reported yet from Iran. Our patient illustrates the typical manifestation of an acute suppurative parotitis.

Our patient was female unlike the most of reported patients[2,3]. She had unilateral parotid gland involvement, like the most of cases[2,3]. One third of the patients were prematures[2,3]. With regard to the average worldwide prematurity rate of 9.6%[5], it should be considered as a major risk factor for the infection. The patient was febrile on admission, however fever was reported in fewer than half of the patients[3]. As in our case, most patients had peripheral WBC count more than 15000/mm3[2,3]. Her ESR was 42mm/h which was elevated in only 20% of the patients[2]. *S. aureus* was the most frequently isolated pathogen in cultures of pus [2,3] same as in our case. However other Gram-positive organisms, Gram-negative organisms and anaerobic species were also isolated[2,6]. In our case blood culture was negative, like the most of cases[2,3]. She was product of a normal vaginal delivery. The causative agents are thought to be derived from the patients' mouth flora. The newborns acquire their first microflora of the mouth, ear and skin from the mother's birth canal during normal vaginal delivery[7]. She was breastfed, like the most of the patients with NSP[2] and raises the possibility of insufficient breast-feeding as a responsible factor for dehydration in these patients. Ultrasound is a useful device for diagnosis, and excludes other predisposing factors like Stenson's duct abnormality, sialolith, and parotid gland neoplasm. The shortest effective duration reported in treating NSP due to *S. aureus* and in the absence of septicemia was 7 days[6]. The prognosis seems to be excellent, however as complications salivary fistula, facial palsy, mediastinitis, septicemia and meningitis were reported[1]. No deaths were reported in the patients studied after 1970[1].

***Key words:*** Neonatal Suppurative Parotitis; Newborn; Staphylococcus Aureus

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# Does Maternal Quality of Life Influence Breastfeeding Difficulties?

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There is extensive evidence for short-term and long-term health benefits of breastfeeding for mothers and babies[1]. However, for some women coping with common breastfeeding problems in early postpartum is a physically and emotionally exhausting task, and they may harbor doubts about the continuation of breastfeeding[2]. A study conducted in Iran has reported that difficulties such as sore nipples or the mother's perception of having insufficient milk were the reasons for the exclusive breastfeeding discontinuation[3]. The mother's perception and reaction to breastfeeding difficulties are affected by multiple factors, such as psychological and physical health, socio-demographic characteristics, quality of marital relationship and living condition[4]. Quality of life (QOL) is a broad ranging concept that includes all the mentioned aspects[5]. Therefore, the present

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study aims to investigate the relationships between QOL and breastfeeding difficulties in a sample of mothers from northeast Iran.

358 women who attended urban health centers, agreed to participate in the study. The inclusion criterion was gestational age of at least 28 weeks. The participants completed the World Health Organization Quality of Life - brief version (WHOQOL-BREF) in the third trimester of pregnancy. It contains 24 questions divided between 4 domains: Physical, Psychological, Social Relationships and Environment[5]. The validity and reliability of the Iranian version of WHOQOL-BREF have been supported in a previous study[6]. Women completed the Breastfeeding Experience Scale (BES) at 4 weeks postpartum. The first 18 questions of the BES rate the severity of common breastfeeding difficulties using a 5-point Likert scale. Content validity and internal consistency of this scale (alpha coefficient 0.76) has been supported in a previous study[7]. In our study, the alpha coefficient was 0.82.

Mean age of women was 26.17 and 58.7% of them were primigravida. The mean total score of the breastfeeding difficulties questionnaire was 31.4±8.5. Common difficulties experienced by women were baby nursing too frequently (81.6%), difficulty in combining housekeeping and breastfeeding (69%), feeling very tired or fatigued (59%), and worry about having enough milk (52%). The correlation coefficients between breastfeeding difficulties score and the score of physical, mental, social, environmental, and global score of QOL were -0.217 ($P$<0.001), -0.172 ($P$=0.001), -0.157 ($P$=0.004), -0.154 ($P$=0.004), and -0.168 ($P$=0.002) respectively. Multiple regression analysis controlling for the effects of confounder variables showed that the global score of QOL was a predictor of breastfeeding difficulties (B= -0.21, CI [-0.20, -0.07]). The variables remained in the model explained 22.3% of the variance in breastfeeding difficulties (F=10.1, $P$=0.002). We explored differences of breastfeeding difficulties means according to different levels of satisfaction revealed in the independent Q1 of the WHOQOL-BREF, which asks about an individual's overall perception of QOL. The mean breastfeeding difficulties score (SD) according to each level of satisfaction was as follows: 'poor' or 'neither poor nor good', 32.8 (8.5); 'good', 31.8 (8.5); and ''very good, 29.6 (8.5). There was a significant difference of breastfeeding difficulties scores according to 3 levels of perception of quality of life (F=3.15, $P$=0.04).

Our results indicate that there is a weak and negative correlation between quality of life scores and breastfeeding difficulties scores. However, prenatal QOL was related independently to breastfeeding difficulties. Mothers with poor QOL are more likely to experience breastfeeding difficulties in early postpartum. These findings are comparable with a Brazilian research, which found a correlation between breastfeeding self-efficacy and maternal QOL[8]. In addition, we found that women who perceived their QOL as 'good' or 'very good' had lower breastfeeding difficulties scores than mothers who perceived their QOL as 'not bad, not good'.

QOL was independently related to breastfeeding difficulties. Mothers with poor QOL are more likely to experience breastfeeding difficulties in early postpartum. To promote EBF, mothers with low QOL should be supported during the early postpartum.

***Key Words:*** Breastfeeding Difficulties; Quality of Life; Postnatal; Pregnancy

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