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Turkish women's knowledge and views regarding mother's milk banking

Ayşe Gürol, PhD^a, Hava Özkan, PhD^{b,*}, Ayda Çelebioğlu, PhD^c

^a Atatürk University, Health Vocational School, Turkey

^b Atatürk University, Faculty of Health Science, Department of Midwifery, Turkey

^c Atatürk University, Faculty of Health Science, Department of Pediatric Nursing, Turkey

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Summary

Purpose: The main aim of the study was to determine the knowledge and views of Eastern Anatolian women towards mother's milk banking.

Methods: The descriptive research was conducted between March and May 2009. The study population comprised 350 married women aged between 15 and 49 years who gave birth and who were registered with a family health center in Erzurum, Turkey. The data were collected by a questionnaire form. The questionnaire form included open-ended and closed questions regarding the descriptive characteristics and about knowledge and views of mothers on milk banking. The questionnaire form was completed by the women individually.

Results: Of the women surveyed, 90.6% indicated they had not previously heard anything about breast milk banking, 64.0% said that they could donate their milk, 36.3% stated it constituted a problem from a religious aspect, and 28.9% said it leads to social and moral problems.

Conclusion: The hospital and maternity authorities may consider establishing a "milk mother file". This report addresses the first step in raising awareness of the valuable contribution of donor milk to babies and the organization of human milk donation for use in a neonatal intensive care unit.

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Introduction

Mother's milk is recommended for all babies (Lording, 2006). It protects against infection, enhances neurocognitive development, and long-term metabolic health as well

as reducing asthma and other atopic disorders (Modi, 2006; Wight, 2001; Wright & Feeney, 1998).

Human breast milk is considered to be the most important nutrient for new-born babies. Early use of breast milk for preterm babies has resulted in a reduced incidence of necrotising enterocolitis, faster tolerance of enteral feeding, and therefore a reduced need for parenteral nutrition (Lindemann, Foshaugen, & Lindemann, 2004). Besides its benefits for a baby's health, breastfeeding is beneficial for a mother's health. Breastfeeding prevents complications in the breast such as blocked ducts, mastitis and breast

* Corresponding author. Tel.: +90 442 231 1431.

E-mail addresses: ayseparlak42@gmail.com (A. Gürol), havaorhan67@hotmail.com (H. Özkan), aydozan@hotmail.com (A. Çelebioğlu).

abscesses and also reduces the risk of Type II diabetes, breast and ovarian cancers (Ip et al., 2007; Labbok, 2006; Rea, 2004). It prevents complications that may occur in the breast due to milk accumulation. However, mothers of babies in intensive care are often unable or too ill to provide enough milk for their baby's needs (Coutsoudis, Adhikari, Nair, & Coutsooudis, 2011; Modi, 2006; Wight, 2001). In these cases, donor human milk is the best alternative (Utrera Torres et al., 2010). If the mother does not produce sufficient milk, fresh frozen unpasteurised human milk from a milk bank should be available to all ill babies until the mother's own production is established (Lindemann et al., 2004).

Human milk banks are services that collect, screen, process and distribute donated breast milk. Recipients are generally ill babies whose mothers are unable to breast-feed them (Lording, 2006). Milk banks have been set up in some hospitals to provide milk for babies whose mothers cannot breast-feed (Wright & Feeney, 1998). Human milk bank is the practice of collecting milk from lactating mothers with the aim to feeding another woman's babies. Since 1909, milk banks have been practiced throughout the world (Vieira, Soares, Pimenta, Abranches, & Moreira, 2011). Expressed breast milk can be provided in several ways, as follows:

Donor milk from a milk bank: This milk is usually donated by nursing mothers with well-established lactation and is often pooled and pasteurised before use.

Donor milk from mothers early in lactation: This milk often includes "drip milk" donated by mothers of babies in hospital. "Drip milk" is that milk is passively collected from one breast while the baby feeds at the other (National Institute for Health and Clinical Excellence, 2010). Biochemically and immunologically, pooled drip milk resembled pooled mature expressed breast milk, although it has a lower fat concentration (Gibbs, Fisher, Bhattacharya, Goddard, & Baum, 1977; Lawrence, 2005; Quigley, Henderson, Anthony, & McGuire, 2007).

The mother's milk: This milk is usually expressed, stored and used, without banking procedures, by a mother for her own baby (Nutrition Committee, 1985).

Donor milk banking is linked to health policies in many countries (Arnold, 2006b). In countries where donor milk banking is protected, promoted, and supported as an extension of national breast-feeding policies, milk banking is considered a reasonable and effective part of health-care delivery for babies (Arnold, 2006a).

The American Academy of Pediatrics (2005) strongly endorses that human milk is species-specific and the optimal nutrition for babies, and that banked human milk is a suitable alternative. In 2009, there were more than 300 banks all over the world in about 38 countries (Ramli, Ibrahim, & Hans, 2010). Breast milk is the best choice to feed premature and ill babies, although when there is not enough mother milk available donor breast milk is the best alternative. Nowadays, Milk Banks are present worldwide (Vázquez Román et al., 2009).

Wet-nursing is a well-known and long-established method of feeding babies in Muslim societies. The donor mother is usually a relative or a family friend who knows the recipient baby's family. The requirement for wet-nursing in Muslim societies is that the family of the recipient knows the donor. This is based on the religious belief that the person who provides donor milk for a baby is considered to be maternally

related to the baby. The baby, therefore, would be considered the donor's baby. Marriage between the recipient of the donor milk and the baby of the donor is forbidden. This is why religious practice requires that the donor should know the recipient's family (Al-Naqeeb, Azab, Eliwa, & Mohammed, 2000; Kumbasar, 2007; Ramli et al., 2010). In Turkey, studies about mother's milk banking are in progress in two city hospitals; however, there have been differences of opinion about mother's milk banking. For this reason, the main aim of this study was to determine the knowledge and views of Eastern Anatolian women regarding mother's milk banking.

Methods

Participants

This descriptive research was conducted between March and May 2009. The study population comprised married women aged 15–49 years who had given birth and who were registered with a family health centre in Erzurum, Turkey. Included in the research were 350 women who came to the family health centre for any reason (to vaccinate their babies, to be examined, etc.) and agreed to participate. Of the women participating in research, 41.7% were in the 26–35 year age group, 67.1% were in a nuclear family, 72.3% had graduated from primary school, 81.1% were housewives, and 89.7% were breast-feeding their babies.

Data collection

The questionnaire was developed by the researchers. The questionnaire included open-ended and closed questions regarding the descriptive characteristics and about knowledge and views of mothers on milk banking. The items were evaluated by two experienced nurse educators for content and clarity. Before the study data collection began, the researchers pilot-tested the questionnaire on a sample of 10 women, necessary revisions were subsequently made, and these data were not included in the study.

The questionnaire was completed by the women individually. All participants were able to read and complete the questionnaire, which took about 10 min. After asking the women whether they had any knowledge about mother's milk banking, a short explanation about what mother's milk banking is and how it works was provided. The explanation contained the following subtopics; what is a milk bank? How do they work? How is the milk obtained? How is the obtained milk maintained? How is it delivered? Who can give milk to the bank? and Who can receive milk from the bank?

Data analysis

SPSS Software Programme, version 11.5 for Windows was used for the data analysis. Statistical analyses were based on percentages and mean \pm SD for demographics tests.

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