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## ORIGINAL ARTICLE

### BREASTFEEDING: MOTHERS' EXPERIENCES WHO HAD HOSPITALIZED BABIES IN NEONATAL INTENSIVE CARE UNIT

#### ALEITAMENTO MATERNO: VIVIDO DE MÃES QUE TIVERAM BEBÊS INTERNADOS EM UNIDADE DE TERAPIA INTENSIVA NEONATAL

#### LACTANCIA: EXPERIENCIAS DE MADRES QUE TUVIERON A SUS BEBÉS INTERNADOS EN UNIDAD DE TARAPIA INTENSIVE NEONATAL

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#### ABSTRACT

**Objective:** to understand the experience of mothers about breastfeeding who had their babies admitted to the Neonatal Intensive Care Unit. **Method:** a qualitative descriptive study with a phenomenological approach. Data were collected through semi-structured interviews, in the period from July 2011 to July 2012. **Results:** exclusive breastfeeding is perceived by mothers as an important source of life and health for the baby, as well as the indisputable act of love favoring closer relationship between mother and son. However, they have difficulties in breastfeeding process expressed by feelings such as grief, pain, anguish, and frustration. **Conclusion:** it is shown the need to rethink health education actions individually recognizing the feelings, knowledge and the world lived on the other to promote effectiveness and empower the breastfeeding process. **Descriptors:** Breastfeeding; Neonatal Intensive Care Unit; Health Education.

#### RESUMO

**Objetivo:** compreender a vivência de mães em relação ao aleitamento materno que tiveram seus bebês internados em Unidade de Terapia Intensiva Neonatal. **Método:** estudo descritivo, qualitativo, com abordagem fenomenológica. Os dados foram coletados, por meio de entrevistas semiestruturadas, no período entre julho de 2011 a julho de 2012. **Resultados:** o aleitamento materno exclusivo é percebido pelas mães como importante fonte de vida e saúde para o bebê, além de indiscutível ato de amor que favorece a aproximação entre mãe e filho, no entanto apresentam dificuldades no processo de aleitar expressas por sentimentos, como sofrimento, dor, angústia e frustração. **Conclusão:** sinaliza-se a necessidade de se repensar as ações de educação em saúde de forma individualizada reconhecendo os sentimentos, o saber e o mundo vivido do outro para favorecer a efetividade e a autonomia do processo de aleitar. **Descritores:** Aleitamento Materno; Unidade de Terapia Intensiva Neonatal; Educação em Saúde.

#### RESUMEN

**Objetivo:** comprender la vivencia de madres en relación a la lactancia materna que tuvieron sus bebés internados en Unidad de Terapia Intensiva Neonatal. **Método:** estudio descriptivo cualitativo con enfoque fenomenológico. Los datos fueron recogidos por medio de entrevistas semi-estructuradas, en el período entre julio de 2011 a julio de 2012. **Resultados:** la lactancia materna exclusiva es notada por las madres como importante fuente de vida y salud para el bebé, además de indiscutible acto de amor que favorece la aproximación entre madre e hijo, sin embargo, presentan dificultades en el proceso de amamantar expresos por sentimientos como sufrimiento, dolor, angustia y frustración. **Conclusión:** se nota la necesidad de repensar las acciones de educación en salud de forma individualizada reconociendo los sentimientos, el saber y el mundo vivido del otro para favorecer la efectividad y la autonomía del proceso de amamantar. **Descriptor:** Lactancia materna; Unidad de Terapia Intensiva Neonatal; Educación en Salud.

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INTRODUCTION

Breastfeeding is one of the most important aspects of the baby's life in the first period, within the universe of the first relationships and particularly postpartum time. Breastfeeding is a living experience of ambivalent emotions ranging exposing the involved ones to a high emotional intensity.<sup>1</sup>

In Brazil in 1979, the National Policy on Breastfeeding was institutionalized and in 1981 became official the National Program to Encourage Breastfeeding (PNIAM) that aims to combat malnutrition in early childhood being one of the significant government instruments in reducing child mortality through actions that included support groups for breastfeeding in the community, media campaigns, production of educational materials, marketing control artificial milk, health professionals training, counseling individualized breastfeeding and passing laws protecting breastfeeding.<sup>2</sup>

Studies have highlighted the many benefits that the act of breastfeeding provides to the mother, baby, family, and even the environment. Breastfeeding promotes the health of the mother and also the child by promoting nutrients and immunoprotective substances.<sup>3</sup> Thus, it is recommended that children be breastfed exclusively for the first six months of life, introducing, from then on, complementary foods while keeping the breast milk until two years old or more, depending on the desire of the nursing mother.<sup>4</sup>

Therefore, breastfeeding is more natural and safe to feed except in situations that contraindicate supply of breast milk as, for example, in the case of babies born to women with HIV/AIDS and HTLV, the possibility of vertical transmission of this practice. Thus, in general, it should be encouraged, including for low weight premature children and for those who require admission to neonatal intensive care units, because breast milk has unique and ideal combination of lipid proteins, carbohydrates, minerals, vitamins, enzymes and living cells and promotes immunologic, physiological, nutritional and economic benefits.<sup>5</sup>

Breastfeeding is a process in which the child receives breast milk straight from the breast or extracted milk.<sup>6</sup> It is influenced by social values, ideologies and interests, especially economic and even by previous experiences of women, their perceptions of feeding, insecurities, and difficulties.<sup>7</sup>

The hospitalization of a child in the Neonatal Intensive Care Unit can trigger fear, anguish, anxiety and helplessness of relatives because of the baby separation, the existence of rules and routines established in that hospital sector, and also as a result of sudden changes in the family life and the possibility of death of the hospitalized baby.<sup>8</sup>

Thus, considering the importance of breastfeeding for the mother and the child and the fact of becoming a mother of a preterm child who requires care in the Neonatal Intensive Care Unit, is a unique life experience in which engages in a medical and unfamiliar setting, the question is: How is the experience of mothers who had their babies admitted to the neonatal intensive care unit in relation to breastfeeding?

This object of study of this research is the experience of mothers who had their babies admitted to the neonatal intensive care unit about breastfeeding.

OBJECTIVE

- To understand the experience of mothers about breastfeeding who had their babies admitted to the Neonatal Intensive Care Unit.

METHOD

Article elaborated from the dissertation << **Exclusive breastfeeding: the experience of the nursing mothers of newborns in intensive care unit** >> presented to the Graduate Program in Environmental Science and Health, Dean of Graduate Studies and Research of the Catholic University of Goiás, Goiânia, GO, Brazil. 2013.

Qualitative and descriptive study with a phenomenological approach, appropriate to allow the subjective understanding of people about their daily life and the way of understanding the world. Therefore, it involves the application of logical, planned and meticulous methods for the collection and strict and careful analysis, which requires considerable skill.<sup>9</sup>

Project approved by the Ethics Committee of the Catholic University of Goiás, CAAE: 01079512.6.0000.0037, approval number 20388. Initially, after the approval of the Ethics Committee, there was the investigation of potential research participants on the Service Medical Care Statistics (SAME) of a referral hospital located in a southwestern municipality of Bahia. Data collection was performed at the participants' home in the period May to July 2012.

Sample inclusion criteria: mothers older than 18 years old, regardless of the hospital

where the delivery took place, with their newborns admitted to the NICU from July 2011 to July 2012, with infants aged up to six months on the day of data collection and who agreed to participate in the study by signing the Informed Consent Form.

Exclusion criteria were mothers and newborns with some pathological change that prevent food breastfed and those who refused to participate in the study.

For data collection there was a collecting information in the NICU admission records: name, mother's age, gestational age, type of birth, mother's occupation, NB's age, address, number of prenatal visits, APGAR value, hospitalization period in neonatal ICU, reason for hospitalization, birth weight and sex of the newborn.

Then, the semi-structured interviews were conducted with mothers at home. The interviews were recorded and later transcribed maintaining the richness of detail, not losing important information for understanding the phenomenon studied. Data collection ended when the phenomenon was unveiled in depth.

Thus, for the nursing mother to reveal her thinking, three guiding questions were performed: Talk to me what do you know about exclusive breastfeeding; talk how you were guided to nurse in the ICU during the hospitalization; comment on the received guidance on how to feed your baby after discharge from the ICU.

The analysis of the descriptions proceeded aiming of what was said searching the entire described in individual statements and meanings that transcend since the phenomenological analysis of the description does not take the described as a given pragmatic whose meanings already be therein, but they have a route.<sup>10</sup> To analyze the speeches, a careful reading of the speeches was held putting in evidence senses seen as important naming them as Meaning Units.

By establishing Meanings Units in phrases that relate to each other, indicating distinguishable moments in the entire text, a Meanings Units synthesis was performed, expressed in propositional language, searching for relevant constituent indicated in the description of experiences, aimed at the structure phenomenon.<sup>10</sup> The real names of mothers have been omitted and renamed with the name of flowers to ensure anonymity.

## RESULTS AND DISCUSSION

As for the characterization of ten mothers participating in the research, four mothers

were among the age group of 19 to 29 years old, six were between 30 and 43; six were married, and four were single; two mothers with incomplete primary education, six had completed high school, one with incomplete high education and a mother with higher education.

As regards to parity, six mothers were primiparous, three were biparous, and one was multiparous. At discharge, five mothers were able to keep the milk synthesis establishing exclusive breastfeeding, four with artificial feeding and a mother mixed feeding.

Regarding the length of hospitalization of the infants, it ranged from eight to sixty-seven days, and only one was hospitalized for 97 days. Most of them had gestational age (GA) of 30 weeks reaching 39 weeks at the most, and the others presented GA between 24 and 27 weeks. Of the four mothers who were born under 30 gestational weeks, all obtained admission period not less than sixty days and one remained hospitalized in the NICU for 97 days.

By analyzing the speeches of mothers in the experience of breastfeeding during hospitalization of their infants in the NICU, it was observed that this hospital sector appears hostile and complicating the practice of breastfeeding since this environment is present in babies with an unstable health condition requiring complex and continuing care. The experience in that environment impacts on maternal mental state generating concern and nervousness that influences the quantity and the mother milk extraction:

*[...] Have more freedom to nurse him there, sometimes you were there milking, and something happened, you was already worried, sometimes you got there, ah you cannot go in there now, you thought it was with your son [...] then we got worried about our son [...]. (Angelica)*

*[...] In my case I tried to take it by myself, I was a little nervous to get the milk, not to say that I totally did not give milk, 30ml milk I gave him, from me, my milk, every time he was here [...]. (Sunflower)*

Therefore, ICU generates concerns and difficulties for mothers, considering they perceive this environment as scary<sup>8</sup> influencing, as evidenced in the speeches of Angelica and Sunflower, the mother-child interaction and breastfeeding during the baby's stay in this sector. The need to maintain a warm and psychological support of the nursing mother for the milk extraction process is evident.

Any factor related to the mother or the child, which limits the emptying of the breasts

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can cause decreased milk synthesis by mechanical and chemical inhibition.<sup>11</sup> Mothers reported the difficulty of success in the production and supply of breast milk:

*[...] There were days when I came here crying ... because I could not take milk (...) as he could not get by the nipple, he sucked, sucked, sucked more and also there was not more milk. (Rosemary)*

*I managed to get 50 ml on the first day, only it was only one day, the other days I just took two ml, 03 ml, not more than five, so I did not meet her need, because every day that passes increases the breasts, are increasing, increasing, and according it grew stronger, I could not get to, her. (Gardenia)*

The statements above demonstrates limitations in the production of milk that should be valued and weighted by health staff during care in the NICU to promote the extraction of milk by the mother and, after discharge, maintenance of breastfeeding. Such limitations may have diverse backgrounds that need to know the mother and child health history so that we can evaluate and implement consistent measures with each case.<sup>11</sup>

It was also found from the reports an inconsistency between the current recommendation of manual pumping breast milk and how some mothers express that were stimulated to milk, using improvised bombs signaling that in the same hospital sector, there is divergent professional's behavior concerning milking:

*They made an improvised pump to me, because I was at that time able to buy a pump, you know, they made me one [...] always stay squeezing and pulling with the inhaler to see if it returns. (Gardenia)*

*Even there had nurses who cut me a syringe, I reversed and took the syringe, now I could not take in hand, could only take the syringe (...) she took I do not know how many ml, I was not able to take all this, including my chest it was reversed the bill, I cannot get pressing, there at the ICU we cannot take our pump, it has to be by hand then so I could not afford it, there was a day I came here crying. Because I could not take. (Rosemary)*

*The process is by hand, sometimes when I could not even, I tried, I tried, then they did that larger syringe, they put on the contrary to make like a pump right, then they tried to grab when pulling there was a little, we get a little, as there was there inside and could not leave, everything was pretty clean, so I put there, then you can put the syringe to give him no matter so much, but you mix there. (Sunflower)*

*I could only take from one breast, the other I could not, I had to take with a pump, but*

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*they not allow to take with the pump right, then I just took from the right breast. (Angelica)*

*The technique is difficult, we could carry a pump to get right, but there we cannot, it is difficult by hand, it is difficult. (Hydrangea)*

It was also observed that the first moments were considered difficult of breastfeeding immediately after leaving the hospitalization from the NICU, the mothers reported barriers to breastfeeding related to poor ability to deal with her son:

*Earlier we feel a little trouble, you do not get right, you do not know or take the child, feeling difficulty, but then we will taking how to do it, even she spent seven days there in the ICU, in the day I came out I talked to my God and tonight?! I do not know how am I going to do there after everything worked out. (Lavender)*

*however, when he came out I went to nursing him, and I've got a little worried, the way to get well, the way to get this child that thing, but the important thing was over when he came out, even though I stayed there 25 days after he left the ICU we had to stay there in the room under observation, ah there was a relief. (Angelica)*

For mothers of babies who had ICU hospitalization, the challenge by the hospitalized child's separation emerges that the distance of first aid, including the possibility of breastfeeding soon after birth. Premature mother is a postpartum woman who experiences peculiar situations, different from the term baby, facing a stress phase for having a small child that needs special care by health professionals, especially when they go to the NICU where the process of separation between mother and child is predictable and determines changes in family dynamics.<sup>12</sup>

Maternal experience is considered relevant as to successful breastfeeding. The likelihood of continued breastfeeding into practice increases as the breastfeeding mothers gain successful experience as early weaning can happen more frequently in first-time mothers.<sup>13</sup> The breastfeeding event depends on the interaction between mother and child. However, there are also important the family and community support, proper professional guidance as well as positive factors and facilitators that the mother brings her history of life about breastfeeding, having willingness and readiness to breastfeed, being open to new process of change.<sup>14</sup>

In this study, it is evident that prior experience and the mother's desire to breastfeed her daughter after discharge from the NICU are not enough to establish



breastfeeding, issues such as the burden of responsibility for the care of children related to gender roles, defined socially, also influence the breastfeeding:

*I also had some experience because of the other, she breastfed up to one year and seven months, only milk because she hardly ate, she was more in the breast, because as soon as she has sickle cell anemia then they guided me to leave her breastfeeding up to two years there as I got pregnant, so I took her breast, so I learned that I was pregnant. Moreover, I was nursing still a year and seven months she nursed still [...] Now this younger daughter is not being breastfed because I need to take the older daughter for the treatment of sickle cell anemia in Salvador, and it greatly distresses me. (Gerbera)*

Breastfeeding involves the mother's decision-making, her will and desire to breastfeed. However, it is a time when a woman does a review of her various social roles sets in motion the completeness of being nurturing, establishing important changes in her life.<sup>15</sup>

From the speech of mothers about their experience of breastfeeding, there is that family support is configured on an emotional support for encouraging the practice of nursing:

*It is suffering too because I am only 23 years old, I have no mother so for me it was very well suffered, my sister helps me a lot today. So, it was forced even for me it was a very new experience that I have to learn from this experience, but it is very difficult. (Begonia)*

This finding corroborates the Brazilian and world literature by demonstrating psychological aspects of mothers as decisive, directly or indirectly, to the process of breastfeeding.<sup>16</sup> It reveals important information about health care and that are only accessed by attentive, individualized professional, respectful and sensitive listening.

CONCLUSION

The unveiling of the experience of mothers who had their babies admitted to the neonatal intensive care unit compared with exclusive breastfeeding reveals subsidies for health professionals, and in particular for nursing staff with educational activities promotion purposes involving the nursing mother and her family.

As the study limitation, there is the number of participants. However, the data collected and the methodology used showed that the objective was fully done.

While conducting this research, it was necessary to undress of prejudices, listen to the mothers interviewed, respect and understand the process of anguish and frustration of the experience a hospitalization of a child in a critical processing unit that is the NICU, so from there, it starts the understanding the phenomenon.

To meet the challenges of mothers regarding breastfeeding during hospitalization and after discharge, it was possible to understand the lived world of mothers in their uniqueness and realize experiences of love, struggle, anguish, frustration and other feelings that are mixed and permeated these everyday nursing mothers.

The research revealed aspects needed to rethink the interwoven factors in the experience of breastfeeding as staying in an unfamiliar environment that require following rules and routines; the influence of emotional issues, family and sociocultural that interfere with maintaining the breastfeeding; the reduction of the bond between mother and child because of the distance the admission condition and the meaning that no maintenance is breastfeeding for the mother and expressed mixed feelings.

The health education by the ICU team must consider the mother-woman as the protagonist of the lactation process to include their experiences in the educational process. It is necessary to value the subjective aspects brought by mothers and minimize suffering, pain, distress, frustration and difficulties these mothers during and after hospitalization and thereby favors the success of breastfeeding and child development.

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