LEARNING AND BREASTFEEDING PRACTICE IN THE NEONATAL INTENSIVE CARE UNIT: EXPERIENCE OF WOMEN

ABSTRACT

Objective: to analyze the effect of nursing guidelines on the learning and practice of breastfeeding at the time of newborn infant’s discharge from the intensive care unit. Method: this is a descriptive and exploratory study with a qualitative approach. After the authorization from the Research Ethics Committee of Universidade Federal do Estado do Rio de Janeiro, under the Opinion 5531.0.000.313-9, 15 mothers were interviewed. Data collection was conducted with a form and an interview script. In the analysis by grouping of convergent data, three categories were identified. Results: the results showed a knowledge deficit with regard to the nutritional and immunological benefits, the preservation of milk, the maintenance of lactopoiesis, the prevention of nipple fissures, and the massage and milking technique. Conclusion: although mothers have the perception that the guidance received was satisfactory, from the technical point of view, one observed that there’s a need for using a dialogic advising based on the sociocultural aspects of the woman and family. Descriptors: Breastfeeding; Premature; Mothers; Nursing.

RESUMO

Objetivo: analisar o efeito das orientações de enfermagem no aprendizado e na prática materna da amamentação no momento da alta do recém-nascido da unidade de terapia intensiva. Método: trata-se de estudo descritivo e exploratório com abordagem qualitativa. Após a autorização do Comitê de Ética em Pesquisa da Universidade Federal do Estado do Rio de Janeiro, sob o Parecer n. 5531.0.000.313-9, foram entrevistadas 15 mães. A coleta de dados foi realizada com formulário e um roteiro de entrevista. Na análise por agrupamento dos dados convergentes foram identificadas três categorias. Resultados: os resultados demonstraram déficit no conhecimento quanto aos benefícios nutricionais e imunológicos, à conservação do leite, à manutenção da lactopoiese, à prevenção de fissuras mamilares e à técnica da massagem e ordenha. Conclusão: embora as mães tenham a percepção de que a orientação recebida foi satisfatória, do ponto de vista técnico, foi observado que é necessário utilizar uma orientação dialógica baseada nos aspectos socioculturais da mulher e da família. Descritores: Aleitamento Materno; Prematuro; Mães; Enfermagem.

RESUMEN

Objetivo: analizar el efecto de las orientaciones de enfermería en el aprendizaje y en la práctica de lactancia materna en el momento del alta del recién nacido de la unidad de cuidados intensivos. Método: esto es un estudio descritivo y exploratorio con abordaje cualitativo. Después de la autorización del Comité de Ética en Investigación de la Universidad Federal do Estado do Rio de Janeiro, bajo la Opinión 5531.0.000.313-9, 15 madres fueron entrevistadas. La recogida de datos fue realizada con formulario y un guión de entrevista. En el análisis por agrupamiento de los datos convergentes fueron identificadas tres categorías. Resultados: los resultados demuestran déficit en el conocimiento acerca de los beneficios nutricionales e immunológicos, la conservación del leche, el mantenimiento de la lactopoiesis, la previsión de fisuras del pezón y la técnica de masaje y ordeño. Conclusión: mientras que las mujeres tengan la percepción de que la orientación recibida fue satisfactoria, desde el punto de vista técnico, fue observado que es necesario utilizar una orientación dialógica basada en los aspectos socioculturales de la mujer y la familia. Descriptores: Aleitamento Materno; Prematuro; Mães; Enfermagem.
INTRODUCTION

The national statistics show that breastfeeding is practiced at much lower levels than recommended by the World Health Organization (WHO). Among the various reasons for early weaning, there’s a lack of appropriate professional guidance with regard to the sociocultural understanding of the nursing mothers, as most of them wish to breastfeed, but they aren’t adequately prepared to keep lactation.1

The II Survey on Prevalence in Brazilian Capitals and the Federal District, organized by the Ministry of Health, pointed out that exclusive breastfeeding (EBF) in children less than 6 months old was 41.0% in all the state capitals and the Federal District. The behavior of this indicator was very heterogeneous, ranging from 27.1% in Cuiaba, Mato Grosso, to 56.1% in Belem, Para.2 Due to this early weaning, many children have diarrhea, respiratory infections, and other infectious diseases which increase the rates of infant mortality in the country.

In order to reverse the low rates of breastfeeding length, there’s a need for identifying along with women who are at high risk for early weaning its causes and developing strategies with education interventions based on elements susceptible to changes such as confidence in breastfeeding and their ability to breastfeed.3

In the context of the neonatal intensive care unit, the difficulty for maintaining the breastfeeding of a premature newborn infant is noticed in our everyday life, even with the guidance work performed by the nursing team. Thus, we’re faced with the need to review the guidance conducts aimed at the mothers through what they express with regard to their feelings and knowledge on breastfeeding at the time of their children’s hospital discharge.

Guidance and support, where there’s a need for separating mother from child, are essential so that breastfeeding is successful.4 Data from the Ministry of Health show the high prevalence of non-exclusive breastfeeding in Brazil, suggesting an alert to the health authorities so that they provide mothers with education actions, with information on the harmful effects of non-nutritive fluid administration in the child’s first months of life.5

Among the nursing actions involving the promotion and management of breastfeeding, one highlights the guidelines based on the needs reported by the mothers, thus establishing individualized strategic plans. The result of this dialogic relation are the caring forms based on needs and not pre-established norms which frame care as universal and unique.

When studying the testimonies of women, one intends to contribute to the decrease of early weaning at this unit, constitute a reference for other units which identify the same problems in its service of guidance and support for breastfeeding women, and increase the technical and scientific knowledge of the nursing professionals involved in this care.

OBJECTIVE

- To analyze the effect of nursing guidelines in learning and practice of breastfeeding at the time of the newborn infant’s discharge from the intensive care unit.

METHOD

This is a descriptive and exploratory study with a qualitative approach and it was grounded on the methodology of Social Research, as it’s an inquiry aimed at a certain social group, consisting of 15 mothers of newborn infants admitted to the neonatal intensive care unit (NICU) who didn’t have a contraindication to breastfeeding. The methodology adopted aimed at understanding the theoretical and practical knowledge of mothers on breastfeeding at the time of discharge from a NICU located in the city of Rio de Janeiro, Brazil.

The choice of a qualitative approach was appropriate because, during the investigation, one expected to come across the problems noticed by the mothers which hinder breastfeeding. This approach is important for constructing knowledge, and it may allow the onset of a theory, its formulation, strengthen and clarify the already consolidated approaches with no need for a formal quantitative comparison.6

It was also appropriate because the interest wasn’t focused on counting the number of times that a variable appeared, but on what they represented. With this kind of research, one tries to understand a problem from the perspective of individuals who experience it, i.e. one is attentive to the social context in which the event occurs.7

The study subjects were 15 nursing mothers. The inclusion criteria were: mothers of premature newborn infants from 34 to 36 weeks who were admitted to the ICU and were discharged. One excluded from the
study mothers whose children had cleft palate, syndromes, and diseases which hindered breast suckling; extremely premature infants; and those cases in which mothers were living with HIV, because, in these cases, their children couldn’t be breastfed.

Data collection was conducted through two instruments: a form for characterization of subjects with socioeconomic data and an interview script with three open questions: 1) What do you know on breastfeeding? 2) How was it for you to breastfeed your child? 3) What do you think about the guidance received on breastfeeding at the ICU?

Therefore, in the analysis of the collected data, the descriptive study also contributed by having as its main objective the description of the characteristics of a given population or phenomenon or, then, the establishment of relations between variables obtained through the use of standardized techniques for data collection, such as the questionnaire and the systematic observation.8

The exploratory study of data allowed one to increase the familiarity of researchers with the phenomenon of knowledge and the practice of mothers who had their newborn infants admitted to the ICU. As the exploratory studies are empirical investigations whose aim is formulating questions or a problem, with the three-fold purpose of developing hypotheses, increasing familiarity of the researcher with the environment, fact, or phenomenon, to conduct accurate further research or to modify and clarify concepts.9

Regarding the ethical issues of this study, it met all the standards from the National Council of Research Ethics, being evaluated and authorized by the Research Ethics Committee of Universidade Federal do Estado do Rio de Janeiro (UNIRIO), under the Opinion 5531.0.000.313-9, with the initial title “Breastfeeding in the intensive care unit: a maternal view”. One obtained the signature of the free and informed consent term by all women, as indicated by the legal precepts of the Resolution 196/96. In order to preserve anonymity, the name of a flower was attributed to each woman.

The data collection period was from February to April 2010. The speeches were recorded in MP3 and then transcribed. The converging speeches were grouped, allowing the construction of analytical categories. Thus, three categories emerged: the women’s practical experience with regard to breastfeeding; the maternal learning on breastfeeding; and the maternal perception about the guidance they received on breastfeeding.

### RESULTS AND DISCUSSION

- **Characterization of subjects**

  The age of interviewed mothers ranged from 27 to 35 years. Regarding education, 13 (86.7%) have a Higher Education degree and 2 (13.3%) have a High School education, 14 (93.3%) women have jobs, and only 1 (6.7%) didn’t work out of home. Concerning the experience of motherhood, 13 (86.7%) were primiparous and only 2 (13.3%) delivered a second time.

- **Women’s practical experience on breastfeeding**

  All surveyed mothers had dreamed of motherhood and wanted to breastfeed their children, something which is a favorable factor for positive feelings and absorption of nursing guidelines on breastfeeding, however, one of the mothers had difficulties due to the painful sensation caused during the breastfeeding act.

  > It was an excellent experience. It was the first contact between mother and child. We all know the importance of this for the development of the mother along with child. I really want to keep breastfeeding my child. (Hortensia)

  > It was something I always wanted to do. Many things came into my mind. Know whether I would be able to breastfeed. (Victoria Amazonica)

  > It was a magic moment, indescribable. A very good feeling. This contact. This time of yours and hers, you can’t even imagine. (Dahlia)

  The action of oxytocin, which is an important hormone in this relationship between mother and newborn infant, it goes beyond the increased uterine contractions that trigger childbirth and milk secretion. This hormone has a calming effect on the mother and it tends to increase her bond to the baby, an effect due to which oxytocin was named the attachment hormone.8 This hormone triggers the breastfeeding pleasure in mothers, often leading them to overcome the painful experience.

  > For me, it was a unique experience, indescribable. It’s a good feeling. It’s painful, but we can provide food. It’s like a vaccine for the baby. (Lily)

  The experience in this care shows that the pain during breastfeeding occurs due to the sudden recharge of milk ducts during the milk letdown, the handling and incorrect position...
Breastfeeding is the most important event of the first months of a baby’s life: it strengthens the bond between mother and child, promotes an increase in the antibodies and a weight gain, as well as it helps in the development of oral structures, such as lips, tongue, cheeks, hard and soft palate, responsible for the proper functioning of breathing, sucking, swallowing, chewing, speech articulation, and it provides the nasal standard of breathing.12

Regarding the learning of interviewed women, one observed that 10 (66.7%) mothers reported breastfeeding as an important factor for the baby’s health and development.

Breastfeeding is everything. It’s crucial for the health and development of children, so, we should breastfeed as much as possible, while there’s milk. (Violet)

It’s important for the baby’s health. (Dahlia)

Immunity, bonding, and baby’s development were cited by only three (20%) women as key factors.

I know, breastfeeding is very important with regard to immunity, strengthening, and physical contact. (Rose)

Breast milk is a source of proteins. It provides antibodies and this between mother and child. It’s important for the baby’s development. (Hortensia)

Breast milk is ideal for the baby. For the development, immunity, colics, the issue of vitamins, it’s digested faster than prepared milk. (Sunflower)

Only the immunity, as a knowledge factor, was reported by two mothers (13.3%).

I know that breastfeeding is important because of the baby’s immunity. I intend to breastfeed for six months. (Bromeliad)

I know it’s very important for the baby because it has antibodies and also just what the baby needs. (Jasmine)

At the unit where the research was conducted, one realized that, although there’s guidance, there’s also a lack of
knowledge on self-care to keep a good milk supply, in order to prevent breast lesions, to promote knowledge on the nutritional and immunological benefits of milking, and to preserve milk. Although mothers have the perception that the guidance received was satisfactory, from the technical point of view, it was observed that there’s a need for using a dialogic guidance. Thus, knowledge is constructed through joint action (guidance), evaluation (effectiveness of the guidance and the patient’s needs), and reaction (re-advice and/or deepen knowledge).

The guidelines received by mothers with initial difficulties show that mothers were advised, but they didn’t apprehend information. This finding is worrisome, because this gap between the speaker and the receiver of information may generate a risk for early weaning. And it goes against the step 3 recommended by the Ministry of Health for a successful breastfeeding, with regard to offering clear information on breastfeeding to avoid any possible difficulties.⁴ Although this step refers to prenatal care, it extends to the admission in step 5 (demonstrate how to breastfeed and sustain milk) and the discharge in step 10 (guidance regarding breastfeeding after discharge).

These recommendations may be reinforced by the results of a study which identified that: 5 mothers (33.3%) recalled the caring procedures with the breasts, 7 (46.7%) cited the position and handling, 2 (13.3%) the storage of milk, 1 (6.7%) reported the caring procedures to increase milk production, 4 (26.7%) were able to inform about the breastfeeding length, and 2 (13.3%) were able to report on the milk composition, as exemplified in the speeches below:

I was taught to perform breast massage, in order to stimulate. Always place the child to breastfeed and it’s important to keep breastfeeding. (Daisy)
I learned tips to stimulate milk, how to breastfeed, how to store milk, the way how to give milk at home. (Dahlia)
I learned the way how to breastfeed, the baby has to take the entire areola. The caring procedure for the breast aims to prevent mastitis. (Lily)
I know I have to eat well and drink plenty of liquid. (Tulip)
I’ve learned that I should breastfeed every three hours, that the milk is very thin at the beginning, then comes the fat. (Bougainville)
It has to be free demand. (Pomegranate)

In this sense, the deficit of guidance received by the mothers, noticed in this study, should be known by professionals, so that the encouragement to breastfeeding is early and continuous, since this practice is of paramount importance for the newborn infant, as it allows the baby to receive colostrum (passive immunity) and it stimulates greater milk production. Besides being a more complete food for the baby, it nurtures the child with regard to the psychological aspect, it has the technical advantage because it’s operationally simple, it involves low cost, protects women from breast and ovarian cancer, aids in uterine involution, delays return of fertility, and improves woman in terms of their role as mothers.⁵

- Maternal perception with regard to the advice on breastfeeding

A successful breastfeeding depends on taking into account the physical, mental, and sociocultural factors of the woman and her family, combined to the commitment and technical and scientific knowledge of the health professionals involved in the promotion, encouragement, and support to breastfeeding.¹³ The nurse’s sensitivity and availability to be with parents and relatives during the process must comply with actions which reflect the recognition of parents and relatives as important people and as subjects of relevant acts to the child.¹⁴

The health team providing most guidance is nursing, because it’s in a direct daily contact to the mothers.⁵ The 15 interviewed mothers liked the nursing guidelines and this was crucial for them to start the breastfeeding process.

I liked the guidelines. The way how to catch. That’s what made me lose my fear. Without it I think I would give only “chuquinha”. I think the staff here provides all the guidelines. (Sunflower)
I thought it was very good. I had a lot of help, by the time I got confused I received all guidance with regard to the way how to put the breast in the mouth and to the position I put her in. (Rose)
I thought it was excellent, because your concern isn’t only with the child, it’s also with us. The milk bank also helped a lot in the breastfeeding process. My baby, for instance, needed the silicone nipple, right on my breast he still wasn’t able to catch. (Victoria Amazonica)
I thought the staff is properly trained, there’s a concern about the mother. I was a little tense, but you helped me when my breast was very full of milk. (Bromeliad)
I loved it. At the first pregnancy it was terminated. This time they taught me even how to place. I had a lot of affection. (Bougainville)

I thought they were important for me to insist on breastfeeding. The nurses, nursing technicians, and physicians, who also used strategies such as the silicone nipple, but he didn’t take, he only took with the Fiona’s nipple. (Pomegranate)

The collected data suggest that mothers were more confident after receiving guidance from the staff. However, one mother reported giving milk for the baby in the scoop, in a moment of despair at home, even knowing that it’s contraindicated.

In another study, one observed a deficit concerning the following guidelines received: manual milking, insufficient milk, advice to increase milk production, and solving breastfeeding problems after discharge from rooming-in care in a private institution from the countryside of the state of Sao Paulo.16 In that study, one noticed that the difficulties for transmitting and receiving guidance on breastfeeding are similar to those found out in this study.

These research findings suggest that, for a successful breastfeeding, there’s a need for going beyond the guidelines at the time of hospitalization: one must to encourage and support continuous breastfeeding on the part of the health institution, the family, and society. The importance of breastfeeding in Brazil is a social consensus.17 The increased support for breastfeeding is a modifiable factor and, as the success of guidance programs demonstrate, it doesn’t need to be provided by medical professionals to mothers who don’t have any complex problems related to breastfeeding.18

A study claims that the challenge which arises for health professionals still is finding strategies that can effectively increase the breastfeeding practice.19 Institutional change strategies, such as training and physical fitness to perform the theoretical and practical guidelines, are important so that they can empower and motivate the health professionals to support, encourage, promote, and protect breastfeeding.4 In our experience, one noticed that some strategies are already being put into practice, however, there’s a need for intensifying and individualizing them.

CONCLUSION

This study showed that the nursing professionals at this ICU, those most frequently responsible for encouraging breastfeeding, have been able to make these mothers to feel embraced, confident, and safe when breastfeeding. The women enjoyed the time to learn and practice breastfeeding, because they felt a closer relationship with their child during this process. Only one of the mothers said it was painful, but she was going to keep breastfeeding because she knew its importance for the baby’s physical and emotional health. However, this mother didn’t mention that health professionals had intervened to ease this pain. And the pain complaint is relevant, since it may be related to an injury to the breast or the nipple due to an incorrect breastfeeding or an excess in milk production, thus offering risk for breast inflammation and/or infection. Furthermore, pain generates stress and it releases adrenaline, which competes with oxytocin and interferes with milk ejection. The risk of non-maintenance of breastfeeding was found in this case.

Although it wasn’t a part in the research, some of them cited the milk bank as a place which contributed to its performance during the learning process on breastfeeding, demonstrating the importance of an embracing physical environment and specific for this purpose.

Parity shouldn’t be a criterion for inclusion or exclusion of guidelines, since the previous breastfeeding experiences could be unsuccessful, there may persist inadequate concepts and practices, besides, each maternal experience is unique.

Thus, one observed in this study that the results demonstrate that guidance from the professionals working at this unit have been effective for the onset and stimulus to maintain breastfeeding. Mothers reported being satisfied with the guidelines and that it was essential to start breastfeeding, but from a technical standpoint, one identified the need for strengthening guidance on self-care related to the breasts and themselves in order to keep a good production. Other ineffective guidelines were related to the newborn infant’s placement and catching of the nipple, as well as the milking technique and the milk storage. This occurs because the reports of breastfeeding mothers showed that the guidelines mostly emphasize the baby’s health and development.

This study suggests that the health services intensify the training of multidisciplinary teams, particularly the nursing teams, so that they provide mothers with access to the nursing professionals, after discharge, to clarify doubts and difficulties which may
arise, in order to ensure early and continued breastfeeding for the first two years of a child’s life.

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