

Pregnant Women's Opinions About Breast Milk And Breastfeeding Myths

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Abstract: Beliefs lack of scientific value are defined as myths. Health workers have an important role in the identification and in the removal of myths related to breast milk and breastfeeding.

The study is a descriptive type. 425 pregnant women who presented to a hospital's antenatal clinic in Sivas between 15 December 2014 and 15 February 2015 were included. The questionnaire was applied as a face-to-face interview method. Data were evaluated by using SPSS 14.0.

The average age of pregnant women is 27 ± 5.31 . 84.9% of pregnant women are planning to feed their babies with only human milk for the first six months and 84.7% of them are planning to breastfeed their babies until they're 2 years old. All the pregnant women think that breastfeeding is beneficial for their baby but 92.6% of them think that it is beneficial for themselves. Pregnant women believe in myths. For example, 68.5% of them believe that breast milk or formula amount given to baby determines breastfeeding frequency, 95.8% of them believe that insufficient milk production is usually due to stress, fatigue and inadequate fluid and food intake, 92.9% of them believe that each time before breastfeeding, mothers should wash their nipples.

It is thought that by determining pregnant women's myths regarding to breast milk and breastfeeding process, by evaluating and by eliminating the ones with negative effects, contribution can be made to protect, maintain and improve mother, baby, family and community health.

Key words: Pregnancy, breastfeeding, myths

INTRODUCTION

The importance of breastfeeding in terms of infant and child health is recognized by all world countries. In Convention On the Rights of the Children signed and implemented by many countries including Turkey, as one of the most fundamental rights of children "nutrition right" and the "nutrition right with breast milk" are emphasized (Unicef, 2013). Developed by the World Health Organization and launched in 1980s "Child Survival Programs" has been regarded as services that will make the maximum contribution to the health of children. Breastfeeding is an important part of the program also known as GOBI-FFF. Although breastfeeding is a common practise in our country, the rate of feeding only with breast milk for the first six months is low (TNSA,2003, 2008). While the rate of infants fed only with breast milk for the first six months is 41.6%, the rate of infants fed with nutrient other than breast milk is 23.2% (TNSA,2008).In Turkey, the rate of feeding only with breast milk for 4-6 months is 62.5% (TBSA,2010). In TNSA 2013 data, feeding only with breast milk for the first 6 months has dropped from 40.4% to 30.1% (TNSA,2013).

In many societies in the world, the perception of pregnancy, birth and breastfeeding periods in different social classes are influenced by factors such as the status of women in society, economy, education, lifestyle, taboos, religious beliefs and myths (Russell-Roberts 2015; Ünal & Şentürk 2009). Especially knowing beliefs and myths of the individual, the family and the society's on the process of breastmilk and breastfeeding; assessment of the positive or

negative impacts of these myths on pregnancy, childbirth and breastfeeding processes; elimination of myths causing negative effects will contribute to have healthy perinatal period (Efe,2006).

All cultures in the world have their own myths about breastfeeding (common misconceptions). Breastfeeding myths can be harmful because they are an obstacle to successful breastfeeding experience of mother and baby. It is not known exactly where all these myths come from but beyond these myths, the important point is to have a successful breastfeeding experience. Knowing myths of pregnant women on the process of breast milk and breastfeeding; assessment of the positive or negative impacts of these myths on breast milk and breastfeeding; elimination of myths causing negative effects will contribute positively to newborn nutrition.

Health professionals have important tasks at the point of elimination of myths about breast milk and breastfeeding of pregnant women. The research was planned to determine pregnant women's thoughts on breast milk and breastfeeding myths.

MATERIAL AND METHOD

The research was conducted as a descriptive study in Sivas State Hospital's pregnancy clinics. The population of the study consists of pregnant women presented to Sivas State Hospital pregnancy clinics between 15 December 2014 and 15 February 2015. Literate pregnant women, the ones who

do not have communication and perception defects and healthy pregnant women agreed to participate in the study were included. Sample selection was not made and all the universe was tried to be achieved. A total of 425 pregnant women meeting the criteria for the research and who agreed to participate were included in the study. Research data were collected using questionnaires developed in line with the literature through face-to-face interview method. The data of this research were collected by "Pregnants Introductory Information Form" (Yurtsal, 2014) and "Breast Milk and Breastfeeding Myths Form" (Wyss&Wyss, 2014; Womens Care, 2014; Newman, 2014). For the implementation of the study, Ethics Committee approval was taken from Cumhuriyet University Non-Invasive Clinical Research Ethics Committee. The evaluation of research data was made using percentage distribution in statistical package SPSS for Windows 14.0 program.

FINDINGS

The average age of pregnant women in the study is 27 ± 5.31 . 31.1% of them are high school graduates, 15.5% of them are working, 77.9% of them are living in the city center. Some sociodemographic characteristics of pregnant women are shown in Table 1.

Table 1. The Distribution of Some Sociodemographic Characteristics of Pregnant Women (n=425)

Characteristics	Number	%
Educational Status		
Primary school	80	18.8
Secondary school	121	28.5
High school	132	31.1
University	92	21.6
Job Status		
Working	66	15.5
Not working	359	84.5
Health Insurance		
Available	414	97.4
Not available	11	2.6
Income Status		
999 TL and less	61	14.4
1000-1999 TL	145	34.1
2000-2099 TL	124	29.2
3000 TL and more	95	22.4
Residence		
Village	42	9.9
County	52	12.2
Province	331	77.9
Total	425	100.0

85.2% of pregnant women have a planned pregnancy, 79.8% of them are in the third trimester of pregnancy, 42.6% of them have their first pregnancy. Some characteristics of pregnant women regarding pregnancy and controls are shown in Table 2.

Table 1. The Distribution of Characteristics of Pregnant Women Regarding Pregnancy and Controls (n=425)

Characteristics	Number	%
Planned Pregnancy		
Yes	362	85.2
No	63	14.8
Number of Pregnancies		
1	181	42.6
2	114	26.8
3	82	19.3
4 and more	48	11.3
Number of Health Check in Pregnancy		
10 and less	257	60.5
11 and more	168	39.5
The Place Where Controls Are Done		
State Hospital	425	100.0
Private Hospital	0	0.0
Having Health Problem in Pregnancy		
Yes	102	24.0
No	323	76.0
Total	425	100.0

While all pregnant women consider breastfeeding, 84.9% of them consider feeding with only breast milk for the first six months and 84.7% of them consider breastfeeding until their infants are 2 years old. 41.4% of pregnant women get information about breast milk and 40.0% of those who get information obtain them from midwives. While all pregnant women consider that breastfeeding is beneficial for the baby, 92.6% of them consider it is beneficial for the mother. 39.3% of them consider using pacifier, 22.8% of them consider using feeding bottle. Opinions of pregnant women about breastfeeding and breast milk are given in Table 3.

Table 3. The Distribution of Characteristics of Pregnant Women Regarding Breast Milk and Breastfeeding (n=425)

Characteristics	Number	%
Considering Breastfeeding		
Yes	425	100.0
No	0	0.0
Feeding Time With Only Breast Milk/Month		
5 months and less	64	15.1
6 months	361	84.9
Total Breastfeeding Time/Age		
1.5 ages and less	39	9.2
2 ages and more	386	90.8
Getting Information About Breast Milk		
Yes	176	41.4
No	249	58.6
From Whom The Information Get		
Doctor	2	0.5
Midwife	170	40.0
Nurse	4	0.9
Benefits of Breastfeeding for Mother		
Yes	409	96.2
No	16	3.8
Benefits of Breastfeeding for Baby		
Yes	425	100.0
No	0	0.0
Using Bottle		
Yes	97	22.8
No	328	77.2
Using Pacifier		
Yes	167	39.3
No	258	60.7
Total	425	100.0

68.5% of pregnant women believe that breast milk or formula amount given to baby determines breastfeeding frequency, 95.8% of them believe that insufficient milk production is usually due to stress, fatigue and inadequate fluid and food intake, 92.9% of them believe that each time before breastfeeding mothers should wash their nipples.

Opinions of pregnant women about myths of breast milk and breastfeeding are given in Table 4.

Tablo 4. The Distribution of Myths of Pregnant Women Regarding Breast Milk and Breastfeeding(n=425)

Myths	Yes		No		Total	
	N	%	N	%	N	%
It takes a certain time for the refill of breast milk of breastfeeding mothers.	205	48.2	220	51.8	425	100.0
The amount of breast milk or formula baby takes determine the baby's breastfeeding frequency.	291	68.5	134	31.5	425	100.0
If the baby does not get enough weight, the quality of breast milk is low.	226	53.2	199	46.8	425	100.0
Insufficient milk production is due to fatigue, inadequate fluid and food intake.	407	95.8	18	4.2	425	100.0
Most women can not produce enough milk.	256	60.2	169	39.8	425	100.0
The first 3-4 days after birth, sufficient milk can not be produced.	319	75.1	106	24.9	425	100.0
Mother should wash her nipples each time before feeding the baby.	395	92.9	30	7.1	425	100.0
Milking is a good way to understand how much milk she has.	238	56.0	187	44.0	425	100.0
The mother whose nipples are bleeding should not breastfeed.	202	47.5	223	52.5	425	100.0
Women who are breastfeeding can not use birth control pill.	234	55.1	191	44.9	425	100.0
Women who become pregnant while breastfeeding should stop breastfeeding.	254	59.8	171	40.2	425	100.0
Formula campaign products do not affect the length of the duration of breastfeeding.	277	65.2	148	34.8	425	100.0

DISCUSSION

Feeding with breast milk or breastfeeding is not a process concern only mother and baby. For the initiation and continuation of successful breastfeeding, mothers must be supported by family, community, and health care team during pregnancy and in the period following the birth (McLachlan&Forster, 2006).

In the present study, all pregnant women participated in the study were found to be willing to breastfeed their babies. Yurtsal(2014) stated in her study that all pregnant women wish to breastfeed. When the research result is compared to literature, it can be clearly seen that pregnant women wish to breastfeed in postpartum period. According to TNSA 2013 data, percentage of children started to be breastfed and breastfed for a while is 96.0% . Pregnant women are clearly seen that they are ready to breastfeed. In this case, it can be said that breastfeeding rates can be increased by providing sufficient professional support.

Babies should be fed only with breast milk for the first six months to be able to benefit from breast milk's advantages (Unicef, 2012). In our study, that 84.9% of pregnant women stated that the duration of feeding only with breast milk is the first 6 months is noteworthy. The vast majority of pregnant women seem to know the duration of breastfeeding. This result is believed to be originated from health workers who informed pregnant women as breast milk should be given only for the first 6 months. Furthermore, that 90.8% of pregnant women stated the total duration of breastfeeding is 2 years and more is another striking finding. Pregnant women knowing these durations

correctly is expected to make a positive contribution to increase the rate of feeding only breast milk for the first 6 months and total breastfeeding duration.

In the present study, when getting information about breast milk and breastfeeding during pregnancy are examined, it was found that only 41.4% of women get information. In the study of Vefikuluçay and Terzioğlu, 46% of women and in Işık Koç and Tezcan's study, 39.9% of women were found to get information about breastfeeding during pregnancy (Vefikuluçay& Terzioğlu 2005; Işık Koç & Tezcan 2005). In our study, it is observed that the rate of ones who got information about breastfeeding during pregnancy is compatible with other studies' results. This compatibility is thought-provoking and alarming because almost 10 years have passed since the collection of other study data.

The routine care given by physicians working in primary care, home visits by nurses and midwives are indicated to increase breastfeeding initiation rates of (Brodribb et al., 2007; Karp et al., 2013).When pregnant women are examined for from whom they get information about breast milk and breastfeeding, 40.0% of them from midwives, 0.9% of them from nurses and 0.5% of them were found to get information from physicians. In our country, antenatal care services are provided at Family Health Centers. This striking result is believed to be caused by midwives who are primarily responsible for the provision of antenatal care services at family health centers.

When compared to babies who are not bottlefed, in babies who are fed with bottle, there has been shown to be nipple confusion and breastfeeding has been shown to be of shorter duration in broadcasts (Reeder, 2013; Merewood et

al.,2013). Yurtsal has found in her study that the pregnant women in the intervention group in prenatal period do not think about using bottle and 97.4% of them in the control group are planning on using (Yurtsal, 2014). In our study, 22.8% of pregnant women are planning on using a bottle during the postpartum period. Compared with the literature, in our study it is observed that the rate of using bottle is lower.

Besides, World Health Organization(WHO) does not support the use of pacifier due to the negative effect on breastfeeding (WHO,1989). Yurtsal(2014) found in her study that all the women in the intervention group do not planning on using pacifier during antenatal period, 97.4% of those in the control group are planning on using. In our study, 39.3% of pregnant women has been found to consider using pacifier. It is noteworthy that the rate of pacifier use is lower in our study.

In our country, low rates of breastfeeding only for the first six months are thought to stem from mothers who do not know well enough how to handle problems about breastfeeding process and especially stem from false beliefs and attitudes (Yurtsal, 2014).

In our study, 68.5% of the pregnant women who participated in the research believe in the myth of "the amount of breast milk or baby formula determines the baby's breastfeeding frequency". In the literature, frequency of feeding is stated to change according to age, the newborn sucking ability, the capacity of milk storage and the physiological capacity of stomach. In breast-fed infants, the half emptying time of the stomach is 16-86 min (average 47 min). For this reason, babies who are breastfed be hungry again in about 30-60 min after feeding. Breastfeeding is not common usually in the first days postpartum. Frequency of breastfeeding increases between 3rd and 7th days after birth. Then slowly decreases. During the period of rapid growth, the frequency again increases. There is need to feed the baby 8-12 times per day in the neonatal period. With frequent breastfeeding, nipple fissures decrease, angorjman and milk retention are prevented, more milk is secreted, infant gains weight, jaundice and the risk of hypoglycemia are reduced. Baby must be fed whatever it wants and the breasts should be emptied regularly (Lawrence&Lawrence, 2011; Sears & Sears, 2000).

In our study, 53.2% of pregnant women believes in the myth of "if the baby does not get enough weight, mother's quality of milk is low". In the literature, limiting the duration of breastfeeding is not recommended if there is no medical reason for concern. Limiting the duration of breastfeeding can cause breastfeeding problems. To stimulate the let-down reflex, the baby should breastfeed long enough. Usually after 2-3 minutes the baby starts to suck, mothers may feel let-down reflex. As transfer of milk from mother to infant by sucking differs in mothers, duration of breastfeeding also vary. The average time of breastfeeding should be about 30 minutes or for each breast 10-15 minutes. Mothers should be informed that pre-milk is more watery and relieves the baby's thirst, back milk is rich in milk fat, weight gainer and saturator for babies. If the duration of breastfeeding is too short, the baby can not get the back milk. Babies who can

not get enough back milk are often uneasy and may not gain sufficient weight. For this reason, the baby should be breastfed until it gets the back milk (Lawrence&Lawrence, 2011; Sears & Sears, 2000).

In our study, 95.8% of pregnant women were found to believe in the myth of "Insufficient milk secretion is due to fatigue, inadequate fluid and food intake". In the literature, it is stated that insufficient milk secretion can be caused by anatomical, physiological, psychological and pathological reasons. Anatomical reasons are lack of sufficient glandular development of breast tissue and damaged nerves in the nipples and milk ducts in breast reduction or augmentation surgeries. Physiological reasons can be limitation of the duration and frequency of breastfeeding, skipping night meals and supplementary food intake. Psychological reasons are heavy stress, shame and pain. All of these increases the production of epinephrine. Epinephrine contracts blood vessels and decreases release of oxytocin hormone which allows let-down reflex. Pathological reasons are associated with endocrine problems. In Sheehan syndrome developing due to severe postpartum hemorrhage, pituitary hormones are secreted insufficiently. Milk production and excretion may not be provided. Besides, anemia, smoking, ergot preparations and the use of diuretic drugs also reduces milk production (Sears & Sears, 2000; Eryılmaz, 2008). Mothers with physiological problems should often breastfeed and must not give any supplementary food. Mothers with inadequate milk secretion due to anatomical and pathological reasons should provide supplementray nutrients with breastfeeding to ensure optimal growth of the baby (Sears & Sears, 2000; Eryılmaz, 2008).

In our study, 75.1% of pregnant women were found to believe in the myth of "There is nosufficient milk in the first 3-4 days after birth". Literature shows that newborns are well hydrated through the placenta at birth. Feeding with colostrum in small quantities (5-15 ml) is seen that it is physiologically appropriate for the size of the baby's stomach, sufficient to prevent hypoglycaemia (Williams, 1997) and make it easier for babies to learn how to coordinate sucking, swallowing and breathing (Howard et al, 1999).

In our study, 60.2% of pregnant women believe in the myth of "Most women can't produce enough milk". The literature suggests that the majority of women can produce more than enough milk. Mothers may think that babies do not get enough breastmilk for babies not gain enough weight or losing weight. However, the reason for this is that the baby is not getting enough milk from the breast. The main problem is due to the baby not correctly placed and because of this not be able to to get enough milk. Therefore, especially in the early days, the mother should be taught how to place the baby to breast correctly (Newman, 2014). Studies noted that most often encountered problem by mothers is the concern of insufficient milk (Bolat et al., 2011; Şahin et al.,2013).

In our study, 92.9% of pregnant women believe in the myth of "Mother should wash her nipples each time before breastfeeding". In the literature, it is stated that mothers should be educated about washing hands before breastfeeding. Clearing nipples with warm water and having

baths daily during the breastfeeding period are required to keep breasts clean (Lawrence&Lawrence, 2011; Sears & Sears, 2000).

In our study, 56.0% of pregnant women believe in the myth of "Milking is a good way to understand how much milk mother has". In the literature, it is stated that how much milk mother can milk depends on many factors. The best way to empty breast is baby's sucking. Milk acquired when mother milks her breasts may indicate that mother has milk to milk (Newman, 2014).

In our study, 65.2% of pregnant women believe in the myth of "Formula campaign products do not affect the duration of breastfeeding". In the literature, early initiation of nutritional supplements has a negative impact on breast milk and the duration of breastfeeding. According to TNSA-2008 data, while onset rate of breast milk is 98%, in the 2. month 69% of infants only fed with breast milk, in the 3. month 42% of them, in the 5. month 23% of them get only breast milk (TNSA, 2008). In addition, studies have shown that rate of feeding only breast milk for the first six months is lower and those who bottlefed their babies have shorter duration of breastfeeding (Lawrence&Lawrence, 2011; Giray, 2004).

RESULTS

By determining pregnant women's myths regarding to breast milk and breastfeeding process in prenatal period and by breastfeeding trainings and consultancies provided by conscious health professionals, rates of first breastfeeding time and feeding with only breast milk for the first 6 months are expected to increase. Continuation and promotion of breastmilk and breastfeeding will contribute to protect, maintain and improve mother, baby, family and community health.

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