ABSTRACT

Objectives: to identify the difficulties faced by mothers breastfeeding their newborn when they are in the Intensive Care Unit and Neonatal Intermediate Care Unit; to describe the guidelines that mothers received by the health professionals. Method: a descriptive study of a qualitative approach, developed in a public hospital in the city of Patos/PB, with eight mothers of premature babies hospitalized in November 2014. The data were produced through interviews with thematic content analysis. Results: the study indicates the need to reorganize premature babies of mothers to care models to the difficulties of breastfeeding during the hospital stay. Conclusion: promotion to the in-hospital humanization care is necessary to improve knowledge and humanize the reception given to mothers during breastfeeding. Descriptors: Breastfeeding; Premature; Neonatal Unit.

RESUMO

Objetivos: identificar dificuldades enfrentadas por mães puérperas na lactação durante o tempo em que seu recém-nascido esteve em Unidade de Terapia Intensiva ou em Unidade de Cuidados Intermediários Neonatal; descrever as orientações que mães receberam dos profissionais da saúde. Método: estudo descritivo de abordagem qualitativa, desenvolvido em uma maternidade pública na cidade de Patos/PB, com oito puérperas de bebês prematuros internados, no período de novembro de 2014. Os dados foram produzidos por meio de entrevista com análise de conteúdo temática. Resultados: o estudo indica necessidade de reorganizar modelos de assistência às mães de bebês prematuros às dificuldades da amamentação durante o período de internação. Conclusão: é necessária a promoção para a humanização no atendimento intra-hospitalar, no sentido de aprimorar o conhecimento e humanizar o acolhimento oferecido às mães puérperas na lactação. Descriptores: Amamentação; Prematuro; Unidade Neonatal.

RESUMEN

Objetivos: identificar dificultades enfrentadas por madres en la lactancia durante el tiempo en que su recién nacido estuvo en Unidad de Terapia Intensiva o Unidad de Cuidados Intermediarios Neonatal; describir las orientaciones que madres recibieron de los profesionales de la salud. Método: estudio descritivo de enfoque cualitativo, desarrollado en una maternidad pública en la ciudad de Patos/PB, con ocho madres de bebés prematuros internados, en el mes de noviembre de 2014. Los datos fueron producidos por medio de entrevista con análisis de contenido temático. Resultados: el estudio indica necesidad de reorganizar modelos de asistencia a las madres de bebés prematuros a las dificultades de la lactancia durante el periodo de internación. Conclusión: es necesaria la promoción para la humanización en el atendimiento intra-hospitalario, en el sentido de mejorar el conocimiento y humanizar el acogimiento ofrecido a las madres en la lactancia. Palabras clave: Lactancia; Prematuro; Unidad Neonatal.
The birth of a premature baby is an unexpected and dramatic event and, in fact, the family members are unprepared to cope with the situation. The prematurity, the low birth weight associated with any other congenital or perinatal defect will require immediate health team interventions that most often frighten the parents. The first view of these parents when observing such a small and fragile child in an incubator, affect the parents with anguish and suffering, given that they idealized a healthy child. Even with all this suffering, the family learns to live with the stress of the situation trying to find ways to support difficult time.¹

For most women, pregnancy is a moment of happiness, expectations, and anxieties, but for others, it is also a moment with difficulties such as preterm delivery permeated by various causes. The recent mother with a premature baby, besides having to overcome all these difficulties and frustrations, she should also be organized to maintain lactation during the time that her baby remains under special care to nurse him when he is ready. Psychological and physical factors are the main barriers faced by mothers in the lactation process since physiologically, the mother’s body was not properly ready to produce milk at that time, which in addition to its nutritional importance has significant importance in the formation of immunity of the child and prevention of diseases such as allergic.²

Breastfeeding a preterm infant is a challenge. These infants show physiological and neurological immaturity as well as inadequate control of sucking/swallowing/breathing. Mothers feel uncomfortable in dealing with such small and delicate babies and may erroneously conclude that they are unable to feed them.³

The interest in studying this theme arose from the personal experience, when I had premature twin in 2011, and these babies were in the Neonatal Intensive Care Unit (NICU), as well as professional experience as a nursing technician of an Intermediate Neonatal Care Unit (NICU) of a public hospital in Paraíba backlands, noting difficulties to maintain breastfeeding during the period when the child was in the ICU or NICU by the mothers, either by the separation, as well as with the unexpected situation of childbirth anticipation.

From the observations in practice with mothers of premature babies, it was tried to work these difficulties and maintain breastfeeding during the hospitalization of the children of these mothers, that often they are not being fed exclusively breastfed because of the mother’s discharge, although mothers are advised to stimulate lactation and breastfeeding.⁴

The study is relevant which can support new scientific research, justified by the importance of knowing feelings, expectations and difficulties reported by these mothers so that the health institution and professionals try to provide humane care to the mother/child.

**OBJECTIVES**

- To identify difficulties faced by mothers in lactation during the time that their newborn are in the Intensive Care Unit and Neonatal Intermediate Care Unit.
- To describe the guidelines that mothers received by the health professionals.

**METHOD**

A descriptive study of a qualitative approach developed in the Maternity Dr. Peregrino Filho located in Patos/PB in the Northeast of Brazil, average reference, and high complexity in care for women with the physical structure of 75 beds, one Unit of Maternal Intensive Care Neonatal and another six beds each.

All premature births of mothers of this maternity in November 2014 were the study population. The sample consisted of eight mothers of which their preterm infants were admitted to the ICU or NICU in the same period and who agreed to participate research signing the Consent and Informed Term (TCLE).

Preterm mothers of 32 to 37 weeks of gestational age were included regardless their age. In the case of underage mothers, parents or guardians signed the informed consent form. There was no differentiation regarding education, primiparous or multiparous. Mothers of premature infants undergoing depressant drug therapy of the Central Nervous System (CNS), HIV-positive and those with some clinical impediment to breastfeeding were excluded.

A semi-structured interview script was used based on the research objective to subjective questions and all the answers were recorded in audio, developed individually in rooming-in of the Maternity Dr. Peregrino Filho according to the availability of puerperal after interaction of the researcher and the researched mother, with previous scheduling according to availability and time of the...

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Oliveira LFMN de, Ferreira e Oliveira LM, Davim RMB et al.

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In this category, there is a clear lack of knowledge of the interviewees about the causes that led them to develop premature delivery. It was observed that 50% of mothers are unaware of the reasons, 25% associated IT with urinary infection, 12.5% related it to high blood pressure and 12.5% went into early labor. Possibly, the lack of knowledge shown is associated with the gap between the health professionals with the patient not clarifying the possible reasons for her illness, according to the following lines:

I do not know, from the beginning of the pregnancy was complicated [...] (Acucena)

I cannot explain what was happening; I was always having problems, and they never explained what it was [...] (Maravilha)

Since the beginning of pregnancy, I was always with high blood pressure; they gave medicine, but they never informed how my baby was [...] (Rosa)

Despite the implementation of health programs and actions in the country, as the prenatal care has reduced the risks of pregnancy with improvements in maternal and newborn health indicators, there is still a long way to go as it was observed half of the interviewees without knowledge or reason of premature birth.5

A detailed anamnesis is the first step to identify the maternal risk for preterm births. The search for clinical indicators should be established, preferably before conception allowing to control risks and contribute to a favorable outcome of pregnancy. Although in about half of cases, premature birth is considered of unknown etiology, it is often associated with maternal and fetal risk factors that can be classified in epidemiological, obstetric, gynecological, clinical, surgical, genetic, iatrogenic and unknown.6

During pregnancy, there are some physiological changes in the mother’s body that leads to increased susceptibility to urinary infection as observed in this study on this disease and its complications playing an important role. Studies suggest that urinary tract infection (UTI) is characterized by colonization, invasion, and multiplication of infectious agents in the urinary tract and asymptomatic bacteriuria or symptomatic during pregnancy is associated with both maternal complications such as anemia, pre-eclampsia, fever maternal, premature rupture of membranes, preterm labor, chorioamnionitis and endometritis. In the perinatal, there is prematurity, low birth weight (<2500 g), neonatal infection, restriction of intrauterine growth retardation (IUGR) as well as neonatal death. In Brazil,

There were eight women interviewed and four were between 18 to 25 years old, three between 26 and 35 years old and one between 13 to 17 years old. According to the education level, four had the elementary school incomplete, one had complete elementary school, one had incomplete high school, one had complete high school, and one had an incomplete higher education. As for the race, all declared to be brown, and five of them were primiparous, and three of them were multiparous.

The interviews helped to identify thoughts and apprehensions of these mothers. Through the analysis of the lines content, it was possible to build the following categories: Possible reasons that led to the premature birth; Insufficient milk production; Difficulties in lactation; Assistance to mothers in milk production; Reporting of the main causes of insecurity in breastfeeding; Received guidance on breastfeeding and Postpartum women momentary wish for the child.

DISCUSSION

◆ Category 1: Possible reasons that led to the premature birth

Each interview took an average duration of 15 minutes for the interference-free environment not to affect the answers of the interviewees. The participants were coded with names of flowers to ensure their anonymity.

Before starting the research, the study was authorized by the direction of the Maternity Dr. Peregrino Filho, Brazil submitted and appreciated by the Research Ethics Committee of Patos Integrated Colleges (FIP/PB) Protocol CAAE 22810213.3.0000.5181. The researcher had a principle respect the ethical aspects of research involving human beings contemplated in Resolution N 466/2012 of the National Council of Health-CNS/MS. The TCLE presented a proposal in simple language and accessible to understanding/comprehension of mothers or their legal representatives, providing them with information about the purpose of the study, freedom to participate in research, privacy, anonymity, and right to withdraw at any stage without prejudice their image and assistance.

Analysis of the data was presented from the interview transcript. The answers were grouped into categories emphasizing the lines relating to the scientific knowledge.

RESULTS

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neonatal mortality by prematurity and low birth weight are more than 60% of infant deaths.⁷

Despite the pregnancy naturalness for the women physiology, some of them can be affected by Specific Hypertensive disease of pregnancy (HDP). This happened to Rosa had her pregnancy interrupted before completing the gestational time. This action was taken due to HDP be responsible for maternal morbidity and mortality rates and high fetal development, especially in developing countries like Brazil.⁵

♦ Category 2: Insufficient milk production

In Category 2, the respondents reported how they see their milk production since they could not breastfeed in the first hour after birth and as a reason for the difficulty in lactation they cited the fact of not being together (mother/baby). The distance between mother/child may be the main cause of poor milk production by lactating women. It is known that the stimulus is a major factor in maintaining a sufficient amount of milk, their absence is extremely negative for the development of a premature child when it has as much need or more intake of nutrients present in breast milk which compromises recovery and health.

Breastfeeding is one of the most important goals in life of mothers for promoting health, care, affection demonstration and establishment of important links in the formation of bond between them, which does not occur with premature baby seen the difficulty of sucking, leaving the mothers grieving over the emotional shock⁸ showed on these lines:

I am watching he is coming; I think I do not have much milk because he is not sucking [...] (Rosa).

There is milk, but a little bit I think, I worry [...] (Azaléia)

I think milk is little, what should I do? [...] (Camélia).

The women in this study initially tried to maintain lactation. However, with the hospitalized baby, it was observed that even following the directions received for lactation maintenance they cannot prevent the decrease in milk production. They expressed concern and feel increasingly powerless to observe the decreasing volume of milk. In this situation, they consider the absence of suction of the newborn to the breast as the main reason for decrease in their milk production.⁴

♦ Category 3: Difficulties in lactation

In this category, 50% of mothers revealed not having difficulties in maintaining lactation, 37.5% said they were producing little milk and 12.5% associated the low production to the psychological factor.

The expectation is here [...] our psychological gets very upset [...] (Rosa)

Just thinking that my baby is there in that ICU, It makes me anxious so my milk does not come down [...] (Lírio)

I am even able to keep milk, because I weaning, take to the Milk Bank and so I will produce milk to my baby could feed [...] (Tulipa)

It is observed that the woman feels guilty not having good milk production, and this not always occurs as expected, in spite of the pressure on the environment exerted by professionals, family or the mother. When the baby goes to the rooming-in with his mothers, he has free demand for feedings; when it is in special care and released to be breastfed at predetermined times, not always correspond to his will, in fact, he is not hungry, only needing the mother´s lap or warmth.

The act of breastfeeding provides the physical contact between mother/baby, stimulating skin and senses. If breastfeeding is made with love and care and unhurried, the baby does not just feel the comfort of their needs met, but also happy to be held by his mother´s arms, hearing her voice, feeling her smell, the smell of milk, noting her lulling and caresses. Therefore, to establish that bond mother/son, there is compensation of the space created by the sudden and crude separation, correcting frustrated premature fantasies that birth may have caused them neglect, assault, attack and hunger.⁹

♦ Category 4: Assistance to mothers in milk production

In this category, the respondents were asked about the care they were receiving in milk production and, almost unanimously, they reported being supported in this process and that the team acted stimulating them to promote breastfeeding.

Even realizing that mothers reported receiving support, they must be aware of the differences between support and guidance. Health professionals may be confused, but everyone should understand that support is a much broader concept than just advise on the technical.¹⁰

They came here the first few times to take milk; it relieves a lot [...] (Lírio)

The girl comes and gives massages, and I am also stimulating [...] (Rosa)

They say that I have to massage to take the milk and bring it to the Milk Bank, but...
Breastfeeding in premature: identifying...

sometimes they do not teach how to make it [...] (Tulipa)

Helping mother/child in the breastfeeding process is not only procedure that involves technics but complex psychosomatic phenomenon that requires a set of skills, attitudes, and empathy. For these skills and attitudes to be effective in the promotion and support of breastfeeding, it is necessary to have certain basic principles: a) active listening, in which the professional must hear all the information that the woman and her partner have and only then assess this knowledge; b) body language, showed through gestures respect for patience and absence of barriers between women and professional; c) attention and empathy, always considering the feelings of the wife and partner without judgment; d) decision making, identifying wrong knowledge offering new alternatives and freedom to the couple choose the best option; e) monitoring, identifying the nursing mother and partner the way, always being ready to support them when needed.3

In a qualitative descriptive study developed in the outpatient clinic of a public hospital for infectious diseases considered tertiary and reference on AIDS in Natal, State of Rio Grande do Norte, in the Northeast of Brazil, authors worked with 33 mothers with HIV from March to June 2005. The authors revealed that care and support to parents of the premature newborn should not be restricted to the physical structure, given the setting process in the NICU provides wear and involves obstacles for the provision of humanization. They also realized that the ideal would be to offer care and support to the couple and family in a more comprehensive and humane way, meeting the needs of premature babies with a conversational setting, dialogue, approach family/professional, safe, pleasant and humane way.11

♦ Category 5: Reporting of the main causes of insecurity in breastfeeding

In category 5, when 37% of mothers were asked if they felt afraid to breastfeed her premature baby, they first said no, and the rest mentioned insecurity as the child s size, fear of choking and fear of hurting the breast.

I think he is small, squishy; I’m afraid [...] (Margarida)
I will breastfeed yeah, for sure, but he is still so small [...] (Lirio)
I am very afraid that he choked with milk and not knowing what to do [...] (Rosa)
The hard part is we get there, and we cannot take the baby, he is there, we see

and cannot pick him up, he is so small, it is scary, it is very difficult (Açucena)

Even more for being our first child and know that he is there in full of cables incubator with oxygen, tiny, unable to get to breastfeed, it hurts in the heart, and the suffering is great, it is very difficult to accept this situation [...] (Azaléia)

We see our son in that incubator full of cables, taking medicine, say it is antibiotics, but they do not explain what the infection is, who have not yet found the cause, they should better explain to us what is happening to us to stay quieter [...] (Hortênsia)

The interviewees expressed a desire to breastfeed the baby exclusively from the answers that revealed his desire to provide good health condition and development for the child. Thus, they had the basic knowledge that breast milk protects premature diseases requiring the mother responsibilities more about the needs of feeding the child only to the breast. For these mothers, breast milk means a lot, especially for premature.

A qualitative study conducted in two hospitals in a private/philanthropic category with actors as three nurses and four nursing technicians in a neonatal ICU in São Paulo used as the Symbolic Interactionalist theoretical framework, and the methodological framework Grounded Theory data. The authors sought to identify the meaning of caring for families for nursing staff in the NICU and the results reflected in the meaning of practice knowing the beliefs of the families in this environment. They observed that the staff seemed appreciative, but simply allow their presence with the children does not mean a priori that these vulnerable families are being cared. More attention is required and talk and closer communication with all.12

In a study of descriptive exploratory field, authors interviewed four premature families of newborns in the NICU whose data were analyzed based on Grounded Theory data, verified as it is important and necessary that the nursing staff is sensitized to the families of a premature baby in a NICU, considering that this team of professionals always concerned to meet the needs of these babies does not realize the mother, father or even a family member as the main ally in this care and suffering and must interact with all families smoothly and positively getting help these actors in the planning of therapeutic actions toward premature infants in the NICU.

At the end of the survey, they reported that the family’s feelings with the birth of a premature child and how the nursing staff is
involved in the process of interaction between family/premature newborn. 13

Living with families of premature babies in NICU, they follow the treatment of children trying to understand the reason of prematurity and always question with the nursing staff who are in doubt about what her baby has. Even following this treatment, parents have questions and try to understand the sick child reason being mindful to understand the health status of it. When present in the NICU, they pay attention to conversations between professionals present there and verbalize the need for better clarification to them. 13

● Category 6: Received guidance on breastfeeding

In this category, most mothers said they had not received any information and some of them said that they did. It is believed that strategies for the efficient and unified approach are missing to information service support to these mothers.

They passed and left a pamphlet [...] (Açucena).
The girl has come here talking about the importance and left to a piece of paper [...] (Lírio)
They passed here saying that they would give the milk in the probe and if I wanted to see [...] (Rosa)

The advantages of breastfeeding for preterm babies are several, highlighting nutritional and immunological properties, function in gastrointestinal maturation, increased neurobehavioral performance, protection against infections, better cognitive and psychomotor development, lower incidence of re-hospitalization and especially training and increased affective mother/child bond. Also, it can be mentioned that mothers to breastfeed right after birth are more likely to succeed in breastfeeding; colostrum accelerates the maturation of the intestinal epithelium and protects the baby against pathogens; the skin-to-skin prevents hypoglycemia and triggers a number of important hormonal events in the mother/baby; touching, smelling and heating cause the mother to release oxytocin, the hormone responsible, among other actions, the exit and milk ejection causing the temperature of the breasts warm the baby; Oxytocin also reduces maternal anxiety increasing peace of mind and social responsibility of the mother. 14 15

In a quantitative descriptive exploratory study with collection from August to October 2007 developed data in a Jundiaí Health Unit/SP, the authors revealed that since the 80s began to be published the first studies showing benefits of exclusive breastfeeding in chest became evident that by introducing water, teas, and other foods to the child before six months of life greatly increases risk of disease, impact on growth of infants and reduces the duration of postpartum amenorrhea. 16

It is believed that for the success of exclusive breastfeeding the premature child determination, mother’s desire to breastfeed beyond the activeness services and health professionals to promote breastfeeding are fundamental. Thus, breastfeeding should not be seen as the sole responsibility of the woman who is involved in feelings, emotions, and contradictions, but rather everything that goes beyond mother/child socio-historical and biological context. 17

A multidisciplinary team that works effectively can also decrease a number of teachings since there would be no overlapping of functions and professionals would know what strategies each of their colleagues is planning to each mother. 3

● Category 7: Postpartum women momentary wish for the child

In Category 7, there are the concerns of mothers to what would most like at that time although certain lines are different. The desire is for a healthy child was unanimous reinforcing the view that the situation was not the expected for the child. It is noticed even though delivery may happen prematurely; the women remain hopeful that the child is born with good vitality and can stay on their side when it does not happen the same will be eagerly awaiting this moment.

I hope my son will recover as soon as possible and get out of here healthy [...] (Gardênia)

I hope all the time that my baby goes out from that ICU the fastest as possible (Lírio)
Everything changed in our lives after our baby was born so premature, I am now more quiet, more present, careful and even my husband also changed, because before we lived on the street, we really went out of the house and not now, we are always here, close together to the moment he can get out of ICU, thank God (Hortênsia).

Throughout the hospital, as the baby has a clinical improvement, the mother participates in the care of the child in hygiene, in bed, in probe feeding in touch or hold the child in her lap, even for short periods. These activities appear to represent for mothers restructuring of the maternal role of feeding the children and establishes confidence that the difficulties will be overcome. 18

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Breastfeeding in premature: identifying...
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The literature shows that the change of values with the birth of a premature child is real. The concepts about life change, even to stop leaving the house to provide stable life to the child who was born before the scheduled date.\

Authors report that breastfeeding is very important for the health of the child and that these reasons are widely reported in the literature and breastfeeding programs. However, as the benefits to the mother, this is a topic that is still far from being covered, being stronger motivation so that the patient can continue this practice with great pleasure and empowerment, particularly about exclusive breastfeeding.\

CONCLUSION

From the comprehensive analysis of the reports, it was revealed that every mother experiences breastfeeding in a unique way. The recognition of the benefits of breast milk for premature was the main reason given by respondents for exclusive breastfeeding, by various situations of uncertainty, inconvenience, and discomfort. The study also indicates that it is necessary to rethink and reorganize the model of care for preterm mothers concerning the difficulties of breastfeeding during the period of stay in the maternity ward, allowing greater contact between mother/baby and more information which may unveil breastfeeding in preterm infants.

Given the above, it is necessary to promote in-hospital humanization care to improve knowledge and humanize the reception given. For this, it is essential that there is the adoption of improvement actions quality of care and consequently the health of the mother/baby, expanding accessibility to support during the postpartum period.

It is believed that the study has contributed to knowledge in health as treats and describes routines of a complex unit and can promote reflection of the professionals in this scenario, enabling them to realize more signs that mothers emit over throughout her stay following her premature infants admitted to the NICU and NICU.

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