who practices unretricted breastfeeding is receiving sustained stimulation to her nipples and experiences a generalized body response. Likewise such a breastfeeding mother experiences other long-term psychophysiologic reactions such as lactation amenorrhea and changes in hormonal balance. Breastfeeding women are often interested in a quick return to sexual intercourse and display a more general attitude towards men. A mother's personality and her ability to adjust to life situations often varies with the choice of feeding. 1 study found that mothers who breastfed displayed significantly less neuroticism than those who did not. Breastfeeding behavior appears to be sensitive to even minor variations in the social milieu. The type of breastfeeding practiced is likewise a significant variable for the infant. The initial feeding of an unrestricted breastfed infant is usually smooth unlike the situation for the token breastfed. Both feeding patterns involve assuagement of hunger needs but are dependent on social setting. For the breastfed infant, comfort as well as nourishment are presented with the mother as part of the package. These 2 experiences are often split in bottlefed and token breastfed infants. The 2 sucking patterns resemble each other superficially and the breastfed infant seems to develop more interest in sucking. Different activity levels manifest themselves by the

3rd day postpartum with the breastfed showing a greater propensity toward activity. Intelligence scores are also related to feeding patterns, with those exclusively breastfed for 4-9 months displaying the highest scores in relation to their age.

Comment/Yorum

Eng

Discussed before, thus, breast-feeding is at two aspects; a) spontaneous and free feeding, and symbolic, token feeding. The two types are balancing by hunger, but, social efficiency is obvious.

TR

Daha önce irdelenmiş olup, kısa özeti sunulacaktır. Emzirme iki türlü ele alınmaktadır; a) serbest emzirme, b) sembolik emzirme. Serbest emzirmenin kültürel etkileşimi ve nörotik ve stress açısından dayanıklı olmasına karşın, toplumsal dengeye göre hassastırlar. Her iki beslenmede açlığa dayalı olsa bile sosyal yapısı vardır.

5) 5 Things You Thought You Knew about Breastfeeding Breastfeeding Myths

<https://www.psychologytoday.com/blog/moral-landscapes/201108/5-things-you-thought-you-knew-about-breastfeeding>

Cooperative with **Salma Hayek** Posted Aug 04, 2011

(<http://www.youtube.com/watch?v=6htxMJ4cfQs>)

In addition to breastfeeding her own daughter for longer than a year, actress breastfed a malnourished infant during her UNICEF trip to Sierra Leone to promote breastfeeding.

Hayek's action was met with shock and skepticism from our culture. Could this be a result of common misconceptions Americans have concerning breastfeeding? The following list addresses prevalent myths about breastfeeding.

Breastfeeding is easy and instinctual (myth 1)

Even though mothers and babies both have reflexes that enable breastfeeding,^{1,2} breastfeeding is not automatic and requires learning through observation and instruction. ¹ Feeding within the first hour of birth is extremely important for longterm breastfeeding success, and mothers and healthcare professionals alike should strive to achieve this. Birth medications and interventions or latching problems may make breastfeeding more difficult,^{4,5} but these difficulties can usually be overcome with the help and support of a lactation consultant.

Some women can't produce enough milk to breastfeed (myth 2).

It is very rare that a woman is not able to produce enough milk to breastfeed, even though that concern is often raised.⁶⁻⁸ Breastfeeding on demand, even at night, right after the child is born guarantees that mothers will not run out of milk.⁸ Over time, a breastfeeding woman's body adapts to more efficiently release milk (breasts become softer, leak less, etc.), which women could misinterpret as insufficient milk supply.⁹ In fact, mothers' breast milk actually adapts in both quantity and quality to the changing nutritional needs of the child.¹⁰

When babies eat frequently it means they are not satisfied by breastmilk alone (myth 3).

Just like growing children, babies go through growth spurts, causing them to eat more or less depending on their nutritional needs.¹¹ Mothers' milk adapts to these changing needs.¹⁰ If the baby is eating more frequently, it doesn't necessarily mean that mom's milk isn't satisfying the baby, perhaps just that the baby is hungrier and experiencing a growth spurt!¹¹

Breast milk alone for the first six months is not enough for babies (myth 4).

Both the American Academy of Pediatrics (AAP) and the World Health Organization (WHO) recommend that mothers breastfeed exclusively for the first six months after birth.^{12,13} Breastmilk provides all of the necessary nutrition and hydration that babies require for the first six months.¹⁴ Though recent research has shown that breastfed babies¹⁵ sometimes don't get enough vitamin D, it means the mother is not getting enough vitamin D (from sunlight or supplements). The amount of vitamin D in breast milk is directly related to maternal vitamin D intake and so can be improved when needed.¹⁶ Breast milk supplies all other vitamins and minerals that babies need.

Breastfeeding a child for longer than a year is abnormal and bad for the child (myth 5).

ARTICLE CONTINUES AFTER ADVERTISEMENT

It is completely normal and natural to breastfeed for longer than one year. Our evolutionary ancestors breastfed for 4 years on average,¹⁷ and according to primate models, mammals similar to humans breastfeed until the child's first adult molar, that's six years for humans!^{18,19} The World Health Organization recommends

breastfeeding for at least two years.¹³ Even though the American Academy of Pediatrics recommends that moms breastfeed for at least one year, only one in five women in the US are breastfeeding at all when their child is one year old.¹² The health benefits the child gains through extended breastfeeding last a lifetime.²⁰ Regarding Hayek breastfeeding another's child, our ancestors raised their children together ("cooperative breeding"¹⁷). In that light, what Hayek did was not so unusual.

Comment/Yorum

Eng

There are some myths; a) breastfeeding has instinct but not enough, b) production depend on the suction, so, it is satisfactory, c) breast-feeding so much, depends on the requirement of the baby, d) not only satisfactory for 6 months, even can be nutritive for 12 months, 24 months also, e) be benefit even up to 4 years.

TR

Selma Hayek'in başkasının bebeğini beslemesi ile bir boyut kazanmıştır.

Bazı inanış/destan ve vurgular:

- 1) Emzirme kolay ve iç güdü olarak vardır. Eğitim ve öğrenme olmadan uzun süreli emzirme olmamaktadır.
- 2) Bazı anneler yeterince süt üremezler. Bebeğin memeyi boşaltmasına göre yapılır ve meme salgı organı olarak boşalmasına göre yapım olur.
- 3) Bebek sık emiyorsa, yeterli tatmin olmuyordur. Bebeğin ihtiyacına göre verir ve sindirimi kolay ve gereksinimi olduğundandır.
- 4) 6 ay boyunca tek başına yeterli olamaz. D vitamini dahil annenin beslenmesine göre yeterli olduğu belgindir.
- 5) Bir yıldan sonra emzirmenin bebeğe faydası değil, zararı olabilir. Tek başına olmasa da 4 yaşına kadar besin olarak faydalıdır. WHO iki yıl önermekte, AAP bir yıl önermektedir.

6) Psychological Benefits of Breastfeeding

<https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Psychological-Benefits-of-Breastfeeding.aspx>

Source: New Mother's Guide to Breastfeeding, 2nd Edition (Copyright © 2011 American Academy of Pediatrics)

Psychological Benefits of Breastfeeding

Your newborn also benefits from the physical closeness of nursing. Thrust from the close, dark womb into an overwhelming experience of bright lights, loud noises, and new smells, your baby needs the reassurance of your continued physical presence.

By holding him safe in your arms and giving nourishment from your body, you offer him a sense of continuity from pre- to post-birth life. Gazing into your eyes, your baby comes to understand that he is loved and protected and that you are there to provide for his needs as he adjusts to this new world.

In addition, breastfeeding releases hormones in your body that promote mothering behaviors. This emotional bond is as vital as the nutritional benefit he receives from you. Scientists now tell us that infants learn best in a context of emotional closeness with an adult. Breastfeeding promotes a growing attachment between the two of you that will continue to play an important role in your baby's development for years to come.

Last Updated: 11/21/2015

Comment/Yorum

Eng

Psychological Benefits of Breastfeeding. The noticeable of the love and endogenous happiness hormones are released and be more affirmative to the mother.

TR

Emzirmenin psikolojik faydaları. Bebeğin kendisini sevdiğinin farkına varması yanında, salgılanan hormonlarla, yakın bir sevgi temelinde ilişki olduğu anlaşılmaktadır.

7) The **TREMENDOUS** Benefits of Doing What is Normal: Breastfeeding

<https://www.psychologytoday.com/blog/moral-landscapes/201108/the-tremendous-benefits-doing-what-is-normal-breastfeeding>

Posted Aug 03, 2011

Breastmilk is much more than food

In accordance with the World Health Organization's recommendations, Gossip Girl's Kelly Rutherford breastfed for over two years! Prolonged breastfeeding provides a baseline of health effects for mom and baby alike. Breastmilk is not only the baby's food, but it's also the baby's jump-start on immunity, autonomy, emotional development, intelligence, and future outcomes. The effects of breastfeeding extend throughout all of childhood, not just infancy, and even into adulthood.

1. Breastmilk builds the immune system properly.

Breastmilk contains thousands of ingredients that build the child's immune system and prevent diseases and infections.^{1,2} Breastmilk:

1. Contains antibodies, anti-viruses, anti-allergies, and anti-parasites³
2. Reduces the risk of Sudden Infant Death Syndrome (SIDS)⁴⁻¹⁰
3. Is protective over the lifespan against high blood pressure,¹¹⁻¹³ and cholesterol,¹⁴ cancer,^{15,16} diabetes¹⁷⁻²⁰ and obesity²¹⁻²⁹
4. Is also protective against ear infections,³⁰ respiratory problems,³¹ urinary tract infections,² gastrointestinal problems² and allergies³²
5. Contains immunities that mothers have spent their lives developing, especially immunities from prevalent diseases in the immediate environment³

Additionally, exclusively breastfeeding coats the child's digestive tract and prevents the entrance of harmful pathogens into the body.^{2,3} Extended breastfeeding for at least one year, preferably two years, enhances the child's immune protection.²

2. Breastmilk changes with the growing nutritional needs of the child.

Breastmilk contains all the nutrition a baby needs for development during the first six months of life.² After those six months, breastmilk still provides additional nutrition and immune system protection. Breastmilk:

- o Contains 200 fatty acid chains, including DHA/ARA, that the brain needs for development²
- o Provides hormones, growth factors, enzymes, minerals, vitamins, fat, carbohydrates, protein and water.³
- o Changes composition throughout each day, from feeding to feeding, from mother to mother, to adapt to the needs of the child.³³

The contents of breastmilk are specialized to fulfill the unique needs of each child.³³

3. Breastfeeding allows the child to regulate his own body and feedings.

At the breast, the child controls the size of each mouthful. The child is also able to regulate how much he eats and to stop when he feels full. This allows the child to grow in autonomy over his own nutritional needs and to learn how to read his bodily needs.

Bottles constantly drip milk into the baby's mouth which undermines the ability to self-regulate feedings.^{34,35}

Comment/Yorum

Eng

Breastfeeding is more than feeding.

TR

Emzirme besin ötesidir. İmmünite, otonomi, ruhsal gelişim, zekâ, gelecek boyutları olan bir durumları da eklemek gereklidir.

İmmünite açısından:

- a) Antikorlar, anti-virüs etki, anti-alerjiler, anti-parazit durum
- b) Ani Bebek Ölüm Sendromunu azaltır
- c) Yüksek kan basıncı, kolesterol, kanser, diyabet ve obezite oranında azalma sağlar
- d) Kulak infeksiyonu, solunum problemleri, idrar yolu infeksiyonu, gastrointestinal sorunlar ve alerjilerde azalma sağlar
- e) Yakın anne çevresinden anne immünitesi sağlar

Çocuğun artan besin gereksinimini açısından:

1. 200 yağ asidi ile, DHA/ARA gibi olanlarla da beynin gelişimi için gerekenleri kapsar

2. Hormonlar, büyüme faktörleri, enzimler, mineraller, yap, karbonhidrat, protein ve sıvı gereksinimleri
3. Her gün, beslenme ile değişim, anne ve anneye göre, çocuğun ihtiyacına göre farklılıklar
Kendi bedeni ve beslenmesini ayarlama imkanını yaratması açısından:
Bebek doğduğu zaman beslenmeyi kendi kesmektedir. Biberon da ise biberon bitene kadar zorla da olsa beslenme yapılmaktadır.

8) Breast Milk Feeding, Brain Development, and Neurocognitive Outcomes: A 7-Year Longitudinal Study in Infants Born at Less Than 30 Weeks' Gestation.

<https://www.ncbi.nlm.nih.gov/pubmed/27480198>

[Belfort MB](#)¹, [Anderson PJ](#)², [Nowak VA](#)³, [Lee KJ](#)², [Molesworth C](#)², [Thompson DK](#)⁴, [Doyle LW](#)⁵, [Inder TE](#)⁶. [J Pediatr](#). 2016 Oct;177:133-139.e1. doi: 10.1016/j.jpeds.2016.06.045. Epub 2016 Jul 29.

Abstract

OBJECTIVES:

To determine the associations of breast milk intake after birth with neurological outcomes at term equivalent and 7 years of age in very preterm infants

STUDY DESIGN:

We studied 180 infants born at <30 weeks' gestation or <1250 grams birth weight enrolled in the Victorian Infant Brain Studies cohort from 2001-2003. We calculated the number of days on which infants received >50% of enteral intake as breast milk from 0-28 days of life. Outcomes included brain volumes measured by magnetic resonance imaging at term equivalent and 7 years of age, and cognitive (IQ, reading, mathematics, attention, working memory, language, visual perception) and motor testing at 7 years of age. We adjusted for age, sex, social risk, and neonatal illness in linear regression.

RESULTS:

A greater number of days on which infants received >50% breast milk was associated with greater deep nuclear gray matter volume at term equivalent age (0.15 cc/d; 95% CI, 0.05-0.25); and with better performance at age 7 years of age on IQ (0.5 points/d; 95% CI, 0.2-0.8), mathematics (0.5; 95% CI, 0.1-0.9), working memory (0.5; 95% CI, 0.1-0.9), and motor function (0.1; 95% CI, 0.0-0.2) tests. No differences in regional brain volumes at 7 years of age in relation to breast milk intake were observed.

CONCLUSION:

Predominant breast milk feeding in the first 28 days of life was associated with a greater deep nuclear gray matter volume at term equivalent age and better IQ, academic achievement, working memory, and motor function at 7 years of age in very preterm infants.

Comment/Yorum

Eng

More obvious differences at the brain and brain functions are demonstrated.

TR

Preterm bebeklerde 7 yaşında yapılan irdeleme ilk 28 gün anne sütü alanlarda belirgin farklılıklar saptanmıştır. 1250 gram ve 30 gebelik haftası altındakiler 28 gün boyunca en az %50 kalorisini anne sütünden sağlayanlar incelenmiş. Daha büyük derin nükleer madde hacmi (0.15 cc/d,); IQ düzeyinde 7'inci yaşta (0,5 puan/d, 95% CI, 0.2-0.8), matematikte (0.5; 95% CI, 0.1-0.9), çalışan hafızada (0.5; 95% CI, 0.1-0.9), motor fonksiyonda (0.1; 95% CI, 0.0-0.2), bölgesel beyin hacmi aynı bulunmuştur.

9) Breastfeeding duration and cognitive, language and motor development at 18 months of age: Rhea mother-child cohort in Crete, Greece.

<https://www.ncbi.nlm.nih.gov/pubmed/24336236>

[Leventakou V¹](#), [Roumeliotaki T¹](#), [Koutra K²](#), [Vassilaki M¹](#), [Mantzouranis E³](#), [Bitsios P⁴](#), [Kogevinas M⁵](#), [Chatzi L¹](#). [J Epidemiol Community Health](#). 2015 Mar;69(3):232-9. doi: 10.1136/jech-2013-202500. Epub 2013 Dec 13.

Abstract

BACKGROUND:

Breast feeding duration has been associated with improved cognitive development in children. However, few population-based prospective studies have evaluated dose-response relationships of breastfeeding duration with language and motor development at early ages, and results are discrepant.

METHODS:

The study uses data from the prospective mother-child cohort ('Rhea' study) in Crete, Greece. 540 mother-child pairs were included in the present analysis. Information about parental and child characteristics and breastfeeding practices was obtained by interview-administered questionnaires. Trained psychologists assessed cognitive, language and motor development by using the Bayley Scales of Infant Toddler Development (3rd edition) at the age of 18 months.

RESULTS:

Duration of breast feeding was linearly positively associated with all the Bayley scales, except of gross motor. The association persisted after adjustment for potential confounders with an increase of 0.28 points in the scale of cognitive development ($\beta=0.28$; 95% CI 0.01 to 0.55), 0.29 points in the scale of receptive communication ($\beta=0.29$; 95% CI 0.04 to 0.54), 0.30 points in the scale of expressive communication ($\beta=0.30$; 95% CI 0.04 to 0.57) and 0.29 points in the scale of fine motor development ($\beta=0.29$; 95% CI 0.02 to 0.56) per accumulated month of breast feeding. Children who were breast fed longer than 6 months had a 4.44-point increase in the scale of fine motor development ($\beta=4.44$; 95% CI 0.06 to 8.82) compared with those never breast fed.

CONCLUSIONS:

Longer duration of breast feeding was associated with increased scores in cognitive, language and motor development at 18 months of age, independently from a wide range of parental and infant characteristics. Additional longitudinal studies and trials are needed to confirm these results.

[Comment/Yorum](#)

Eng

At 18th months old, there is obvious in all parameters increase, for the communication facilities of the breast-fed infants.

TR

Emzirmenin bilinç durumu ile olumlu etkisi tanımlanmıştır.

18 aylık iken, bilinç durumunda 0,28 puan artma, 0,29 puan alıcılık iletişimde artış, 0,30 puan ifade iletişimde yükselme, 0,29 puan ince motorda yükseliş, 4,44 puan ölçekte toplam artış belirtilmiştir.

10)The New Science of Mother-Baby Bonding

By Patty Onderko; <http://www.parenting.com/article/the-new-science-of-mother-baby-bonding>

[Comment/Yorum](#)

Eng

This, is mentioned, therefore a short summary is indicated, for the subject connection.

TR

Anne ve bebek arasındaki ilişki açısından beşik ve yan yana olma, aynı odada bulunma önemli boyut kazandırır.

Meme teması oksitosin salınımı ve anneye çeşitli yararı olmaktadır. Bebeğin kokusu, Fremonlar/Pheromones önemli olmaktadır. Rahatlama işlevi vardır. Medeniyetin öğrenmesi, işlenmesidir.

Sunum/Slide: Anne-Bebek Bağı

Emzir-me/Anne Sütü Kursu

19 Mart 2017, 1000 Gün

Ankara

YENİDOĞAN BEBEKLERDE BAĞLANMA VE ANNE SÜTÜ

Kültürel anlamı olan Anne sütü

- “Anasının ak sütü gibi helal etmek” deyimini

Tarihsel önemli/değerli

- M.Ö 1550 Ebers Papirüsleri anne sütünün önemini anlatan ilk yazılı kaynak
- Mısır’da papirüslerde bebek beslenmesinin tek yolunun anne sütü
- Bebeğin 3 yaşına gelene kadar anne sütü ile beslenmesi gerektiği
- Kuran’da “Biz insana anne ve babasını (onlara iyilikle davranmayı) tavsiye ettik.
- Annesi onu, zorluk üstüne zorlukla (karnında) taşımıştır.
- Onun (sütten) ayrılması, iki yıl içindedir” denilmektedir.

Türk Kültürüne Bakış

- Eski Türklerde anne sütü kutsal atfedilmiştir.
- Yakut Türklerinde güzellik ve analık tanrıçası Ayzıt’ın sütünü damlatarak can verdiğine inanılırdı
- İbni Sina El- Kaanon fit-tıp (Tıp Kanunu) anne sütü alması gerektiği
- Tedbir-ül Mevlüt (Çocukların korunması) yazarı Ayaşlı Şaban Şifai (1700)
 - Bebeklerin beslenmesinde anne sütünün önemini belirtmiştir.
- Anadolu’da emzik ve biberondan önce süt sağma şişesi keşfedilmiş, 1700 yıl önce süt sağdıkları

Emzirme Beslenme Ötesidir

- Sadece anne sütü ile beslenme gözüyle bakmamak gerekir.
- Emme-emzirme süreci aslında anne ve bebeğin yakınlaştığı,
- Birbirinin ruhsal ihtiyaçlarını karşıladıkları bir süreç,
- Anne sütü ise o sürecin en gözle görünür çıktısıdır.
- Yenidoğan bebeğin ilk ihtiyacı annesinin sıcaklığı ve kokusu, ardından ise anne memesidir.
- Dokunmak, temas etmek, kendi sıcaklığını karşındakine aktarırken,
- Ondan da aynı sıcaklığı ve sevgi sinyallerini alabilmektir.
- Dokunma beyin fonksiyonlarını hızlandırırken, matematik yeteneğini geliştiriyor,
- Beden stresini azaltıyor ve
- Bağışıklık sistemini güçlendiriyor.



Emzirme Boyutu

- Bebeğin anneye bağlanması (attachment),
- Annenin çocuğuna yönelik duygusal bağı (bonding) "bağlanma"

Bağlanma yaşamın ilk günlerinde başlar

- Duygusal yönü ağır basan ve olması beklenen bir durumdur.
- Meme arama, başı döndürme, emme, yutma, parmak emme, yakalama, anneye yönelme
- Beslenme saatlerini sezinleme ve hazırlanma şeklinde kendisini göstermektedir.
- Birbiri ile iletişim ne kadar erken ve sağlıklı ise annelik duygusu da o kadar kuvvetli gelişecektir
- Bağlanma sağlıklı ruhsal gelişimdeki en önemli belirleyicidir.
- Bireyin kişilik gelişimini, diğer insanlarla ilişkilerini ve uyumunu etkilemektedir.

Ten tene temasının sağlanması

- Bunun için doğumdan itibaren en az 1 saat anne ve bebeğin ten teması sağlanmalı
- Bebek mutlaka anne göğsüne tutulmalıdır.
- Annenin çıplak göğsü üzerine yüzüstü yatırılan bebeğin sıcak bir battaniye ile örtülmesidir
- Termoregülasyon, ağrı yönetimi, uterus dışı yaşama daha kolay geçiş gibi yararları olduğu

Emzirme Danışmanlığı eğitiminin verilmiş olması gerekmektedir

- • Sağlık Bakanlığı Politikası olarak uygulanan "Başarılı Emzirmede 10 Öneri"
- • 32 hafta ve üzeri tüm gebe kadınların bilgilendirilmiş olması
- • Hastanede kontrole gelen gebeye mutlaka Anne sütü ile beslenmenin önemi
- • Tensel temasın önemi ve nasıl yapılacağı,
- • Emzirme pozisyonları,
- • Sütünün yeterli olmasının nasıl sağlanacağı,
- • Bebeği ile aynı odada kalmanın faydaları,
- Yapay beslenmenin zararları gibi konular anlatılmalıdır

Tensel Temas Sorunları

- Travayda ve doğum sürecinde annenin yatmak zorunda olması
- Annenin yeterince desteklenmemesi; Annenin özgüvenini yükseltebilir

- Erken doğum sırasında anneye besin ve sıvı verilmemesi; Hafif sıvı ve gıdalar tüketmesi
- Sedatize edildiği ağrı giderici girişimler, epizyotomi; Ağrı ve endişeyi yönetmeye destek
- Tıbbi nedenler olmaksızın rutin gibi uygulanan diğer müdahaleler
- Doğum sonrası bebeğin kundaklanması/ sıkıca sarılması
- Doğum sonrası anne ve bebeğin ayrı odalara alınması
- Anne desteklenmelidir. Eş, kardeş, arkadaş, aile üyesi veya sağlık personeli olabilir
- Doğum sürecinde anneyi edebilir.
- Masaj yapabilir, elini tutabilir, hafif giysiler giymesi; hareket etmeye ve yürümeye teşvik
- Olumlu geri bildirim verebilir, olumlu ifadeler kullanabilir

Tensel Temasin erken zamanda başlatılabilmesi

- Yersiz endişemiz vardır
- Bebeğin üşümesinden endişe etmeyin.
- Bebeğin muayenesi annesinin göğsünderken yapılabilir
- Annenin epizyo/insizyon dikişleri, bebeği göğsünderken yapılabilir.
- Verniksin; bebeğin cildini nemlendirmesi ve ısı kaybını önlemesini sağlar
- Bebek sadece silinebilir, banyosu ertelenebilir.
- Doğumhane yoğun ise anne ve bebek servise transfer edilebilir.
- Yeterli sağlık çalışanı yoksa aile üyelerinden biri anne ve bebek ile kalabilir.
- Anneden geçen ilaçlar nedeniyle bebek uykulu ise de yapılmalıdır

Hayal ile gerçek oluşan farklıdır

- Sosyal destekleri veya rol modelleri olmayabilir.
- Sağlık personeli önemli rol oynamalıdır
- Annelerin sadece %25' inin sağlık personelinden bilgi aldığı
- Sağlık profesyonellerinin sadece yarısının doğumdan sonra emzirmek için anneleri teşvik ettiği

