

CUIDADO É FUNDAMENTAL

UNIVERSIDADE FEDERAL DO ESTADO DO RIO DE JANEIRO • ESCOLA DE ENFERMAGEM ALFREDO PINTO

RESEARCH

DOI: 10.9789/2175-5361.2016.v8i4.5108-5113

Saberes e práticas de mães de recém-nascidos prematuros perante a manutenção do aleitamento materno

Knowledge and practices of mothers of premature newborns in the maintaining of breastfeeding

Conocimientos y prácticas de madres de recién nacidos prematuros en el mantenimiento de la lactancia materna

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How to quote this article:

Brod FR; Rocha DLB; Santos RP. Knowledge and practices of mothers of premature newborns in the maintaining of breastfeeding. Rev Fund Care Online. 2016 out/dez; 8(4):5108-5113. DOI: <http://dx.doi.org/10.9789/2175-5361.2016.v8i4.5108-5113>

Article extracted from the Undergraduate Nursing Course Conclusion entitled “The maintenance of mothers breastfeeding in postpartum period for a hospitalized child: contributions to nursing care in the human milk bank”, presented in 2013 to the Pontifical Catholic University of Paraná, Toledo campus.

ABSTRACT

Objective: identify the knowledge and practices of premature infant’s mothers front of maintaining breastfeeding. **Method:** qualitative study, with exploratory design. Developed research in a Human Milk Bank, with ten mothers during hospitalization of their children. To collect data, were carried out face to face interviews with semi-structured questionnaire. The responses were analyzed, using the Content Analysis Technique. Obtained of Certificate Presentation Considerations for Ethics, the Pontifical Catholic University of Paraná, under nº 15743513.3.0000.0020. **Results:** the speeches, two categories emerged: The consistency of the knowledge presented by mothers; Impact of guidance on the practice of milking breast milk. **Conclusion:** even with little consistency in knowledge, we observed positive impact of career guidance practices for milking breast milk.

Descriptors: Breastfeeding; Human Milk; Milk Banks; Maternal-Child Health Services.

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RESUMO

Objetivo: identificar os saberes e práticas de mães de recém-nascidos prematuros perante a manutenção do aleitamento materno. **Método:** estudo qualitativo com delineamento exploratório. Desenvolveu-se a pesquisa em um Banco de Leite Humano, com dez puérperas durante a hospitalização de seus filhos. Para a coleta de dados, foram realizadas entrevistas presenciais com aplicação de questionário semiestruturado. Analisaram-se as respostas utilizando a Técnica de Análise de Conteúdo. Obteve-se o Certificado de Apresentação para Apreciação Ética, da Pontifícia Universidade Católica do Paraná, sob nº 15743513.3.0000.0020.

Resultados: dos discursos, emergiram duas categorias: A consistência do conhecimento apresentado pelas mães; Impacto da orientação profissional sobre a prática de ordenha do leite materno. **Conclusão:** mesmo apresentando pouca consistência no conhecimento, observou-se impacto positivo da orientação profissional às práticas para ordenha do leite materno.

Descritores: Aleitamento Materno; Leite Humano; Bancos de Leite; Serviços de Saúde Materno-Infantil.

RESUMEN

Objetivo: identificar los conocimientos y prácticas de las madres de los recién nacidos prematuros frente al mantenimiento de la lactancia materna.

Método: estudio cualitativo, con un diseño exploratorio. Desarrollado investigación en un Banco de Leche Humana, con diez madres durante la hospitalización de sus hijos. Para recopilar los datos, se llevaron a cabo entrevistas personales con cuestionario semi-estructurado. Se analizaron las respuestas, utilizando la Técnica de Análisis de Contenido. Nos dio el Certificado de Presentación para Consideración Ética, de la Universidad Católica de Paraná, bajo nº 15743513.3.0000.0020. **Resultados:** de los discursos, emergieron dos categorías: La consistencia de los conocimientos presentados por las madres; Impacto de orientación sobre la práctica de la leche materna de ordeño. **Conclusión:** incluso con poca consistencia en el conocimiento, hubo un impacto positivo de la orientación profesional prácticas para la leche materna de ordeño.

Descriptores: Lactancia Materna; Leche Humana; Bancos de Leche; Servicios de Salud Materno-Infantil.

INTRODUCTION

It is known that the practice of breastfeeding within the first hour of life strongly contributes to the reduction of neonatal mortality rates.¹ Nevertheless, breastfeeding brings benefits to the newborn (NB) and contributes to the recovery of woman postpartum.² In this sense, it is essential that the health professional - inserted in the context of child and maternal and perinatal care - works for health education for the early exercise of breastfeeding (BF).

It is worth noting that in 2008 the prevalence of breastfeeding in Brazil was 41%, considering only breastfeeding performed during the first six months of the child.³ In a study conducted in the state of São Paulo, it was showed that the prevalence of only BF was higher in those institutions certified by the Brazil Breastfeeding Network.⁴ It was established as a public health policy strategy that is meant to protect, promote and support breastfeeding at the national level, the Brazil Breastfeeding Network is an initiative created by

the federal government, whose goal usually is to contribute to the increase in BF rates in the country.⁵

In this context, it is essential to emphasize the United Nations Development Program (UNDP) of the countries. This program seeks to foster the implementation of several actions that support the achievement of the Millennium Development Goals (MDGs). Established by the United Nations (UN), the MDGs bring eight goals to be achieved, from 1990 until the end of 2015. It is important to note that the fourth goal refers to reducing by two-thirds the mortality of children under five years old. In this perspective, interventions aimed at improving the practice and maintenance of BF are essential.⁶

However, despite the scientific evidence pointing several gains from the exclusive breastfeeding, there is still a range of myths and beliefs among the general population about this topic. In this scenario, the literature review performed by Minas Gerais researchers identified some of the major myths and beliefs, such as the myth that “breast milk does not stop the baby’s thirsty” or that it is insufficient to meet the nutritional needs of NB, in addition to the popular belief that “the breasts fall with lactation.”^{7,2465}

For women who have experienced their children hospitalized in a neonatal intensive care unit (NICU), it is inferred that the maintenance of BF is a challenge. The great emotional moment generates instability in the postpartum feelings that may make it more vulnerable to beliefs, myths and socio-cultural values that sometimes negatively contribute to the maternal care of the NB.⁸

Also, certain complications related to prematurity prevents the baby receive breast milk (BM) directly from the mother’s breasts. In this situation, it is advisable to carry out the monitoring of postpartum to a Human Milk Bank (HMB). In HMB, the mother should be counseled about the milking of the BM, which will be processed, pasteurized and a colostrum quality control to then be offered to the NB.⁹

It is understood that this fact, associated with the emotional and psychological liability from the newborn hospitalization in a NICU, can be considered by the woman as a possible reason for the failure to maintain the BF. Thus, the action of HMB professionals should be given to “promote, protect and encourage breastfeeding” through educational practices since it is considered that the lack of consistent knowledge may contribute negatively to the practice and maintenance of BF.⁹⁻¹⁰

In the midst of this discussion, this study has its importance and relevance both social and academic-scientific grounded on the recommendation of the World Health Organization (WHO), since the issue sometimes addressed is within the list of health research priorities which should aim to identify strategies that could improve the rate of progress in reducing overall neonatal mortality in premature NB in 2015.¹¹

Therefore, this research was developed to seek answers to the following question: what knowledge and postpartum practices, which are supported in an HMB and have their

premature children hospitalized in the NICU, facing the maintenance of BF?

OBJECTIVE

To identify the mothers' knowledge and practices of breastfeeding in order to maintain premature infants.

METHOD

A qualitative study with the exploratory design. Research developed into a Human Milk Bank, with ten mothers during hospitalization of their children. The eligibility criteria of the subjects were women in the postpartum period; frequenters of HMB; with preterm infants hospitalized in the NICU; over 18 years old; accept voluntarily participating in the research, with the signature of the Consent and Informed Form. The exclusion criteria were: be a carrier of the HIV, HTLV1 and/or HTLV2; make use of drugs incompatible with breastfeeding.

It is pointed out that the number of subjects for this research has been conditioned to understand the phenomenon investigated, that is when the repetition of speeches was initiated, and no new information emerged, the study was finished.¹² Moreover, it is important to state that in the universe of qualitative studies, the "n" of participants is not necessarily a primary concern. That is because at the center of discussions are the "meanings that people attach to their experiences... and the way we understand the world", from the perspective presented by the researcher.^{12-3:2345}

Data collection took place between June and August 2013 through an individual and semi-structured interview, and with the use of a voice recorder to record the information., the participants were called by code names as the interview order in order to preserve the identity: P1 for the first postpartum women interviewed; P2 for the second, and so on.

All participants were addressed in a private and restricted location, and the forms used to collect data and voice recordings were secretly evaluated and will be kept stored by researchers to the expiration of five years when they will be eliminated.

At first, data were collected on the clinical and epidemiological components: age, marital status, achievement of prenatal care (yes or no); the number of visits and gestational age (GA) at birth; type of delivery. Then, data were collected to bring answers, reasons to the guiding question and therefore, to reach the goal of the research.

It was checked if the information obtained from the content analysis technique, considering that this methodology allows us to go beyond appearances and discover the real meaning of the speeches, without neglecting the scientific rigor.¹²

This research was development approved by the Research Ethics Committee (CEP) of the Pontifical Catholic University of Paraná (PUCPR), with the Certificate

Presentation to Ethics Assessment (CAAE) under 15743513.3.0000.0020 since they were respected all ethical and legal aspects recommended by Resolution 466/2012 of the National Health Council.¹⁴

RESULTS AND DISCUSSION

From the data collected for the clinical and epidemiological components, it was found that the age of respondents was between 19 and 36 years old; ten women, three had a stable relationship with a partner; two were single, and five were married.

Studies that bring the profile of women attending HMB seeking to promote BF of their children, while still hospitalized in the NICU were not identified in the literature. However, in a survey conducted in Uberaba/Minas Gerais (MG), researchers identified the BM donor profile in an HMB. In that study, the most prevalent age group was women aged between 20 and 29 years old, and, as in this study, most reported being married and/or living with a partner.¹⁵

In the same sense, authors of another state emphasize the importance and necessity of the presence of a partner with mothers of newborns admitted to the NICU. They should support postpartum women in many ways, especially about the constant encouragement to practices that favor the maintenance of BF to promote rapid recovery of the baby.¹⁶

All respondents reported the performance of prenatal care. The number of prenatal consultations unveiled that they were between three to seventeen consultations. However, as recommended by the Program for Humanization of Prenatal and Birth (PHPN), all pregnant women should have at least six visits as this is the minimum follow-up to be done by the care team to raise subsidies to reduce maternal, perinatal and neonatal morbidity and mortality rates.¹⁷

It was found that the GA ranged from 28 to 37 weeks at the time of delivery. Also, eight mothers had caesarean sections, and two had a normal birth.

Considering that premature is all the newborns whose birth took place in 37 weeks of mother's pregnancy, it is pointed out that out of ten mothers interviewed, nine gave birth in the preterm period. In an estimate made by researchers from Rio Grande do Sul (RS), it was found that the corrected prevalence of preterm infants in Brazil, between 2000 and 2011 ranged from six to 7%. The authors pointed out that neonatal deaths in many cases are directly related to problems arising from preterm birth, with low birth weight among them.¹⁸

Concerning the fact that eight out of ten mothers have done caesarean section, due to the medical conditions that underlie prematurity and the various risks to both the NB and the mother, it is inferred that the viability of normal delivery can be considerably less.¹⁹

From the analysis of the discursive content by mothers in the knowledge and practices against the BF, it was possible to group the results into two themes: The consistency of

the knowledge presented by mothers; Impact of Vocational guidance on the practice of milking breast milk.

The consistency of the knowledge presented by mothers

When inquiring mothers on the importance of maintaining the BF, it became clear that they had little consistent knowledge about the theme. Also, seven respondents said they had not received professional guidance. Thus, the information they had was acquired from previous experiences. Thus, six mothers responded that the BF must be unique within the six months following birth and from then foods that complement the food must be offered. However, they should continue breastfeeding up to two years old or more. They also said that breast milk is baby's first vaccine.

The evidence of little knowledge and the lack of information about breastfeeding by the mothers are observed in the reports below:

It is important, I do not know much, I know that [...] it is the first vaccine that the baby receives, which protects from various diseases, bacteria that enter through the mouth (P3).

All right, it is for her health, for her to stay strong (P2).

Like a drug, it can avoid many diseases (P7).

The fact that a significant number of mothers have said that they have not received guidance on breastfeeding at the prenatal was corroborated by the finding of a lack of consistent information on the issue. However, it is observed that they have the perception of the importance of breastfeeding for her and the newborn, as shown in the following exposed accounts.

To improve, his development, the more he gets my milk [...] he will come out stronger for sure (P1).

The most breastfeeding milk goes down; it will produce more milk (P5).

The contraction of the uterus, the reduction of bleeding (P9).

It is noted that the perception of the importance of breastfeeding to both the NB as the mothers is opposed to the low consistency of the guidance received. This problem about the knowledge about BF was also identified in a survey conducted in the housing of a hospital in the southern Brazil.²⁰ In this same way, when conducting a survey of women attending a reference HMB in MG, researchers showed that 59.2% of the women interviewed reported they had not received guidance on the BF before attending the bank. However, there is 70% of participants with only primary education.²¹

It is believed to be important that the level of education of mothers is considered at the moment of the guidelines. In addition, it is necessary to establish strategies that provide a basis for improving communication and monitoring the mothers assisted by health professionals, and they should maintain a clear, objective language and with easy comprehension.^{16,19-20} On this, authors of Rio de Janeiro raised - from a review of the literature - that the nurse is the professional who is more prepared to perform duties related to educational practices that aim to foster the acquisition of consistent knowledge by the mothers on the BF associated with HMB.¹⁰

To the guidelines provided to the mothers be consistent, first, it is necessary that health professionals have sound knowledge of the subject. Therefore, it is important to recall that the Baby Friendly Hospital Initiative (BFHI) of the WHO in collaboration with UNICEF (UNICEF) aims to promote, protect and support the BF. Thus, among the intervention strategies to achieve this purpose, it is made strong reference to the need for constant improvement of educational assistance teams.²²

The permanent health education promotes greater security at the time of transmitting the information as enables the development of skills that go beyond those intrinsic to the analyzed content. Also, it prepares the professional not only to demonstrate that he had good uptake of messages transmitted by teachers but mainly, to assume the posture of multipliers of knowledge.²³

Impact of Vocational guidance on the practice of milking breast milk

Regarding BM milking practices by mothers for BF maintaining their premature children hospitalized in the NICU, it was observed that they received professional guidance considered positive in the BM milking techniques. The statements below show the situation.

First time I took directly from the glass, sterilized and everything, now I boil water and put the cup for fifteen minutes, I let it dry, I take it in the cup and then when I just take it, I take my cap, masks, and everything, and then I put it in glass [...] (P1).

I make a circular motion in the areola with my fingers and around also make a circular motion with the hand, like a "C", tightening only the areola, storing in the freezer, I store it in sterilized glass [...] (P9).

I do with the palm of my hand in the breast and fingers on the areola. I do the "C" movement on the edges of the areola [...]. There has to be the cleaning and boiling the cup before taking milk, use the cap and mask (P3).

I do with the palm of my hand in the breast and the fingers on the areola. I do "C" on the edges of the areola.

To perform the milking, I wash my hands, the breasts, [...] and I use a cap and a mask (P10).

professionals and health education to mothers of premature newborns hospitalized in NICU.

Because of the prohibitive taxes to premature breastfeeding directly from the breast, it is essential that alternative methods be applied to promote and sustain their food/nutrition. Thus, WHO and BFHI make recommendations of different techniques to offer the BM to the baby, as the use of glasses.²⁴ However, the need for training and monitoring of mothers in the BM milking times is essential since inadequate techniques can result in problems for the mother and the baby.²⁴⁻⁵ Faced with this, it was noticed by analyzing the speeches that the instructions given by HMB professionals about the proper milking techniques had a positive impact on the practice of mothers.

The reports enabled also to consider that the respondents had good care practices with the staff and cleaning tools, allowing still giving more credit to the health team operating in the HMB for guidance on good milking practices. Despite the practices carried out by the mothers of this study, research with seventeen women donors of BM in an HMB, it was found that half of the participants did not perform personal hygiene and used bottles correctly which gives rise to inferences about the high-risk contamination.²⁶

It is known, that besides the proper technique, milking should be performed based on principles that seek to minimize the risk of contamination and dirt from BM. Thus, the care with hygiene before and after the procedure becomes extremely necessary. Furthermore, in a study that among its objectives, there was to raise the milk causes of waste in an HMB, it was possible to identify the main BM disposal reasons were related to the way it was collected, among which milking and handling stand out as the inappropriate methods.²⁷

There is unanimity in the scientific, national and international evidence about the numerous benefits of the BM in the NB, particularly those in prematurity conditions and low birth weight^{1-4,11,16-20} However, it is the role of nursing staff and health spending efforts to improve knowledge and practices related to breastfeeding.^{10,16,24-6}

CONCLUSION

By proposing this study, we sought to raise subsidies to strengthen the practice of care through specific and targeted interventions to the educational needs of mothers with child infants hospitalized in the NICU and were assisted by the health team of an HMB. Thus, it is concluded that even with little consistency in knowledge, we observed the positive impact on career guidance practices for milking breast milk.

Thus, it is considered that the research has reached the proposed objective, bringing answers to the main question since it was observed that there are still challenges to overcome. These challenges relate to the improvement of work processes, especially through continuing education to

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Received on: 01/04/2015
Required for review: No
Approved on: 08/01/2016
Published on: 01/10/2016

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