



## Quality of life of mothers at the sixth week and sixth month post partum and type of infant feeding

José Matías Triviño-Juárez, MD, MPH (Physician)<sup>a,\*</sup>,  
Beatriz Nieto-Pereda, MD, MPH (Physician)<sup>a</sup>, Dulce Romero-Ayuso, PhD (Professor)<sup>b</sup>,  
Begoña Arruti-Sevilla, CNM (Midwife)<sup>c</sup>, Beatriz Avilés-Gámez, CNM (Midwife)<sup>c</sup>,  
Maria João Forjaz, PhD (Scientific Researcher)<sup>d</sup>,  
Cristina Oliver-Barrecheguren, MD (Physician)<sup>e</sup>, Sonia Mellizo-Díaz, RN (Nurse)<sup>e</sup>,  
Consuelo Soto-Lucía, CNM (Midwife)<sup>e</sup>, Rosa Plá-Mestre, MD, MPH (Physician)<sup>a</sup>

<sup>a</sup> Preventive Medicine Service, Hospital General Universitario Gregorio Marañón, Gregorio Marañón Health Research Institute (IiSGM), Madrid, Spain

<sup>b</sup> Department of Psychology, Castilla-La Mancha University, Talavera de la Reina, Toledo, Spain

<sup>c</sup> Southeast Health District, Madrid Health Service, Spain

<sup>d</sup> National School of Public Health, Carlos III Institute of Health and REDISSEC, Carlos III Institute of Health, Madrid, Spain

<sup>e</sup> Obstetrics and Gynecology Service, Hospital General Universitario Gregorio Marañón, Gregorio Marañón Health Research Institute (IiSGM), Madrid, Spain

### ARTICLE INFO

#### Article history:

Received 2 April 2015

Received in revised form

26 October 2015

Accepted 1 November 2015

#### Keywords:

Breast feeding

Quality of life

SF-36

Longitudinal study

### ABSTRACT

**Introduction:** there is little scientific evidence on the relationship between maternal quality of life and type of infant feeding. The purpose of this study was to determine if there were differences in mother's quality of life by type of infant feeding.

**Material and methods:** longitudinal prospective study with 364 women who gave birth at a public hospital at Madrid, Spain, between February and October 2013. To be included, the participants had to be a healthy primigravida aged 18–45 years who gave birth to a healthy newborn with a gestational age between 36 and 42 completed weeks, regardless of birth type. The hospital interviews were performed between 36 and 48 hours post partum in women who had case of vaginal/instrumental births and 60–72 hours post partum for women who had a caesarean birth. Telephone interviews were conducted at the sixth week and sixth month post partum, and included the SF-36 to measure quality of life. SF-36 scores were compared between breast feeding and artificial milk feeding. We also analysed the longitudinal change in SF-36 scores in both groups.

**Results:** at the sixth week post partum, regardless of the infant feeding modality, an increased mental health score was recorded for mothers who reported that their children ate and slept well and for those who did not go to the emergency hospital service because of concern over their baby's health. No significant differences in quality of life were found between the two groups at six months post partum. Between the sixth week and sixth month post partum, quality of life improved significantly in both groups.

**Discussion:** at the sixth week post partum, the proportion of children who ate and slept well and did not have to attend in an emergency hospital service was higher in the breast feeding group. This observation was associated with greater maternal quality of life. This positive indirect relationship between breast feeding and quality of life should be considered an additional maternal health benefit in the short term.

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### Introduction

Breast feeding is the most natural and healthy form of infant feeding during the first years of life (Mortazavi et al., 2014a). The

benefits it provides for maternal and infant health in the short and long terms (Ladomenou et al., 2010; Tarrant et al., 2010) are maximised when the child is breast fed exclusively (Kramer and Kakuma, 2004). The World Health Organization (WHO) recommends exclusive breast feeding during the first six months of life and breast feeding complemented by appropriate foods until two years of age or older (WHO, 2003).

There is evidence that breast feeding promotes the bond between mother and child as well as the psychological well-being

\* Correspondence to: Preventive Medicine Service, Hospital General Universitario Gregorio Marañón, Doctor Esquerdo, 46, 28007 Madrid, Spain.

E-mail address: [josematias.trivino@salud.madrid.org](mailto:josematias.trivino@salud.madrid.org) (J.M. Triviño-Juárez).

of children (Reynolds, 2001; Rao et al., 2002; Feldman and Eidelman, 2003; Chen et al., 2007). For many women, breast feeding is a significant element in the experience and expertise of motherhood (Schmied and Lupton, 2001; Zubaran and Foresti, 2011), and many mothers successfully breast feed their children despite difficulties in starting breast feeding (Mortazavi et al., 2014). For others, however, the breast feeding experience can be disruptive and unpleasant (Schmied and Barclay, 1999; Schmied and Lupton, 2001) and coping with associated problems, such as perception of insufficient milk supply, nipple and/or breast pain, difficulty combining childcare and housework with breast feeding in the early post partum weeks, may be difficult from both a physical and an emotional standpoint (Schmied and Barclay, 1999; Mortazavi et al., 2014a).

Other factors that influence how mothers experience breast feeding include the baby's health, relationships with family, socio-economic status, and living conditions (Zubaran and Foresti, 2011) as well as employment status. In addition, during the post partum and breast feeding periods, mothers tend to experience significant changes in their physical and emotional health that may interfere with the continuity of breast feeding (Zubaran and Foresti, 2011).

Health-related quality of life is a broad concept that includes both physical and mental aspects (Schwartzmann, 2003). It is a construct based on the degree of satisfaction of a person with his or her physical condition, emotional state, and family and social life and on the meaning the individual attributes to his or her life (Schwartzmann, 2003). While there is a large body of literature on quality of life in the postpartum period (Jansen et al., 2007; Torkan et al., 2009; Mogos et al., 2013), there is little scientific evidence on possible changes in quality of life experienced by mothers during infant feeding. However, there are many factors that can interfere with quality of life and the experience of breast feeding, including sociodemographic, health and cultural (Kelly et al., 2006; Chen et al., 2007, 2011; Zubaran and Foresti, 2011; Mortazavi et al., 2014a).

In Spain, women are followed by a gynecologist, midwife or primary care physician during pregnancy, having at least three monitoring visits. The vast majority of women gives birth at public hospitals or private clinics, and most deliveries are medicalized. The rate of caesarean sections and episiotomy was 26.3% and 43%, respectively, in 2010 (EURO-PERISTAT, 2013). For vaginal/instrumental births and caesarean births, if the mother and infant are healthy, they usually stay at the hospital for 48 hours after birth (72 hours after a caesarian section). The mother receives a scheduled review, performed by the primary care midwife between seven-ten days post partum. There is also a scheduled review of the newborn, conducted by the primary care paediatrician, within the first week of life, followed by monthly reviews. Maternity payed leave for working mothers is 16 weeks for women with non-multiple births (Castro-García and Pazos-Morán, 2007). After this time, working mothers have several options: some extend their maternity leave with unpaid leave, whereas others return to work full- or part-time. The care of the infant when the mother is working is provided at a daycare centre or at home by a housemaid or grandparents. These cultural aspects should be taken into account when studying the mother's quality of life in relation to infant feeding options.

In 2013, in Spain, the average age of mothers who gave the first birth was 30.42 years old (INE, 2013b). The 2011–2012 National Health Survey reported that the proportion of children who were fed exclusively with breast milk at six weeks was 66.19% (INE, 2013a). The 2012 Annual Report of the National Health System presented that the proportion of children fed at six months with breast milk exclusively and in combination with artificial milk or other foods was 47% (Ministerio de Sanidad, 2012). At the 6th

week post partum (and also the 6th month), the proportion of children who were fed exclusively with breast milk, breast milk in combination with infant artificial milk and exclusively with infant artificial milk was similar in the different socio-economic levels (INE, 2013a).

Therefore, we explored differences in quality of life between the sixth week and sixth month post partum in mothers who chose different types of feeding. We also studied the quality of life of each group between the sixth week and sixth month post partum using a longitudinal approach. To our knowledge, this is the first longitudinal study on the relationship between quality of life and type of infant feeding.

## Material and methods

### Design

We performed an observational, longitudinal, prospective study.

### Participants

The participants were women who gave birth at Gregorio Marañón Maternity Hospital, a public hospital in Madrid, Spain. This hospital is in accreditation process by the Initiative for the Humanizing of Assistance for Birth and Breastfeeding (IHAN), part of the international project 'Baby Friendly Hospital Initiation', promoted by WHO and UNICEF (WHO & UNICEF, 2009).

The recruitment was performed between February and October 2013, and the number of women that fulfilled the inclusion criteria was 378. They were invited to participate in the study, but 14 refused. So, the initial study sample was comprised of 364 women.

The selection was made using non-probability convenience sampling. To be included, the women had to be a healthy primigravida aged 18–45 years who gave birth to a healthy newborn with a gestational age between 36 and 42 completed weeks, regardless of the type of birth. The screening of healthy mothers and newborns, for their recruitment, was based on the hospital interview (we asked about medical, surgical, psychiatric and psychological history and use of medication) and review of their hospital records. In addition, women had to be able to speak Spanish. Women who had given birth to a healthy newborn but whose child was subsequently admitted to the neonatology unit were excluded.

### Comparison groups

Considering the WHO criteria for infant feeding practices (WHO, 2008), we defined two study groups at six weeks and six months: at the sixth week, the breast feeding group consisted of mothers who were breast feeding exclusively and mothers who combined breast feeding with one or more intakes of artificial milk feeding; the artificial milk feeding group consisted of mothers who fed their children exclusively with infant artificial milk. At the sixth month, these criteria were maintained with the possibility, in one group or the other, of including liquid food or semi-liquid foods other than breast feeding and infant artificial milk.

### Data collection and instruments

The recruitment of women and the administration of the hospital interviews were conducted by two doctors, a midwife and a hospital nurse, at Gregorio Marañón Maternity Hospital. The hospital interview was performed between 36 and 48 hours post partum in case of vaginal/instrumental deliveries and 60 and 72

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