

Chapter 2

SUCCESSFULLY BREASTFEEDING IN PRETERM BABIES: A SYSTEMATIC REVIEW

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INTRODUCTION

Preterm is defined as babies born alive before 37 weeks of pregnancy are completed. There are sub-categories of preterm birth, based on gestational age: extremely preterm (<28 weeks), very preterm (28 to <32 weeks) and moderate to late preterm (32 to <37 weeks). An estimated 15 million babies are born too soon every year (WHO, 2013). The increase in preterm birth rates in recent years can be largely attributed to an increase in births (Nagulesapillai et al., 2013). Preterm infants are at high risk of several morbidities because of their undeveloped and immature nervous, respiratory, gastrointestinal, and immune systems. Although they may look just like small versions of full-term babies, they differ greatly in the way they adapt to extrauterine life, putting them at risk not only for immediate short-term consequences but long-lasting and devastating sequelae (Cole, 2014).

The advantage of breastfeeding are numerous (Isaacson, 2006). Breastfeeding is one of the greatest gifts a mother can give to her newborn baby continue to adapt to life outside the womb. (AAP, 2012). Although the benefits associated with breastfeeding for infants and mothers are well documented, the rates of exclusive breastfeeding at 4 to 6 months are far from optimal in many countries, including Turkey. Feeding difficulties are common in the preterm infant (<37 weeks of gestation) (Geddes, Hartmann & Jones, 2013). Although breastfeeding is considered a natural act, it is not always an easy one for mothers and premature infants to establish and maintain (Isaacson, 2006).

Preterm birth is a risk factor for early discontinuation of breastfeeding along with other known factors such as maternal age, income, education, smoking, physical and mental health problems. The mechanisms underlying the associations

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in the preterm group, there was an association between older mothers and married mothers and an absence of questions and concerns about breastfeeding. In the literature it is generally seen that young mothers who have preterm babies have concerns about breastfeeding. In this study, on the contrary, older mothers were stated to have concerns, and related to the birth weight of their preterm babies lower than 2500 grams; they had lack of maternal confidence and low self esteem in breastfeeding (Padovani et al., 2011).

CONCLUSION

The purpose of this article is to review the recent studies that have provided an evidence base for practical practice. Nine (9) studies met the inclusion criteria for the objective of this systematic review. The review provided information on the successfully breastfeeding initiation of three categories-breastfeeding initiation and affecting factors, the establishment of breastfeeding and affecting factors, breastfeeding duration and affecting factors. In the literature studied within the scope of these categories, it was found out that factors such as type of birth, hospitalization of the preterm baby in NICU, mother's smoking and drug administration or her health problems affect the establishment of breastfeeding. It was emphasized that the education level of the mother, number of pregnancies, mother's psychosocial status and the period of maternal leave were all important factors in the establishment of breastfeeding after delivery. It was also expressed that the mother's education, economic and social status, her smoking, the level of preterm and newborn's hospitalization were all affecting factors in the duration of breastfeeding. As a result, it was determined that breastfeeding success of mothers who have premature babies was affected by various factors. It would be helpful and guiding for mothers if they knew the factors affecting breastfeeding either negatively or positively, and it would contribute to breastfeeding success. Further studies are needed for successful breastfeeding. Evidence-based information and management strategies help mothers attain successfully breastfeeding skills.

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