Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

CASE REPORT ARTICLE

EXPERIENCE REPORTS ON MANAGEMENT PRACTICES, EDUCATION AND ASSISTANCE FOR THE PROMOTION AND SUPPORT OF BREASTFEEDING

RELATO DE EXPERIÊNCIA SOBRE PRÁTICAS GERENCIAIS, EDUCATIVAS E ASSISTENCIAIS PARA PROMOÇÃO E APOIO À AMAMENTAÇÃO

CUENTA DE EXPERIENCIA SOBRE PRÁCTICAS DE GESTIÓN Y ASISTENCIA EDUCATIVA PARA LA PROMOCIÓN Y APOYO A LA LACTANCIA MATERNA

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ABSTRACT

Objective*: to** describe the activities developed in the managerial, educational and healthcare practice and its implications in the training of the obstetric nurse in a maternity ward in the state of Rio de Janeiro. ***Method*:** experience report of residents in obstetrical nursing in a maternity unit in the city of Niteroi - RJ. ***Results*:** managerial activities: creation of rules and routines to operationalize the nursing care with breastfeeding; making educational flyers on hand hygiene, most common questions of mothers who breastfed and instructions for collection of human milk; implementation of a collection room of human milk. Educational Activities: Group Creation of breastfeeding support and individual counseling through qualified listening. Care Activities: individual counseling and clinical management of breastfeeding. ***Conclusion: the obstetric nurse is essential for establishing the nutritional and affection bond between mother and son since birth and raise awareness among the family members to support this act as essential to human life. ***Descriptors*:** Breastfeeding; Obstetrical Nursing; Health Education; Health Management; Nursing Care.

RESUMO

***Objetivo*:** descrever as atividades desenvolvidas na prática gerencial, educativa e assistencial e suas implicações a formação do enfermeiro obstétrico, em uma maternidade do estado do Rio de Janeiro. ***Método*:** relato de experiência de residentes em enfermagem obstétrica em uma maternidade do município de Niterói/RJ. ***Resultados*:** atividades gerenciais: criação de normas e rotinas para operacionalizar a assistência de enfermagem ao aleitamento materno; confecção de banners educativos sobre higienização das mãos, dúvidas mais comuns das mães que amamentam e instruções para coleta do leite humano; implementação da sala de coleta de leite humano. Atividades educativas: Criação de grupo de apoio à amamentação e aconselhamento individual através da escuta qualificada. Atividades assistenciais: aconselhamento individual e manejo clínico da amamentação. ***Conclusão*:** o enfermeiro obstetra é indispensável para estabelecer o vínculo nutricional e de afeto entre mãe-filho desde o nascimento e sensibilizar os familiares a apoiarem este ato como primordial para vida do ser humano. ***Descritores*:** Aleitamento Materno; Enfermagem Obstétrica; Educação em Saúde; Gestão em Saúde; Cuidados de Enfermagem.

RESUMEN

***Objetivo*:** describir las actividades desarrolladas en la práctica gerencial, educativa y de asistencia y sus implicaciones de la formación de la enfermera obstétrica en una sala de maternidad del estado de Río de Janeiro. ***Método*:** cuenta la experiencia de los residentes de matrona en una maternidad en la ciudad de Niterói / RJ. ***Resultados*:** actividades de gestión: creación de reglas y rutinas para operar los cuidados de enfermería a la lactancia materna; hacer pancartas educativas sobre higiene de las manos, las preguntas frecuentes de las madres lactantes y las instrucciones para la recogida de la leche materna; implementación de sala de recogida de la leche humana. Actividades educativas: Creación de grupo apoyo a la lactancia y el asesoramiento individual a través de la escucha calificada. Actividades de asistencia: asesoramiento individual y el manejo clínico de la lactancia materna. ***Conclusión*:** la enfermera obstetra es esencial para establecer el vínculo nutricional y afecto entre la madre y el niño desde el nacimiento y sensibilizar a las familias para apoyar este acto como elemento central de la vida humana. ***Descriptores*:** La Lactancia Materna; Obstétrica; Educación para la Salud; En Gestión de la Salud; Cuidado de Enfermera.

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INTRODUCTION

Breastfeeding is critical to the health of mother and child by the availability of nutrients and active immunity substances. Breastfeeding promotes mother/baby, affects the physiology and cognitive and emotional development of children, promotes spacing between births and decreases the incidence of some diseases in women.[1-2]

The Ministry of Health recommends exclusive breastfeeding until the sixth month of life and associated with other foods until the second year of life. In its National Policy for the Promotion, Protection and Support of Breastfeeding, the Ministry of Health seeks partnerships with the goal of increasing breastfeeding rates: Breastfeeding Network Brazil, Baby-Friendly Hospital Initiative (BFHI), and Legal Protection with Breastfeeding, Brazilian Network of Human Milk Banks, Social Mobilization and Monitoring of Breastfeeding Indicators in Brazil.[3]

Given the importance of breastfeeding, it is necessary that the nursing professionals be qualified to offer pregnant women and nursing mother's appropriate guidelines on breastfeeding. It is important for women to realize that the professional is interested in their well-being together with their children, so that they have the confidence and feel supported and accepted. This care promotes, supports and contributes to the establishment and maintenance of breastfeeding[1,4]

In order to promote health education for breastfeeding, the health professional must during the prenatal, identify the knowledge, practical experience, beliefs and social and family life of the pregnant woman. [5]

Promotion activities and support for the healthcare part of the nurse's role. Thus, activities such as home visits, lectures, support groups and counseling to encourage and maintain exclusive breastfeeding may encourage continuity of breastfeeding after the end of maternity leave.[5]

This study aims to describe the activities that have taken place in management practice, educational and health care system, and its implications for training of obstetric nurse in a maternity hospital in the state of Rio de Janeiro.

This has motivated us to describing these activities were the content set out in the discipline Breastfeeding I, which deals with the promotion, protection and support of breastfeeding.

METHOD

This study consists of one of the residents experience report of the first Postgraduate Course in the mold of residence in Obstetric Nursing offered by Aurora School of Nursing of Afonso Costa, which belongs to the Fluminense Federal University / UFF.

The setting of this study is considered a Reference Center for Maternal and Child Health. It is located in the city of Niteroi in the state of Rio de Janeiro, which is inserted in a political context in which the performance of obstetric nursing is a new model, and although the potential for change, yet privileges the biomedical model, non-valuing the individual in their entirety.

The planning of activities based were outlined in lectures of the obstetric residency course, the recent research of the scientific community, the Ministry of Health Manuals and Child Friendly Hospital Initiative. Managerial, health care and education activities were outlined and it was used as an instrument of record, a field journal and individual reports in which all actions were described.

RESULTS

Firstly, we know the unit structure; we observe each unit space that thinking on how to promote better care to breastfeeding, we rely on the ten steps to successful breastfeeding as established by the Child Friendly Hospital Initiative and technical standards of the ANVISA milk bank.

From this, we then describe the management, charitable and educational activities about breastfeeding in the said maternity unit. For this we will outline each of these actions will be organized by categories.

The management activities are as follows: creation of rules and routines; making educational flyers on hand hygiene, common questions of nursing mothers and instructions for collecting human milk.

Create a protocol of rules and routines to operate nursing care to breastfeeding, which was posted on the walls of antepartum and labor sectors, rooming and breastfeeding room to be viewed by the entire healthcare team, users of the service and family members. In accordance with the who recommends the Baby-Friendly Hospital Initiative, which aims to promote, protect and support breastfeeding to reduce the rates of infant mortality. [6]

Implementation of the rules and routines of the labor room and delivery (Step 4), of the Rooming (Steps 5 to 9), breastfeeding room (Steps 5 and 10) based on the 10 steps to successful breastfeeding recommended the Child Friendly Hospital Initiative and ANVISA Technical Standards for the Human Milk Bank.

In the labor and birthing room, the team should:

1 - Observe immediately after birth the adaptation and vitality of the newborn. When presenting difficulty of extra-uterine adaptation, stabilize through intensive care and encourage breastfeeding as early as possible.

2 - Place the newborn with good vitality in skin-to-skin contact with their mother, encouraging breastfeeding in the first half hour of life.

3 - Carry out the immediate care of the newborn (immunization, application of nitrate, anthropometric measurements and weight).

4 - Records of the mother and the newborn describing the establishment of breastfeeding, complications and mother-child bonding. Route mother and baby together into their room.

In rooming, the team should:

1 - Admit mother and baby in the room.

2 - Perform the anamnesis and physical examination of the postpartum and newborn.

3 - Reinforce the importance and the economic benefits, environmental, emotional and social of breastfeeding for the mother and baby.

4 - Observe the difficulties in the establishment of the mother-baby bond and register to record any abnormalities that suggest detachment or carelessness.

5 - Perform qualified listening, clarifying questions and myths involving the breastfeeding process.

6 - Guidance as to the washing of hands and breasts (with milk) before offering the breast to the baby.

7 - Guidance regarding the handling and correct position of the maternal breast.

8 - Guide to the non-use of artificial nipples.

9 - Guidance as to not offer other foods other than breast milk until the sixth month of life. When prescribed by a doctor, to provide for the baby milk, preferably the expressed breast milk in a cup.

10 - Guidance regarding hand milking to lactic maintenance and reduction of diseases like breast engorgement, mastitis and breast abscess.

11 - Guide the warning signs for the development of breast diseases (redness, heat, pain and edema) and the immediate return to motherhood when there are such abnormalities.

12 - Encouraging the donation of human milk to the milk bank.

13 - Route to breastfeeding room, mothers who are having trouble breastfeeding and encourage breastfeeding on free demand.

14 - Look at the newborns as poor suck, signs of hypoglycemia and long periods without feeding (more than 3 hours).

15 - To Encourage participation and support of the family in the breastfeeding process.

16 - Encourage participation in support groups breastfeeding made in maternity and the referenced primary care unit. Only allow discharge after the effective establishment of breastfeeding.

In the breastfeeding room, staff should:

1 - Perform individual counseling and educational activities in-group for the promotion of breastfeeding, stimulating the exchange of experiences.

2 - Reinforce the importance and the economic benefits, environmental, emotional and social of breastfeeding for the mother and baby.

3 - Welcome mothers who are experiencing difficulties in breastfeeding.

4 - Perform manual milking for relief, for the lactic maintenance and reduction of diseases such as breast engorgement, mastitis and breast abscess.

5 - Perform qualified listening, clarifying questions and myths involving the breastfeeding process.

6 - Guidance as to the washing of hands and breasts (with milk) before offering the breast to the baby.

7 - Guidance regarding the handling and correct position of the maternal breast.

8 - To encourage breastfeeding on free demand.

9 - To Encourage participation and support of the family in the process of breastfeeding.

10 - Guidance on the importance of the donation of expressed breastmilk.

11 - Register on a chart, abnormalities such as nipple fissures, hyperemia, breast enlargement and breast abscess, among others.

12 - Receive the nursing mother even after hospital discharge to meet their physical and psychological needs involving breastfeeding.

13 - Register mothers interested in the donation of human milk.

14 - Perform manual milking for nursing mothers interested in the donation of human milk.

15 - Empower the donor regarding the use of Personal Protective Equipment (PPE), hygiene and appropriate conservation of breast milk.

16 - Register on a chart the quantity, appearance and color of the breast milk.

From the needs observed in the unit as managerial activity we have the implementation of the breastfeeding room, which has the goal to strive the mothers in rooming, mothers referenced and family for the formation of support groups for breastfeeding, the collection of human milk and assistance related to the difficulties in the breastfeeding process.

In order to organize this service performed updating the Donor Registration; instruct the general service professionals as the frequency of correct refrigerator thaw, we recorded the unit's breastfeeding book of all actions performed in the breastfeeding room. The records were also recorded in a chart for nursing mother’s breastfeeding assessment, aiming to explain how being this process and possible complications with interventions.

The breastfeeding room also functions as human milk collection point. This is a stationary or mobile, intra or extra-hospital unit, technically linked to a human milk bank and administratively to a health service or the bank itself. The Collection of Human Milk is responsible for the actions of promotion, protection and support of breastfeeding and implementation of collection activities of lactate production of the mother and its storage, and could not perform the activities of milk processing, that are unique to the Human Milk Bank 7.

As **activities of educational practices** developed, we had: Breastfeeding support group creation, discussing their experiences, desires, how you are giving this process and expectations. Individual counseling was also performed by qualified listening, encouraging breastfeeding and clarifying possible doubts and myths, and verbalization of concerns and doubts of mothers in order to promote successful breastfeeding.[8]

The educative action aims to develop the individual and the group the ability to (I) critically analyze their reality, decide joint actions to resolve problems and modify situations; (II) organize and carry out the action; and (III) assess it. Through educational resources, we can take the information in a way that can facilitate the process of teaching and learning [9].

The Popular Education in Health involves pedagogical acts that make the information about the health of social groups contribute to increase the visibility of its insertion historical, social and political, and lead the people to raise their enunciations and claims, knowing subjectivity territories and inventive design, pleasant and inclusive ways. Health education seeks to take the population to participate in the process of their health, encouraging reflection and decision-making. As health education process, conducting educational practices, it shows the needs of the population and encourages their participation in their health process.

When performing active listening with the nursing mothers it is possible to realize the vision of them in relation to the process of breastfeeding, provides an exchange of experience and knowledge in search of success in breastfeeding, making it enjoyable for mother and baby. We try to make this knowledge exchange a dynamic process, bringing experiences and cultures. Finally, we believe in a process of learning and education aimed at the decision-making power, participation and autonomy of another, for which this is a participant in the learning process and their health. [10]

Nursing care includes care of the individual as a whole and when we **care practices** with the mothers, the following activities were conducted:

1 - Individual counseling through qualified listening;

2 - Clinical Management of breastfeeding, as well as guidance on the same, in order to assist the mother in the whole breastfeeding process;

3 - Implementation and guidance as the technical manual on massaging and milking breasts.

4 - Completion of collection of human milk for donation, acquisition of donors and the incentive to breastfeed soon after birth.

As an action of nursing in breastfeeding, we should assist pregnant women, mothers,

mother and infant in the practice of breastfeeding, to the success of breastfeeding, having in mind the reduction of infant mortality and the formation of affective bonds between mother and baby and his family - very important role of breastfeeding.[7]

CONCLUSION

It was observed that there is resistance to change of paradigms related to breastfeeding on the part of the healthcare team. We affect it proposing actions that optimize breastfeeding assistance.

From our experience in motherhood, gradually we realized that barriers that interfere negatively in supporting and promoting breastfeeding by nursing staff could be broken, since the capacity of it and this good interaction with other health professionals involved in this process will contribute greatly to the success of breastfeeding.

We understand the importance of developing standards and routines that organize and operationalize the entire nursing team on what to do to provide support, protection and promotion of breastfeeding.

It is of fundamental importance that the whole team is aware and convinced of the importance of encouraging breastfeeding and prepared to act in situations possibly complicating that slight caveat and encourage the early weaning.

It is important to emphasize and value the multidisciplinary team as breastfeeding enacting and decentralize assistance so that everyone feels responsible to encourage the establishment and continued breastfeeding.

With this experience, we realized the value of the obstetric nurse to establish from the moment of birth, the first nutritional and emotional bond between the mother-child dyad, raising awareness to family members to support this act as essential for the life of the human being.

REFERENCES

1. Brasil. Ministério da Saúde. Departamento de Atenção Básica. Saúde da criança: nutrição infantil: aleitamento materno e alimentação complementar. Secretaria de Atenção à Saúde, Brasília; 2009. 112p. (Série A. Normas e Manuais Técnicos) (Cadernos de Atenção Básica, n.23). Available from: http://bvsms.saude.gov.br/bvs/publicacoes/saude_crianca_nutricao_aleitamento_alimentacao.pdf

2. Brasil. Ministério da Saúde. Departamento de Ações Programáticas e Estratégicas – 2. ed. Amamentação e uso de medicamentos e outras substâncias. Secretaria da Atenção à Saúde, Brasília; 2010. 92p (Série A. Normas e Manuais Técnicos). Available from: http://bvsms.saude.gov.br/bvs/publicacoes/amamentacao_uso_medicamentos_2ed.pdf

3. Brasil. Ministério da Saúde. Promoção, proteção e apoio ao aleitamento materno, Brasília [Internet]. [Acesso em 01 de maio de 2013]. Available from: http://portal.saude.gov.br/portal/saude/area.cfm?id_area=1460.

4. Machado MOF, Haas VJ, Stefanello J, Nakano MAS, Sponholz FG. Aleitamento materno: conhecimento e prática. Rev Esc Enferm USP. 2012; 46(4):809-15. Available from: http://www.scielo.br/pdf/reeusp/v46n4/04.pdf

5. Almeida NA, Fernandes AG, Araújo CG. Aleitamento materno: uma abordagem sobre o papel do enfermeiro no pós-parto. Rev Eletr Enferm. 2004; 06(3):358-67. Available from: https://www.fen.ufg.br/fen_revista/revista6_3/pdf/06_Original.pdf

6. Brasil. Ministério da Saúde. Departamento de Ações Programáticas e Estratégicas. Iniciativa hospital amigo da criança. Área Técnica de Saúde da Criança e Aleitamento Materno. Secretaria de Atenção à Saúde, Brasília; 2011.

7. Brasil. Ministério da Saúde. Agência Nacional de Vigilância Sanitária. Banco de leite humano: funcionamento, prevenção e controle de riscos, Brasília; 2008. 160p (Série Tecnologia em Serviços de Saúde). Available from: http://www.redeblh.fiocruz.br/media/blhanv2008.pdf

8. Brasil. Ministério da Saúde. Departamento de Apoio à Gestão Participativa. Caderno de educação popular e saúde. Secretaria de Gestão Estratégica e Participativa, Brasília; 2007. 160p (Série B. Textos Básicos de Saúde). Available from: http://bvsms.saude.gov.br/bvs/publicacoes/caderno_educacao_popular_saude_p1.pdf

9. Brasil. Ministério da Saúde. Fundação Nacional de Saúde. Diretrizes de educação em saúde visando à promoção da saúde: documento base - documento I. Brasília; 2007. 70p. Available from: http://www.funasa.gov.br/site/wp-content/files_mf/dir_ed_sau.pdf

10. Gomes CO, Germano RM. Processo ensino/aprendizagem no laboratório de

enfermagem: visão de estudantes. Rev Gaúcha Enferm. 2007; 28(3):401-8. Available from: http://www.seer.ufrgs.br/RevistaGauchadeEnfermagem/article/viewFile/4693/2598

Submission: 2014/04/16
Accepted: 2015/05/20
Publishing: 2015/07/15

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