

## ORIGINAL RESEARCH



# Mothers' breastfeeding attitudes when lactation overlaps with a new pregnancy

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## Abstract

### Background and Aim

There is usually a strong cultural taboo when breastfeeding overlaps with pregnancy. A lot of mothers cease breastfeeding their infants when they conceive again due to social pressure, professional advice, or their own beliefs.

The present research aimed to reveal the attitudes of mothers who conceived again while breastfeeding their infants and their experiences in this process.

### Methods

The data of the study, were collected between November 2018 and March 2019 in Sakarya University Education and Research Hospital, Sakarya. The study conducted in 40 women in whom lactation overlapped with pregnancy, and the face-to-face interview technique was employed for data collection. Data were collected using an information form containing information about the participants and a semi-structured interview form. The interviews conducted were then examined using the interpretative phenomenological analysis method, one of the qualitative research methods. The codes and themes were created using the NVIVO 9.0 program. In the report of this study, the Consolidated criteria for reporting qualitative research (COREQ) checklist was utilized as a guide.

### Results

The mean age of the mothers is  $26.70 \pm 4.58$  (min: 20, max: 36), 62.5% (n=25) of the mothers were in the third trimester. While 5% of the mothers (n=2) continued breastfeeding during pregnancy, 95% (n=38) ceased breastfeeding at certain periods of pregnancy. It was observed that the mothers who conceived again during the lactation period considerably hesitated how to act about breastfeeding, they were significantly influenced by the people in their environment concerning how to overcome this, and they were often misguided.

### Conclusion

There is obviously an urgent need for evidence-based studies on the subject. Studies to be carried out in this regard will increase the self-confidence of healthcare professionals and will enable them to perform effective training and counseling on the subject.

**Keywords:** Lactation period, pregnancy, breastfeeding, breast milk, lactation overlapping with a new pregnancy

## Introduction

Breastfeeding is the most ideal form of nutrition, which is suitable for the growth and development of infants and is superior to all other forms of nutrition. The decrease in the frequency of breastfeeding due to various reasons may result in the early termination of breastfeeding<sup>1</sup>.

The American Academy of Pediatrics (AAP) and the World Health Organization (WHO) recommend exclusive breastfeeding in the first six months of life. Then, breastfeeding should be continued for at least two years and beyond with complementary feeding considering the health benefits both for the infant and the mother<sup>2,3</sup>. When the breastfeeding status of infants in Turkey is reviewed, it is revealed that breastfeeding is common, but it is not at a satisfactory level in terms of the duration of exclusive breastfeeding or the total length of breastfeeding. One of the most important reasons is the early start of complementary food or early weaning, according to the data of the 2018 Turkey Demographic and Health Survey (DHS)<sup>4</sup>. Pregnancy during lactation is common in Turkey and is often unplanned. In 5.7 to 29.2% of the cases in which breastfeeding was terminated early, the mother conceived again during the lactation period. Both mothers and healthcare professionals are confused about whether breastfeeding should be continued in pregnancy. It

is generally stated that there is no obstacle for a pregnant woman to breastfeed<sup>5,6,7,8</sup>.

There is usually a strong cultural taboo when breastfeeding overlaps with pregnancy. A lot of mothers cease breastfeeding their infants when they conceive again due to social pressure, professional advice, or their own beliefs. The most common concerns of mothers when breastfeeding overlaps with pregnancy are the fear of premature birth or spontaneous abortion and the fear of a rapid depletion of maternal nutrients, which can increase nutrition risks for mothers, nursing children, and newborns.<sup>8</sup>

## Methods

### Aim and Type of the Study

This research is a qualitative phenomenological study conducted to examine the breastfeeding attitudes of mothers who conceived again during the lactation period. Phenomenological design is a qualitative methodology that aims to investigate the experiences of individuals in detail and to reveal what meaning they give to these experiences. Phenomenology is an inductive, descriptive research method. The principle of induction was adopted in the study. In line with this definition, the aim of the study is to describe in detail the breastfeeding attitudes of mothers who conceived again

during the lactation period by combining their subjective experiences, the characteristic of the phenomenological design, with describing, interpreting, and explaining their experiences, among the qualitative research characteristics.

### **Participants**

Mothers who came to the pregnancy outpatient clinic and pregnancy training class between November 2018 and March 2019 at the Education and Research Hospital of Sakarya University, Provincial State Hospitals Association, constituted mothers who volunteered to participate in the study. The current research aimed to achieve data saturation, the point at which no new themes are identified and the emergent theory appears complete. After it was understood that data saturation was achieved in 37 mothers, three more mothers were interviewed, and a study group was formed with 40 mothers. There was no one who refused to participate in the study. When it was understood that the data repeated itself, the interviews were ended. The individuals to be selected for the sample group were determined by the research team (N.C, S.T, Ö.K.S) using the criterion sampling method (enabling the study of situations that meet the criteria determined by the researchers), among the purposeful sampling methods (providing the opportunity to obtain more information about the subject). Mothers to be included in the study were determined according to the following criteria.

*Inclusion Criteria for the Study:* Becoming pregnant during the lactation period, the absence of any communication problems, volunteering to participate in the study, being aged over 18 years.

*Exclusion Criteria for the Study:* Unwillingness to participate in the study, cessation of breastfeeding due to a medical necessity during the lactation period, being aged under 18 years.

### **Instruments**

#### *Descriptive Information Form:*

The information form, developed by the researchers, included 16 short questions addressing the main areas such as demographic details, breastfeeding experience, and breastfeeding at the time of the onset of the present pregnancy, pregnancy intention, etc., and finally, women's perceptions of the effect of pregnancy on breastfeeding and the breastfed infant.

#### *Semi-Structured Questionnaire Form*

The semi-structured qualitative interview form was created by the researchers as a result of the literature review, and the expert opinions (5 experts working in nursing, communication department, educational sciences, and a qualitative data specialist). The interview form consists of four main sections and auxiliary interim questions to be used for a person's self-disclosure in the interview:

**Section 1:** The participants' demographic information, health information, breastfeeding status

**Section 2:** What was your breastfeeding attitude toward your infant when you learned that you conceived again during the lactation period?

**Section 3:** Was your breastfeeding affected when you learned that you conceived again during the lactation period?

**Section 4:** Could you tell us the decisions you took for

breastfeeding in that case and your experiences?

The above-mentioned range of questions allowed the participants to discuss breastfeeding attitudes and norms personally and generally.

### **Ethical Issues**

Before starting the study, written permission was obtained from the Ethics Committee of Sakarya University, Faculty of Medicine (Approval number: 71522473/050.01.04/161) and from the institution where the study was to be carried out. After informing the participants about the aim of the study, confidentiality of the answers, where and how the data would be used, the volunteering mothers were enrolled in the study group. Within the framework of the research ethics, the participants' names were not used, and the encodings in the interview text were made as "M1, M2, M3...".

### **Data Collection**

The in-depth interview technique was applied during the interviews conducted with all participants. Data were collected using an information form containing questions about the participants and a semi-structured interview form. The interviews were held by sitting at the same level as the respondent and guided by active listening using the questionnaire forms. Participants were interviewed once between November 2018 and March 2019. The median length of an interview was 60 min. The participants were informed about the intention to record the study information. Verbal informed consent and written consent were obtained from all participants. The responses given by the mothers during the interview were noted in the presence of three researchers (S.P (Registered Nurses), S.T, Ö.K.S (Ph.D. candidate). During the study, the researchers observed and noted everything told by pregnant women. The researchers who worked as nurse educators had previously received training in qualitative research and were experienced in this area. The researchers were female.

The interviews were conducted individually by the researchers (S.P, S.T, Ö.K.S) together in a suitable room (quiet, well-lit and ventilated, having a table, chair, and computer) in the gynecology and obstetrics clinic. There was no anybody else in the room except the mother and researchers. The purpose of the study was clarified again, and the questions of pregnant women on the subject were answered.

### **Statistical Analyses**

In the report of this study, the Consolidated criteria for reporting qualitative research (COREQ) checklist was utilized as a guide. 9 All the interviews were transcribed verbatim and uploaded to Word. The transcripts utilized the accepted procedures for indicating exclamations, pauses, and emotions.<sup>10,11</sup> All the transcripts were exported into Nvivo software. The software program NVivo was utilized for the management of the data analysis process. The data were analyzed using a thematic approach at NVivo. The research teams organized meetings to further discuss the codes and the resulting patterns and themes. The discussion of any new themes was performed, and the analytical framework was further refined until no new themes were determined.

## Results

### *Findings Related to the Descriptive Characteristics of Mothers*

Some descriptive characteristics of the mothers participating in the study and breastfeeding-related information are presented in Table 1. The mean age of the mothers is  $26.70 \pm 4.58$  (min: 20, max: 36). Of the mothers, 42.5% (n=17) stated that they lived in the city, 52.50% (n=21) stated that they were married for 2-4 years, 45% (n=18) stated that they were high school graduates, 95% (n=38) stated that they were housewives, and 90% stated that they had income equal to expenses.

**Table 1. Information on the Mothers' Descriptive Characteristics**

		N	%
Mother's age	(Mean $\pm$ SD)	26,70 $\pm$ 4,58 (min. 20, max. 36)	
Gestational week(GW)	(Mean $\pm$ SD)	28,32 $\pm$ 11,51 (min. 6, max. 40)	
Economic situation	Income less than expenses	4	10,0
	Income equal to expenses	36	90,0
Mother's educational status	Unscholled	4	10,0
	Primary school graduate	15	37,5
	High school graduate	18	45,0
	University graduate	3	7,5
Employment status	Employed	2	5,0
	Unemployed	38	95,0
The status of continuing breastfeeding	Yes	2	5,0
	No	38	95,0
The status of receiving adequate support in pregnancy	Yes	34	85,0
	No	3	7,5
	Undecided	3	7,5
The person from whom they received support on breastfeeding	Doctor	26	65,0
	Nurse/Midwife	14	35,0
Total number of pregnancies	(Mean $\pm$ SD)	2,47 $\pm$ 0,93 (min. 2, max. 6)	
The age of the breastfed infant (months)	(Mean $\pm$ SD)	17,0 $\pm$ 5,43 (min: 6 max: 26)	
The duration of breastfeeding (months)	(Mean $\pm$ SD)	11,77 $\pm$ 5,04 (min: 3 max: 22)	
The week of cessation of breastfeeding after conception (GW)	(Mean $\pm$ SD)	9,44 $\pm$ 6,05 (min: 4 week max: 28 week)	

It was found that 62.5% (n=25) of the mothers were in the third trimester, 70% (n=28) were multigravidae, and 90% (n=36) went for health check-ups regularly during pregnancy. According to the mothers' statements, 82.5% (n=33) had a health problem during pregnancy, and 87.50% (n=35) stated that their pregnancies were not planned. Of the mothers, 85% (n=34) stated that they received support from healthcare personnel during pregnancy, 65% (n=26) stated that this support was received from doctors, and 35% (n=14) stated that it was received from nurses/midwives. While 5% of the mothers (n=2, 1 in the 8th week of gestation and the other in the 12th week of gestation) continued breastfeeding during pregnancy, 95% (n=38) ceased breastfeeding at certain periods of pregnancy. When mothers are asked when ceased breastfeeding, of the mothers who ceased breastfeeding, 80% (n=32) were in the first trimester of pregnancy, 12.5% (n=5) were in the second trimester, and 2.5% (n=3) were in

the third trimester.

### *Findings Related to Qualitative Data Analysis*

#### *Mothers' Attitudes Toward Breastfeeding When They Learned They Conceived During the Lactation Period*

The mothers' general attitudes toward breastfeeding when they learned they conceived again during the lactation period were examined under two main themes presented.

Accordingly, it is observed that the mothers who learned that they were pregnant "ceased breastfeeding" or "continued breastfeeding" mothers who learned that they were

pregnant during the lactation period mostly tended to cease breastfeeding.

#### *Sub-Themes for the Mothers Who Ceased Breastfeeding*

The sub-themes of the "I ceased breastfeeding" option were analyzed to examine the person from whom mothers received advice to take a decision before the cessation of breastfeeding. It was concluded that the 14 (37%) mothers who ceased breastfeeding most frequently took advice from their families and neighbours when making the decision. After that, it was determined that 26% (n:10) voluntarily ceased breastfeeding and 13% (n= 5) after by consulting a doctor (Figure1).



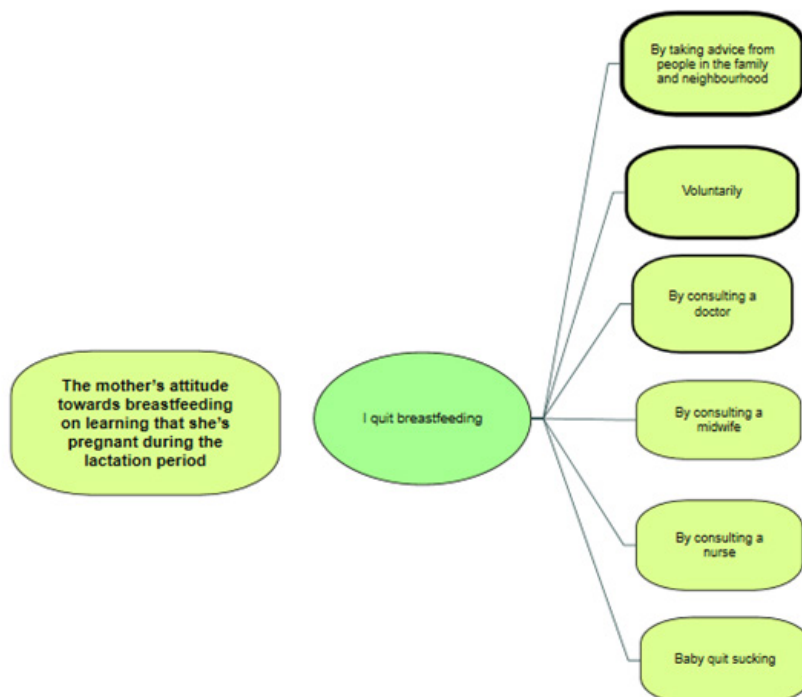


Figure 1. Sub-Themes for the Mothers Who Ceased Breastfeeding

*Some sample sentences from the sub-themes of the statements of the mothers who ceased breastfeeding are as follows:*

**Environment and Family**

M2: "People in my environment told me not to breastfeed. They said it would poison the baby."

M8: "People in my environment said it was not good, it would affect the health of the child negatively, it would weaken the baby in the womb, and my milk was now poisonous."

M9: "I consulted my mother. She said it was unfair to my daughter to be born."

M10: "People in my environment told me that I had to wean my baby for the healthy development of my baby. They said the vitamins that go to the baby in my womb go to the baby I breastfeed."

M15: "I had to quit when I heard from the environment that it was harmful to the child."

M34: "They said, you are stealing from the child."

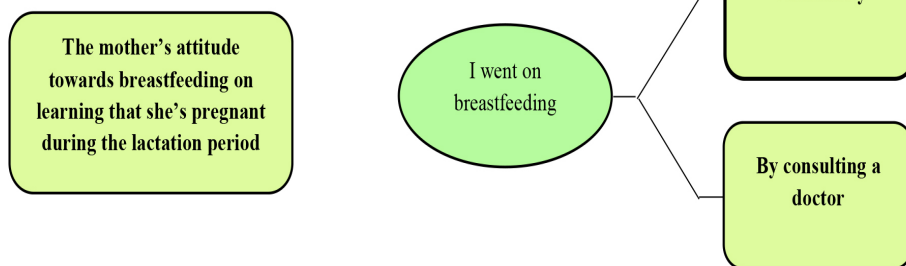


Figure 2. Sub-Themes for the Mothers Who Continued Breastfeeding

**Voluntarily**

M6: "I weaned my baby voluntarily when I experienced a lot of fatigue."

M11: "My baby got ill-tempered. That's why I didn't want to breastfeed."

M12: "My doctor told me to breastfeed, then I breastfed my baby for four months. Afterward, I lost a lot of weight, had nausea, and I weaned my baby."

M16: "I did not want to breastfeed my baby, I was very afraid that he would be harmed."

M30: "I ceased breastfeeding because I thought it was unfair to my baby."

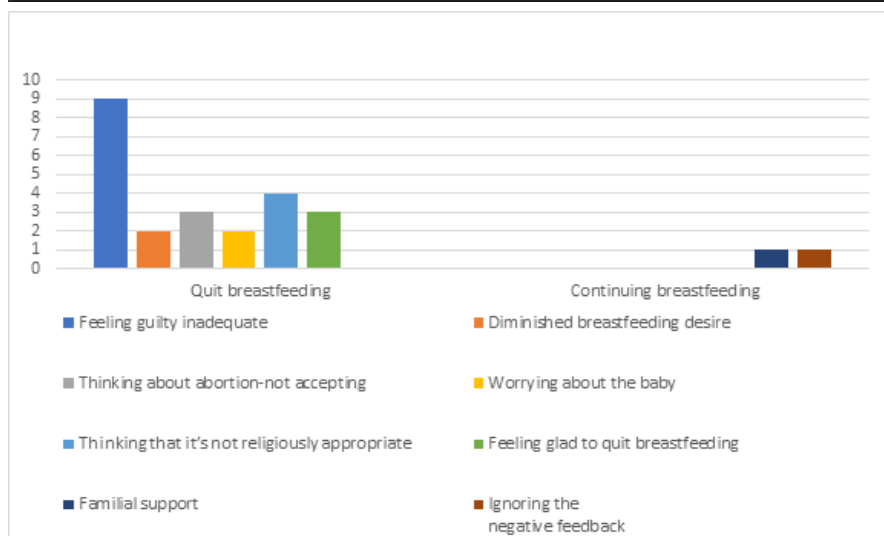


Figure 3. The sub-themes of the mothers who continued breastfeeding and who ceased breastfeeding were compared

**Doctor's recommendation**

M19: "My doctor asked me to quit breastfeeding. He said, you need to wean for the health of the baby in the womb. Otherwise, the vitamins that got to the baby in my womb go to the baby I'm breastfeeding."

M38: "My doctor told me to wean my baby because my breasts were very sensitive."

M39: "My doctor told me to breastfeed my baby for three months and then wean him."

M40: "The doctor at the hospital said my baby was at risk of miscarriage and that I should cease breastfeeding."

**Nurse's and midwife's recommendation**

M3: "Nurses at the health center told me that I should wean my baby. They said, I was taking the right of my baby."

M5: "I wanted to breastfeed, but when the nurse asked me to quit, I had to quit. The nurse told

*me that my milk would be harmful to my baby, that my breasts should rest for my baby."*

M7: "Nurses at the health center told me to wean my baby."

M20: "The midwife at the health center said that I should wean my baby. She said the baby in my womb was not developing."

### **My infant stopped sucking**

M1: "My doctor told me to continue breastfeeding, but my baby stopped sucking after a while."

M21: "My baby sucked for a while, then quit, I didn't want to force him and weaned my baby."

M26: "Midwives told me that I could breastfeed, but my baby did not want to suck and quit."

M33: "My baby stopped sucking when I was eight months pregnant."

### **Sub-Themes for the Mothers Who Continued Breastfeeding**

The sub-themes of the "I continued breastfeeding" option were analyzed to examine the person from whom mothers received advice to decide on the continuation of breastfeeding. Accordingly, when the following Figure 2 is examined, it is observed that the mothers who continued breastfeeding tended to take this decision by themselves or by consulting a doctor (Figure 2).

M35: "I want to breastfeed, I think this is right."

M32: "My doctor said, you can breastfeed until the 12th week, I trust him, I continue to breastfeed."

### **Psychological Effects of Breastfeeding Attitudes on Mothers**

When the effect of breastfeeding on mothers' psychological state was examined, it was observed that the mothers who continued breastfeeding were generally satisfied with this decision, but the mothers who ceased breastfeeding were generally regretful and found themselves inadequate.

The following Figure 3 was obtained when the sub-themes of the mothers who continued breastfeeding and who ceased breastfeeding were compared (Figure 3).

The Psychological State of the Mothers Who Ceased Breastfeeding

#### **Feeling guilty and inadequate**

M4: "I blame myself for not being able to breastfeed my baby as much as I want."

M15: "I feel psychologically guilty toward the first child, I wish he had quitted on his own."

M20: "I felt inadequate, I blamed myself, it felt like I couldn't be a mother."

M21: "I felt guilty, I regretted becoming pregnant. I put myself together as I learned it was a boy."

M25: "I wish I had become pregnant later and continued to breastfeed my baby, I regretted it."

M29: "I am very sorry and feel guilty that I couldn't breastfeed my baby."

#### **Decrease in the desire to breastfeed**

M2: "I felt confused, and my desire to breastfeed decreased, I didn't

know what to do."

M40: "I didn't want to breastfeed anymore because my breasts became sensitive, I didn't like it."

### **Thinking of abortion, the inability to accept the infant**

M3: "I thought of aborting the baby in my womb. I was worried about how to take care of two children."

M7: "I never wanted the baby in my womb, I didn't accept him, my baby was still small."

M8: "My psychological state deteriorated because I could not breastfeed and I had a pregnancy that I didn't want."

### **Being satisfied**

M16: "I was afraid that my baby would be hurt, so I'm satisfied that I ceased breastfeeding."

M24: "I felt relieved because it was very difficult. That's better. I'm satisfied that I weaned my baby."

M37: "I was breastfeeding reluctantly. It was good for me that it happened in such a way. I am glad."

#### **Worrying about the infant**

M19: "When I weaned my baby, I was very scared whether he would starve or get sick."

M23: "I felt bad in case something would happen to the baby I was breastfeeding."

### **Religious reasons**

M31: "My family, my husband, and my husband's family said that breastfeeding was a sin when pregnant, that it was unfair to the other baby. I think so too."

M34: "Those vitamins are the right of the baby in my womb. I ceased breastfeeding because it was a sin."

M36: "He is eating the right of the baby in my womb, I think it is haram."

M38: "It was haram because the baby I was breastfeeding was a boy and the baby in my womb was a girl. So I ceased breastfeeding."

### **The Psychological States of Mothers Who Continued Breastfeeding**

It is observed that mothers who continue breastfeeding ignore negative comments and continue breastfeeding with family support and are satisfied with this decision.

M32: "People in my environment spoke negatively for me to cease breastfeeding, they said it was haram, but I didn't care right now because my doctor told me that I could breastfeed until the 12th week, and I'm satisfied with breastfeeding."

M35: "My mother told me to cease breastfeeding, she said I would lose my health, but especially my husband and mother-in-law supported me in breastfeeding, so I continued. I also take more care of my health, it is a very nice feeling to breastfeed, I am glad that my breast milk is sufficient for both children."

### **Discussion**

In this study, when the attitudes of the mothers who learned that they conceived again during the lactation period were examined, it was observed that most of the mothers cease breastfeeding. According to the study results, it was determined that 5% of the women immediately ceased

breastfeeding and 95% ceased breastfeeding at certain periods of pregnancy. From the study, it is understood that 80% of the mothers who ceased breastfeeding were in the first trimester, 12.5% in the second trimester, and 2.5% in the third trimester. It was concluded that the mothers mostly took this decision by receiving advice from the people in their family and neighborhood. Most of the mothers who participated in the study said that they ceased breastfeeding due to their religious beliefs. The second reason for the mothers' cessation of breastfeeding is their own wish and the recommendation of doctors, nurses, or midwives. Most of the mothers who in our study stated that they made decision on what about breastfeeding by consulting their family members and people in their environment. It was observed that mothers experienced mixed feelings such as psychological inadequacy and satisfaction in this process.

According to the results of the study carried out by Madarshahian and Hassanabadi (2012) with 80 women, it was indicated that 35% of women immediately terminated breastfeeding and 52.5% of them terminated breastfeeding by reducing it when becoming pregnant<sup>12</sup>. In a study on the subject, it was stated that only 18% of the breastfed children continued to be breastfed during late pregnancy<sup>13</sup>. In another study, it was indicated that only 33.6% of the children who were breastfed at the beginning of this study continued to be breastfed beyond 28 weeks of pregnancy<sup>14</sup>. In studies in the literature, the rate of continuing breastfeeding in the second and third trimesters of pregnancy is low<sup>15,16</sup>. In another case, there is usually a strong cultural taboo in case breastfeeding overlaps with pregnancy<sup>7,12</sup>, and a lot of mothers wean their children when they conceive again either due to their beliefs or due to social pressure or professional advice<sup>17,18</sup>. There is a possible correlation between the difference in the duration of breastfeeding during pregnancy in different countries and cultural beliefs.

It is observed that the statements of the people in the mothers' environment, such as 'Milk is toxic,' 'Not wanting to harm the baby,' and 'Breastfeeding has a physical effect on the mother,' affected this decision of the mothers who ceased breastfeeding. Such statements can be grouped as ceasing breastfeeding voluntarily and ceasing breastfeeding by consulting a doctor/nurse. The examples of such statements are 'Being unfair to the baby in her womb while breastfeeding,' 'For the protection of the mother's health.' In the retrospective study carried out by Ayrim et al. (2014) with 165 women in Turkey, the pregnancies of 45 women who breastfed their infants during pregnancy and 120 women who did not breastfeed were compared, and no intrauterine growth retardation was observed in both groups<sup>7</sup>. In the study performed by Madarshahian and Hassanabadi (2012), no significant difference was reported between the birth weights of the infants of breastfeeding mothers and the infants of non-breastfeeding mothers<sup>12</sup>. Comprehensive studies did not reveal a change in the milk received by the infants breastfed during pregnancy<sup>19</sup>.

The mothers mentioned if they continued breastfeeding, the real right holder of the breast milk was the child in their womb, and it was also not appropriate religiously (all the participants were Muslims) to breastfeed during pregnancy. Since there are no verses or hadiths in the quoran ordering to continue or cease breastfeeding in Islam, weaning is mostly done by Muslim families according to cultural and traditional practices. Mothers think breastfeeding will not be safe or

milk will rot if they become pregnant, so they may hurry up for the cessation of breastfeeding. However, Islamic scholars inform that the mother's health and the infant's need for breast milk are determinant in this case<sup>20</sup>.

Due to both the dominant culture in society and their concerns about the health of the mother and the fetus, healthcare professionals think that breastfeeding is inappropriate during pregnancy<sup>15,21,22</sup>. This may lead to different approaches in practice among health professionals. Mothers who cease breastfeeding voluntarily prefer this since they feel physically uncomfortable and they believe their own health will be damaged. Moscone and Moore conducted a study on mothers who breastfed during pregnancy, and in their study, 93% of the mothers stated their general health was good during pregnancy. However, mothers who ceased breastfeeding by consulting a doctor or with the suggestion of a nurse or a midwife said that they were directed toward the cessation of breastfeeding to protect the mother and fetus health<sup>15</sup>. A great majority of the mothers participating in this study may have made an unconscious decision about feeding their children due to the lack of accurate and adequate information provided to them regarding all the options concerning breastfeeding starting from pregnancy and the first hour of the infant's life, giving breast milk, the continuation of breastfeeding during pregnancy, and tandem breastfeeding.

Unlike the studies in the literature, mothers who ceased breastfeeding in this study stated that they felt good psychologically, and they were happy about this situation. According to the limited number of the studies identified, it is known that mothers who continue breastfeeding are mostly concerned about the infant and the fetus health. Since mothers are usually worried about their infants' and children's health, they hover between breastfeeding or not breastfeeding, and their moods change<sup>8,23</sup>. A new pregnancy can be considered a valid reason to cease breastfeeding for mothers who are reluctant to breastfeed. It is observed that breastfeeding can be continued healthily after childbirth for both children at different ages with the necessary support provided to mothers<sup>7,8,12</sup>. There are policies and practices promoting breastfeeding in Turkey. However, Turkish statistics show that the country is not at the desired level regarding breastfeeding<sup>4</sup>. Breastfeeding rates are also below the targeted rates in the world<sup>22,24</sup>. If the mother does not want to breastfeed during the lactation period, the lactation nurse should provide advice to the mother about breastfeeding and nutrition, and when required, the mother should be directed to a paediatrician and gynecologist for the healthy follow-up of the mother and the infant<sup>6,9,21</sup>.

The transferability of the results of this study is subject to some limitations. For example, the data are limited to the period when the study was conducted. The pregnant women, who were found to continue breastfeeding during the period of this study, were not contacted to learn whether they continued breastfeeding in later gestational weeks. Since no qualitative studies were identified on this subject in the literature, only quantitative studies were used in the discussion. Despite the limitations, this sensitive subject was investigated using the qualitative method by reaching the targeted number of voluntary participants. Unlike other studies, cultural and religious beliefs were also observed to influence mothers' attitudes in this study. Conducting similar studies in different cultures will contribute to the literature.



## Conclusion

It is observed that the mothers who conceived again during the lactation period considerably hesitated about how to act with regard to breastfeeding, they were significantly influenced by the people in their environment concerning how to overcome this, and they were often misguided. Also, it is observed that the mothers have mixed feelings about quitting. As a result of these mixed feelings, it is seen that they usually quit breastfeeding.

Healthcare professionals who are involved in pregnancy monitoring and breastfeeding support should be able to provide mothers with advice about breastfeeding during pregnancy and provide professional guidance based on scientific evidence.

There is obviously an urgent need for evidence-based studies on the subject. The studies to be carried out in this regard will increase the self-confidence of healthcare professionals and will enable them to perform effective training and counseling on the subject. Mothers' cultural and religious beliefs are also very influential in their attitudes toward the subject. Carrying out similar studies in different cultures will contribute to the literature.

## Ethical approval

Ethical approval from the Sakarya University Scientific Research Ethics Committee was obtained prior to initiation of the research work. (Approval number: 71522473/050.01.04/161).

## Patients' consent

All participants were informed that the data related to this research would be used only for publication.

## Conflict of interest

Authors declared no conflict of interest.

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## Authors' Contribution

NC: Study design. NC,ST;OKS;SP: Data collection and/or processing, analysis and/or interpretation. NC,ST;OKS;SP: Preparation of the manuscript, critical review and/or revision.

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