THE IMPORTANCE OF NURSES IN ENCOURAGING BREASTFEEDING IN THE GLASS TO THE NEWBORN: INTEGRATIVE REVIEW

ABSTRACT

Objective: to describe the role of a nurse by the nursing staff and the nurse in encouraging the use of the technique of the cup for feeding the newborn. Method: integrative review with search in databases LILACS, SciELO and BDENF to calve the question << What is the importance of nurses in encouraging nursing staff and nursing mothers to utilize the technique of the cup to feed the baby? >> 12 studies were eligible for the analysis of the data of the past 10 years, on Portuguese and Spanish. Results: there were few studies related to breastfeeding with cup and nurse work together to nursing mothers, separating a care essential for the promotion of breastfeeding. Conclusion: it was perceived lack of information about breastfeeding with cup and consequently nursing work with women, promoting breastfeeding and early weaning.

Descriptors: Breastfeeding; Newborn; Nursing Care.

RESUMO

Objetivo: descrever a atuação do enfermeiro junto à equipe de enfermagem e a nutriz no incentivo ao uso da técnica do copinho para a alimentação do recém-nascido. Método: revisão integrativa com busca nas bases de dados LILACS, SciELO e BDENF a parir da questão << Qual a importância do enfermeiro no incentivo à equipe de enfermagem e a nutriz a utilizar-se da técnica do copinho para alimentar o recém-nascido? >> Foram elegíveis 12 estudos para a análise dos dados, dos últimos 10 anos, nos idiomas Português e Espanhol. Resultados: observaram-se escassos estudos relacionados ao aleitamento com copinho e a atuação do enfermeiro junto às nutrizies, desvinculando um cuidado essencial para a promoção do aleitamento materno. Conclusão: percebeu-se a falta de informação sobre o aleitamento com copinho e consequentemente atuação do enfermeiro junto às mulheres, promovendo o aleitamento materno e o desmame precoce. Descritores: Aleitamento Materno; Recém-Nascido; Cuidados de Enfermagem.
INTRODUCTION

The policy of maternal and child health in Brazil has prioritized the promotion, protection and support of breastfeeding, as a key strategy to reduce morbidity and mortality and improving quality of health. However, prevalence rates are far from meeting the recommendations of the World Health Organization (WHO) recommends exclusive breastfeeding (EBF) for six months and supplement breastfeeding until two years of age or older, initiative favor of reducing mortality, and in line with WHO recommendations on goal # 4 to reduce child mortality.1

Despite all the campaigns in favor of breastfeeding, breastfeeding rates in Brazil, especially exclusive breastfeeding, are well below recommended. The median breastfeeding in the country, according to the 2001 study, was ten months old and exclusive breastfeeding, only 23 days old.2

There is a biological determinism, especially in terms of nutritional and immune systems, which makes undeniable breast milk as the best food for children in the first years of life. Besides excellent source of nutrients essential to proper weight-height growth and development of newborns and infants, human milk contains immunologically active components that can prevent acute infectious diseases in childhood and chronic degenerative diseases in adulthood.3

Thus, breast milk should be the food of choice for the newborn (NB). The ingestion of colostrum is important, given its characteristics, especially by the presence of immunoglobulins. It promotes intestinal colonization with lactobacillus bifidus which lowers the pH and makes the environment favorable to the growth of bacteria, moreover, is laxative and assists in the elimination of meconium helping to prevent jaundice. When the infant is unable to suckle the breast directly, we recommend the manual extraction of milk with supply of fresh milk by cup or tube.4

From this perspective, the movements of tongue and jaw conducted using breastfeeding with cup are similar to the movements required for successful breastfeeding, besides promoting an experience by reducing the time of nasogastric tube (SOG) and facilitate the development relationship / link between preterm infants and their mother and / or father. The technique of the cup is useful and effective, and allows a post-breastfeeding as successful without the occurrence of the nipple.5

OBJECTIVE

• To describe the role of a nurse by the nursing staff and the nurse in encouraging the use of the technique of the cup for feeding the newborn.

METHOD

Study integrative review of literature, and is considered a strategy to identify existing evidence in order to substantiate a health practice in various specialties.6

In preparing the study were followed six steps: identification and selection of the theme guiding question; establishing criteria for inclusion and exclusion of studies and relevant literature search; definition of information to be extracted from the selected studies, critical evaluation of the studies included in integrative review, interpretation of results, presentation of the review / synthesis of knowledge.7

To guide the integrative review was formulated the following question: What is the importance of nurses in encouraging nursing staff and nursing mothers to utilize the technique of the cup to feed the baby? To select the articles were used as databases, namely the Latin American and Caribbean Health Sciences (LILACS), Database of Nursing (BDENF) and Scientific Electronic Library collection online (SciELO). We tried to also original references in articles identified in the survey conducted from March to September 2011.

The inclusion criteria of the selected publications for this integrative review were: published articles in Spanish or Portuguese, available in full on the databases in the last ten years. We excluded studies not available in full, dissertations, theses and journal articles that were not scientific, publications in English language and who did not fit the cutout of the last ten years.

We used the descriptors standardized and available in DeCS: Newborn, breastfeeding,
nursing care. The search was conducted by online access and, initially, 907 articles were obtained. Of these, we excluded those that were not related to the topic (828) by reading carefully the title and abstract online. Later, a full reading of the remaining publications of the first selection (52) allowed also exclude those that were repeated in the databases (15). Using the inclusion criteria, the final sample consisted of the review of 12 articles.

To collect the data from the articles that were included in this review, we designed a form including the following items: identification of the article, publication type, study design, objectives, sample, main results and conclusions. For analysis and subsequent synthesis of the publications we used a synoptic table built for this purpose, which included the following: title, materials and methods, results and conclusions.

The presentation of the review and discussion of the data were performed descriptively in order to allow the reader to critical evaluation of the results obtained and its applicability.

### RESULTS

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<th>Title</th>
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<tr>
<td>Analysis of the practice of the cup in friendly hospitals in the states of Rio de Janeiro and Sao Paulo.</td>
<td>Research conducted in the neonatal unit of a university hospital in Porto Alegre.</td>
<td>Institutions use the cup when the mother is absent or when it is necessary to supplement breastfeeding, although the predominance of professionals to assist in the feeding of premature infants. And the orogastric tube is used during the transition and food cup model proved to be quite diverse.</td>
<td>One can observe uniformity in responses regarding the indication and contraindication cup, cup material desired and concern about the state of consciousness and posture of the baby during the technique.</td>
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<td>Characterization of the technique of glass in the neonatal ICU of a public hospital.</td>
<td>Descriptive, observational and cross held the neonatal ICU of a university hospital in Porto Alegre.</td>
<td>The results showed that most babies were being fed by cup breastfed simultaneously. It has been found that the administration of the technique was partially correct. The mothers had not received information about the use of the cup.</td>
<td>It was concluded that, in general, the use of the technique of glass as alternative feeding method, for most of these infants occurred appropriately, providing an option in an attempt to establish lactation or prevent early weaning.</td>
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<td>Breastfeeding in premature infants: In-hospital clinical management</td>
<td>We performed an extensive literature review on the topic, including the material from textbooks, theses, publications in national and international organizations and selected articles published from research in the MEDLINE database for the period 1990 to 2003.</td>
<td>From review of literature, it appears that many aspects make the breast milk particularly suitable for feeding premature infants. However, there is, generally, a low incidence of success in breastfeeding premature, especially in neonatal risk, although there is evidence that a hospital environment allows breastfeeding in these children.</td>
<td>Breastfeeding preterm infants is still a challenge, but doable as long as there is appropriate help and support, especially by health professionals. Mothers of premature infants need more information about the importance of breastfeeding so they can make decisions about the nutrition of their children.</td>
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Figure 1. Overview of publications included in the integrative review, according to the article title, methods, main findings and conclusions.

In this integrative review, we analyzed 12 articles that met the inclusion criteria previously established.

It was found that the literature of the subject of breastfeeding through the technique of cup is scarce. All publications were carried out in Brazil, whose frequency of review articles was 50% (6/12) and of unique, similarly, 50% (6/12) which 83.3% (5/6) were in hospitals and 16.6% (1/6) was in primary. The states with the highest frequency of the original studies were Sao Paulo and Rio Grande do Sul (2/6) for each state, according to Rio de Janeiro (1/6), Paraiba (sixth) and Goias (1/6).

In published studies, the role of a nurse with the nurse and the nursing staff was emphasized by the publications. Within the case studies emphasized the knowledge of the benefits of using cup, the nurse analyzing methods that provide early weaning, and the performance of the guidance on the use of the technique of feeding the cup.

Figures 1, 2, 3 and 4 shows the synthesis of items included in the process of this integrative review.
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<td>Insufficient lactation: a proposed role of a nurse.</td>
<td>Literature review of descriptive exploratory queries made through the data sources printed computerized database of Lilacs and Medline.</td>
<td>The system of ‘rooming in’ regulated by Ordinance MS / GM No. 1016 of 1993, is now recommended for favoring the precocity of breastfeeding reduce the risk of nosocomial infection and provide conditions to nursing to promote the commodification of mother to baby care, among other advantages. Health professionals need to be prepared to care for these women, which includes the ability to communicate and implement actions in health education. To achieve the purposes of the AC, the nursing staff needs to understand and believe in its importance as a counselor, holding a job committed, systematized, thus ensuring the quality of care. One of the goals is to encourage rooming in on demand. The healthcare team need to consider the knowledge, experiences and experiences of parents, adding them to your previous knowledge, stimulating autonomy by reinforcing the positive behaviors of self-care, primary being the organization and cohesion of this team in defining their roles and joint efforts to converge practices when assisting the mother-child pair.</td>
<td>Considering that nursing plays a key role in assisting women in prenatal care, childbirth and it is essential that their actions are based on current scientific knowledge, to develop a practice of care that prevents hypogalactia and early weaning, thus contributing to the success of lactation.</td>
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<td>Clinical management of oral disorders in breastfeeding</td>
<td>Literature review focusing on clinical management of oral disorders in breastfed infants, using scientific papers, technical books, theses and national and international publications.</td>
<td>Oral disorders (disorders of suction), if not corrected early, can generate inappropriate actions, damaging the satisfactory performance between mother and baby during breastfeeding. Health professionals can help in these cases, recognizing and intervening early through training for the assessment of breastfeeding and the appropriate clinical management of oral disorders. In the clinical management of babies with breastfeeding difficulties should be considered relevant aspects of oral physiology and observation of breastfeeding for this practice. We highlight the importance of the work of an interdisciplinary team and the necessary precautions regarding oral training these babies, as well as the need for monitoring by trained expert in more complex cases.</td>
<td>Oral dysfunctions infant during breastfeeding can be corrected if they identified early. Health professionals can help mothers and babies to overcome this difficulty, enabling them to perform an adequate clinical practice in breastfeeding.</td>
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<td>Factors that interfere with exclusive breastfeeding: perceptions of breastfeeding mothers.</td>
<td>A descriptive study with qualitative approach in basic health care unit of the family, in the eastern city of Goias</td>
<td>The elements involved were identified: The breast problems, the fact that an intense practice, excessive housework, caring for other children, work outside his residence and especially popular beliefs and practices of the nursing mothers and their families, as fact that “milk is weak, and not just sustain” and the need to offer other foods, water and teas.</td>
<td>It is very important not to generalize the ability to breastfeed without considering the context that the nursing mother and the infant are inserted.</td>
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Figure 2. Summary of publications included in the integrative review, according to the article title, methods, main findings and conclusions.
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<td>Analysis of the knowledge and practice of health professionals in promoting and supporting breastfeeding: a review study.</td>
<td>Data collection was performed by searching the electronic databases MEDLINE, LILACS and the Cochrane Library, and the use of technical books. We selected studies published between 1994 and 2006. We excluded those who used special groups of children, such as very low birth weight and preterm. The studies selected were those that focused on the healthcare practice in the mother-baby as well as those who implemented the breastfeeding counseling.</td>
<td>It was observed in this study that many health professionals dealing with pregnant women, mothers and babies have little knowledge on breastfeeding, as well as clinical skills and counseling insufficient to promote, protect and support breastfeeding. The inclusion of advice on training significantly affects the improvement of professional practice. The guidance to mothers, prenatal, delivery room, rooming and at discharge, when performed by trained professionals, lead to significant changes in breastfeeding rates.</td>
<td>It was observed that many of the health professionals who deal with the mother-son have insufficient knowledge and skills to properly manage the various situations faced by breastfeeding, causing thus early weaning. Therefore, it is urgent to strengthen the capacity of health teams at both the hospital and, in particular, in the Basic Health.</td>
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<td>Perception about postpartum care nursing unit rooming.</td>
<td>Descriptive, qualitative approach rooming with mothers in a hospital in southern Rio Grande do Sul.</td>
<td>From the analysis of the data the mothers expressed positive feelings to AC, despite not having been recognized as sufficiently focused on the care with you and the baby; guidelines predominantly been caused by the occurrence of more problems than for its prevention.</td>
<td>The nursing staff can be instrumental in providing an educational process that fosters understanding and reflection on the care of women to promote their health and that of her son.</td>
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<td>Systematization of nursing care to a mother-infant using the theory of basic human needs and ICNP version 1.0.</td>
<td>This is a case study based on the Theory of Basic Human Needs Horta and the International Classification for Nursing Practice, aimed at systematization of nursing care to a mother-infant in a university hospital.</td>
<td>The implementation phase of the nursing process allowed us to establish nursing diagnoses, expected outcomes and nursing interventions, the latter having been implemented and evaluated. The results of the study show that the use of the theory of Horta and CIPE © Version 1.0 provided practical assistance in improving the quality of care and contributed to a holistic and humane care, since in them the human being is perceived in all their needs, bringing benefits not only for customers but also for the profession.</td>
<td>The care in meeting the basic needs of affected directed to the mother-infant relationship is a complex process due to its peculiarities. This care requires nursing staff a vision focused on the characteristics of each age group, from the establishment of a scale of priorities in meeting these needs. In this context, the Theory of Basic Human Needs Horta was adequate because the needs relate affected from the problems presented by clients. So in addition, we use the diagnostic and therapeutic reasoning and classification system chosen by facilitating the planning and implementation assistance.</td>
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Figure 3. Summary of publications included in the integrative review, according to the article title, methods, main findings and conclusions.
The importance of nurses in encouraging...

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<td>The use of glass and bottle feeding and breastfeeding in preterm infants and term infants: a systematic review.</td>
<td>We searched articles published in Portuguese or English, in the period from 1966 to 2006 in Medline, Lilacs and SciELO. The following terms were used: “+ breast feeding bottle’’ plus ‘prevalence’, ‘feeding methods’, ‘duration’, ‘underweight’, ‘premature’ and ‘newborn’.</td>
<td>Five articles met the inclusion criteria, the study samples ranged from 14 to 686 newborns, totaling 1552 children. The use of glass for supplementation of breastfeeding was associated with a higher prevalence of breastfeeding in term neonates, infants delivered by cesarean and premature at the time of hospital discharge.</td>
<td>Conclusions: there seems to be a favorable influence on the use of glass on breastfeeding, although this review is not conclusive and definitive.</td>
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<td>Feeding the newborn preterm: alternative methods of transition from gavage to breast feeding.</td>
<td>The research was conducted in the databases: Lilacs, Medline, SciELO, from 1994 to 2007. We selected four items, considering only randomized studies (three of which also controlled).</td>
<td>The evaluation reveals practices to facilitate breastfeeding, however, it is necessary some changes in hospital routines for the realization of ‘ten steps’. On average, 79% of responses were positive for the compliance of the steps, which is close to the 80% suggested. However, if we analyze each step, we identify points to be improved. Drew our attention the fact that the practice of placing the newborn with the mother immediately after birth, allowing breastfeeding in the first half hour, was reported by 100% of the mothers who had vaginal deliveries and 80% of those who had cesarean delivery.</td>
<td>Given the scarcity of studies in the literature and methodological problems encountered, it is necessary to further studies to compare the use of the methods of transition from power in newborn preterm infants.</td>
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<td>Protection, promotion and support of breastfeeding in a university hospital.</td>
<td>Study of quantitative descriptive analysis of promotion, protection, support breastfeeding, at the University Hospital of the State of São Paulo.</td>
<td>Study of quantitative descriptive analysis of promotion, protection, support breastfeeding, at the University Hospital of the State of São Paulo.</td>
<td>Investments and changes toward meeting the ten steps will contribute to a better service to the population and to train professional baby-friendly.</td>
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**DISCUSSION**

It is clear the benefits of breast milk to all children under two years of age, then, that the baby is able to receive the benefits of breast milk, it is necessary to know the techniques that promote exclusive breastfeeding. In literature specialized demonstrates that the benefits of breast milk by cup feeding in newborns by inhibiting early weaning prevent contact with artificial teats, and providing greater contact / bond, being an economical and practical, which reduces the risks of infections and being recommended by the World Health Organization.

The method of cup feeding has been used in some hospitals and show that mothers are benefited since proven causes prolonged breastfeeding.

The scientific literature shows that the use of the method does not promote suction cup breast milk in infants with difficulty swallowing. The ability of infants to promote the feeding of the content offered in glass seems to be connected with the suction primitive in that the movement of the tongue is for extension and retraction. The use of glass in babies born to Caesarea has an important role in prolonging the duration of breastfeeding.10

Studies show that the method of the cup keeps the heart rate, respiration and oxygen saturation in normal parameters, and then promote greater stability compared to bottles. The RN method that uses the cup showed no signs of apnea and bradycardia was observed and greater oxygen saturation and heart rate lower in the administration of diet RN by this method.11

The purpose of feeding the cup is to avoid contact with other early RN beaks than the chest, preventing nipple confusion, and encourage breastfeeding.10

Thus, the supply of breast milk by cup has the advantage to avoid confusion nozzle; allow intimate contact with the mother, is a simple, practical, inexpensive and safe way to feed infants; presents easy sterilization; promote the initiation and maintenance of breastfeeding, even after the introduction of new foods, thus reducing infant mortality and
reduces the risk of acute otitis media, since the baby should be fed recumbent high.11

To prevent misuse of bottles by nursing mothers recommends using glass as safe artificial method of feeding preterm and low birth weight. It is important to mention that there are health professionals who prefer in the make use of artificial nipples, and promote the cup as an alternative, since they believe with cup feeding the infant would suck the breast more easily, preventing future vicious habits and subsequent changes in the dental arch.12

The expressed milk should be offered via supplementer avoiding the use of artificial teats. However, there supplementers industrialized, but the simplest and easiest way to increase the calorie intake and stimulating the infant sucking is to provide feed in a cup or a syringe coupled with a nasogastric tube, whose other end is fixed in the breast. In this sense, the sugar, the preterm infant grasps the areola and probe simultaneously, removing breast milk and syringe or cup.13

In short, the method of feeding by cup proved to be an effective method for both the preterm as to term infants. Therefore, nurses should encourage this method for RNs unable to suckle the breast, preventing early contact with artificial teats, which favor early weaning. Every team must be able to promote the techniques, guiding questions regarding the nursing mothers and giving them information needed for successful breastfeeding.

The nursing mother’s breastfeed demonstrate the insecurity, they believe they will not produce milk or will be insufficient. It is up to the nurse and her team of health plan guidance with regard to breastfeeding, taking your questions, beliefs and values, emphasizing the importance of breastfeeding for infants and promoting guidelines for breaking myths and knows the relationships of these women.

It is worth noting that the hypogalactia is pointed as the most frequent cause of early weaning. Scientific studies conducted by WHO show that the conviction of not having enough milk is one of the most reported by nursing mothers to stop breastfeeding.14

Similarly, various factors can cause changes in sucking during breastfeeding, such as clinical complications, low birth weight, prematurity, metabolic disorders, neurological disorders, syndromes and congenital anomalies. We must remember that clinical practices related to the treatment of premature newborns, for example, intubation prolonged oronasogastrics and using probes that can interfere with normal development of the suck/swallowing/breathing and cause respiratory problems due to gastroesophageal reflex and aspíration.15 If these complications persist can cause early weaning, necessitating the intervention of health professionals who deal directly with the mother / baby so the mother is counseled about proper care to prevent such complications.

The healthy infants uneventful likewise can cause interference with breastfeeding occasionally present oral atypical movements - oral disorders during breastfeeding, which can cause breastfeeding difficulties, resulting from transient changes of their own oral functioning, or even some individual characteristics anatomical that hinder proper fit between the mouth and breast or iatrogenic factors. Oral disorders are among the many interfering factors for the establishment of breastfeeding, related to baby and can cause nipple trauma, poor weight gain in newborns and even premature weaning.15

The pain over the difficulty in breastfeeding is reported in scientific studies comprising a painful process, tiring. Thus, it is necessary for the health professional respects cultural diversity and experience of each nurse to be promoted comprehensive care to these mothers, because through training can play a positive role in lactation, even in difficult situations, thus avoiding the early weaning.16

The lack of professional training in breastfeeding promotion may be a cause of early weaning, because if the trader does not include practices like this will experience the professional orientations and tasks along the nurturer. But the skilled professional promotes safety and quality of breastfeeding.

The inclusion of counseling in resonates significantly in training and professional practice through trained professionals, there are significant changes in breastfeeding rates, however, observed that many of the health professionals who deal with mothers and babies, have insufficient knowledge to handle adequately the various situations faced by infants, causing early weaning.17

Although desirable, there is little success in breastfeeding among mothers of premature infants, for there are still many barriers to breastfeeding hospital, especially in neonatology services for high-risk newborns. Often, weaning occurs before the discharge from the neonatal unit.13

The confusion of artificial teats, pacifiers and bottles can also cause a form of early
weaning, unlike glass which is a safe and effective method. A feeding cup has the function to provide a secure method of artificial feeding infants of low birth weight and preterm, until they are strong and/or mature enough to breastfeed exclusively on demand. In this sense, prevent the baby early contact with other nozzles is essential to avoid nipple confusion and encouraging breastfeeding.

Thus, the main causes of early weaning, according to scientific studies, are the nipples of pacifiers and bottles, lack of job training and insecurity of mothers in relation to breastfeeding, so that they have difficulty maintaining exclusive breastfeeding. Therefore, the team should be prepared to offer professional guidance correctly and efficiently, providing a quality service, encouraging thus exclusive breastfeeding and supplemented by two years of age.

It is important that nurses are trained to guide the nursing staff to employ the correct technique of feeding breast milk by cup, so that they can offer a quality service and increased safety nursing mothers, being able to dispel the doubts that may arise in the process.

Thus, the entire team will be able to advise nursing mothers with quality assistance, answering questions and advising them that they may understand the importance of breastfeeding and the use of the cup, preventing early weaning, and thus avoiding the use artificial nozzle.

The nurse must be able to promote more comprehensive care to these mothers, because through this training can even avoid the complicated situation in early weaning. This advice should be initiated prenatal for exclusive breastfeeding until six months and add up to two years or more.

The nursing staff can be instrumental in providing an educational process that encourages reflection and understanding of women, care about promoting their health and that of her son.

Accordingly, due to lack of knowledge of health studies suggest for the training of health teams at both hospitals and basic health units, so that, from this perspective, professionals are able to support women in the practice of breastfeeding according to WHO recommendations. Significant changes in the rate of breastfeeding can be observed as a result of interventions by health care professionals qualified by pregnant women and babies.

The appropriate clinical management of lactation has been described as a facilitator for successful breastfeeding in newborn preterm infants.

Not just the health professional to have basic knowledge and skills in breastfeeding as it requires skills to communicate efficiently, easily used in the technique of breastfeeding counseling. Advise the woman not to say what you should do, it means helping her make decisions, after hearing it, understand it and it converses about the pros and cons of the options. In counseling, it is important that women feel that the professional is interested in the welfare to gain confidence and feel supported and welcomed. In other words, counseling, through dialogue, helps women make decisions, and develop their confidence in the profession.

The bottle, in addition to being a major source of contamination, may negatively affect breastfeeding. It is observed that some children, after experiencing the bottle, then exhibit difficulty when resuming breastfeeding breasts of nursing mothers. Some authors call this difficulty of "nipple confusion" generated by the marked difference between the way of sucking the breast and the bottle, because of a difficulty in ejection reflex milk.

In nursing care, from first contact with the nurse, when seeking to know their needs, to implementation of the plan of care and evaluation, communication is a strategy that allows the person to share their thoughts, beliefs and values. With this, it becomes extremely important to know the influence we have on mothers and how we can collaborate to make from their beliefs, myths and cultures can encourage them to breastfeed their babies.

From the texts analyzed noticed that there are few studies on the method of the cup, but in many depict that the bottle is one of the main factors that can lead to early weaning. The nurse, along with his team, should guide on what is beneficial and what is harmful, it should be clear so that the mother and baby feel secure and comfortable so that breastfeeding is pleasing to both.

The nurse in breastfeeding may be working with the population, not only assisting, but also in promoting and continuing education, effectively, more concerned with the training demands of working in prenatal and recycling their knowledge. Since it is the nursing staff that spends more time with the pregnant woman should be able to provide the necessary information about exclusive breastfeeding, and that if the mother cannot give the breast, breast milk should be offered in the cup.
Thus, the nurse and her staff should be trained to provide continuous education that should always be using the communication, because it is through communication that the information will be entered into the daily lives of mothers. Through the professionals who can answer your questions in order to recognize exclusive breastfeeding and techniques that benefit, so that erroneous information will not prejudice the exclusive breastfeeding and infant growth and development.

**CONCLUSION**

Regarding the study results, we conclude that the participation of nurses is of paramount importance due to the deficiency of information about cup feeding as a supplement to breastfeeding. It is important for both teams as for nursing mothers, because we observed a lack of knowledge on the subject.

Based on this understanding that there is much information about breastfeeding, but there are few studies about the role of nurses in the use of the technique of cup. Thus it would be interesting to better disclosure about the method, so it would allow nursing mothers to fertilize the artificial teats and promote breastfeeding with the cup.

The cup feeding on breastfeeding proved to be a safe way to feed infants who are unable to suckle the breast. It’s safe, convenient and promotes exclusive breastfeeding, early weaning avoids soon. Considering there are factors favoring early weaning, as oral disorders in the terms, the introduction of artificial teats and bottles, beliefs, myths of mothers and families, nipple trauma and lack of training on the part of health professionals.

Nurses should be aware of in relation to health teams working in maternal-child units directing and doing the training of these professionals, so the team is able to sensitize mothers on the use of the cup, in order to offer a quality service and providing the welfare of mother and child.

Herein this review allowed us to know the benefits of the technique of cup to feed babies to terms with oral disorders, preterm and low birth weight, until they are mature enough to breastfeed, contributing to exclusive breastfeeding until the first six months of life and supplemented by two years of age, before the recommendation of the World Health Organization.

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