



NURSING CARE FOR FAMILIES WHO EXPERIENCE BREASTFEEDING CUIDAR EM ENFERMAGEM ÀS FAMÍLIAS QUE VIVENCIAM A AMAMENTAÇÃO CUIDAR EN ENFERMERÍA A LAS FAMILIAS QUE VIVEN LA LACTANCIA

Marizete Argolo Teixeira¹, Rosália Teixeira Luz², Marina Gomes Cruz³, Vivian Mara Ribeiro⁴, Vanessa de Matos Araújo⁵, Norma Lopes de Magalhães Velasco Bastos⁶

ABSTRACT

Objectives: to propose a care model to families who experience breastfeeding in the family routine; to identify the meaning of breastfeeding for the families that experience the breastfeeding process; to ascertain the care needs of families and to implement the care. **Method:** qualitative study, interventionist, using as data collection technique the interview guided by the following instruments: Semi-structured guide, Genogram, Ecomap and Thower's Circle. Data were analyzed according to thematic content analysis. A Nursing Care Model was developed. **Results:** the meanings of breastfeeding for nursing mothers are centered on the benefits of breast milk to the child's health, the difficulties to breastfeed, solved by them and their families. **Conclusion:** the nursing care model to families who experienced breastfeeding was feasible by providing individualized and congruent care. The nurse needs to be present in this context. **Descriptors:** Breastfeeding; Care; Family; Nursing.

RESUMO

Objetivos: propor um modelo de cuidado às famílias que vivenciam o aleitamento materno no cotidiano familiar; identificar o significado do aleitamento materno para as famílias que vivenciam o processo de amamentação; averiguar as necessidades de cuidados das famílias e implementar o cuidado. **Método:** estudo qualitativo, intervencionista, a partir da Pesquisa Convergente Assistencial utilizando como técnica de coleta de dados a entrevista guiada pelos instrumentos: Roteiro semiestruturado, Genograma, Ecomapa e Círculo de Thower. Os dados foram analisados pela Técnica de Análise de conteúdo na modalidade Análise temática. **Resultados:** os significados da amamentação para as mães-nutrizes se encontram centrados nos benefícios do leite materno para a saúde da criança, nas dificuldades para aleitar, resolvidas por elas e seus familiares. **Conclusão:** o modelo de cuidar em enfermagem às famílias que vivenciavam a amamentação foi viável, ao proporcionar cuidados individualizados e congruentes. A enfermeira precisa se mostrar neste contexto. **Descritores:** Aleitamento Materno; Cuidado; Família; Enfermagem.

RESUMEN

Objetivos: proponer un modelo de cuidado a las familias que vivencian la lactancia materna en el cotidiano familiar; identificar el significado de la lactancia materna para las familias que experimentan el proceso de lactancia; averiguar las necesidades de cuidado de las familias e implementar el cuidado. **Método:** cualitativo, intervencionista, utilizando como técnica de recolección de datos la entrevista guiada por los instrumentos: Guía semi-estructurada, Genograma, Ecomapa y Círculo de Thower. Los datos fueron analizados según el análisis de contenido temático. Se desarrolló un Modelo de Cuidar en Enfermería. **Resultados:** los significados de la lactancia materna para las madres lactantes se centran en los beneficios de la leche materna para la salud del niño, las dificultades para amamantar, resueltas por ellas y sus familiares. **Conclusión:** el modelo de cuidar en enfermería a las familias que viven la lactancia fue viable al proporcionar cuidados individualizados y congruentes. La enfermera debe mostrarse en este contexto. **Descriptor:** Amamantamiento Materno; Cuidado; Familia; Enfermería.

¹Nurse, Doctor (PhD Degree in Nursing), Main Professor of the Health Department II. Jequié (BA), Brazil. E-mail: marizeteargolo@uesb.edu.br; ²Nurse, Doctorate Degree in Nursing, Assistant Professor of the Health Department II. Jequié (BA), Brazil. E-mail: rosluz@gmail.com; ³Nurse graduated from the State University of Southwestern Bahia. Jequié (BA), Brazil. E-mail: mariinagacruz@hotmail.com; ⁴Nurse, Master's Degree in Nursing, Assistant Professor of the Health Department II. Jequié (BA), Brazil. E-mail: vmribeiro@uesb.edu.br; ⁵Nurse, Specialist in Family Health Program Management, On-duty Nurse at the Waldir Pires Emergency Room Unit. Jequié (BA), Brazil. E-mail: vanessadematosaraujo@gmail.com; ⁶Nurse, Master's Degree in Nursing, Assistant Professor of the Health Department II. Jequié (BA), Brazil. E-mail: normademagalhaes@gmail.com

INTRODUCTION

Breastfeeding is much more than nurturing a child. It is a natural moment of attachment, affection and protection between mother and child. Breast milk is the most complete and balanced food available for the nutrition of a child and the most sensitive, economical and effective intervention for the reduction of infant morbidity and mortality.¹

Breast milk impacts on the nutritional status of the child, defending it from infections, on its physiology, cognitive and emotional growth and development, has implications for the mother's physical and mental health,¹ and also provides benefits for the family, community and planet.²

The World Health Organization (WHO) and the Ministry of Health (MS) recommend that breastfeeding should be exclusive until the child is six months old and should be supplemented up to two years old or more¹⁻³. However, for a successful breastfeeding to occur, the mother needs constant encouragement and support during the act of breastfeeding, which can be offered by the family, community and health professionals, since it is not enough that the mother chooses to breastfeed her child, but which is embedded in a supportive environment.¹ In this way, professional care should be centered not only on the woman who is breastfeeding, but especially on the family.⁴

The social network influences both supporting and generating possible conflicts, directing the attitudes of women towards lactation. Studies show that breastfeeding is influenced by the socio-cultural context and the social network in which the nursing mother is inserted, standing out the family as being the first to support the lactating woman, also requiring health care professionals.⁵⁻⁶

Attention to mothers and their families should be based on a relationship of alterity and humanization fostered by active and sensitive listening, as well as the establishment of links between health professionals and infants⁴ and their families, so that breastfeeding is successful.

This is a study from the umbrella research titled "Care for families who experience breastfeeding" at the Southwest Bahia State University, which emerged during the development of the actions of the "Let's breastfeed, mama?". It was found that not only women who experience breastfeeding, but also their families, need care to

experience the process of breastfeeding in a quiet way.

It should be emphasized that this is a subject of great scientific relevance, since it will add knowledge to the subject, being of great importance for public health, especially for the families that experience breastfeeding in the daily household, besides subsidizing the health professionals, among them the nursing ones, to systematize the care for the promotion, protection and support to breastfeeding, considering the meanings, beliefs and values of those involved in the practice of breastfeeding.

The question of research was: how to develop a model of care in Nursing for families who experience breastfeeding in the daily household? had as goals:

- To propose a care model to families who experience breastfeeding in the daily life of the household.
- To identify the meaning of breastfeeding for families who experience the breastfeeding process in the daily life of the household.
- To ascertain the care needs of families who experience the breastfeeding process and to implement care for families who experience breastfeeding in the daily routine of the home.

METHOD

Qualitative study, Interventional, based on the Convergent Care Survey (PCA in Portuguese), which allowed researching and caring of families who were experiencing the breastfeeding process in their homes, by implanting the Nursing Care Model (MCE in Portuguese) for families who experience breastfeeding.

The research was developed in Jequié, Bahia, Brazil, during the months of December 2013 to July 2014, and had the field of research the puerperal households registered in the project.

The study included eight lactating mothers who were visited in the joint housing of a hospital unit by the members of the project, and an educational activity on breastfeeding was carried out.

As data collection techniques, interviews were carried out using the following instruments: semi-structured script, Family Genogram, Ecomapa and the Familiar Thrower Circle.

Initially, was carried out a survey of lactating mothers registered in the Extension Project "Let's breastfeed, Mom?", whose children were born in a natural or cesarean birth, who were breastfeeding, had

participated in the educational activity in the joint housing and were aware that they would be visited in their homes.

Next, a home visit was performed, and the objectives of the study were presented. By accepting to participate in the research, data collection was done after signing the Free and Informed Consent Term (TCLE in Portuguese), following the order of application semi-structured form, Genogram, Ecomapa and Thrower Circle. The family instruments were elaborated together with the lactating mothers, using A4 sheet of paper and ballpoint pen.

The data were analyzed according to thematic content analysis, following the pre-analysis steps; Exploitation of the material; Treatment of results, inference and interpretation of data.⁶

This study is part of the research project, approved by the Research Ethics Committee of UESB (CEP/UESB), under opinion 3338.630 and CAAE: 15090913.8.0000.005, and subproject opinion number 479.430. At all times the confidentiality and privacy of the research subjects were guaranteed, considering the ethical principles that involve research with human beings, regulated by Resolution 466 of December 12, 2012.⁷

RESULTS AND DISCUSSION

♦ Characterization of lactating mothers

The study included eight mothers-nursing mothers, ranging in age from 23 to 34, of whom six were married and two living in a consensual union. As for the level of schooling, five had finished high school (MS), of which one was attending higher education (ES) and three were attending elementary school. Of the eight participants, four were developing domestic activities in their own home, one day laborer, one office worker, one box operator and one hairdresser. The number of people living in the family environment ranged from three to five people. When asked if they were breastfed, all of them answered positively.

♦ Pregnancy and Birth History

With regard to the history of pregnancy and childbirth of the lactating mothers, two of the interviewees were experiencing their first experience of being a mother, the others had already experienced being a mother. The number of children varied between two and five. All of them had undergone prenatal care, six of which had no complications and two reported problems during pregnancy (loss of amniotic fluid, urinary tract infection and colic). Regarding the type of delivery, three

had natural delivery and five underwent cesarean section. Those who had normal births were attended by nurses and cesareans by doctors. All newborns (NB) presented compatible weight at nine months gestation, were breastfed at around 40 minutes to 24 hours.

♦ History of previous breastfeeding of lactating mothers

When the lactating mothers were questioned about the history of previous breastfeeding, six reported that they had already breastfed and two were experiencing breastfeeding for the first time.

The period in which the children were breastfed ranged from eight months to two years old, and two nursing mothers introduced complementary foods into the child's diet within the first five days of birth. It is worth mentioning that four were guided by the doctor, one by the nurse (the child was already nine months old) and two introduced the food on their own. The foods were fruits, vegetables, porridge, Nestogen® milk and Ninho® milk.

Regarding the use of pacifiers, six did not offer and two offered, claiming that the NB cried and because it was pleasant.

♦ History of current breastfeeding of lactating mothers

Regarding the current history of breastfeeding, at the time of the home visit, eight lactating mothers were breastfeeding exclusively every two hours.

When questioned about the use of medications during breastfeeding, four reported that they were not taking medication and four reported they were. Those who were using medications, three reported feeling safe to breastfeed using medications, since they relieved the pain and that they believed that nothing would happen to use medications and breastfeeding. However, one of them said yes, because she was afraid that the milk would dry up.

♦ Evaluation of breastfeeding

One of the actions in the home care of a family in the process of breastfeeding is the evaluation of the position and holding, but at the time of the visit, five children were sleeping and the mothers did not authorize them to be breastfed. However, the three mother-child pairs that were evaluated had a good handle, were sucking well and had no ulcerations in the oral cavity.

◆ **Knowing the lactating mothers in their interaction environment**

In Figure 1 are exposed the schematic drawings of the family instruments made by the authors after the data collection.

However, it should be noted that previously they were filled in sketches for a better visualization of the support network and the application of MCE in households.

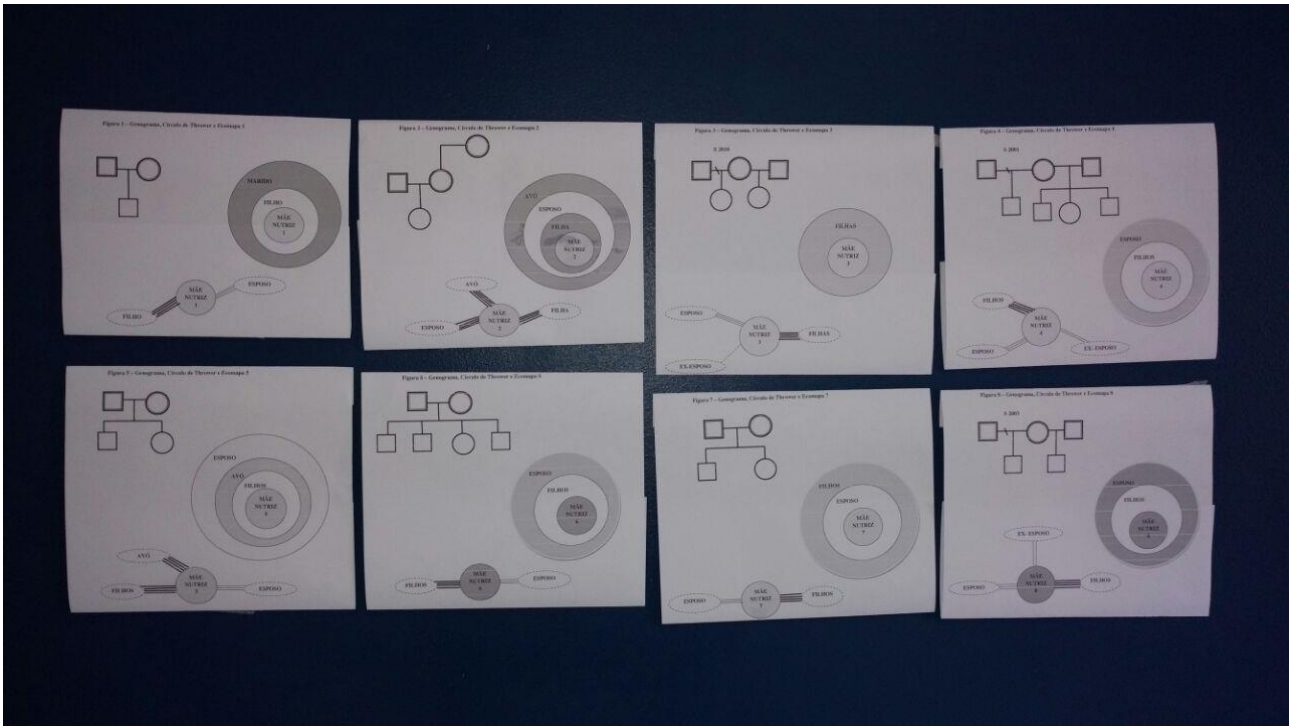


Figure 1. Schematic drawing of Family Instruments. Jequié (BA), Brazil, 2014.

For the lactating mothers’ knowledge in their interaction environment, the family assessment instruments were used: Genogram, Thrower Circle and Ecomapa.

In this way, we sought to represent the dynamic linking of the lactating mother with her nuclear family and her ties to family members. The following is a summary of the results obtained:

The Lactating Mother's Genogram 1 demonstrated that she has a family nucleus composed of the husband and child, the latter closest to her when she drew the Thrower Circle. In the Ecomapa displayed, she reported having strong bond with the child and moderate bond with the husband.

The Lactating Mother's Genogram 2 demonstrated that it has a family nucleus consisting of the spouse, child, and grandmother. The Thrower Circle exhibited close relationship with the son, followed by the husband and mother-grandmother. While the Ecomapa demonstrated strong bond with the son, husband and mother-grandmother.

The Lactating Mother's Genogram 3 has shown a family nucleus composed of the spouse and daughters. The Thrower Circle showed the close relationship with the daughters. While the Ecomapa highlighted strong bond with the daughters, moderate bond with the spouse and a distant relationship with the ex-spouse.

The Lactating Mother's Genogram 4 demonstrated that she has a family nucleus

composed of her husband and children. The Circle of Thrower pointed out proximity relation with the children, followed by the husband. Ecomapa has shown that it has a strong bond with the children, moderate bond with husband and superficial with ex-husband.

The Lactating Mother's Genogram 5 demonstrated that it has a family nucleus composed of the spouse, children, and mother-grandmother. The Circle of Thrower showed a relation of closeness with the children, mother-grandmother and husband. The Ecomapa showed strong bond with the children and mother-grandmother and moderate bond with the husband.

The Lactating Mother's Genogram 6 has shown a family nucleus composed of the spouse and children. The Circle of Thrower pointed out a proximal relationship with the children, followed by the husband. While the Ecomapa highlighted strong bond with the children and moderate with the husband.

The Lactating Mother's Genogram 7 has shown a family nucleus composed of the spouse and children. The Thrower Circle showed a close relationship with the husband and children. Ecomapa showed a strong bond with the children and a moderate bond with the husband.

The Lactating Mother's Genogram 8 has shown a family nucleus composed of the spouse and children. The Circle of Thrower pointed out proximity and affinity relationship with the children and husband. While the

Ecomapa showed strong bond with the children, moderate bond with the husband and superficial bond with the ex-husband.

◆ Facilities versus difficulties in breastfeeding in the home environment

Several scholars argue that breastfeeding reveals facilities and difficulties in the mother-child relationship. On the one hand the breastfeeding process presents facilities, in which it is seen as a pleasant, good and pleasurable practice. On the other hand, it is a moment that presents difficulties, being seen as an exhausting, painful and complicated act.⁹⁻¹²

In this study, it was possible to identify from the discourses of lactating mothers the awakening of ambiguous feelings regarding the practice of breastfeeding, since they emphasized the facilities and difficulties of breastfeeding their children, both in past experience and in the current.

◆ Facilities related to milk, mother and baby

The majority of lactating mothers said that breastfeeding is a unique, good experience in which they had no difficulties. They also added that they liked to breastfeed, especially when they had enough milk, the child had a good handle and when they could breastfeed without complications.

Good for breastfeeding, it's good; I like to breastfeed (Lactating mother 1).

I can breastfeed, I have milk; I'm liking it (Lactating mother 7).

Feeling that you are feeding your child satisfactorily, without facing the obstacles that make breastfeeding difficult, such as inadequate handholding and positioning, nipple traumas, myths and taboos regarding weak milk, little milk, dried milk, among others, gives mothers a welfare feeling and pleasure, making them like to breastfeed.

In addition to these factors that facilitate breastfeeding, lactating mothers emphasized the importance of breast milk for the health of the child, being a healthy, natural, excellent and ready food, and these factors are considered as facilitators.

It's life for the baby, it's good (Lactating mother 3).

It is natural, it is excellent (Lactating mother 5).

It is natural, healthy, that's it (Lactating mother 6).

The human milk is able to meet all the physiological needs of infants, with all the necessary nutritional characteristics, being considered complete food, natural and essential in reducing family expenses.¹³

◆ Difficulties related to milk, mother and baby.

Also in this study was identified that some lactating mothers face difficulties related to mother, child and milk, as evidenced below.

With one of the breasts because of my beak that is not so formed (Lactating mother 5).

It takes more in one breast than in the other (Lactating mother 1).

I had little milk, the beak hurt, I felt pain (Lactating mother 6).

The health professional has a fundamental role in intervening in these situations, guiding the advantages of human milk, myth and taboos related to breast milk, correct holding and positioning and how to prevent nipple trauma.

Mothers who have flat or inverted nipples may present difficulties at the beginning of lactation, but do not necessarily prevent them from breastfeeding, since the baby is able with each suction attempt to make the "beak" with the areola.¹

It is noteworthy that one of the lactating mothers reported feeling "lazy" to breastfeed. However, her mother was a great incentive to alert her to the need to remain willing during the breastfeeding process:

I was lazy (Lactating mother 9).

Thus, in order to be successful in breastfeeding, mothers need the guidance and support of health professionals and the family, making them feel safer. Relatives who are closer to the home environment may interfere in a favorable or unfavorable way, depending on their meanings.¹⁴

◆ Developing the care model in nursing

The MCE to families who experience breastfeeding in the daily household consisted of an operational model for the practice of nursing, following a scientific method of work that led to the Systematization of Nursing Care.

Thus, MCE was a determined intellectual activity, whereby nursing practice was systematically implemented as an attempt to improve care for mothers and their families. It was a way of establishing care based on the beliefs, values, needs and meanings expressed by the research participants.¹⁵

The MCE to families that experience breastfeeding in the daily household consisted of the following moments: To know the Daily life and the Meanings; Define the Situation of Daily Life and Care; Plan and Care for and Evaluate Care and Everyday Life.¹⁵

Knowing the Daily Life and the Meanings - Initial interaction with mothers and their families; - Interaction throughout the research-care process; - Semi-structured interview guided by a form; - Completion of family instruments.	Define the Situation of Daily Life and Care - History of use of pacifiers, bottle and artificial milk in previous breastfeeding; - Report of myths and taboos: little, weak milk, dry milk; - Breastfeeding and use of medicines; - Report of lack of experience with the newborn; - Report of lack of sufficient information about the breastfeeding and return to work; - Laziness; - Nipple trauma; - Difficulty with positioning and holding.	Plan and Care - Perform sensitive listening; - To carry out educational activity on: - Importance of breastfeeding; - Breast milk and its storage; -License to maternity and paternity; -Guiding on harms from the use of pacifiers, bottles and artificial milk; - Guidance on components of breast milk, physiology of lactation; - Guidance on breastfeeding and use of medicines; -Other information: - Family planning; - Care of the NB; - Observe; - Holding and position.	Evaluate Care and Everyday Life - Evaluation of each activity proposed and performed; - Evaluation of the implemented model;
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Figure 2. Operationalization of the Model of caring for families who experience breastfeeding in daily household life. Jequié (BA), Brazil, 2014.

CONCLUSION

In this study it was possible to show that the meanings of breastfeeding for nursing mothers are strongly focused on the benefits that breast milk brings to the child’s health.

The facilities and difficulties permeated the consensual universe of the nursing mothers. Among the facilities found, the welfare feeling and the pleasure to be contributing to the health of their children were the main ones. Regarding the difficulties, the most reported were: breastfeeding requires inadequate time, holding and positioning, nipple problems and breast milk-related myths and taboos.

Although family members were not directly involved in this research, their participation was evident at the time the family instruments were completed and the care provided.

The techniques and instruments of data collection were adequate for research and care. The proposed model of care was feasible, dynamic, with its phases interconnecting and complementing each other, while favoring the development of care directed to the problems encountered. The MCE to the families that experience breastfeeding in the home daily routine made it possible to combine theory and practice so that the care was carried out with quality to the family members, considering the

individuality of each one involved in the process.

We emphasize that only one meeting was not sufficient for a better follow-up of the mothers and their families. Thus, we suggest other meetings to be held, thus becoming a household follow-up and not just a home visit.

As a limitation, we can highlight the reduced number of lactating mothers and the insertion of other family members. However, we consider it important to disseminate these data so that nurses can reflect on the importance of Nursing Care Systematization to families who experience breastfeeding. In addition, this study could be reapplied in other localities, in order to collaborate with the construction of knowledge about the discussed issue, allowing to broaden their understanding, in order to assist health professionals in the implementation of educational and care programs to the families who experience breastfeeding.

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Corresponding Address

Rosália Teixeira Luz
Universidade Estadual do Sudoeste da Bahia
Departamento de Saúde II
Av. José Moreira Sobrinho, S/N
CEP: 45205-490 — Jequié (BA), Brazil