

Breastfeeding Training through Role-Play and Effects on Mother-infant Attachment Behaviours: A Randomised Controlled Trial

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Abstract

Mother-infant attachment is an intimate, lasting and satisfying relationship that leads to better cognitive, emotional and social growth of the infant. The aim of this study was to determine the effects of breastfeeding training by role-play on mother-infant attachment behaviours. This research was a randomised clinical trial (parallel design). Inclusion criteria were: no history of mental disorders; ability to read and write the Persian language to complete the questionnaire; no history of drug and tobacco intake in primigravida women. The sample comprised 100 pregnant women (in 2 groups), selected through simple random sampling at healthcare centres. The researcher reviewed prenatal care registries of selected healthcare centres and extracted the names of pregnant women in their early third trimester. The data were imported into randomisation software. The control group received routine breastfeeding training, while the intervention group received routine training together with training through role-play. The data collection tool was the Maternal Behaviour Inventory Questionnaire. Consequently 75 samples were analysed in SPSS16. Independent t-tests and chi-square tests were used to examine the difference between the two groups. Results showed that the mean score of mother-infant attachment one week after delivery was significantly higher in the intervention group in comparison to that in the control group ($p < 0.001$). No significant difference was observed between the two groups in maternal age, age of marriage, neonatal gender, maternal employment and education, number of parity, and number of abortions ($P > 0.05$). Since breastfeeding training through role-play could affect mother-infant attachment, it is suggested that this type of training should be provided for pregnant women to

promote mother-infant attachment and exclusive breastfeeding.

Keywords: breastfeeding; mother-infant attachment; role-play; training method

Introduction

Breast milk is the best feeding for infant growth and development. It meets all infants' needs (Frank 2015; Martin, Ling, and Blackburn 2016) such as infants' nutritional, immunological and emotional needs (Franca et al. 2013). The infant will develop physically, emotionally, behaviourally and socially in the early years after childbirth, especially during the first two years. Therefore, infant nutrition is important in this period (Ballard and Morrow 2013).

Breastfeeding training may play an effective role in promoting maternal awareness and breastfeeding enhancement (Burgio et al. 2016). Initial mother-infant emotional relationship in the early days after childbirth will impact the psychological background and social relations of the infant in later years (Bornstein et al. 2012). Pillitteri (2003) believes that attachment starts to form from the onset of pregnancy and develops over time, such that it will peak by the third trimester of pregnancy and that it plays an important role in successful maternal adaptation to pregnancy (Taffazoli, Aminyazdi, and Shakeri 2015). Moreover, besides physical effects, breastfeeding creates deep emotional relationships between a mother and her infant; one of which is called attachment. Mother-infant attachment can help to reduce breastfeeding problems. It may also lead to prolonging the duration of breastfeeding (Giustardi, Stablum, and De Martino 2011).

Attachment is a psychological term that describes a mutual emotional relationship between a mother and her infant, and since becoming a mother is a kind of crisis in women's life, attachment further reduces their psychological problems (Isosävi et al. 2016; Toosi et al. 2011). A positive response to the infant's needs by the mother is one of the important components of attachment development. In a mutual relationship, mother-infant attachment is capable of predicting the response behaviour (Bornstein, Suwalsky, and Breakstone 2012). Attachment behaviours bring infants closer to their mothers and create a sense of security in them (Flacking et al. 2012). Failure to develop a reliable attachment in the first months of life could have a negative impact on behaviour in both childhood and adulthood (De Falco et al. 2014).

Attachment behaviours can be promoted through educational interventions, but it is important to choose the most effective and appropriate educational method (Cutner 2014; Gürol and Polat 2012). Prenatal education is essential in achieving good health of mothers and infants (Sercekus and Baskale 2016), but the most important principle in effective education is that it should be based on active learning methods (Jackson and Back 2011). An educational method must be commensurate with the goal and since adults learn better through direct involvement, role-play is a well-known method of skill improvement (Rondon-Berrios and Johnston 2016).

Role-play is a novel educational method and a social model because by relying on the active involvement of learners, it tries to help people discover the meaning of self in the social world and get help from a social group in order to make one's decision to solve a difficult situation (Pourghaznein, Sabeghi, and Shariatinejad 2015). Education through role-play will effectively promote breastfeeding self-efficacy and increase exclusive breastfeeding (Savabi Esfahani, Kohan, and Ehsanpour 2016).

Baghdari et al. (2016) have shown that maternal training can enhance mothers' adaptability to gestational and maternal roles. In a quasi-experimental study, she has shown that prior to the intervention, no statistically significant difference existed between the experimental and control groups, while after the intervention, mother-infant attachment and adaptation to pregnancy were significantly higher in the experimental group (Baghdari et al. 2016). Tafazoli states that there is a positive, direct relationship between mother-infant attachment and maternal caring behaviours four to eight weeks after childbirth (Taffazoli et al. 2015).

Cooper, in an intervention to improve the quality of mother-infant relationship, showed that mothers in the intervention group were significantly more sensitive when interacting with their infants (Cooper et al. 2009). Abasi et al. (2013) argue that training would enhance mother-infant attachment and improve maternal mental health.

The influence of breastfeeding training through role-play on mother-infant attachment is a novel topic in the field of medicine, and a limited number of research studies have been carried out about it. Therefore, the present study aimed to explore the effect of breastfeeding training through role-play on mother-infant attachment behaviours in primigravida women, referring to selected healthcare centers in Isfahan City.

Materials and Methods

This was a double blind, randomised clinical trial. In this study parallel design was used for comparing two groups. The sample size was calculated at 50 subjects in each group by considering a 30% sample loss and using the formula below:

$$N = (Z1 + Z2)^2 (2S)^2 / d^2$$

where, Z1 was 1.96 for 5% level of a significant interval, Z2 was the 80% power of test equal to 0.84, S was the estimated standard deviation of mother-infant attachment in both groups, and d was 0.7, the least difference between the mean scores of mother-infant attachment to show the significant difference.

After obtaining the necessary permits, the researcher reviewed prenatal care registries of two randomly selected healthcare centres in Isfahan City and extracted the names of primigravida women in their early third trimester. In this time, 82 women from 182 primigravida women (who had initially been assessed) were excluded from the study because of not meeting all the inclusion criteria, or declined to participate, or for other

reasons. The sample comprised 100 primigravida women who were selected through simple random sampling. Randomisation software was used for random sampling. Inclusion criteria were: no history of mental disorders; ability to read and write the Persian language to complete the questionnaire; and no history of drug and tobacco intake in primigravida women.

The data collection tool was the Maternal Behaviour Inventory Questionnaire. It was completed by two expert midwives to avoid bias. The first part of the questionnaire collected demographic and reproductive information, including maternal age, age of marriage, neonatal gender, maternal employment and education, number of parity, and number of abortions. The second part measured mother-infant attachment, including four types of behaviour: tactile contact, visual contact, verbal contact, and awareness of and responsibility for the infant's needs. It included 11 items which scored between 0 and 4. The total score ranges from zero to a score of 16. This questionnaire takes only five minutes to complete.

The Maternal Behaviour Inventory Questionnaire is recommended as a research tool for measuring mother infant attachment behaviours. It has already been checked for inter-rater and inter-indicator reliability (Becker and Becker 1994).

To observe ethical considerations, research goals were explained. Then written consent was obtained from the participants. Permission to conduct the study was received from the regional committee for ethics, dated 19.1.2015, at Isfahan University of Medical Sciences with Project no. 393860. The research population included primigravida women who referred to two healthcare centres for prenatal and postpartum care in Isfahan City, Iran. Freedom of action and comfort of the participants were respected and they were assured of the confidentiality of the data.

In the control group, routine breastfeeding training was provided by the healthcare centre staff. On the other hand, the intervention group received—besides routine training—breastfeeding training through role-play by the researcher in eight groups of six and seven in the healthcare centres. Role-play was conducted based on WHO Guidelines (2013) and the latest guidelines by Iran's Ministry of Health and Medical Education. The researcher developed scenarios for the roles of nursing mom, grandmother, aunt, and instructor midwife. These were checked for validity by professors of midwifery and paediatrics at Isfahan University of Medical Sciences. The scenarios were then revised and confirmed by them.

The first part of the training material was about the correct way of breastfeeding. The second part was related to breastfeeding problems (maternal and neonatal problems) and mothers' concerns about neonatal nutrition and specific needs put forward by each mother about breastfeeding. Role selection, practice and coordination among role-players were carried out by the researcher, colleagues and one of the participants at 35 weeks gestation (a week before the implementation) and the intervention group was

recalled to participate in training sessions at 36 weeks gestation. Necessary equipment was prepared to play the roles and the scenario was played out for each group in a three-stage, 90-minute session and seven sessions in total. Following the training, participants would discuss their family and friends' experiences of breastfeeding.

It should be noted that the healthcare centre's staff began routine breastfeeding training for both the intervention and control groups at 31 weeks gestation according to the national guideline for obstetrics services (Iran's Ministry of Health and Medical Education 2014). Following the intervention, researchers completed the Maternal Behaviour Inventory Questionnaire through observation one week after childbirth. Phone calls had been made to make appointments. In the intervention group, two women from 50 primigravida women who had participated were excluded because of delaying attendance or early leaving in classes. Moreover, 11 women in each group could not continue the project because of being inaccessible after childbirth or having experienced high-risk childbirth. Only one questionnaire was incompletely filled out. Consequently, 75 samples were analysed (see Figure 1: Consort flow diagram). The collected data were analysed in SPSS16 using an independent t-test and chi-square test.

Consort flow diagram

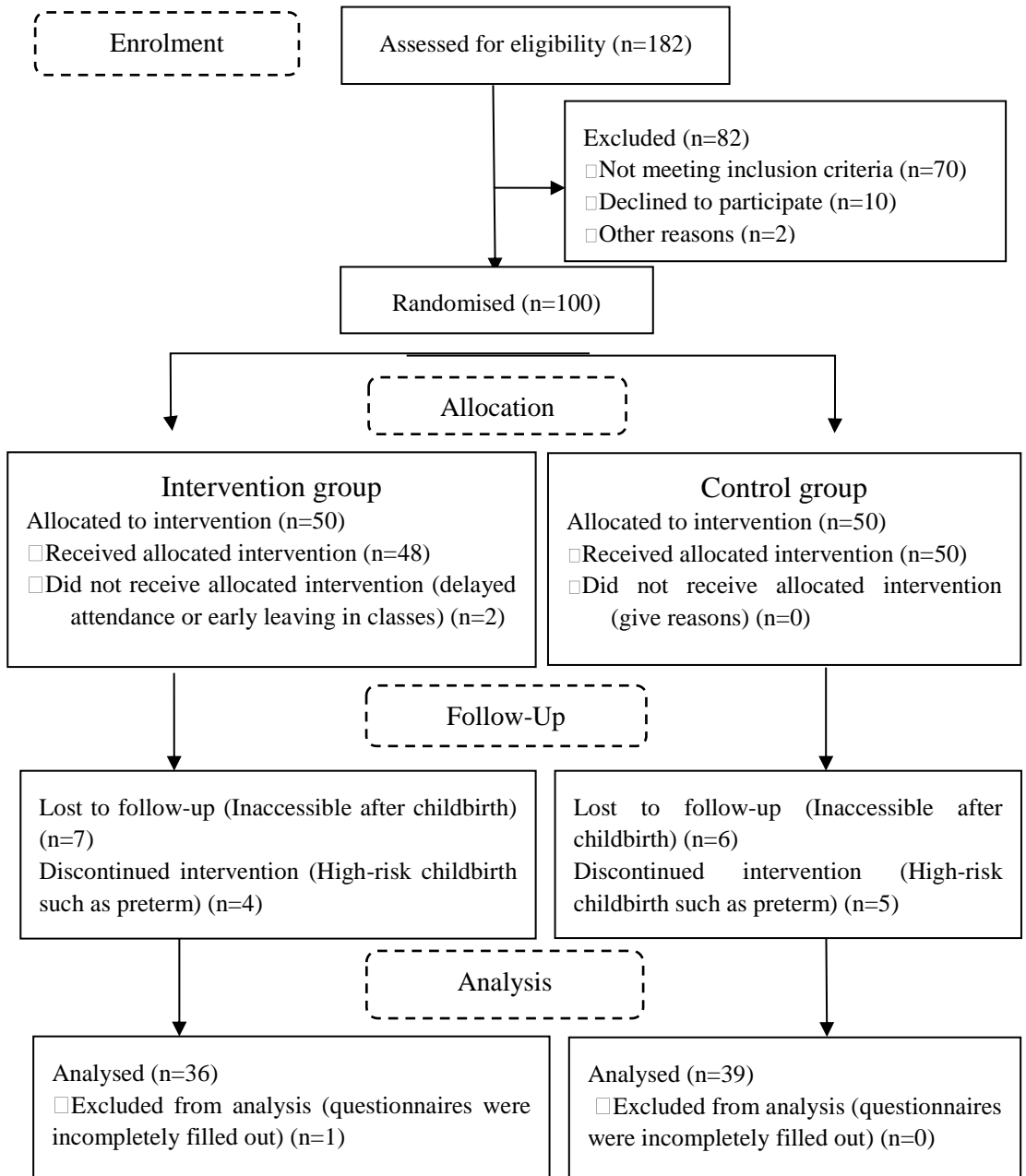


Figure 1: Consort flow diagram

Results

The average maternal age was 25.6 ± 4.4 years in the intervention group and 25.2 ± 4.1 years in the control group. No significant difference was observed between the two groups in maternal age, age of marriage, neonatal gender, maternal employment and education ($P > 0.05$) (Table 1).

Table 1: Comparison of demographic information in the intervention and control groups

Characteristics	Control group, Number (%)	Intervention group, Number (%)	Statistical test
Maternal age			
18–22	8 (20.5)	9 (25)	P=0.562 $\chi^2=0.440$
23–27	15 (38.5)	15 (41.5)	
28–32	15 (38.5)	10 (27.5)	
32 >	1 (2.5)	2 (6)	
Age of marriage			
18–22	17 (43.5)	18 (50.1)	P=0.325 $\chi^2=0.891$
23–27	15 (38.5)	15 (41.6)	
28–32	6 (15.4)	3 (8.3)	
32>	1 (2.6)	0 (0)	
Neonatal gender			
Male	23 (59)	16 (44.5)	P=0.145 $\chi^2=0.208$
Female	16 (41)	20 (55.5)	
Maternal employment			
Housewife	25 (64.1)	24 (66.6)	P=0.054 $\chi^2=0.638$
Employed	14 (35.9)	12 (33.4)	
Maternal education			
High school	2 (5.1)	2 (5.5)	P=0.135 $\chi^2=0.715$
Diploma	14 (35.9)	13 (36.1)	
University	23 (59)	21 (58.4)	

The mean and standard deviation of mother-infant attachment were 13 ± 1.2 and 9.6 ± 1.7 in the intervention and control groups respectively. An independent t-test was used to examine the difference between the two groups in mother-infant attachment after the intervention, namely breastfeeding training through role-play. Results showed that the mean score of mother-infant attachment one week after delivery was significantly higher in the intervention group, in comparison to that in the control group ($p < 0.001$).

Discussion

In the present study, the intervention and control groups were nearly similar concerning demographic characteristics. It would support carrying out random allocation. The findings of this study revealed that the mean score of mother-infant attachment was higher in the intervention group one week after delivery, which shows the effectiveness of breastfeeding training through role-play on increasing the level of mother-infant attachment. In this regard, Toosi et al. (2011) showed that mother-infant attachment was significantly higher in the experimental group than in the control group. The intervention comprised appropriate training content, greater interactions, stronger visualisation and more maternal-foetal communication, which is in line with the present results.

Different pregnancy educational programmes may provide a proper solution for correcting maternal behaviour (especially in the first pregnancy) and for neonatal outcomes by teaching pregnant women about their needs such as attachment behaviours. Ohara et al. (2016), in a study to validate the mother-infant attachment questionnaire, state that maternal depression and mental disorders affect the extent of mother-infant attachment. Javadifar et al. (2016) argue that feelings of unpreparedness, lack of control over life, and an unstable relationship with the husband, all affect mother-infant attachment. They conclude that by instructing the mothers and enabling their exchanging of maternal experiences with each other, primigravida mothers will be able to perceive the emotions and various aspects of acceptance of the maternal role will happen.

Abasi and Tafazoli (2009) argue that training and performing several attachment behaviours in prenatal care could increase mother-foetus attachment, which in turn might lead to a favourable mother-infant relationship and better cognitive, emotional and social development of the infant. In general, they indicate that active participation of mothers in prenatal training has a positive effect on mother-foetus attachment.

Akbarzadeh et al. (2016) studied the effects of teaching attachment behaviours to pregnant women. They informed women about maternal-foetal attachment by group discussion and role-play. Their study reveals that teaching attachment skills to mothers improves the attachment between the mothers and their infants. According to Lee et al. (2013), education attachment based on cognitive behaviour, directly affects the mother's interaction with the baby. This may be attributed to the fact that role-play, as an approach in facilitating learning, proves to be effective in reaching learning outcomes in three major learning domains: affective, cognitive, and behavioural (Abdul Rahman and Maarof 2018). In this regard, Serçekuş and Baskale notice that there should be culture-specific educational programmes for parent-infant attachment, especially in developing countries, and that they have to be revised regularly.

In the present study, the average maternal age was 25.6 ± 4.4 and 25.2 ± 4.1 years in the intervention and control groups respectively. In addition, no significant difference was

found between the two groups in maternal age, age of marriage, neonatal gender, maternal employment and education, number of parity, and number of abortions. In a study to explore mother-infant attachment in preterm infants hospitalised in Tehran's selected hospitals, Dezvaree showed that there was no significant relationship between mother-infant attachment and the type of delivery, number of previous children, age of pregnancy, maternal employment, history of abortion, number of abortions and maternal age.

Since breastfeeding is an important factor in successful mother-infant attachment, any experience of successful breastfeeding improves the maternal ability to bond with the infant. Therefore, it seems that supportive measures such as maternal training may be influential in successful attachment. Wright and Edginton (2016) argue that appropriate interventions can provide models of safe mother-infant attachment. Considering the findings in the literature and the present results, it seems that given the psychological aspect of breastfeeding, the implementation of educational interventions—especially those where mothers are in direct and constant contact with healthcare givers—have a favourable impact on mothers. Learners' direct involvement and increased skills, including practical performance, role-play, audio-visual tapes and using models in training, should be taken into account to improve mother-infant attachment. Moreover, healthcare education managers and planners and midwifery education authorities can use the results of this study and hold in-service and retraining workshops for midwives and nurses to make them familiar with the way roles are played and, therefore, structure their educational interventions accordingly. In addition, decision makers in the field of healthcare can develop more appropriate plans for educational interventions in order to promote an improved onset and continuance of breastfeeding.

Conclusion

Considering the results of this study, it is recommended that in maternal training programmes—especially breastfeeding education, which is a way of increasing mother-infant attachment—more dynamic and effective methods such as games and role-play should be applied. It should be noted that training has to be commensurate with training behavioural goals, and should provide the grounds for active involvement of learners so that in addition to increased efficiency, they could also have a more durable impact on mothers' knowledge and performance.

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References

- Abasi, E., and M. Tafazoli. 2009. "The Effect of Training Attachment Behaviors on Primipara Maternal Fetal Attachment." *Sci J Hamadan Nurs Midwifery Fac* 17 (12): 35–45.
- Abasi, E., M. Tafazzoli, H. Esmaily, and H. Hasanabadi. 2013. "The Effect of Maternal-Fetal Attachment Education on Maternal Mental Health." *Turkish Journal of Medical Sciences* 43 (5): 815–820. <https://doi.org/10.3906/sag-1204-97>.
- Abdul Rahman, N. A. B., N. Maarof. 2018. "The Effect of Role-Play and Simulation Approach on Enhancing ESL Oral Communication Skills." *International Journal of Research in English Education* 3 (3): 63–71. <https://doi.org/10.29252/ijree.3.3.63>.
- Akbarzadeh, M., A. Dokuhaki, A. Joker, N. Pishva, N. Zare. 2016. "Teaching Attachment Behaviors to Pregnant Women: A Randomized Controlled Trial of Effects on Infant Mental Health from Birth to the Age of Three Months." *Ann Saudi Med* 36 (3): 175–83. <https://doi.org/10.5144/0256-4947.2016.175>.
- Baghdari, N., E. Sadeghi Sahebzad, M. Kheirkhah, and E. Azmoude. 2016. "The Effects of Pregnancy-Adaptation Training on Maternal-Fetal Attachment and Adaptation in Pregnant Women with a History of Baby Loss." *Nurs Midwifery Stud* 5 (2): e28949. <https://doi.org/10.17795/nmsjournal28949>.
- Ballard, O., and A. L. Morrow. 2013. "Human Milk Composition: Nutrients and Bioactive Factors." *Pediatr Clin North Am* 60 (1): 49–74. <https://doi.org/10.1016/j.pcl.2012.10.002>.
- Becker, G., and C. Becker. 1994. "The Maternal Behavior Inventory: Measuring the Behavioral Side of Mother-to-Infant Attachment." *Social Behavior and Personality: An International Journal* 22: 177–194. <https://doi.org/10.2224/sbp.1994.22.2.177>.
- Bornstein, M. H., J. T. Suwalsky, and D. A. Breakstone. 2012. "Emotional Relationships between Mothers and Infants: Knowns, Unknowns, and Unknown Unknowns." *Development and Psychopathology* 24 (1): 113–123. <https://doi.org/10.1017/S0954579411000708>.
- Bornstein, M. H., D. L. Putnick, J. T. Suwalsky, P. Venuti, S. de Falco, C. Z. de Galperin, and M. H. Tichovolsky. 2012. "Emotional Relationships in Mothers and Infants: Culture-Common and Community-Specific Characteristics of Dyads from Rural and Metropolitan Settings in Argentina, Italy, and the United States." *J Cross Cult Psychol* 43 (2): 171–197. <https://doi.org/10.1177/00220221110388563>.
- Burgio, M. A., A. S. Laganà, A. Sicilia, R. P. Porta, M. G. Porpora, H. B. Frangež, . . . O. Triolo. 2016. "Breastfeeding Education: Where are We Going? A Systematic Review Article." *Iran J Public Health* 45 (8): 970.

- Cooper, P. J., M. Tomlinson, L. Swartz, M. Landman, C. Moltano, A. Stein, L. Murray. 2009. "Improving Quality of Mother-Infant Relationship and Infant Attachment in Socioeconomically Deprived Community in South Africa: Randomised Controlled Trial." *BMJ* 338: b974. <https://doi.org/10.1136/bmj.b974>.
- Cutner, N. 2014. "The Impact of Insecure Attachment on Mothering: A New Mother's Story." *Journal of Infant, Child, and Adolescent Psychotherapy* 13 (1): 37–50. <https://doi.org/10.1080/15289168.2014.880294>.
- De Falco, S., A. Emer, L. Martini, P. Rigo, S. Pruner, and P. Venuti. 2014. "Predictors of Mother-Child Interaction Quality and Child Attachment Security in At-risk Families." *Frontiers in Psychology* 5: 898. <https://doi.org/10.3389/fpsyg.2014.00898>.
- Flacking, R., L. Lehtonen, G. Thomson, A. Axelin, S. Ahlqvist, and V. H. Moran. 2012. "Closeness Experiences in the Neonatal Environment. Closeness and Separation in Neonatal Intensive Care." *Acta Paediatr* 101 (10): 1032–1037. <https://doi.org/10.1111/j.1651-2227.2012.02787.x>.
- Franca, E. L., V. A. Silva, R. M. Volpato, P. A. Silva, M. F. Brune, and A. C. Honorio-Franca. 2013. "Maternal Anemia Induces Changes in Immunological and Nutritional Components of Breast Milk." *J Matern Fetal Neonatal Med* 26 (12): 1223–1227. <https://doi.org/10.3109/14767058.2013.776529>.
- Frank, L. 2015. "The Breastfeeding Paradox." *Food, Culture and Society* 18 (1): 107–129. <https://doi.org/10.2752/175174415X14101814953927>.
- Giustardi, A., M. Stablum, and A. de Martino. 2011. "Mother Infant Relationship and Bonding Myths and Facts." *J Matern Fetal Neonatal Med* 24 (Suppl 1): 59–60. <https://doi.org/10.3109/14767058.2011.607679>.
- Gürol, A., and S. Polat. 2012. "The Effects of Baby Massage on Attachment between Mothers and their Infants." *Asian Nursing Research* 6 (1): 35–41. <https://doi.org/10.1016/j.anr.2012.02.006>.
- Iran's Ministry of Health and Medical Education. 2014. "National Guideline for Midwifery and Childbirth Services." https://vc-trethment.kums.ac.ir/kums_content/media/image/2016/10/92630_orig.pdf, In Persian.
- Isosävi, S., M. Flykt, R. Belt, T. Posa, S. Kuittinen, K. Puura, and R.-L. Punamäki. 2016. "Attachment Representations among Substance-Abusing Women in Transition to Motherhood: Implications for Prenatal Emotions and Mother-Infant Interaction." *Attachment and Human Development* 18 (4): 391–417. <https://doi.org/10.1080/14616734.2016.1151904>.
- Jackson, V. A., and A. L. Back. 2011. "Teaching communication Skills Using Role-Play: An Experience-based Guide for Educators." *J Palliat Med* 14 (6): 775–780. <https://doi.org/10.1089/jpm.2010.0493>.

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- Javadifar, N., F. Majlesi, A. Nikbakht, S. Nedjat, and A. Montazeri. 2016. "Journey to Motherhood in the First Year after Child Birth." *J Family Reprod Health* 10 (3): 146-153.
- Lee, G., L. McCreary, B. Breitmayer, M. J. Kim, S. Yang. 2013. "Promoting Mother-infant Interaction and Infant Mental Health in Low-income Korean Families: Attachment-based Cognitive Behavioral Approach." *Journal for Specialists in Pediatric Nursing: JSPN* 18 (4): 265–76. <https://doi.org/10.1111/jspn.12034>.
- Martin, C. R., P.-R. Ling, and G. L. Blackburn. 2016. "Review of Infant Feeding: Key Features of Breast Milk and Infant Formula." *Nutrients* 8 (5): 279. <https://doi.org/10.3390/nu8050279>.
- Ohara, M., T. Okada, C. Kubota, Y. Nakamura, T. Shiino, B. Aleksic, and N. Ozaki. 2016. "Validation and Factor Analysis of Mother-infant Bonding Questionnaire in Pregnant and Postpartum Women in Japan." *BMC Psychiatry* 16: 212. <https://doi.org/10.1186/s12888-016-0933-3>.
- Pillitteri, A. 2003. *Maternal and Child Health Nursing: Care of the Childbearing and Childrearing Family*, 4th edition. UK: Lippincott, 201–226.
- Pourghaznein, T., H. Sabeghi, and K. Shariatinejad. 2015. "Effects of E-learning, Lectures, and Role Playing on Nursing Students' Knowledge Acquisition, Retention and Satisfaction." *Med J Islam Repub Iran* 29: 162.
- Rondon-Berrios, H., and J. R. Johnston. 2016. "Applying Effective Teaching and Learning Techniques to Nephrology Education." *Clin Kidney J* 9 (5): 755–762. <https://doi.org/10.1093/ckj/sfw083>.
- Savabi Esfahani, M., S. Kohan, and S. Ehsanpour. 2016. "Promoting Breastfeeding Self-Efficacy through Role-Playing in Pregnant Women." *International Journal of Pediatrics* 4 (7): 2061–2068.
- Sercekus, P., and H. Baskale. 2016. "Effects of Antenatal Education on Fear of Childbirth, Maternal Self-Efficacy and Parental Attachment." *Midwifery* 34: 166–172. <https://doi.org/10.1016/j.midw.2015.11.016>.
- Taffazoli, M., S. A. Aminyazdi, and M. T. Shakeri. 2015. "The Relationship between Maternal-fetal Attachment and Mother-Infant Attachment Behaviors in Primiparous Women Referring to Mashhad Health Care Centers." *Journal of Midwifery and Reproductive Health* 3 (2): 318–327.
- Toosi, M., M. Akbarzadeh, N. Zare, and F. Sharif. 2011. "Effect of Attachment Training on Anxiety and Attachment Behaviors of First-time Mothers." *Journal of Hayat* 17 (3): 69–79.
- World Health Organization (WHO). "Breastfeeding Counselling: A Training Course." WHO, Geneva: https://www.who.int/maternal_child_adolescent/documents/who_cdr_93_3/en/.

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Wright, B., and E. Edginton. 2016. "Evidence-based Parenting Interventions to Promote Secure Attachment: Findings from a Systematic Review and Meta-Analysis." *Glob Pediatr Health* 3. <https://doi.org/10.1177/2333794X16661888>.