

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online


 ISSN 2175-5361
 DOI: 10.9789/2175-5361

RESEARCH

Proteção e apoio ao aleitamento materno: uma contribuição do banco de leite humano

Protection and support breastfeeding: a contribution of bank of human milk

Protección y apoyo de lactancia materna: una contribución del banco de leche humana

Maria Bertilla Lutterbach Riker Branco ¹, Valdecyr Herdy Alves ², Diego Pereira Rodrigues ³,
Rosângela de Mattos Pereira de Souza ⁴, Fernanda de Oliveira Lopes ⁵, Tuânny Figueiredo Marinho ⁶

ABSTRACT

Objective: understanding the practice of health professionals in the Human Milk Bank of protection actions and breastfeeding support. **Method:** a descriptive, exploratory, and a qualitative study, twenty-five health professionals of the HMB of the State of Rio de Janeiro participated through semi-structured interviews during the months from July 2012 to February 2013, and analyzed according to content analysis by thematic modality. **Results:** in the data analysis, the results showed that the mechanisms of the praxis of human milk bank of health professionals formed the basis for the protection and support of breastfeeding. **Conclusion:** it has a positive effect for breastfeeding success and contributes to the encouragement of breastfeeding in the country. **Descriptors:** Breastfeeding, Women's health, Health policy, Nursing.

RESUMO

Objetivo: compreender a práxis dos profissionais de saúde do Banco de Leite Humano nas ações de proteção e apoio do aleitamento materno. **Método:** estudo descritivo, exploratório, qualitativo, participaram vinte e cinco profissionais de saúde do BLH do Estado do Rio de Janeiro, através de entrevista semiestruturada, durante os meses julho de 2012 à fevereiro de 2013, e analisadas conforme a análise de conteúdo através da modalidade temática. **Resultados:** na análise dos dados, os resultados mostraram que os mecanismos da práxis dos profissionais de saúde do banco de leite humano se embasaram na proteção e apoio ao aleitamento materno. **Conclusão:** isso repercute positivamente para o sucesso da amamentação e contribui para o incentivo da amamentação no país. **Descritores:** Aleitamento materno, Saúde da mulher, Política de saúde, Enfermagem.

RESUMEN

Objetivo: entender la práctica de los profesionales de salud en el Banco de Leche Humana de las acciones de protección y apoyo de la lactancia materna. **Método:** un estudio descriptivo, exploratorio y cualitativo, participaron veinticinco profesionales de la salud del BLH del Estado de Rio de Janeiro, a través de entrevistas semi-estructuradas durante los meses de julio 2012 a febrero 2013, y analizados según el análisis de los contenidos en la modalidad temática. **Resultados:** en el análisis de los datos, los resultados mostraron que los mecanismos de la praxis del banco de leche humana de los profesionales de la salud fueron la base para la protección y apoyo de la lactancia materna. **Conclusión:** tiene un efecto positivo para el éxito de la lactancia y contribuye al fomento de la lactancia materna en el país. **Descriptor:** Lactancia materna, Salud de la mujer, Política de salud, Enfermería.

1 Master of Mother and Child Health, School of Medicine, Fluminense Federal University, Niteroi, Brazil, Nurse of the Human Milk Bank of the University Hospital Antonio Pedro, Fluminense Federal University, Niteroi, Brazil, Member of the Research Group Motherhood, Women's Health and Children, Fluminense Federal University (UFF). Email: bertillariker@yahoo.com.br

2 Doctor of Nursing, Chief Professor of the Maternal-Infant and Psychiatric Nursing Department of the School of Nursing Aurora de Afonso Costa, Fluminense Federal University, Niteroi, Brazil, Leader of the Research Group Motherhood, Women's Health and Children, Fluminense Federal University (UFF). Email: herdyalves@yahoo.com.br 3 Master of Nursing, School of Nursing Aurora de Afonso Costa, Fluminense Federal University, Niteroi, Brazil, Member of the Research Group Motherhood, Women's Health and Children, Fluminense Federal University (UFF), Vice-president of the Brazilian Association of Obstetricians and Obstetric Nurses of the State of Rio de Janeiro (ABENFORJ). Rio de Janeiro, Brazil. Email: diego.pereira.rodrigues@gmail.com

4 Master of Mother and Child Health, School of Medicine, Fluminense Federal University, Niteroi, Brazil. Nurse of the Human Milk Bank of the University Hospital Antonio Pedro, Fluminense Federal University, Niteroi, Brazil, Member of the Research Group Motherhood, Women's Health and Children, Fluminense Federal University (UFF). Email: rosangelademattos@yahoo.com.br 5 Master of Public Health, Fluminense Federal University, Niteroi, Brazil, Nutritionist of the Human Milk Bank of the University Hospital Antonio Pedro, Fluminense Federal University, Niteroi, Brazil. Email: karufe_21@hotmail.com 6 Nurse, Resident in Obstetric Nursing, School of Nursing Aurora de Afonso Costa, Fluminense Federal University, Niteroi, Rio de Janeiro, Brazil. Email: tuanny.f.marinho@gmail.com

INTRODUCTION

The promotion, protection and support of breastfeeding have been shown to be important in improving the health of children, women and the family. Developed in the hospital and basic networks it has been recognized as extremely important for the initiation of breastfeeding;¹ however, the overall rates of breastfeeding practices recommended by the World Health Organization (WHO), have remained stagnant over the last decade, reinforced by negligence of government efforts to BUDGET and finance which only supports the actions of promotion of breastfeeding, thus disregarding the health policy of the current children in Brazil, which calls, in addition to promoting, protecting and supporting breastfeeding.²

Currently, it appears that the influence of cultural, social and economic factors, adoption of the practice of breastfeeding is not universal. Surveys conducted in Brazil, although showing growth trend in breastfeeding rates are still far from the recommended ideal.³ According to data from the Ministry of Health, in 2009 the city of Rio de Janeiro demonstrated the truth of that thought, considering that the city of Rio de Janeiro showed a prevalence rate of 40.7% of exclusive breastfeeding, much lower to that objective quality range with regard to the promotion, protection and support of breastfeeding.⁴

Thus, social movements in support of breastfeeding rescue have resulted in changing the health professional praxis of Human Milk Banks (BLH), with actions to improve the child's quality of life, directed to the maintenance of breastfeeding unique to the sixth month of life, and complementary to two years, based on consensual recognition of the close relationship between breastfeeding, prevention of diseases and child growth throughout adult life, besides the proven beneficial effects for mothers.⁵

Thus, with the enactment of Law 953/99, promoting educational campaigns has been encouraging breastfeeding and human milk donation, ensuring rooming for mothers and infants in the State of Rio de Janeiro, and the implementation of initiative of Friendly Primary Care Breastfeeding (BFPCI), considered a pioneer in the Country. Actions such as these, together with the Child Friendly Hospitals (CAH), made possible the increase in breastfeeding rates and improving the quality of life of many children. In 2009, more than two-thirds of the municipalities in the state of Rio de Janeiro already had BFPCI multipliers teams, and 32 units had been accredited with this initiative in the State, thus recognizing the commitment to the expansion of programs for the promotion, protection and supporting breastfeeding.⁶

There is the expansion in the country, the quantity of HMB, responsible for encouraging breastfeeding and implementation of collection activities, processing and quality control of colostrum, transition milk and human milk for later distribution to a vulnerable population

that depend on them as a survival factor. These events have been very important for the country to be able to meet the fourth Millennium Development Goal, namely, the reduction of infant mortality rates by 75%.⁷

However, to perform this task in the spaces of HMB specific knowledge is needed on the part of health professionals who work in them, and skills in the management of the various stages of lactation. The actions of HMB have as proposed to maintain lactation and breast milk donation in order to ensure food security for premature and newborn babies with pathologies, and considering that the teams of HMB and human milk collection points, depending of activities, can be composed of several health professionals,⁸ so that the process does not promote damage to women/nursing mothers and their children, the nurse's role becomes essential, together with its health education guidelines for care with breasts during lactation.

Given the above, it was determined the aim: understanding the practice of health professionals in the Human Milk Bank in protection actions and support of breastfeeding.

METHOD

It is a descriptive and exploratory study with a qualitative approach conducted in the Human Milk Banks of the State of Rio de Janeiro, Brazil.

The investigation was carried out after approval by the Research Ethics Committee of the Faculty of Medicine of the University Hospital Antônio Pedro (HUAP), the Fluminense Federal University (UFF), under protocol 191/2011, as foreseen in Resolution 466/12 of the National Council Health (CNS).

Five were selected HMB located in various regions of the State of Rio de Janeiro, namely: 1) HMB Hospital Antonio Pedro University; 2) HMB Maternity Hospital Nova Friburgo; 3) HMB of the Cane Planters Hospital; 4) HMB Hospital of Sao Joao Batista; 5) HMB Nutritionist Gilsara do Bonfim Santos.

Study participants was twenty-five health professionals working in HMB, who met the following inclusion criteria: 1) have at least four months of action in the service of HMB; 2) have conducted one of the clinical management courses for breastfeeding - Initiative Child Friendly Hospital Initiative or, Friendly Primary Care Breastfeeding; and behold the requirements of the National Health Surveillance Agency (ANVISA) in relation to the Quality Control Course and processing of human milk. The exclusion criteria took into consideration the professional being on sick leave or vacation enjoyment in the period for the data collection.

All participants signed the Informed Consent conditioned their participation, thus ensuring their anonymity and the confidentiality of information by using an alphanumeric code (PS1... PS25). For data collection there were performed individual semi-structured

interviews with open and closed questions.¹⁰ Data collection took place during the months of July 2012 to February 2013, in these units. Interviews, digitally recorded with the permission of respondents, there were transcribed to previously be to perform the analysis.

The transcribed texts were subjected to content analysis, generated thematic categories¹¹ and sixty registration units that, in turn, gave rise to nine themes that supported the construction of two broad categories, namely: “*Legal protection of breastfeeding : a challenge in the Human Milk Bank*”; “*The Human Milk Bank: support space to the clinical management of breastfeeding*”. Both were analyzed in order to achieve the objectives of the study.

RESULTS AND DISCUSSION

Legal protection when breastfeeding: a challenge in Human Milk Banks

The protection policy breastfeeding moves through the exercise of front citizenship rights under the Brazilian Constitution in 1988 cites health as a right of all and duty of the State; and the Statute of Children and Adolescents which provides that every child has the right to protection, life and health. Because of that, the social movements take up the practice of breastfeeding strengthened and articulated with the Academy and the Brazilian Society of Pediatrics. Forums were to discuss the right of women to breastfeed and their children are well fed breaking paradigms of infant feeding in confronting the practice advocated by the influence of the dairy industry, faced with so many aspects which the breastfeeding policy makes presence met with one of the world's most advanced policies in support of breastfeeding. It is known that the actions of the HMB are included protection policy breastfeeding and it is expected that the health professional who there work, pass the knowledge of these laws are: BNCIF, License maternity and paternity, support rooms for breastfeeding for working women and childcare in companies.¹²

However, in practice the HMB health professionals are expressing concern about the practice of breastfeeding advocacy as an ideal child's power. These testimonials protection is addressed in the feeling of running without reference to a right of citizenship.

The protection we do is about the need to give breast. (PS 1)

Successful protection (...) consists in this, to breastfeed. (PS 13)

The practice of health professionals HMB related to the protection of breastfeeding may be impaired when performed deficient form, reticent, without clarity on their applicability, going sometimes for unknown by health professionals policies, sometimes being mistaken as organic milk protector human baby and mother, distorting the concept of

protection of breastfeeding and mistaking it for the promotion of breastfeeding, with doubts regarding the pasteurization of human milk and quality control of such milk. In this sense, the protection of breastfeeding have laws guaranteeing the right of this practice, given the health of women and ensuring their food security to the child. Thus, the quality of life of both is ensured by laws that, while running, resulting in benefit throughout our society.¹²

Whereas in HMB is prohibited any advertising of breast-milk substitutes, as artifacts and powdered milk; it is expected that the practice of HMB health professionals contribute strengthening oversight in controlling the abuse of these products.¹³ What is proven in these expressions, despite the higher understanding be the losses that these substitutes may generate in the practice of breastfeeding:

We really talk about the importance of avoiding bottle nipples, pacifiers of Nan. (PS 21)

These professionals expose their practice as if the protection were the supporting breastfeeding policy that by definition is support for the realization of their practice: clinical management and emotional support to women for breastfeeding. These actions should be understood by users as right from the prenatal when the pregnant woman should be prepared for breastfeeding and run it with support in the delivery room in the first hour of the newborn.¹⁴ Remember that the more we delay the first feeding of most newborn is the risk of their survival:

Protecting what we do is to give full support to this woman about the need to suckle. (PS 7)

Guidance for breastfeeding is an action within the policy of promoting breastfeeding. This strategy seeks to make women and all of society aware of the advantages to mother, child and family, and you can opt in feeding their children. Being the duty of all professionals ensure this knowledge that sustain the exercise of citizenship rights through the protection of breastfeeding.¹² However, these lines HMB health professionals express protection policy with the concept of the policy of promoting breastfeeding .

Protection (...) I find it guidance that we give to mothers breastfeed is to give breast milk. (PS 2)

The protection will also for the guidance, the woman to breastfeed (...) to breastfeed. (SP10)

Guiding the mother, giving her the breast, teaching (...) protecting breastfeeding. (PS 3)

Often these concepts have also been confused with biological protection as realized through the techniques developed in the HMB processing and quality control of donated human milk, ensuring quality certification of pasteurized human milk and fresh samples from mother to child.⁸ Emphasizing the protective properties contained in human milk:

Quality control, the benefits it has (...) work (...) talking, trying to simplify for the mother to immunoglobulin. (PS 4)

From the moment of the pasteurization process... it's also a way to protect our babies (...) risk through breastmilk, pasteurized. (PS 25)

The testimonies of health professionals express knowledge of BNCIF, understand that the protection is limited to the infants needs by decoupling the scope of our legislation among others: a parental leave which has one of the purposes set adjustments in the new phase of family life favoring breastfeeding through the support given by parents to their mothers; the rights of working women, seek information from the users are entitled to day care in the workplace.^{15,16}

We protect saying how breastfeeding is important, as the pacifier is bad, how good breast milk... what he gives nice for her. (PS 6)

Protection (...) to the mother Forget Nan, cow's milk, the Nest, is to protect the child because the protection is for the child. (PS 17)

We put the issues of standards, not beaked use within the ten steps, the non-use of pacifiers, beak, explain this to the woman. (PS 16)

In HMB apply protection laws breastfeeding, and the actions of health professionals permeate the empowerment of women through awareness of their rights to breastfeed their children still in the birth room; to seek day care centers in the workplace; to avail the benefits of maternity leave; to use an hour of their workday to breastfeed; to participate in support groups for breastfeeding, when he can exercise their citizenship discussing their difficulties; and create alternatives proposed solution in breastfeeding issues. In addition, the protection of breastfeeding involves the government body, controlling the advertising of use of breast milk substitutes, such as dummies, teats and bottles, thereby avoiding possible competitions with breastfeeding, being prevented from use in areas of public health, as well as consumer attention warnings on the labels of these products on the superiority of human milk and the advice to keep breastfeeding.

While other interviewees confuse the concept of protection policy breastfeeding with emotional support, perpetrated woman / nursing mother during the care provided in HMB:

Protection is the way a woman feels welcomed here with us. (PS 15)

On the other hand, there are HMB professionals who understand that through the promotion of breast milk as something biological protection value, and adjective as "good milk" ensure the practice of breastfeeding:

We protect breastfeeding (...) the mother can breastfeed their children in a guaranteed way. Speaking to them: their milk is all good. (PS 23)

Under the motto of the benefits of human milk and with this speech the HMB of health professionals, exemplify their awareness of praxis and social empowerment of women / potential donor nursing mothers human milk meet the needs of newborns in intensive neonatal care units.¹⁷ They understand that through these appeals, these actions, expression protection policy breastfeeding.

You protect breastfeeding when you go talk to this mother (...) that other children need this milk. (PS 18)

The newborn (...) is protected when using breastfeeding. (PS 6)

Few health professionals express the need to warn women / nursing mothers about their rights as quoted below:

Guide within the laws as well (...) Women within the public policy (...) Stork Network, as the HMB network works to favor them (PS 9)

So we also guides under the law to which that woman has the right (PS 11)

Health professionals have expressed the policy of protection of breastfeeding with confusion of concepts of promotion policies, protecting and supporting breastfeeding. However, it is known that in practice these policies, they are often intertwined in a make often continuous. For the exercise of citizenship in the protection laws to breastfeeding are necessary greatest debates, discussions and approaches with these professionals. It becomes explicit the gap between information and practice so you can drive the population served in the full exercise of their rights.

The Human Milk Bank: space to support the clinical management of breastfeeding

The breastfeeding support policy permeates the binomial mother / child care and its direct influence the participation of those in surrounding this pair. The act of breastfeeding, maintain lactation in situations which the children cannot be breastfed and take care of disorders, results from the lack of clinical management for breastfeeding, require care and expertise in specific technology breastfeeding by professionals and then power together, mother and health care professional, solve the issues presented. Breastfeeding is not an instinctive act, so it should not be credited as natural knowledge from mothers to their success, it is a practice that requires the presence of trained professionals to be taught, maneuvered in order to meet the diverse situations involved. What apparently is a technique, breastfeeding support also covers the emotional mother care, pondering next to this, ways of dealing with everyday confrontations, listening to complaints, preserving the physical and mental and emotional health of the mother and involving their families.^{2,18,}

Thus, the HMB is one of the specialized spaces that enable breastfeeding support.⁸ Support the practice is developed by health professionals in HMB spaces, they are trained in the clinical management of breastfeeding and breastfeeding counseling which will favor

clinical performance and professional link building with the nursing mother, baby and family.¹⁸

Commonly these professionals use teaching resources to facilitate clinical management arguing with his wife/nurturer possible position to breastfeed more comfortably for her and the baby:

We take the collateral, the breast, the baby (doll) to teach to handle the position. (PS 4)

Breast disorders, for example, the mammary fissure require direct support from the pain relief process and maintenance of breastfeeding in the process of HMB support the professionals in their everyday life prove to be trained:

Any problem that arises here, we give all the support. Sometimes it's a cracked nipples, the team is able to support this mother. (PS 5)

The testimonies show that these professionals often perform the clinical management of breastfeeding for stimulating milk production, common situation in women's care/nursing mothers of premature infants who were never breastfed:

We also use the technique of artificial breast (...) explaining to her how to milk production, as it does to stimulate, as is the massage process. (PS 17)

In developing its activities, the HMB of health professionals are faced with varied causes of feeding disorders, one of which is the incorrect position of the handle to the breast, it works to the process of supporting the correct baby gets the mother's womb. These actions favor the necessary emptying of the breasts for good nutrition of infants and the maintenance of lactation.

The clinical management of breastfeeding when it involves the care of newborns it is necessary the knowledge of the clinical aspects of the NB so that the actions taken do not generate neonatal morbidity risks.¹⁹ What makes us think about the complexity of the technical expertise of this professional for the development of policy support for breastfeeding:

We bring the mother and baby for tea (HMB) and see what you have to do to fix the handle position, the years when the issue is the nipple (...) the correction of posture, with engorged breasts, use the breastfeeding support techniques (PS 21)

Importantly, among all family and people close to the nursing mother, the father's presence is an important factor for breastfeeding. Maternal perspective, its influence is highlighted as one of the reasons for the increased incidence and prevalence.¹⁵ HMB health professionals recognize the importance of the paternal role:

When the father is next (...) we teach him to doing massage (...) come together (...) helping the mothers of newborns at home... milking... (PS 7)

In practice these HMB health professionals, support activities are strengthened in order to minimize the negative effects of breastfeeding disorders and foster a management breastfeeding quality:

So you teach to milk as they can do massage, as they hold the halo in order to get that milk. So he will help you get milk. (PS 20)

Advice about breastfeeding with techniques and practice is of paramount importance and of substantial relevance for allowing the health professional has the opportunity to realize not only educational, but also assistance, especially in the common pathologies in the early breastfeeding, responsible sometimes even by early weaning,²⁰ as the main causes of feeding disorders are, among others, difficulty in handle, posture and position correction, breast engorgement, mastitis, these complications that may contribute to the failure of breastfeeding.²¹

Support also present at the time of assistance in HMBs, service time is organized according to the needs of the lactating woman is not stipulated:

So they come here to take breast milk until the breasts are empty, sometimes it takes a while (...) Sometimes we teach here, but come home they have the greatest difficulty, we say we can come back anytime it takes. (PS 22)

The support of facilitating aspects of breastfeeding are the actions in care network health linkages among the various sectors and health care actors should support the woman nurturing the maintenance of breastfeeding,²² however, often these health care networks not run:

Then the mother comes here with the baby 15 days, which sometimes has never been to the chest, which is already with infant formula (...) thing you cannot, this mother wants breastfeeding has to be introduced in breastfeeding and baby in the mother's breast (...) we empty the breasts, makes massage and put the baby to suckle. (PS 7)

Regarding breastfeeding support, not just the woman be informed of the advantages of breastfeeding and opt for this practice to carry on this practice is necessary for women/nursing mother is inserted in an environment conducive to breastfeeding and be supported of a qualified health professional and able to help her.¹⁸ Health professionals working in HMB, expressed obvious concern to support nursing mothers of babies who are temporarily unable to suck the mother's womb, to support the preparation of the nursing mothers to maintain lactation:

We work a lot with her mother to continue this stimulating breast at home, so when the baby out of the NEO ICU, he can suck. (PS 5)

It is important for these professionals to support women / nursing mothers who had their babies hospitalized in the neonatal intensive care unit so that initiate breastfeeding²³ so there are clinical conditions and can leave the hospital being breastfed:

With babies NEO ICU, first we put to suck (...) the milk goes back in quantity and suspends the formula (...) we work for babies to get out of here all sucking chest. (PS 4)

The actions of breastfeeding support performed by HMB health professionals permeate the physical, social and cultural aspects in the daily care routine¹⁸, breastfeeding disorders should be observed from the demands of the lactating woman and her baby, valuing and supporting the moments experienced by both. Knowing how to listen to complaints are forms of support for women / nursing mothers, as exemplified in the report below:

I consider hear the woman as support: you help, assist and contribute to the problem is solved in a practical way, we have to listen to because of support. (PS 15)

The educational process is essential for the woman/nursing mother drive breastfeeding satisfactorily, contributing to child health. And the teachings of HMB health professionals reinforce this approach.

The support given in rooming by HMB health professionals enables the baby and nurturing an approach to the act of breastfeeding, so that favoring breastfeeding happen more easily and disorders¹⁸:

I like it too; go in the infirmary of rooming and put babies to nurse, have that management, that skin to skin contact, it is very important in the delivery of salt first contact for me is the most important right is born. (...) put the baby to suckle. (PS 6)

Theoretically, all women can breast-feed if they are healthy. Many nursing mothers live feelings that are unique to every woman; support for breastfeeding takes on a particular meaning for every woman because it enables the construction of the link with the child.²³

When the mother has baby, we try to put her at ease, asks her to put the baby in her lap to feed him, then we observed, and these observations, we'll directing (...) improving position, explaining to her why and then she can favor the bond, a really positive result. (PS 5)

The breastfeeding support expressed in the practice of health professionals HMBs it reveals that there is dominion over the physiological and technical aspects for the

management of breastfeeding articulating disorders from biological, social and emotional field.

The role of the support breastfeeding by HMBs health professionals reinforces the valuation of knowledge and livings of every woman in lactation phase and form of breastfeeding management.

CONCLUSION

The practice of the Human Milk Bank of health professionals showed how engagement with the protective actions of breastfeeding are embedded biological concepts when asked about protection policy and breastfeeding.

You can see these are far from the movements which support the legal changes to its scope. Regarding the practice of support, this common care to all, are unison in understanding the importance of the clinical management of breastfeeding and emotional support. The perceived need of sociocultural understanding of every woman/ nursing mother gives the clue to the best path to successful breastfeeding.

Discuss more often this theme can take a range of actions and improve the chances of getting everyday solutions both in the experience of these professionals and the qualification of its capabilities.

REFERENCES

1. Pereira RSV, Oliveira MIC, Andrade CLT, Brito AS. Fatores associados ao aleitamento materno exclusivo: o papel do cuidado na atenção básica. *Cad. Saúde Pública*. 2010; 26(12): 2343-54.

2. Teixeira MA, Nitschke RG. Modelo de cuidar em enfermagem junto às mulheres-avós e sua família no cotidiano do processo de amamentação. *Texto & Contexto Enferm.* 2008; 17(1): 183-91.
3. Muller FS, Silva IA. Social representations about support for breastfeeding in a group of breastfeeding women. *Rev. Latinoam Enferm.* 2009; 17(5): 651-7.
4. Ministério da Saúde (Br). II Pesquisa de prevalência de aleitamento materno nas capitais brasileiras e Distrito Federal. Brasília: Ministério da Saúde; 2009. [citado 2013 outubro 11]. Disponível em: URL: http://bvsms.saude.gov.br/bvs/publicacoes/pesquisa_prevalencia_aleitamento_materno.pdf
5. Caminha MFC, Serva VB, Arruda IKG, Filho MB. Aspectos históricos, científicos, socioeconômicos e institucionais do aleitamento materno. *Rev. Bras. Saúde Mater. Infant.* 2010; 10(1): 25-37.
6. Nascimento VC, Oliveira MIC, Alves VH, Silva KS Associação entre as orientações pré-natais em aleitamento materno e a satisfação com o apoio para amamentar. *Rev. Bras. Saúde Mater. Infant.* 2013; 13(2): 147-59.
7. Roma MSS, Novak FR, Portilho M, Pelissari FM, Martins ABT, Matioli G. Efeito do tempo e da temperatura de estocagem nas determinações de acidez, cálcio, proteínas e lipídeos de leite de doadoras de bancos de leite humano. *Rev. Bras. Saúde Mater. Infant.* 2008; 8(3): 257-63
8. Ministério da Saúde (Br). Banco de Leite Humano, funcionamento, prevenção e Controle de Riscos. Brasília: Ministério da Saúde; 2008. [citado 2013 outubro 11]. Disponível em: URL: <http://www.redeblh.fiocruz.br/media/blhanv2008.pdf>
9. Demitto MO, Silva TG, Páschoa ARZ, Mathias TAF, Bercini, LO. Orientações sobre amamentação na assistência pré-natal: uma revisão integrativa. *Rev Rene.* 2010; 11(esp): 223-9.
10. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo (SP): HUCITEC; 2010.
11. Bardin L. Análise de conteúdo. 4ªed. Lisboa: Edições 70 LDA; 2009.
12. Ministério da Saúde (Br). Saúde da Criança: Nutrição Infantil. Aleitamento materno e alimentação complementar. Brasília: Ministério da Saúde; 2009. [citado 2013 outubro 11]. Disponível em: URL: http://bvsms.saude.gov.br/bvs/publicacoes/saude_crianca_nutricao_aleitamento_alimentacao.pdf
13. Walker M. Breast pumps and other technologies. In: Riordan J, Wambach K. *Breastfeeding and human lactation.* 4. ed. Boston: Jones and Bartlett Publishers; 2010. p.379-424.
14. Belo MNM, Azevedo PTACC, Belo MPM, Serva VMSBD, Batista M, Figueiredo JN, et al. Aleitamento materno na primeira hora de vida em um Hospital Amigo da Criança: prevalência, fatores associados e razões para sua não ocorrência. *Rev Bras Saúde Materno Infantil.* 2014; 14(1):65-72.
15. Silva BT, Santiago LB, Lamonier JA. Apoio paterno ao aleitamento materno: uma revisão integrativa. *Rev Paul Pediatr.* 2012; 30(1): 122-30.
16. Cyrillo DC, Sarti FM, Farina EMQ, Mazzon JA. Duas décadas de Norma Brasileira de Comercialização de Alimentos para Lactentes: há motivos para comemorar? *Rev Panam Salud Publica.* 2009; 25(2): 134-40.
17. Pinto MCLM, Campelo TC, Ramos CV, Lima MER, Pereira TG. Alegações maternas para doação de leite humano ao banco de leite em Teresina-Piauí. *Revista Interdisciplinar NOVAFAPI.* 2012; 5(2): 15-20.

18. Souza SNDH, Mello DI, Ayres JRCM. O aleitamento materno na perspectiva da vulnerabilidade programática e do cuidado. *Cad Saúde Pública*. 2013; 29(6):1186-94.
19. Chaves RL. O nascimento como experiência radical de mudança. *Cad Saúde Pública*. 2014; 30(supl):14-6.
20. Amorim MM, Andrade ER. Atuação do enfermeiro no PSF sobre o aleitamento materno. *Rev Perspectivas*. 2009; 3(9): 93-110.
21. Quirino LS, Oliveira JD, Figueiredo MFER, Quirino GS. Significado da experiência de não amamentar relacionado às intercorrências mamárias. *Cogitare Enferm*. 2011; 16(4): 628-33.
22. Morgado CMC, Werneck GL, Hasslmann MH. Rede e apoio social e práticas alimentares de crianças no quarto mês de vida. *Ciênc. saúde coletiva*. 2013; 18(2):367-76.
23. Santos DT, Vannuchi MTD, Oliveira MMB, Dalmas JC. Perfil das doadoras de leite do Banco de Leite Humano de um hospital universitário. *Acta Scientiarum Health Sciences*. 2009; 31(1):15-21.



Received on: 22/01/2015
Required for review: No
Approved on: 08/01/2016
Published on: 03/04/2016

Contact of the corresponding author:
Diego Pereira Rodrigues
E-mail.:enf.diego.2012@gmail.com