Cogitare Enfermagem

ORIGINAL ARTICLE

# EXPERIENCE OF THE MATERNAL WEANING PROCESS AMONG PRIMIPAROUS WOMEN: QUALITATIVE STUDY

## HIGHLIGHTS

1. Weaning due to maternal physical and emotional exhaustion.
2. Abrupt and gradual weaning.
3. Contradictory maternal feelings as a consequence of weaning.
4. Weaning is experienced unpleasantly, generating suffering.

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## ABSTRACT

**Objective:** To understand the experience of the weaning process for primiparous mothers in a municipality in the interior of Ceará, Brazil. **Method:** Using semi-structured interviews, a descriptive, qualitative study was conducted with eight women. Data collection from August 2022 to March 2023 in Primary Health Care, using Bardin's content analysis. **Results:** three thematic categories emerged: reasons for the mother's decision to wean, strategies employed by the mother to wean, and the consequences of weaning for the mother and child. Maternal perceptions of the motivation for weaning were related to behavioral aspects of the child and maternal needs. Various strategies were classified as gradual or abrupt weaning, which generated changes in the children's behavior and contradictory feelings in the mothers. **Final considerations:** weaning is experienced unpleasantly, generating suffering. It reveals the lack of professional assistance and the need to expand studies.

**KEYWORDS:** Breastfeeding; Weaning; Life-Changing Events; Mother-Child Relationships; Maternal and Child Health.

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## INTRODUCTION

Weaning is a complex process in which children are given complementary foods, including solid foods, to meet the nutritional needs related to their growth[1]. It is an essential stage in child development, covering the 6 to 24 months or more when they move from exclusive breastfeeding or formula feeding to complementary feeding[2].

Temporally, weaning begins when the child consumes a source of nutrients other than breast milk and ends after consuming breast milk for the last time. Weaning, then, can be defined as the process that takes place between this beginning and this end, and can take many forms and vary in terms of the time it takes to complete[3]. It is also considered a difficult and potentially dangerous period for children's growth, and the mother's education is decisive for its success[4].

However, most mothers use inappropriate weaning methods, such as smearing the nipples to scare the infant and applying substances with a bad taste or smell to the nipples to cause disgust, among others[5]. Anxiety, restlessness, a breakdown in the child's relationship, and trust in the mother emerge as the main consequences of applying these methods[6]. For this reason, it is accepted that weaning is a very vulnerable period in the child's life[2], indicating the need for professional support[5].

Health professionals need to understand the importance of encouraging mothers, when possible, to breastfeed for two years or more. They also need to provide instructions on the practices that support a healthy weaning process to provide mothers with the benefits and disadvantages of the various practices[7]. The nurse's role in this function should be emphasized, guiding the process of gradual weaning and the proper introduction of food, transmitting confidence and encouragement so that a positive outcome can be achieved[8].

Given the above and considering that the experience of weaning is also a challenging moment for the breastfeeding (BF) process, the guiding question emerged: what is the experience of the maternal weaning process among primiparous women in a municipality in the interior of Ceará?

Findings highlighted in studies, such as the scarcity of empirical studies on weaning practices[9-10]; the recognition that weaning is essential to meet the nutritional demands of the growing infant[11]; the finding, based on previous studies, that neglect during this phase can have profound effects on the mother's physical and mental health[6,12]; and associated with the need to develop innovative policies that include broad public education to improve not only breastfeeding practices but also weaning practices[10] justify this research. The aim was, therefore, to understand the experience of the weaning process for primiparous mothers in a municipality in the interior of Ceará, Brazil.

## METHODS

This is a descriptive, qualitative study with eight women from a municipality in the interior of Ceará, Brazil. The inclusion criteria were primiparous women aged 18 or over who had not undergone early weaning, i.e., who had stopped exclusive breastfeeding after the infant had reached six months of age and had introduced other foods into the child's diet to supplement breast milk[13]. In this study, weaning was considered the definitive interruption of breastfeeding after the child was one year old. Mothers with multiple pregnancies and children aged three or over were excluded to reduce memory bias.

The participants were initially approached through the Family Health teams (FHt) in the municipality's headquarters. The final study sample was determined by convenience. After collecting the data of the likely participants, the Community Health Agents (CHAs) of

the FHt carried out an active search through telephone contact or home visits to carry out screening, taking into account the previously established inclusion criteria. The researcher then contacted them by telephone to invite them to participate in the study. Once the data had been confirmed and the mother showed interest, an interview was scheduled in a private room at the Basic Health Unit (BHU), only in the presence of the researcher and the participant. Acceptance was formalized by signing the Free and Informed Consent Form (FICF).

Data collection took place between August 2022 and March 2023 through individual interviews, lasting an average of thirty minutes, following a semi-structured script written by the author herself, adapted from a previous study[14], consisting of closed questions for socioeconomic characterization (age group; ethnicity; schooling; marital status; smoking; alcohol use; type of delivery); smoking; use of alcohol; and family income), obstetric (gestational age; number of prenatal consultations; guidance on breastfeeding; type of delivery) and breastfeeding process (skin-to-skin contact at birth; breastfeeding in the first hour of life; breastfeeding time) of the participants, and according to the guiding question of the research: how did your weaning process happen?

Empathetic questions were used, based on the participants' accounts, to delve deeper into topics of interest to the research. The assistant researcher conducted the interviews, a nurse from the municipality's Family Health Strategy and a breastfeeding consultant with experience in qualitative research. Even so, the research team's breastfeeding consultant coordinator provided training on techniques for approaching the participants and collecting data. The stories were audio-recorded at the meeting, subject to prior authorization, and then validated by the participants, who were asked if they were interested in adding or removing information.

To calibrate the data collection instrument, a pre-test was carried out with three mothers to correct possible flaws and enable the researcher to improve the data collection technique, which was not included in the final sample. There were no losses of participants in this process, but there were two refusals. At this stage, no sampling criteria were used since by developing the field stage concurrently with data analysis; it was possible to conclude the production of data when the meanings expressed in the maternal reports showed the encounter with the investigated phenomenon[14].

The assistant researcher transcribed the recordings in full after completing the interview, using a word processor (Word) to analyze the data. Bardin's content analysis[15] was used to guide the analysis process as a facilitating strategy that employs human coding. This is why two researchers conducted the analysis independently, with further triangulation by a third member of the research team to ensure the rigor of the study[16].

Following this direction, we proceeded to the following stages: pre-analysis (the actual organization phase, developed from five stages: 1) floating reading; 2) organization of the material; 3) formulation of hypotheses and objectives; 4) referencing of indices and elaboration of the indicators adopted in the analysis; and 5) preparation of the material: an exploration of the material, involving operations of coding, decomposition or enumeration, according to previously formulated rules; and treatment of the results, inference and interpretation, involving the categorization of the data through the treatment of the results obtained and interpretations, when the transformation of the raw results into significant and valid ones took place[15]. It is important to mention that the coding scheme used inductive content analysis since the concepts, meanings, and categories are derived from the data[17].

The Research Ethics Committee approved the study under opinion number 5.546.527. The anonymity of the participants was ensured by using the letter "M", referring to the mother, followed by a number corresponding to the order in which the interview took place.

## RESULTS

Eight primiparous mothers aged between 21 and 35 (average age 27) participated in the study. Six (75%) declared themselves to be brown, five (62.5%) had completed high school, seven (87.5%) were single, none were smokers, one (12.8%) used alcohol, six (75%) had a family income of between one and two minimum wages and six (75%) reported not working.

About the time they had been breastfeeding, two (25%) participants said they had weaned only after age two. In contrast, the other six mothers said that they had stopped breastfeeding at one year and four months, one year and five months, one year and six months, one year and seven months, one year and eight months, and one year and ten months, respectively.

After reading and analyzing the interviews, three thematic categories emerged: reasons for the mother's decision to wean, strategies employed by the mother to wean, and the consequences of weaning for the mother and child.

In the category, "Reasons for the mother to decide on weaning," it was observed, based on the mothers' perceptions, that the willingness to stop breastfeeding was related to the child's sleep and the interference in the mother's sleep, generating physical and emotional strain, according to the participants.

*She breastfed from birth [...] she made an association* (of *breastfeeding*) *with sleep. This made it very difficult because she wanted to suckle whenever she went to sleep.* (M1)

*[...] he was about to turn two; I started feeling dizzy, weak, and tired.* (M2)

*I couldn't sleep at home because she was [breastfeeding] all night [...] I wasn't healthy anymore.* (M8)

Another important factor that motivated the women to wean was the child's dependence on and attachment to the mother, coupled with the need for greater autonomy and a return to work.

*I had to leave [...] sometimes to travel, which was very complicated. I couldn't because of this contact, her great dependence.* (M1)

*I also had to work, so I had to wean* myself. (M5)

The reports also revealed that the mothers believed that breastfeeding was no longer necessary due to the introduction of food. The practice was no longer conducive to nutrition, used because of the child's mania/addiction, or to promote soothing.

*It was more like a mania than her nourishing herself. [...] It was just a warm-up.* (M1)

*The breast was no longer enough for her at that age, one year and five months; I think it was just the child's addiction [...]* (M6)

Also noteworthy is the family and social criticism of breastfeeding, which is considered prolonged and unnecessary for the child.

*Everyone wanted me to wean; everyone kept saying, "This girl doesn't need to breastfeed anymore". So, we don't even feel like it's a support. It feels like criticism.* (M3)

*For my mother's sake, I had already left. Like, for them: "Oh, get it off your chest; it doesn't fit anymore".* (M7)

In the category "Strategies employed by the mother to carry out weaning", it was observed that when faced with the decision to stop breastfeeding, the participants looked for various ways to carry it out. Gradually stopping breastfeeding was mentioned as a weaning strategy, as highlighted in the reports.

*I took it little by little; I didn't take it all at once; I reduced the feeds.* (M1)

*[...] I took the day off. Then I took it off at night. Then I wouldn't say noon anymore. I took it out little by little until she got used to it.* (M3)

The use of substances on the nipples has been described as a method of weaning aimed at causing the child to become opposed to breastfeeding because of the change in taste or smell. Another practice used to get the child to stop breastfeeding was dyeing the nipples, arguing that the breast was sick as a justification for the child to stop breastfeeding.

*My mother had some home remedies: We gave them Dipyrone®, and she's terrified of dipyrone. When she smelled it, that was it. [...] And she even tasted it, very bitter. I used another oil that my mother had [...] Then she: "Put this castor oil on it, and it won't catch the smell". And she didn't want to.* (M7)

*I even painted my chest red and put on lipstick. Then I said, 'Oh* (child's name) *is sick! Then she'd say, "Yeah, clean up!" [...] she'd still iron the diaper. She was like that; it hurt me more.* (M8)

Adherence to artificial nipples and distraction strategies were used to soothe the child and make the weaning process go more smoothly.

*When he wanted the breast, I'd give him a piece of fruit so he could forget about it.* (M5)

*We even gave her a pacifier to see if she could control herself more, [...] so that she would stop crying, at least in the early morning hours. She gradually calmed down.* (M8)

On the other hand, the abrupt separation of the mother-child dyad was also included as a strategy for interrupting breastfeeding, highlighting the contribution of the support network in this practice.

*At bedtime, he* (her father) was the *one who put* her to sleep *[...] she went to sleep, and I went back to bed in the bedroom [...] if it hadn't been for her father, I wouldn't have made it.* (M1)

*[...] I had help [...], when she asked for the breast, someone would take it [* ...] (M3)

*I always let my sister take him to her house. For him to stop sucking.* (M4)

In the category "Consequences of weaning for mother and child", it was possible to address the implications faced in the weaning process, including changes in children's behavior, both during and after the end of breastfeeding. Crying, a feeling of abandonment, and a perception of greater independence in the child were all outcomes reported by the mothers as a result of weaning.

*I wasn't breastfeeding anymore, so I didn't have that connection. So she felt a bit abandoned.* (M3)

*She became a more independent child. Today, she eats her food. Before I had to be close to her, I had to be in her mouth.* (M6)

*She cried, she wailed.* (M8)

As for the mothers, the children's intense crying due to the interruption of breastfeeding caused emotional distress and feelings of sadness, despair, and guilt, as described in the

participants' reports. At the same time, the mothers expressed relief at the success of weaning and the transformation of the bond, as well as longing.

*When she left, in a way [...] You feel that relief of no longer having all that attachment [...] 'I should be at home to breastfeed'. But there is that question of "I'm not so important anymore".* (M3)

*It was a bit complicated, but I felt relieved when I took it off. (M6)*

*It wasn't very good because I still miss it [...]. Because when he's breastfeeding, he's more attached to his mother. Once they stop feeding, there's no longer that attachment.* (M4)

*I miss it a lot. [...] I miss it a lot. It's very good!* (M7)

*We saw her desperation and mine, and I was trying [...] it was very sad. It's a terrible experience! I didn't like it! Because I kept thinking, "Am I a bad mother for doing this"? I had that guilt.* (M8)

## DISCUSSION

Once the thematic categories had been formed and grouped, after careful analysis by the researchers, the findings were interpreted using bibliographical references and the content of the speeches according to their meanings. The results showed that the experience of weaning for primiparous mothers was a complex practice, accompanied by circumstances that change the relationship between mother and child.

The decision to stop breastfeeding due to maternal and child sleep problems proved to be a determining factor in weaning, as mothers considered the child's nocturnal awakenings a problem[18]. Despite this, it is important to consider that strategies can be implemented to support the mother's breastfeeding on demand, including at night.

One of the strategies currently used to reduce the impact of breastfeeding on maternal sleep is to keep the baby close to the mother while she sleeps. Although the topic is controversial due to the historical conclusions in the literature that bed-sharing is responsible for sleep-related death, recent studies show a split risk, with a higher risk when exposed to certain hazards, such as alcohol and other drugs by parents. Still, bed-sharing can protect against Sudden Infant Death Syndrome when associated with breastfeeding and without hazards.[19-20]

The participants also mentioned the mother's exhaustion related to the exhausting breastfeeding routine and the need to carry out other tasks as conditions that contributed to weaning. There is an ambiguity between the feeling of pleasure that breastfeeding causes women and the various restrictions that the practice imposes, pointing out that autonomy over one's body, the relationship with one's partner, and the progress of one's profession become decisive in this context[21].

Thus, it must be considered that the mother's support network can help prevent weaning since optimal breastfeeding may require sharing paid and unpaid workloads equally with other family members. It is suggested that gender-equitable strategies for adjusting to night-time parenting involve reducing maternal work commitments (employment obligations or household chores) and sharing the care of the infant[22].

The mothers also indicated that they decided to wean with the introduction of food because, according to family and social criticism, breastfeeding was no longer necessary and could even compromise the child's nutrition, a perception associated with the belief that breast milk is weak or insufficient, especially for older children[23]. This perception is

mistaken since, although introducing complementary foods triggers a gradual weaning process, breastfeeding remains an essential part of the child's diet until at least 12 months[24] or 24 months, depending on the literature consulted.

From the point of view of biological anthropology, it has been identified that the environments of modern industrialized societies generally make it difficult for mothers to breastfeed outside the home, even though the laws of many countries prohibit the exclusion of women who breastfeed in public places[25]. It turns out that many mothers feel pressured to breastfeed when their children are young but discouraged as they get older[26].

The perception of the child's excessive attachment to the mother due to breastfeeding makes it difficult to carry out daily activities and is cited as a reason for weaning. Although mother-infant attachment is undoubtedly beneficial for child development[27], it is important to recognize that, for mothers, prioritizing breastfeeding comes at a cost in terms of delayed return to work and limited outings[28].

The participants explained the strategies they used to achieve weaning, mentioning gradual interruption, night-time interruption, mother-infant separation, the use of substances on the nipples, and pacifiers and techniques to distract the child. It can be seen that the participants were generally guided in this process by cultural aspects, opting for gradual or abrupt weaning methods.

In gradual weaning, breastfeeding should be stopped gradually, and the infant should not leave the mother suddenly. In this technique, it is recommended that breastfeeding be interrupted first by daytime feeding and then by eliminating nighttime feeding, and the mother should not be separated from the child. On the other hand, abrupt weaning involves changing the taste or appearance of the breast and separating the baby from the mother[12].

Despite the harmful effects of abrupt weaning[7], it was observed that mothers used inappropriate traditional methods, such as the use of substances on the nipples and the use of pacifiers. A study carried out in Turkey to determine the weaning practices of mothers with children between two and five years old found that 55 (85.9%) participants used inappropriate methods to wean their children, including dyeing the nipples to scare the baby (16.4%), applying substances with a bad taste or smell to the nipples to disgust the baby (40.0%), covering the nipples with various materials (18.2%), using a pacifier or bottle (20.0%) and separation from the mother (5.5%), all of which were also mentioned in this study. The importance of counseling and education for mothers and family members and developing policies to implement the correct weaning methods are emphasized[12].

Weaning triggers behavioral and emotional consequences. In the children, the mothers described intense crying, probably associated with abrupt weaning[7] and later, with the definitive interruption of breastfeeding, greater independence, and autonomy, which may be associated with prolonged breastfeeding itself since a study aimed at exploring the association between the time/duration of breastfeeding and the age of weaning, and specific neurodevelopmental skills and behaviors at the age of two found that the greater the intensity and duration of breastfeeding, the higher the indicator scores for gross motor, visual and neurological functions, suggesting the development of autonomy[27].

The mothers reported suffering and feelings of guilt alongside feelings of relief and longing. These results are similar to those found in a qualitative study with a phenomenological design carried out in Germany, the aim of which was to explore how women perceive weaning, which revealed that, after stopping breastfeeding, ambivalence was a common experience among many women who regretted but, at the same time, felt relieved about weaning[28]. This stems from excessive social pressure that idealizes perfect motherhood, in which prioritizing the mother's interests is accompanied by feelings of maternal failure and guilt.

A limitation of the study is that it was carried out in a single municipality, revealing the reality of women cared for by the public health service, indicating the need for broader research that includes other scenarios and different methods.

## FINAL CONSIDERATIONS

Even when it is not early, weaning is experienced unpleasantly, causing suffering and sudden changes in established lifestyle habits for mothers and infants. There is a lack of assistance from health professionals in this process, which could mitigate the current and future problems associated with execution.

There is a need to expand studies on the interruption of breastfeeding, intending to create instruments that are collaborative and instructive for mothers who breastfeed and wish to stop, as well as encourage professional qualification about weaning, to make the process gradual and friendly, encouraging the autonomy and uniqueness of the mother-child binomial.

To this end, the study aims to help encourage managers and health professionals about the importance of different types of maternal support during breastfeeding, including the weaning process, as well as to encourage the implementation of care protocols to provide comprehensive and longitudinal care that includes extensive public education to improve mothers' weaning practices. This is important since public policies and the training of health professionals have generally focused on actions to encourage breastfeeding and prevent early weaning. Still, little has been said about the need for adequate support in the process of gradual weaning and the transition to complementary foods, a practice that should be individualized according to the child, mother, family, and specific culture.

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**Role of Authors:**
Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Silva DC e, Rocha RC, Dantas ALB, Bezerra MAR.** Drafting the work or revising it critically for important intellectual content - **Silva DC e, Brito M de A, Carneiro CT, Rocha RC, Rocha KN de S, Dantas ALB, Bezerra MAR.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Silva DC e, Bezerra MAR**. All authors approved the final version of the text.

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