



Maternal expectations about breastfeeding: a prospective observational study of pre-partum and post-partum evaluation

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Abstract

Introduction: Breastfeeding is one of the main experiences that occur in the relationship between mother and baby. As stated in the Child Health Manual, breastfeeding is much more than nurturing the child, it is a process that involves deep interaction between mother and child. The view or psychological reading of the pregnant mother about the act of breastfeeding her baby and the socio-cultural image of the mother/woman who breastfeeds impact the sphere of the future personality of the newborn. **Objectives:** to map the set of intervening factors that interfere in the breastfeeding process, taking into account the expectations conceived by the pregnant woman before breastfeeding, in addition to the analysis of the positive and negative experiences of nursing mothers during breastfeeding in the postpartum period. **Methods:** an exploratory and descriptive cohort study, using qualitative and quantitative variables resulting from a questionnaire applied to 35 pregnant women during pregnancy and subsequently interviewed with them in postpartum situations. **Results:** Regarding the age group, the highest concentration of age was between 26 and 33 years old, but there was the participation of women in the extremes of reproductive life; the association between the time of pregnancy and the search for content/guidance on breastfeeding, most participants were between the 20th and 30th week of the pregnancy period, when they sought information on the subject; to the level of education and information on when breastfeeding should be started, among the 19 pregnant women who had higher education, 17 said it should be started during the baby's first hour of life and 02 said it should be after the first hour; among the 15 participants

who had completed high school, 14 responded that it should be in the first hour and only 01 responded after the first hour, and 01 participants who reported having completed elementary school, responded that breastfeeding should be started after the first hour of life of the baby; when asked if they were breastfed and if they had breastfed previously, 04 pregnant women answered that they had not received breast milk and of these, 03 had already breastfed children before the current pregnancy, among the 31 participants who had been breastfed, 27 said they had not yet breastfed and 04 informed that who had already lived the experience with other children. When approached in the puerperium, the most frequent findings were: 14 reported having received professional help; 13 intended to breastfeed exclusively until the 6th month; 15 had already started formula milk; 17 intended to continue breastfeeding after the baby was six months old and 09 were unable to latch on. **Conclusion:** Breastfeeding is shown to be one of the biggest factors of doubt and insecurity for pregnant women who enter the puerperium in search of humanized and comprehensive care. Thus, the participation of the health professional becomes essential for the success of breastfeeding and the effective dissemination of concrete and assertive knowledge, both prepartum and postpartum.

Keywords: Breastfeeding. Exclusive Breastfeeding. Maternal expectations. Postpartum reality.

Introduction

Breastfeeding is one of the main experiences that occurs in the relationship between mother and baby. As stated in the Child Health Manual, breastfeeding is much

more than nurturing the child, it is a process that involves deep interaction between mother and child. The view or psychological reading of the pregnant mother about the act of breastfeeding her baby and the sociocultural image of the mother/woman who breastfeeds impact the sphere of the future personality of the newborn [1-3].

The mother-breastfeeding-baby bond conditions a complex influence at the unconscious level, as the contributions of the Freudian-based school of psychoanalysis have already demonstrated. Effectively, as is well known, the oral phase is inherent to the psychosexual development of men and a satisfactory process of breastfeeding and weaning is necessary for the psychic structuring of human beings [4].

The Brazilian Society of Pediatrics reiterates that although the suckling of the newborn is a reflex act, the successful practice of breastfeeding depends, to a large extent, on the support and guidance received by mothers during pregnancy and in the first moments after birth. birth and hospital discharge. This corroborates the great need for a maximum effort to promote the integral health of the mother/baby couple through breastfeeding as a historical-biological mechanism for the survival of the human species [5].

However, the wide range of researchers on the breastfeeding process ensures that the factors that affect breastfeeding, and its exclusive modality, are multidimensional, involving social, economic, cultural and psychological issues. Despite this, the coefficients can be influenced by interventions of guidance and support for breastfeeding by health professionals, with Primary Care being the gateway to the success of this event [1-6].

Therefore, the present study aimed to map the set of intervening factors that interfere in the breastfeeding process, taking into account the expectations conceived by the pregnant woman before breastfeeding, in addition to the analysis of the positive and negative experiences of nursing mothers during breastfeeding in the post-natal period childbirth.

Methods

Study Design and Settings

The present study followed the observational prospective study model, involving an exploratory and descriptive research, using qualitative and quantitative variables, with the limits of this work divided into two distinct moments - before and after - from the selection of a group of 35 pregnant women in the city of Votuporanga who will participate in the free course offered by Unimed Votuporanga on pregnancy and

breastfeeding.

Interventions and Analysis

The primary period objectively referred to the expectations, fears, insecurities, anxiety, and psycho-emotional preparation of these pregnant women in the stage before childbirth and breastfeeding. A questionnaire was used to verify the points mentioned, as well as a guidebook for guidance and awareness regarding the successful practice of breastfeeding. This manual aims to help newly born mothers in the beginning of breastfeeding (the most significant stage for ablactation), in addition to trying to strengthen the mother-child bond through effective breastfeeding techniques. The strategies for the secondary period were established in the communication with the 35 participating mothers to check the reality lived by them and the experiences enjoyed in the first month of the baby's life, the success or not of the breastfeeding process and the help that the booklet provides. of guidance offered in the primary period granted.

Ethical Approval

The study was approved by the Research Ethics Committee of the Centro Universitário de Votuporanga, under protocol number 4,678,354.

Results and discussion

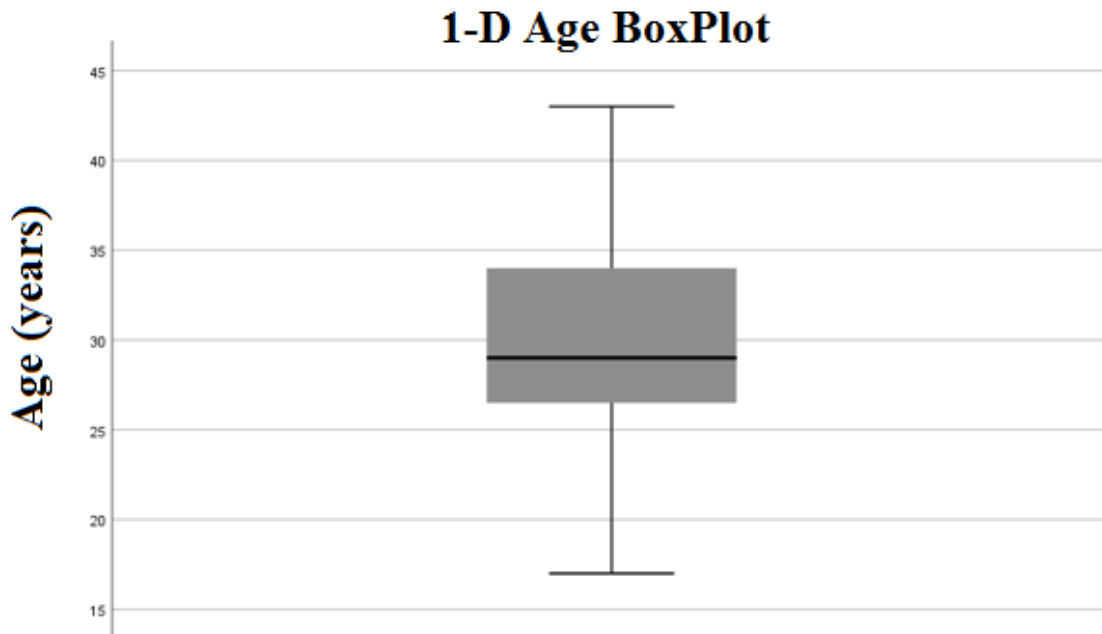
The chronological age of the evaluated pregnant women has a higher concentration between 26 and 33 years of age, there are women in the extremes of their reproductive life, although they are not the majority of pregnant women in this group. A certain selectivity is perceptible among women about age to become pregnant, the desire to become pregnant, having better financial structure, professional stability, and stable marital and family relationship. Corroborating this analysis, Aldrighi et al find that the postponement of motherhood is a worldwide phenomenon and, in the last 30 years, the average maternal age has progressively increased. Numerous factors contribute to this, such as greater inclusion of women in the labor market, growth in opportunities in education and women's careers, the development of reproductive medicine in terms of family planning and contraceptive methods [7,8].

The association between the time of pregnancy in which the pregnant woman is and their immersion in the content offered on breastfeeding is an extremely relevant factor for the analysis of the success of the practice. However, it is legitimate that the early weaning coefficients seen in Brazil show high rates and,

according to Santos et al. [9] having received guidance on breastfeeding only at the beginning of prenatal care has a significant association with the interruption of breastfeeding between the first and third month of the child's life. In short, the beneficial factors of lactation as a multi-professional responsibility guarantee the commitment made by the Ministry of Health to provide

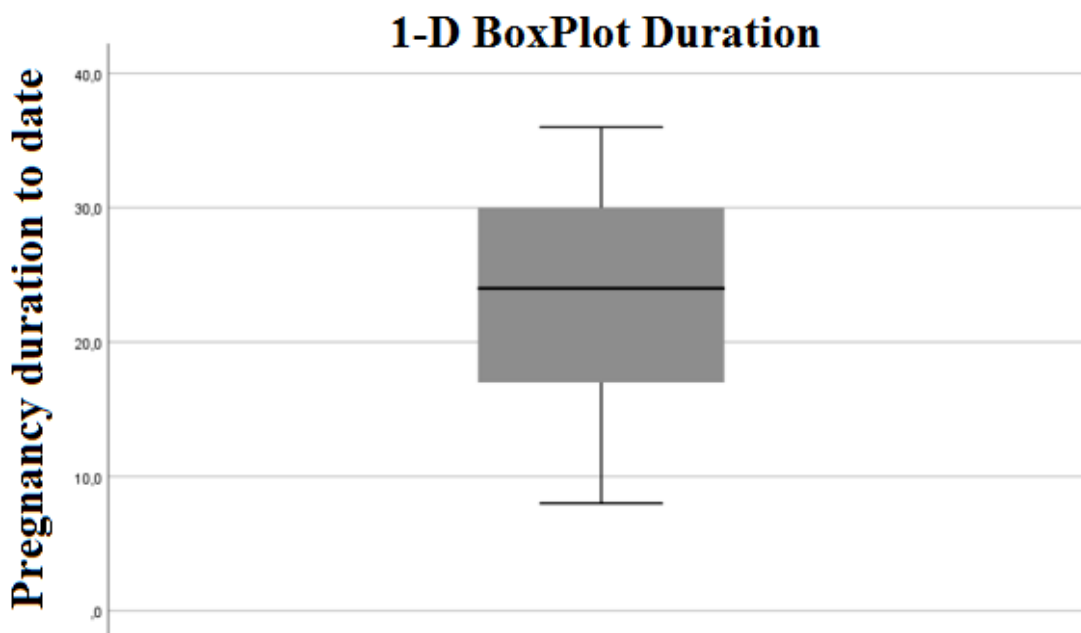
humanized and quality prenatal and puerperal care for maternal and neonatal health [9-10]. In this sense, Graph 1 presents the age in years of the pregnant women in the present study. Graph 2 shows the duration of Pregnancy so far.

Graph 1. Boxplot Age of Pregnant Women.



Source: Author's data.

Graph 2. Boxplot Duration of Pregnancy to date.



Source: Author's data.

The cross-analysis between the education of the pregnant women in the group and their conception of when breastfeeding should start makes evident the interference that access to information has on knowledge about the practice of breastfeeding (Table 1). In-depth on this, Franco et.al. added that schooling, social level, and economic level are factors of great relevance not only to establish the knowledge of pregnant women about breastfeeding but also to locate the highest frequency of maternal and child health services. On the other hand, the Ministry of Health

indicates that training Primary Health Care professionals to promote, protect and support the practice of breastfeeding reduces weaning rates and enables better results in the community regardless of social class or educational level. The professional who can provide humanized, contextualized, comprehensive care, with equity behavior, has greater opportunities to help both pregnant and postpartum women to overcome fears, difficulties, and insecurities [11].

Table 1. Cross-tabulation – Education.

Do you know when to start breastfeeding?		Do you know when to start breastfeeding?		Total
		Within the first hour of life, as soon as mother and baby are ready	After the first hour of life	
Elementary School	Score	0	1	1
	% of Total	0.0%	2.9%	2,9%
High school	Score	14	1	15
	% of Total	40.0%	2.9%	42,9%
University education	Score	17	2	19
	% of Total	48.6%	5.7%	54,3%
Total	Score	31	4	35
	% of Total	88,6%	11.4%	100.0%

The fusion between the questions “Have you been breastfed” and “Have you been breastfed before” showed singular repercussions. It should be noted that most of the pregnant women questioned said they were nulliparous, totaling approximately 80% of them. The remaining number of pregnant women stated experience with breastfeeding, in such a way that it refers to the relevant physical preparation of the breastfeeding process, such as breasts and nipples that

are less sensitive to the act, as well as the disposition of psychological factors intervening in the success of the practice (Tables 2 and 3). According to Fernandes and Höfelmann, the intention to breastfeed precedes childbirth and is dependent on the information that future mothers receive, demonstrating the importance of adopting actions to promote breastfeeding [12].

Table 2. Cross-tabulation – You were breastfed vs. previously breastfed.

You were breastfed		Previously breastfed		Total
		No	Yes	
No	Score	1	3	4
	% of Total	2.9%	8.6%	11.4%
Yes	Score	27	4	31
	% of Total	77.1%	11.4%	88.6%
Total	Score	28	7	35
	% of Total	80,0%	20.0%	100.0%

Table 3. Analytical-descriptive-explanatory classification of the content referred to by postpartum women during postpartum interviews.

<i>Reality of breastfeeding</i>	<i>Frequency of occurrence</i>	<i>Breastfeeding difficulties</i>	<i>Frequency of occurrence</i>
received professional help	(14)	Not hitting the correct handle	(9)
breast milk donation	(2)	Mastitis	(4)
Exclusive breastfeeding up to six months of age	(13)	Breast fissure	(5)
Started formula milk before six months of age	(15)	Little milk	(4)
Continues to breastfeed after six months of life	(17)	Baby dehydration or weight loss	(3)
Participated in postpartum breastfeeding groups	(4)	Lack of time to donate milk	(4)

Also, Rocha et al. [13] reiterate the notoriety of assistance to postpartum women in the initial phase of breastfeeding and family and social support to alleviate the feeling of overload of the new mother. In this regard, the conception that the mother of the nursing mother has practical skills to breastfeed encompasses a greater possibility of successful breastfeeding and for a longer period. However, studies that corroborate or oppose this event have not been described.

Thus, incorporating the data collected through direct interviews with thirty-five puerperal women, previously pregnant participants of the course for pregnant women, it can be seen that the condensed analysis within the reality of breastfeeding states that less than half of the nursing mothers receive professional assistance in the post-natal period. delivery on breastfeeding [14]. FEBRASGO argues that the presence of a multidisciplinary team supports the positive outcome of breastfeeding and facilitates the application of successful techniques that benefit the mother and the infant [15].

Exclusive breastfeeding is associated with professional care for the nursing mother until the baby is six months old, which are topics referenced together and in the same proportion within the analysis, demonstrating the effective relationship between the facts. In the opposite perspective, fifteen puerperal

women reported starting formula milk before the child was six months old, noting that a large part of the researched group suffered from the practice of total or partial early weaning. The substitution of breast milk for milk formulas generates a great source of profit for producers and distributors of these products, however, the International Code of Marketing of Breast Milk Substitutes ensures the encouragement of breastfeeding and the safe use of complementary nutrition for infants who need it [16].

The accentuated emphasis on the lack of breast milk donation was present in this study. Of the thirty-five postpartum women surveyed, only two reported donating human milk and of the thirty-three questioned, only four reported a lack of time to donate. The reality of breastfeeding is effectively dominating, the mother as an instinct makes the offspring its axis and focus according to the possibilities of the puerperium, however, the support to other scenarios can become outdated, sometimes due to lack of knowledge, sometimes due to the centralization of the child's event. Abreu et al indicate that knowing the health benefits of the baby who will receive the donated human milk, family support, and encouraging the solidarity of nursing mothers are assertive aspects in the success of breast milk donation [17,18].

In the structure of the obstacles encountered at

the beginning of breastfeeding, the narrative of twenty-five of the interviewed postpartum women has the same essence, the difficulty in getting the right handle. It is worth mentioning that the appearance of descriptions that refer to the "correct grip" technique appears numerous times during the dialogue through terms such as "mastitis", "breast fissure" and "little milk" since they are consequences of the erroneous application of the procedure. At that moment, the sovereign importance of the health professional is resumed, intervening in the irregular situation and promoting the correction of maternal difficulties in breastfeeding, thus offering the care and unique instruction that the moment requires.

Furthermore, a prospective study recruited participants in postnatal maternity wards of publicly funded hospitals in Hong Kong. Follow-up was at 6 and 12 weeks postpartum. At 6 and 12 weeks postpartum, women who exclusively breastfed scored significantly higher on self-regulated motivation than those who breastfed with formula. The self-regulated motivation was associated with higher odds of exclusive breastfeeding at 6 weeks and any breastfeeding at 12 weeks postpartum. Therefore, self-regulated motivation was positively related to the duration of breastfeeding. Maternal self-regulated motivation for breastfeeding may be reinforced by the availability of social support and breastfeeding-friendly facilities, resulting in a longer duration of breastfeeding [19].

Conclusion

Breastfeeding is shown to be one of the biggest factors of doubt and insecurity for pregnant women who enter the puerperium in search of humanized and comprehensive care. Thus, the participation of the health professional becomes essential for the success of breastfeeding and the effective dissemination of concrete and assertive knowledge, both prepartum and postpartum. The bond with the pregnant woman and later the nursing mother becomes indispensable in clinical management. Offering attitudes such as active listening, support, and empathy favor intercommunication with the woman and with her family support, expanding the possibility of detailed and effective guidelines for the successful practice of breastfeeding.

Authors' contribution

Marchi CMGA and Santos VLF collected the data and contributed to the design of the article. Statistical analysis was performed by Bofo D. All authors approved the final version of the manuscript and are publicly responsible for the content of the article.

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Ethical approval

The study was approved by the Research Ethics Committee of the Centro Universitario of Votuporanga, under protocol number 4,678,354.

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Data sharing statement

No additional data are available.

Conflict of interest

The authors declare no conflict of interest.

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References

1. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde da criança: aleitamento materno e alimentação complementar / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. – 2. ed. – Brasília: Ministério da Saúde, 2015.
2. Peñacoba C, Catala P. Associations Between Breastfeeding and Mother-Infant Relationships: A Systematic Review. *Breastfeed Med.* 2019 Nov;14(9):616-629. doi: 10.1089/bfm.2019.0106. Epub 2019 Aug 19. PMID: 31424264.
3. Carreiro JA et al. Dificuldades relacionadas ao aleitamento materno: análise de um serviço especializado em amamentação. *Acta paul. enferm.* 2018, vol.31, n.4, pp.430-438.
4. Freud S. Projeto para uma psicologia científica. In: FREUD, S. Edição standard brasileira das obras psicológicas completas de Sigmund Freud. v. 1. Rio de Janeiro: Imago, 1990, p. 385-529.
5. SBP - Sociedade Brasileira De Pediatria. Amamentação: a base da vida. Brasil, 2018.
6. Santacruz-Salas E, Aranda-Reneo I, Segura-Fragoso A, Cobo-Cuenca AI, Laredo-Aguilera JA, Carmona-Torres JM. Mothers' Expectations and Factors Influencing Exclusive Breastfeeding during the First 6 Months. *Int J Environ Res*

- Public Health. 2019 Dec 20;17(1):77. doi: 10.3390/ijerph17010077. PMID: 31861896; PMCID: PMC6981479.
7. SBP - Sociedade Brasileira De Pediatria. Manual de orientação para a alimentação do lactente, do pré-escolar, do escolar, do adolescente e na escola. Departamento de Nutrologia, 3ª ed. Rio de Janeiro, RJ: SBP, 2012.
 8. Aldrighi JD, Wal ML, Souza SRRK, Cancela FZV. The experiences of pregnant women at an advanced maternal age: an integrative review. Rev Esc Enferm USP. 2016;50(3):509-518.
 9. Santos PV, Martins MCC, Tapety FI, Paiva AA, Fonseca FMNS, Brito AKS. Desmame precoce em crianças atendidas na Estratégia Saúde da Família. Rev. Eletr. Enfermagem, 2018. Disponível em: <http://doi.org/10.5216/ree.v20.43690>. Acesso em 16 de fevereiro de 2021.
 10. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Área Técnica de Saúde da Mulher. Pré-natal e Puerpério: atenção qualificada e humanizada - manual técnico/Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas – Brasília: Ministério da Saúde, 2005.
 11. Franco SC et al. Escolaridade e conhecimento sobre duração recomendada para o aleitamento materno exclusivo entre gestantes na estratégia de saúde da família. Associação Catarinense de Medicina, 2015, v. 44, n. 3. Disponível em <<http://www.acm.org.br/acm/seer/index.php/arquivos/article/view/38>>. Acesso em: 28 de fevereiro de 2021.
 12. Fernandes RC, Höfelmann DA. Intenção de amamentar entre gestantes: associação com trabalho, fumo e experiência prévia de amamentação. Ciênc. saúde coletiva, 2020, vol.25 no.3 Rio de Janeiro. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232020000301061. Acesso em: 03 de Março de 2021.
 13. Rocha GP et al. Condicionantes da amamentação exclusiva na perspectiva materna. Cadernos de Saúde Pública, 2018, vol.34 n.6 Rio de Janeiro.
 14. Bardin L. Análise de conteúdo. São Paulo. 2011, Edições 70.
 15. FEBRASGO – Federação Brasileira das Associações de Ginecologia e Obstetrícia. Orientações e Recomendações nº 6/Comissão Nacional Especializada em Aleitamento Materno, 2018.
 16. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. A legislação e o marketing de produtos que interferem na amamentação: um guia para o profissional de saúde / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. – Brasília: Editora do Ministério da Saúde, 2009.
 17. Abreu JN et al. Doação de leite materno: fatores que contribuem para esta prática. Arquivos de Ciências da Saúde, [S.l.], 2017, v. 24, n. 2, p. 14-18. ISSN 2318-3691. Disponível em: <<https://www.cienciasdasaude.famerp.br/index.php/racs/article/view/548>>. Acesso em: 05 mar. 2021. doi: <https://doi.org/10.17696/2318-3691.24.2.2017.548>.
 18. Jesberger C, Chertok IA, Wessells A, Schaumleffel C. Maternal Self-Confidence and Breastfeeding after Participating in a Program about Infant Prone Positioning. MCN Am J Matern Child Nurs. 2021 Jul-Aug 01;46(4):205-210. doi: 10.1097/NMC.0000000000000731. PMID: 34166238.
 19. Lau CYK, Fong DYT, Chan VHS, Lok KYW, Ng JWY, Sing C, Tarrant M. The Effect of Maternal Self-Regulated Motivation on Breastfeeding Continuation. Matern Child Health J. 2022 Feb;26(2):441-448. doi: 10.1007/s10995-021-03274-5. Epub 2021 Oct 20. Erratum in: Matern Child Health J. 2022 Jan 4; PMID: 34669100.