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REFERRAL AND RESOLUTION OF BREASTFEEDING CONSULTANCY IN A JOINT ACCOMMODATION UNIT

Encaminhamento e resolutividade da consultoria de aleitamento materno em uma unidade de alojamento conjunto

Derivación y resolución de consultoría en lactancia materna en unidad de alojamiento conjunta

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ABSTRACT

Objective: to characterize the referrals and resoluteness of breastfeeding consultancy in a rooming-in unit. **Method:** descriptive cross-sectional study conducted with 231 postpartum women and their newborns hospitalized in rooming-in in southern Brazil. Data collection was carried out from August 2016 to May 2017. Data were analyzed using descriptive statistics. **Results:** the prevalent reasons for referral were difficulty in the breastfeeding technique (81.7%), primiparity (57.8%), breast anatomy (28.7%), presence of cracked nipples (19.6%) and pain when breastfeeding (18.3%). Satisfaction with the service was reported by 97.8% of the mothers. As for resoluteness, 70.6% considered the service fully resolute, 26.4% partially and 3.0% non-resolutive. **Conclusion:** breastfeeding consultancy was resolute in most referrals, motivated by difficulties that could predispose to an early interruption of breastfeeding, demonstrating the effectiveness of the insertion of this professional in health services.

DESCRIPTORS: Breast feeding; Maternal-child nursing; Prenatal care; Postpartum period; Rooming-in care.

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RESUMO

Objetivo: caracterizar os encaminhamentos e a resolutividade da consultoria em aleitamento materno em uma unidade de alojamento conjunto. **Método:** estudo transversal descritivo realizado com 231 puérperas e seus recém-nascidos internados em alojamento conjunto no sul do Brasil. A coleta de dados foi realizada no período de agosto de 2016 a maio de 2017. Os dados foram analisados mediante estatística descritiva. **Resultados:** os motivos prevalentes para o encaminhamento foram dificuldade na técnica de amamentação (81,7%), primiparidade (57,8%), anatomia mamária (28,7%), presença de fissuras mamilares (19,6%) e dor ao amamentar (18,3%). A satisfação com o atendimento foi relatada por 97,8% das puérperas. Quanto a resolutividade, 70,6% consideraram o atendimento totalmente resolutivo, 26,4% parcialmente e 3,0% não resolutivo. **Conclusão:** a consultoria em aleitamento materno foi resolutiva na maioria dos encaminhamentos, motivados por dificuldades que poderiam predispor uma interrupção precoce da amamentação, demonstrando a eficácia da inserção desse profissional nos serviços de saúde.

DESCRITORES: Aleitamento materno; Enfermagem materno-infantil; Cuidado pré-natal; Período pós-parto; Alojamento conjunto.

RESUMEN

Objetivo: caracterizar las derivaciones y la determinación de la asesoría en lactancia materna en una unidad de alojamiento conjunto. **Método:** estudio descriptivo transversal realizado con 231 puérperas y sus recién nacidos hospitalizados en alojamiento conjunto en el sur de Brasil. La recolección de datos se llevó a cabo desde agosto de 2016 a mayo de 2017. Los datos se analizaron mediante estadística descriptiva. **Resultados:** los motivos prevalentes de derivación fueron dificultad en la técnica de lactancia (81,7%), primiparidad (57,8%), anatomía mamaria (28,7%), presencia de pezones agrietados (19,6%) y dolor al amamantar (18,3%). El 97,8% de las madres informó satisfacción con el servicio. En cuanto a la resolución, el 70,6% consideró el servicio plenamente resuelto, el 26,4% parcialmente y el 3,0% no resolutivo. **Conclusión:** la asesoría en lactancia materna fue resuelta en la mayoría de las derivaciones, motivada por dificultades que pudieran predisponer a una interrupción temprana de la lactancia materna, demostrando la efectividad de la inserción de esta profesional en los servicios de salud.

DESCRIPTORES: Lactancia materna; Enfermería maternoinfantil; Atención prenatal; Periodo posparto; Alojamiento conjunto.

INTRODUCTION

Breast milk is the ideal food for the newborn, meeting all the nutritional and immunological needs of the baby, providing adequate growth and development.[1] Despite the recognition of the benefits of breastfeeding (BF), many countries are far from reaching the rates recommended by the World Health Organization (WHO) and the Ministry of Health (MOH).[2]

Examples include European countries,[3] China[4] and Brazil, where the median duration of breastfeeding is 341.6 days (11.2 months) and of exclusive breastfeeding (EB) is 54.1 days (1.8 months),[5] well below the minimum recommendations of six and 24 months for EB and EB, respectively.[6]

As a complicating factor in achieving this recommendation, among others, we can cite insufficient support from health professionals. Mothers need psychological and physical support and information during pregnancy and, especially, in the first days after birth, when breastfeeding is being established. If this support is not offered or does not meet the needs of the mother and the baby, difficulties may become a barrier to the development and continuity of breastfeeding.[7]

Considering this principle, the International Board Certified Lactation Consultant (IBCLC) created the Lactation Consultant certification with the purpose of qualifying health professionals in issues related to the promotion, protection, and support of Breastfeeding. Brazil has taken the IBCLC exam since the 1990s, and in 2014 there were 80 certified health professionals.[8]

The work of a breastfeeding consultant brings beneficial results such as maintenance of exclusive breastfeeding, reduction of breast trauma[7] and increased production and supply of breast milk, when compared to mothers who did not receive assistance from this professional.[8]

In this context, considering the benefits allied to the work of the breastfeeding consultant, added to the scarcity of productions reporting her work in Brazil, and especially in the Unified Health System (SUS), the present study aims to characterize the referrals and resoluteness of the breastfeeding consultant in a rooming-in unit.

METHOD

The present study is derived from a macro-research entitled "Breastfeeding Patterns of Children Experienced by a Breastfeeding Consulting Team", which followed mother-baby pairs for six months after birth. The data used came from the first contact between the researchers and the subjects, during the immediate puerperium.

This is a descriptive cross-sectional study carried out with puerperal women hospitalized in rooming-in and assisted by a team of consultants in breastfeeding at the Hospital de Clínicas de Porto Alegre (HCPA), Rio Grande do Sul, Brazil.

The research was conducted in the HCPA Obstetric Admission Unit, which since 1997 has the title of Hospital Amigo da Criança (Child's Friend Hospital). The institution is part of the

network of university hospitals of the Ministry of Education, and is linked to the Federal University of Rio Grande do Sul (UFRGS).

The research scenario relies on the work of a consultancy team in AM, composed of three professionals, one of whom is accredited by the IBCLC. The request for care of the consultants is made daily by the Medical and Nursing staff through the computerized system of the Hospital, after the service the record is made in the electronic medical records of puerperae.

The study population were puerperae and their newborns admitted to the HCPA Obstetric Admission Unit in the Joint Lodging system who were assisted by the BF Consultancy team and had the following inclusion criteria: living in Porto Alegre or metropolitan region, telephone number available for contact, babies born at term (≥37 weeks by the Capurro Method) and birth weight ≥2,500g, who started breastfeeding during hospitalization and who had been assisted by the BF Consultancy team. Exclusion criteria were women with twin babies, those with permanent or temporary contraindications to breastfeeding, and pairs who were separated after they started breastfeeding.

The sample size calculated for the larger study and used in this clipping was 231 subjects, using WinPEPI software, version 11.43. Considering a hazard ratio of 1.48 and a mean survival percentage of exclusive breastfeeding at the end of six months of 5% 9, with a power of 80%, a significance level of 5%, and a loss estimate of 10%.

Data collection occurred during hospitalization in the Obstetric Inpatient Unit, after the mother-infant pairs were seen by the Breastfeeding Consultant. A pilot study was conducted for the adequacy and validation of the data collection instrument, built exclusively for this research. The instrument included socioeconomic, demographic, and lifestyle variables, reproductive history, prenatal care, and care provided by the BF consultancy team.

The instruments were applied bedside from Monday to Friday between August 2016 and May 2017. Daily, the consulting team performed the printing of the referrals, to which the researchers had access for a first pre-screening considering the established inclusion and exclusion criteria.

The study participants were guaranteed anonymity and the right to refuse participation without harming their care and that of their newborn during hospitalization or in possible future hospitalizations.

The research data were stored in a database prepared using the software Statistical Package for the Social Sciences (SPSS), version 20.0, and analyzed using descriptive statistics, expressed in absolute and relative frequencies.

The participants signed the Informed Consent Form (ICF) in two copies. The project to which this study is linked was approved by the Research Ethics Committee of the Hospital de Clínicas de Porto Alegre, under Opinion No. 1,569,774/2016 and CAAE 55433516.1.0000.5327. The development of this research followed the Guidelines and Regulatory Standards for Research Involving Human Beings, as established by the National Health Council Resolution No. 466/2012.

RESULTS

The study included 231 puerperal women hospitalized in rooming-in and assisted by a breastfeeding consultation team. Most women were over 20 years old, had a partner and cohabited with him. Table 1 presents the other characteristics of puerperae.

Regarding obstetric characteristics, vaginal delivery was prevalent, and episiotomy was performed in more than half of them. Almost all puerperal women had prenatal care, but only one-third of them received some guidance on breastfeeding during consultations. The other obstetric characteristics are shown in Table 2.

Regarding the characterization of the newborns, 131 (56.7%) were male, 170 (73.6%) weighed between 2500g – 3500g, 60 (26.0%) between 3501g – 4500g, and one (0.4%) between 4501g – 5000g.

The reasons for referral to breastfeeding consultation can be seen in Table 3. It was observed that most of the puerperal women were referred for consultation because of difficulty in breastfeeding technique, followed by primiparity. The reasons

Table 1 – Characteristics of puerperae assisted by the breastfeeding consultation team. Porto Alegre, RS, Brazil, 2017

Features	N(%)
Age	
≥ 20 years old	162 (70,1%)
< 20 years old	69 (29,9%)
Maternal Color	
White	139 (60,2%)
Not white	92 (39,8%)
Has a partner	
Yes	200 (86,6%)
No	31 (13,4%)
Cohabiting with a partner	
Yes	185 (92,5%)
No	15 (7,5%)
Family income (minimum wage)†	

Table 1 – Cont.

Less than 2	69 (35,6%)
From 2 to 4 salaries	94 (48,5%)
More than 4	31(16%)
Maternal education	
≥ 8 years	182 (78,8%)
< 8 years	49 (21,2%)
Education partner‡	
≥ 8 years	157 (81,8%)
< 8 years	35 (18,2%)
Employment relationship	
Yes	101 (43,7%)
No	130 (56,3%)
Tobacco use during pregnancy	
Yes	21 (9,1%)
No	210 (90,9%)
Drug use during pregnancy	
Yes	2 (0,9%)
No	229 (99,1%)

Source: survey data.
†According to the minimum wage of 2017 (R$954.00).
‡Excluded were those who could not inform (n=8).

Table 2 – Obstetric characteristics of puerperae assisted by the AM consulting team. Porto Alegre, RS, Brazil, 2017

Features	N (%)
Parity	
Primiparous	157 (68,0%)
Multiparous	74 (32,0%)
Delivery route	
Vaginal	136 (58,9%)
Cesarean section	95 (41,1%)
Episiotomy	
Yes	89 (65,4%)
No	47 (34,6%)
Breastfeeding time of the last child	
0 months	21 (29,2%)
1 – 2 months	12 (16,7%)
3 – 6 months	15 (20,8%)
more than 6 months	24 (33,3%)
Prenatal follow-up	
Yes	228 (98,7%)
No	3 (1,3%)
Number of prenatal visits†	
≥ 8	165 (75,7%)
< 8	53 (24,3%)
Orientation on breastfeeding in the prenatal period	
Yes	76 (33,3%)
No	152 (66,7%)
Participation in groups for pregnant women	
Yes	37 (16,0%)
No	194 (84,0%)
Orientation on breastfeeding in the group of pregnant women	
Yes	29 (78,4%)
No	8 (21,6%)

Source: survey data.
Excluded were those who did not know (n=10).

could be presented individually or associated, according to maternal difficulties.

As for the satisfaction of women regarding the breastfeeding consultation, 226 (97.8%) were totally satisfied. As for the resoluteness of the breastfeeding consultancy, 163 (70.6%) of the postpartum women reported having their problems solved completely, 61 (26.4%) partially, and 7 (3.0%) considered the consultancy service unresolved.

The reasons mentioned for the partial resolvability or non-resolvability of the breastfeeding consultation can be seen in Table 4.

DISCUSSION

Analyzing the profile of the puerperae studied, most were 20 years old or older. A study conducted at a University Hospital in the Southeast of Brazil is similar to this age range, with 85.7% of participants aged 19 years or older.[10]

Maternal age can be of great relevance in the process of breastfeeding, considering that older mothers seem to have higher levels of oxytocin.[11] While younger mothers with little or no experience in breastfeeding can be easily influenced by the opinion of others, either for practices that favor or not the consolidation of breastfeeding.[12]

In this sense, the family group are the people with whom puerperae live the longest time after hospital discharge. We found in this study that most puerperae had a partner and almost all of them lived with him or her. The presence of a partner, acting together, dividing responsibilities and reaffirming the desire of the puerpera, makes her safer, generating a feeling of empowerment at times when difficulties predispose to the interruption of breastfeeding.[13]

Table 3 – Reasons for referral to the AM consulting team. Porto Alegre, RS, Brazil, 2017

Variable	N (%)†
Difficulty in breastfeeding technique	188 (81,7%)
Primiparity	133 (57,8%)
Breast Anatomy	66 (28,7%)
Cracks	45 (19,6%)
Pain when breastfeeding	42 (18,3%)
Low milk production	34 (14,8%)
Hyperemic nipples	23 (10,0%)
Previous history of impaired breastfeeding	20 (8,7%)
Adolescent puerperal	14 (6,1%)
Previous history of not breastfeeding	11 (4,8%)
PIG Newborn	11 (4,8%)
Uninterested Newborn	10 (4,3%)
Need for guidance/doubts	9 (3,9%)
Crying Newborn	8 (3,5%)
PIG Newborn	7 (3,0%)
Voracious Newborn	5 (2,2%)
Other	40 (17,3%)

Source: Survey data.
†Results may exceed 100% since there may be more than one answer.

Table 4 – Resolutivity of the AM Consultancy. Porto Alegre, RS, Brazil, 2017

Variable	N (%)†
Problem fully solved	163 (70,6%)
Problem solved in part	61 (26,4%)
Difficulty in technique	26 (42,6%)
Fissure	23 (37,7%)
Nipple Anatomy	8 (13,1%)
Low milk production	8 (13,1%)
Pain	5 (8,2%)
Unsolved problem	7 (3,0%)
Low milk production	7 (100%)
Difficulty in technique	2 (28,6%)
Fissure	1 (14,3%)
Pain	1 (14,3%)
Nipple Anatomy	1 (14,3%)

Source: Survey data.
†Results may exceed 100% since there may be more than one answer.

The predominant family income in the study population was less than four minimum wages, considering the value in force at the time of collection. Evidence shows that in low – and middle--income countries, exclusive breastfeeding in children under six months of age does not reach 40%.[14] In high-income countries, the economic level also influences the initiation and continuation of breastfeeding, with women with higher purchasing power breastfeeding for longer, when compared to the poorer ones.[15]

This fact may be linked to two aspects: a low level of education, such as the years of study of the puerperal woman and her partner reported in this study, and the need to return to the labor market. Both hypotheses have been discussed in the literature and are related to the interruption of EBF.[16,17]

The use of tobacco and drugs during pregnancy was reported by a small number of puerperae. Meta-analysis identified smoking as one of the factors with a high negative impact associated with the initiation and continuation of breastfeeding.[18] Evidence suggests that nicotine levels in the breast milk of women who smoke are three times higher than plasma levels, thus causing changes in milk composition and resulting in the infant's response to breast milk. In addition, the volume of breast milk is reduced and the duration of the lactation period is shorter.[19]

Most puerperal women in this study were primiparous, and this was the second most prevalent reason for referral to the breastfeeding consulting service. Primiparity is related to lack of skills and experiences related to breastfeeding, and may be a complicating factor in the establishment of breastfeeding.

Previous evidence suggests that primiparous puerperal women are surrounded by feelings such as fear, anxiety, and insecurities related not only to breastfeeding, but also to pregnancy and childbirth. For this reason, they become more susceptible to the reproduction of previous family experiences, where they build an expectation based on their mother's experience, which may influence the decision to breastfeed their children.[20]

Regarding the route of delivery, almost half of the participants in the study had their children by cesarean section, while approximately two-thirds of those who had vaginal delivery underwent episiotomy. The type of delivery influences breastfeeding; the physiological processes that occur in the mother's body during labor, through the narrowing of the cervix, cause oxytocin to be released, favoring the milk ejection process. This process slows down when the birth is by cesarean section.[21]

Moreover, cesarean deliveries can influence breastfeeding by the removal of the mother and baby in the postoperative period, besides the fact that children born via elective cesarean section are more likely to have a younger gestational age, which affects the ability to suck and the baby's alertness.[18]

Most women breastfed their previous child for more than six months, while the second place was occupied by those who could not breastfeed. This fact demonstrates the diversity of the study population, extolling the opposition of actions related to breastfeeding.

Previous experiences with breastfeeding can interfere with maternal attitudes in subsequent pregnancies. While mothers who had a positive previous experience wish to breastfeed their newborn and feel secure in the face of difficulties, mothers who had a bad experience have greater difficulties and carry feelings of insecurity and fear of failure.[13] Such insecurities can be minimized through a qualified approach to breastfeeding in the prenatal period.

The WHO recommends a minimum of eight prenatal consultations.[22] It was observed in this study that most postpartum women had the recommended number of consultations, but it is noteworthy the large number of cases in which there was no approach on breastfeeding during consultations. Therefore, the high number of postpartum women with difficulty in breastfeeding technique may reflect the incipient guidance on breastfeeding in prenatal care.

These findings suggest that guidance on breastfeeding is not usually part of the routine prenatal consultations, although the MH recommends this approach in consultations and also in groups for pregnant women.[23] A study conducted in Cuiabá corroborates this statement by showing that 99.7% of puerperae had prenatal care and only 48.9% received guidance on breastfeeding during this period.[24] This reveals a gap in the quality of care offered to pregnant women, since the guidance about pregnancy and puerperium is of fundamental importance and the educational role of health professionals who provide such assistance should not be minimized.

With regard to the reasons for referral to breastfeeding consultancy, the most important are difficulty in the technique, primiparity, non-protusa breast anatomy, the presence of fissures, and pain. These reasons have been highlighted in other studies as major obstacles to the effectiveness of BF, requiring qualified guidance to overcome them.[25-27]

In settings where breastfeeding consultancy is present, there have been positive results in combating such difficulties, as in a study conducted in Italy, which showed a reduction of more than 16% in the presence of breast lesions when comparing women assisted by the consultancy service versus those submitted to standard routines.[28]

In this research, one can observe the high satisfaction rate of postpartum women regarding the breastfeeding consultancy service, corroborating other research that evidenced the satisfaction of women, the quality of breastfeeding support, and the reduction of sore/fissured nipples after the inclusion of an IBCLC-certified lactation consultant in the institution.[28]

The resolutivity was observed in lower rates, the main reason being the difficulty in breastfeeding technique. However, the short period between the consultant's performance and the application of the instrument to the puerpera should be pointed out, which may have limited the time between the guidance and the effectiveness of the learned practice.

When the difficulty pointed out by the puerpera was not solved, the prevalent reason was low milk production. Evidence justifies that this can occur when the breast is being emptied inadequately, associated with infrequent feeds and even inefficient suction by the baby.[29]

The occurrence of maternal milk production, also known as apojadura, can vary according to the individual characteristics of each puerperal woman, while for some it occurs on average 30 hours after birth, in other women it will only occur a few days. In these cases, the professionals who assist these puerperae should develop maternal confidence, in addition to providing guidance on how frequent sucking and milking can stimulate the breast during this period.[30]

As a limitation of the study, the short period between the assistance provided by the consultant in breastfeeding and the application of the research instrument is pointed out, which may not reliably portray the work offered due to the short time for application in practice.

CONCLUSION

This study made it possible to characterize the reasons for referring puerperae to the breastfeeding consultancy, the main ones being difficulty in breastfeeding technique, primiparity, breast anatomy, fissures and pain when breastfeeding, as well as to verify the satisfaction and resoluteness of the consultancy service.

The performance of the breastfeeding consultant qualifies the care to the mother-baby binomial, helping to face the difficulties that arise during the establishment of breastfeeding, bringing a feeling of satisfaction to almost all the studied puerperae, and most of the time their problems are considered solved.

The nurse, as well as other health professionals, has a fundamental role in assisting puerperae and babies, both during pregnancy and in the postpartum period, acting in an educational and preventive manner regarding the problems that may arise when breastfeeding begins.

This study provides subsidies to justify the insertion of consultants in breastfeeding in health institutions that provide maternal and child care, given the high rates of resolutivity in the problems presented by puerperae in the context of breastfeeding. Its early action can leverage the success of the practice and thus promote the rise of breastfeeding rates, according to current recommendations worldwide.

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