

The Impact of Maternity Bag Contents on Infant Breastfeeding

Doğum Çantasının İçeriğinin Bebeklerin Anne Sütüyle Beslenme Üzerine Etkisi

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ABSTRACT

The aim of this study is to determine the effect of breastfeeding disruptors found in the maternity bag such as pacifiers, bottles, silicone nipple shields, etc., on exclusive breastfeeding at the 3rd month. In a cross-sectional descriptive study, face-to-face surveys were conducted with 387 mothers in postnatal services of Samsun Maternity and Children's Hospital between May 2-June 30 2023. The socio-demographic characteristics of mothers and the presence of bottles, pacifiers, silicone nipple shields in their maternity bags, which could affect breastfeeding, were evaluated. In maternity bags, 67.3% (n:255) had bottles, 63.9% (n:242) had pacifiers, 21.6% (n:82) had formula milk, 15.6% (n:59) had silicone nipple shields, and 31.1% (n:118) had breast pumps. The effect of the maternity bag contents on exclusive breastfeeding at 3 months was evaluated through logistic regression analysis. The risk of not exclusively breastfeeding at 3 months was 1.9 times higher in mothers with bottles compared to those without bottles, 1.6 times higher in mothers with pacifiers compared to those without pacifiers, and 2.5 times higher in mothers with formula compared to those without formula. The presence of pacifiers, bottles, formula milk, and silicone nipple shields in the maternity bag has a negative impact on breastfeeding. Therefore, it is necessary to draw attention to this issue during antenatal education sessions to prevent mothers from including breastfeeding deterrents in their maternity bags.

Keywords: Breastfeeding, Bottle, Pacifier, Silicone nipple shield

ÖZ

Bu çalışmanın amacı doğum çantasında bulundurulmuş emzik, biberon, formül süt, silikon meme başı gibi emzirme çeldiricilerinin bebeklerin 3. aydaki sadece anne sütüyle beslenmesine olan etkilerini değerlendirmektir. Kesitsel tanımlayıcı tipte planlanan araştırmada, Samsun Kadın Doğum ve Çocuk Hastanesinde 02 Mayıs-30 Haziran 2023 tarihlerinde 387 anneye doğum sonu servislerinde yüz-yüze anket uygulandı. Annelerin sosyodemografik özellikleri ve doğum çantalarında bulunan emzirmeyi etkileyebilecek biberon, emzik, silikon meme ucu bulundurmaları ve doğum sonunda bebeklerde kullanımı ve anne sütüyle beslenmeye etkisi değerlendirildi. Doğum çantalarının %67,3'ünde (n:255) biberon, %63,9'unda (n:242) emzik, %21,6'sında (n:82) formül süt, %15,6 'sında (n:59) silikon meme başı ve %31,1 'i (n:118) süt sağma pompası yer almaktaydı. Doğum çantasının içeriğinin 3. ayda sadece anne sütüyle beslenmeye etkisi lojistik regresyon analizi ile değerlendirildi. Biberon bulunduranlarda 3. ayda sadece anne sütü ile beslememe riski biberon bulundurmaya göre 1.9 kat, emzik bulunduranlarda, emzik bulundurmaya göre 1.6 kat, formül bulunduranlarda formül bulundurmaya göre 2.5 kat yüksek bulundu. Annelerin doğum çantası içeriğinde yer alan emzik, biberon, formül süt ve silikon meme başının bebeklerin anne sütüyle beslenmesi üzerine olumsuz etkilerinin olduğu saptanmıştır. Bu nedenle henüz gebelik döneminde, annelere verilen eğitimlerde, bu konuya dikkat çekilerek annelerin emzirme çeldiricilerinin doğum çantalarında yer almasının önüne geçilmesi gerekmektedir.

Anahtar Kelimeler: Anne sütü, Biberon, Emzik, Silikon meme başı

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INTRODUCTION

The World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months of life, followed by continued breastfeeding with appropriate complementary foods for up to 2 years or beyond.¹ This feeding practice has been demonstrated to reduce mortality and morbidity in infants. Breastfeeding reduces the risk of infection-related illnesses such as lower respiratory tract infections, diarrhea, and acute otitis media, while also decreasing the prevalence of chronic diseases like asthma and childhood obesity. Additionally, breastfeeding mothers also experience reduced risks of breast, ovarian, and thyroid cancers.²

According to the Turkey Demographic and Health Surveys, breastfeeding rates decline with age. Exclusive breastfeeding within the first month stands at 59%, decreasing to 45% between 2-3 months, and further declining to 14% between 4-5 months. Bottle feeding is also prevalent in Turkey with bottle usage found to be 31% in infants under two months old.³

There are many factors that influence exclusive breastfeeding in infants during the

first 6 months. These include the mother's age, level of education, receiving breastfeeding education, initiating breastfeeding within the first hour after birth, as well as the use of pacifiers and bottles.⁴ It has been shown that the use of silicone nipple shields in the early postpartum period also negatively affects the duration of exclusive breastfeeding.⁵ WHO does not recommend the use of pacifiers, bottles, and nipple shields.¹ According to the Prenatal Care Management Guide prepared by the Ministry of Health in Turkey counseling on the importance of breastfeeding and maternal milk is recommended during the 3rd and 4th antenatal visits.⁶ In addition, prenatal schools where mothers can receive education on pregnancy, childbirth, and newborn care are also available in hospitals or community health centers.⁷

In this study, the aim was to determine the effect of breastfeeding disruptors found in the maternity bag such as pacifiers, bottles, silicone nipple shields, etc., on exclusive breastfeeding at the 3rd month.

MATERIAL AND METHODS

Study Design

The study was designed as a cross-sectional face-to-face survey. Mothers who gave birth at the hospital in May 2-June 30 2023 were approached within 24-48 hours after delivery. After providing information about the research, written consent were obtained from mothers who volunteered to participate. Mothers under the age of eighteen, those requiring an interpreter for communication, those with contraindications to breastfeeding, and mothers whose babies were admitted to the neonatal intensive care unit were not included in the study.

Data Collection

A survey consisting of 16 questions, administered face-to-face by the researcher, took approximately 10 minutes. Three

months later, telephone interviews were conducted with the mothers, during which questions about the feeding characteristics of the babies at the 3rd month were asked.

Mothers were asked questions regarding their socio-demographic characteristics, whether they received education at prenatal schools or during antenatal care, whether they received breastfeeding support after delivery, how long they intended to breastfeed their babies, and about the breastfeeding disruptors found in their maternity bags. The feeding status of the babies before discharge was recorded. When the babies were 3 months old, mothers were asked about how they fed their babies. Exclusively breastfeeding defined is meaning no other foods or liquids are provided, including water. For those feeding their

babies with formula milk, it was determined whose recommendation they followed to start formula feeding. Mothers experiencing breastfeeding-related issues were informed that they could seek support from the Breastfeeding Relactation Clinic, and the interviews were concluded.

Setting

Samsun Women's, Obstetrics, and Children's Hospital is an institution where approximately 4,000 births occur annually. It received the Baby-Friendly Hospital designation in 2006. The hospital has a prenatal education classroom where voluntary mothers receive antenatal education. Mothers and babies are discharged after 24-48 hours of postnatal ward follow-up. During their stay in the postnatal wards, lactation nurses provide breastfeeding education and support.

Statistical Analysis

Statistical analysis was performed using SPSS software version 21 (SPSS Inc., IBM, NY, USA). Categorical variables were

presented alongside their respective frequencies and percentages, while continuous numerical variables were described by their median values along with the range from minimum to maximum. For continuous variables, an assessment of homogeneity of variances was conducted, alongside an analysis to evaluate normality. For categorical variables, comparison of groups were performed by the Chi-Square test. For continuous variables, comparison of groups were performed by independent samples t-test. To determine associations between the dependent and independent variables we did a binary logistic regression analysis. Odds Ratios (OR) and 95% confidence intervals (CI) were calculated. Statistical significance was defined as p-values below 0.05 ($p < 0.05$).

Ethics

Approval for the study was received from the Samsun University Ethics Committee (Decision date: 26.04.2023, Decision number:2023/8/9)

RESULTS AND DISCUSSION

In this study, face-to-face surveys were conducted with 387 mothers between May 2-June 30 2023. Three months later, the research was completed by reaching 379 individuals through telephone interviews. The average age of the mothers was 28.4 ± 5.6 , and 39% were primiparous. The socio-demographic characteristics of the mothers are presented in Table 1. Mothers were asked about their attendance at prenatal classes during pregnancy and their receipt of information about breastfeeding from midwives or nurses during pregnancy. It was reported that 12.9% (n:49) attended prenatal classes, while 46.7% (n:177) received information about breastfeeding from midwives or nurses. When asked about the ideal duration of breastfeeding, 69.1% of participants (n:262) responded that babies should be breastfed until 2 years of age, 14.5% said for as long as the baby wants, 5% said until 18 months, 6.3% said until 1 year, and 5% said for 6 months.

Table 1. Sociodemographic Characteristics of the Mothers

Characteristics	n	%
Age (ort \pm Std)	28,4 \pm 5,6	
Education		
Illiterate	10	2,6
Primary school	45	11,9
Middle school	111	29,3
High school	120	31,7
University	93	24,5
Employment status		
Yes	67	17,7
No	312	82,3
Family income		
Income<expense	87	23
Income=expense	261	68,9
Income>expense	31	8,2
Number of children		
1	149	39,3
2	118	31,1
3 or above	112	29,6
Participation in antenatal classes		
Yes	49	12,9
No	330	87,1
Breastfeeding education during pregnancy		
Yes	177	46,7
No	202	53,3

Regarding their intention to breastfeed their own babies, 50.1% of mothers planned to breastfeed for as long as the baby wants, 41.7% (n:158) planned to breastfeed until 2 years of age, 2.9% planned to breastfeed until 18 months, 2.9% until 1 year, and 2.4% planned to breastfeed for up to 6 months. When multiparous mothers were asked about their previous breastfeeding experiences, the average duration of breastfeeding for their first child was 12.6 ± 9.09 months, and for their second child, it was 12.67 ± 9.03 months.

When evaluating the maternity bags prepared by mothers for the hospital in terms of breastfeeding disruptors; 67.3% (n:255) included bottles, 63.9% (n:242) included pacifiers, 21.6% (n:82) included formula

milk, 15.6% (n:59) included silicone nipple shields and 31.1% (n:118) included breast pumps. It was found that 63% of babies were given formula milk before discharge. The methods of feeding formula milk to babies were as follows: 42.7% with bottles, 24.5% with spoons, and 9% with syringes. It was observed that some mothers used multiple methods. When comparing the use of formula milk before discharge with the contents of the maternity bag, significant differences were found between including bottles ($p < 0.05$), pacifiers ($p < 0.005$), formula milk ($p < 0.05$), and silicone nipple shields ($p < 0.05$). Mothers who included pacifiers and bottles in their maternity bags were found to have significantly higher use of formula milk before discharge in their babies.

Table 2. The Factors Influencing Formula Milk Usage Before Discharge

Maternity Bag Content	<i>B (SE)</i>	<i>Wald</i>	<i>p</i>	<i>Exp(B)</i>	%95 Confidence Interval	
					<i>Min</i>	<i>Max</i>
Bottle	.46 (.22)	4.32	0.038	1.59	1.02	2.47
Formula	.51 (.27)	3.50	0.061	1.66	0.97	2.84
Pacifier	.60 (.22)	7.46	0.006	1.82	1.18	2.80
Silicone nipple shield	.63 (.32)	3.89	0.049	1.88	1.01	3.52

In the logistic regression analysis conducted to identify the factors influencing formula milk usage before discharge; The model's accuracy rate was found to be 63.1%. The risk of formula milk usage in infants was 1.6 times higher for those whose maternity bags included bottles compared to those without bottles. The risk of formula milk usage in infants was 1.8 times higher for those whose maternity bags included pacifiers compared to those without pacifiers. The risk of formula milk usage in infants was 1.8 times higher for those whose maternity bags included silicone nipple shields compared to those without silicone nipple shields (Table-2).

When babies were 3 months old, it was found that; 54.4% of babies were exclusively breastfed, 35.1% were fed a combination of breast milk and formula milk, 10.6% were exclusively formula-fed. It was learned that 39% of mothers using formula milk (%45.7) started using formula milk themselves (Table-3).

When evaluating the usage status of breastfeeding disruptors at 3 months; 69.7% of babies were using pacifiers, 43.3% were using bottles, 9.8% were continuing to breastfeed with silicone nipple shields. When comparing those exclusively breastfed (EBF) with others at the third month, no significant differences were found in terms of mother's age, education level, employment status, family income or whether the baby was the second child. However, there was a significant difference in the duration of breastfeeding for the first child and in the responses to how long babies should be breastfed ($p < 0.05$,). The rate of exclusive breastfeeding at 3 months was 73% among mothers who believed that babies should be breastfed until 2 years of age, while it was 5.3% among those who believed that babies should be breastfed until 6 months ($p = 0.001$).

When comparing the feeding status of babies at the third month with the contents of the maternity bag, significant differences were found between including bottles,

formula, and pacifiers ($p<0.005$), while no significant differences were found between including breast pumps and silicone nipple shields. In the logistic regression analysis conducted to identify the factors influencing exclusive breastfeeding at 3 months; the accuracy rate of the model was found to be 66.4%. The risk of not exclusively breastfeeding at 3 months was 1.9 times higher for those whose maternity bags included bottles compared to those without bottles, the risk of not exclusively breastfeeding at 3 months was 1.6 times higher for those whose maternity bags included pacifiers compared to those without pacifiers. The risk of not exclusively breastfeeding at 3 months was 2.5 times higher for those whose maternity bags included formula compared to those without formula. Additionally, a 1-month increase in the duration of breastfeeding for the first child reduces the likelihood of exclusive breastfeeding by 0.96 (Table-4).

Significant differences were found between mothers who attended prenatal classes in terms of having breast pumps and

silicone nipple shields in their maternity bags ($p<0.05$). Additionally, receiving standard breastfeeding education during pregnancy was significantly associated with having a breast pump ($p<0.005$).

Table 3. Individuals Influencing Mothers' Decision To Start Formula Feeding For Their Babies

	n	%
Pediatrician	45	26
Family Physician	23	13
Nurse/Midwifery	19	11
Friends/ Relatives	18	10
Mother herself	68	39
Total	173	100

There are factors that influence babies' breastfeeding with breast milk. In this study, it was found that the contents of the maternity bag prepared by mothers during pregnancy, including pacifiers, bottles, and formula, significantly affected the use of formula before discharge and the rate of exclusive breastfeeding at 3 months ($p<0.005$). Moreover, having silicone nipple shields in the bag was observed to increase formula usage before discharge by up to 3.5 times.

Table 4. Factors Influencing Exclusive Breastfeeding When Babies Are Three Months Old

	<i>B (SE)</i>	<i>Wald</i>	<i>p</i>	<i>Exp(B)</i>	<i>%95 Confidence Interval</i>	
					<i>Min</i>	<i>Max</i>
Bottle	.67 (.23)	8.82	0.003	1.95	1.25	3.05
Formula	.92 (.25)	12.85	<0.001	2.52	1.53	4.18
Pacifier	.49 (.22)	5.08	0.024	1.63	1.07	2.50
Duration of breastfeeding for the first child	-.03 (.02)	5.09	0.024	0.96	0.94	0.99

Research conducted in our country has shown that almost half of the babies use pacifiers. In a study conducted at a child health monitoring clinic, it was found that 43.7% of babies used pacifiers, and pacifier use was identified as a factor influencing exclusive breastfeeding in the first 6 months.⁸ In a randomized controlled trial, it has been demonstrated that pacifier use during the newborn period has a negative impact on both the duration of exclusive breastfeeding and the total duration of breastfeeding.⁹ In a study where pacifier use was found to be 41.8%, it was shown that the risk of early cessation of exclusive breastfeeding in

pacifier users increased by 5.1 times in the first 6 months.¹⁰ In this study, it was observed that 63.9% of mothers had pacifiers in their maternity bags, with 48.3% of mothers using pacifiers for their babies within the first 24-48 hours, and 69.7% of babies using pacifiers by the 3rd month. It was found that mothers who had pacifiers in their maternity bags had significantly higher formula usage before discharge ($p:0.004$). Providing counseling to mothers about pacifier use and emphasizing this issue during prenatal education may be necessary to prevent its early use.

Silicone nipple shields are another breastfeeding disruptor commonly used by mothers today. It has been observed that mothers with higher body mass index (BMI) are more likely to use silicone nipple shields^{11,12}. In a study conducted in Brazil, it was found that 6.2% of mothers giving birth in public hospitals and 25.8% of mothers giving birth in private hospitals used silicone nipple shields. It was observed that the rate of exclusive breastfeeding in infants using silicone nipple shields during the first 6 months was lower.⁵ In a study conducted in Denmark with the participation of 4815 mothers, it was shown that 22% of mothers initially used silicone nipple shields, and 7% continued to use them throughout the breastfeeding process. However, using silicone nipple shields increased the risk of discontinuing exclusive breastfeeding by 3 times.¹¹ In a study with both control and intervention groups, mothers who received breastfeeding counseling were compared to mothers who used silicone nipple shields without additional support. Among mothers who received breastfeeding counseling, the use of silicone nipple shields did not affect the duration of breastfeeding and the weights of the babies. However, in the group that did not receive counseling, it was found that babies had shorter durations of breastfeeding and lower weights at 3 months.¹² In our study, it was found that 15.6% of mothers had silicone nipple shields in their maternity bags, 13.7% used them postpartum, and 9.8% continued to breastfeed with silicone nipple shields at 3 months. Having silicone nipple shields in the maternity bag increases the risk of formula usage before discharge. Therefore, mothers should be informed that the need for silicone nipple shields is very rare, and for those who require early use, receiving postpartum breastfeeding counseling to discontinue usage shortly after birth is recommended.

Bottle usage is widely prevalent among mother-infant pairs in our country, with rates ranging from 36% to 68% among infants under six months.^{4,13,14} It has been observed that bottle usage is more prevalent in cases where maternal education levels are higher.¹⁴ In addition to the negative effects of bottle usage on the duration of breastfeeding during infancy, it has been reported that prolonged bottle usage can lead to other health problems in early childhood, such as early childhood caries and malocclusion.^{15,16} In this study, it was observed that more than half of the mothers included in the study had bottles in their maternity bags, and formula-fed babies were primarily fed using bottles. Mothers should be informed about alternative feeding methods, such as spoon or cup feeding, which are easy to implement, for babies who require expressed milk or formula support, and these methods should be supported by healthcare professionals. It was found that mothers mostly made the decision to start formula feeding themselves, and then followed the recommendation of healthcare professionals such as doctors, midwives, or nurses. Emphasizing the importance of starting formula feeding based on medical advice, mothers should be informed about signs indicating that the baby is full.

When considering the limitations of our study, it should be noted that factors specific to the babies were not evaluated. Therefore, baby characteristics were not included among the factors influencing exclusive breastfeeding at 3 months. However, it can be considered a strength of the study that postnatal services included late preterm, early term, and term babies, and the study encompassed all babies between 34 and 41 weeks, which contributes to its robustness.

CONCLUSION AND RECOMMENDATION

In conclusion, it has been observed that the presence of pacifiers, bottles, formula milk, and silicone nipple shields in the maternity bag has a negative impact on

breastfeeding. Therefore, it is necessary to draw attention to this issue during antenatal education sessions to prevent mothers from including breastfeeding deterrents in their

maternity bags. In future studies, the relationship between maternity bag contents and breastfeeding self-efficacy can be examined. Qualitative studies conducted with pregnant women or postpartum women can provide insight into why mothers add breastfeeding distractors to their maternity bags and provide a broader perspective on the subject.

Author contributions

Research; Ş.K., A.S., G.A., conceptualization; Ş.K., G.A., data collection A.S., G.A., formal analysis; Ş.K., G.A., methodology; Ş.K., A.S., G.A., writing - review, Ş.K., G.A., editing; Ş.K., A.S., G.A., supervision; Ş.K., G.A., project management; Ş.K., G.A. All authors have read and accepted the published version of the article.

Conflict of interest

There is no conflict of interest between the authors.

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