RESUMO
Objetivo: conhecer as práticas populares de cuidado que estão relacionadas ao aleitamento materno. Método: estudo descritivo, exploratório, de abordagem qualitativa, realizado em uma Unidade de Saúde da Família, Cuité/PB/Brasil, com 10 mulheres lactantes. A coleta de dados foi entre março e abril de 2012, por entrevista semiestruturada e analisada pela Técnica de Análise de Conteúdo, depois da aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, protocolo nº 20112211-062. Resultados: após a análise foram construídas as seguintes categorias analíticas: << Cuidando do corpo >>, << O leite materno, as medicações, a água e os chás >>, << As dificuldades em amamentar: verdades e crendices >>. As práticas populares ainda estão no dia-a-dia sendo repassadas pelas mães, irmãs e avós, entre as quais o uso de chás e ingestão de doces. Conclusão: é importante que os profissionais da saúde saibam orientar as mães que utilizam práticas populares e as que interferem no aleitamento materno. Descriptores: Aleitamento Materno; Lactente; Medicina Tradicional.

RESUMEN
Objetivo: conocer las prácticas populares de cuidado que están relacionadas con la lactancia materna. Método: estudio descriptivo y exploratorio, con enfoque cualitativo, realizado en una Unidad de Salud de la Familia, Cuité/Paráiba/Brasil, con 10 mujeres en periodo de lactancia. La recolección de datos ocurrió entre marzo y abril de 2012, por medio de entrevistas semiestructuradas y analizadas por la Técnica de Análisis de Contenido, después de la aprobación del proyecto de investigación por el Comité de Ética en Investigación del Protocolo No. 20112211-062. Resultados: después del análisis se construyeron las siguientes categorías analíticas: << Cuidando del cuerpo >>, << El leche materna, medicamentos, agua y té >>, << Las dificultades en la lactancia materna: verdades y creencias >>. Prácticas populares todavía están en el día a día siendo transmitidas por sus madres, hermanas y abuelos, incluyendo el uso de té y comer dulces. Conclusión: es importante que los profesionales de la salud sepan guiar las madres que utilizan prácticas populares y las que interfieren en la lactancia. Descriptores: Lactancia Materna; Lactante; Medicina Tradicional.
INTRODUCTION

The woman begins to experience motherhood at the moment of conception, which begins from pregnancy and following throughout life, with the growth of the children. From generation to the birth of the child, the woman prepares to ensure proper nutrition for your child, so that it can grow healthy. In this context, breastfeeding means ensuring children's health in the early years of life contributing to their growth and development, as well as being an act of love and affection, strengthening bonding in the mother / child.

The World Health Organization (WHO) and the Ministry of Health (MOH) recommend exclusive breastfeeding (EBF) until six months of a child's life, from that moment may supplement their diet with other baby foods for two years or more, to facilitate weaning.1

While the benefits of breastfeeding (BF) are quite widespread, there are still several problems with early weaning, as the mother's socioeconomic status, age, education, employment, and the lack of knowledge about the benefits of breastfeeding and the influences cultural.2 Other problems also affect many mothers who breastfeed and that lead to pain and / or abandonment of breastfeeding are cracks or fissures, mastitis and breast engorged breast that can progress to abscess.3

With regard to cultural influence, facts that may also interfere with breastfeeding are popular practices of care. Usually these practices are passed on by oral tradition, ie between conversations from mother to daughter, from generation to generation for years, and are based on values, practices and customs of the popular medium in which they are inserted, being inherited and transmitted through experiences and knowledge acquired.4

Given this socio-cultural heritage, popular practices are building the knowledge of man and the cultural patterns of a social reality, redefining the disease process, often being used by both homely way, based on medicinal herbs, such as through religious rituals related to blessing, promises and sympathies.5 This cultural influence also depends on the context in which this family is embedded and so can interfere with the view of the mother to breastfeed or not.6

Given the above, health professionals, have a key role in encouraging breastfeeding through monitoring from the prenatal to the postpartum, both the pregnant woman, but also the family and community, where everyone can support and encourage breastfeeding. During this incentive professionals should listen to all complaints, and popular practices used concerns the mother, without establishing bias or influence, always guiding on the techniques and benefits of breastfeeding and thus create a bond of trust between them. Disseminating information about this practice should always be encouraged, because the lack of knowledge in respect to it is a major cause of early weaning.7

Thus, this study aims to know the popular practices of care that are related to breastfeeding.

METHOD

Article extracted Labor Course Conclusion << Breastfeeding: a focus on popular practices of care >> presented at the Federal University of Campina Grande, Cuite Campus in October 2012.

This is a descriptive and exploratory study with a qualitative typology. The qualitative approach refers to the in-depth study of the meanings and situational characteristics, with the purpose of revealing the beliefs and behaviors of respondents.8 About descriptive research focuses are those that describe and identify the characteristics of a particular phenomenon or population.

It was selected as the study site a Unit Family Health (USF) in the city of Cuijte-PB/Brazil. The participants were 10 women who were breastfeeding and enrolled at USF. The collection of the material was performed in March and April 2012, through semi-structured interviews with open questions related script to pregnancy, breastfeeding and popular practices and customs performed during breastfeeding.

The interviews were conducted at home, but scheduled according to the availability of the same. Each interviewee agreed to sign the Instrument of Consent (IC). To guarantee anonymity pseudonyms were used to identify the respondents, therefore, they are named after flowers. For further analysis of the content, we used the technique of content analysis Bardin9, which proposes to make the constitution of the corpus through the interviews, transcribed with absolute fidelity; reading floating texts and exhaustive interviews, cutting and making a general synthesis.

Data collection was formalized and initiated after submission and approval of the project by the Ethics Committee (CEP) of the HUAC / UFCG and was only initiated after
approval of the same, as the requirements established by Resolution 196/96 National Health guides the practice of research with humans\textsuperscript{11}, Case N \textsuperscript{o}. 20112211-062.

**RESULTS AND DISCUSSION**

During the research we interviewed 10 mothers who were breastfeeding children between 0 and 6 months. The participants had the age group between 21 and 42 years old. Half of the respondents (50\%) showed stable. Regarding education 60\% (6) said they attended elementary school. As for the number of pregnancies 80\% (8) were multiparous mothers while 20\% (2) were first-time mothers.

The analysis procedure the material constituted to categorize and analyze data through the interpretation of speeches. The interviews were conducted based on the knowledge that these mothers have about breastfeeding. Thus were created three analytical categories.

- Caring for the Body

  When asked about the care Breast few mothers had an answer:

  \[\ldots\] Just do hydration because of stretch marks, only oil, moisturizer, and not something else \[\ldots\] Almond oil, used a lot of almond oil \[\ldots\] used a lot, and moisturizer too much liquid too much liquid. \[\ldots\] Was the doctor, it was indicated that, because as well[\ldots]. skin stretches around with much dryness can cause streaking right? around with the liquid \[\ldots\] you taking the liquid and moisturing well there is a grooved, at least I was not there, \[\ldots\] worked \[\ldots\]. (Flor de Lis)

  As for the almond oil 60\% (6) of the mothers reported spending almond oil to hydrate your body and nipples as well as to prevent stretch marks, where a claim that almond oil really worked, though, as others say it did not work applying the oil.

  The almond oil is obtained from the seeds of *Prunus dulcis* (Rosaceae) has nourishing properties and also acts as a moisturizer and emollient and is used in cosmetics, and special application in preventing stretch marks gravid.\textsuperscript{12}

  It is important to note that this act of passing almond oil to most mothers said that was transferred from a known neighbor as mother or mother or sister being indicated later by the medical professional. Thus, the use of almond oil has scientific support, it is actually being used effectively by those mothers aiming to moisturize and prevent stretch marks. However caution is needed before breastfeeding in doing sinus hygiene to prevent the child from contact with the oil.

The sunbathing was also reported by some mothers as a way of taking care of the breast during breastfeeding.

\[\ldots\] Put more in the sun, to sunbathe, to develop the milk knows? Develop is \[\ldots\] is getting firmer \[\ldots\] to have milk and become firmer nozzle, a crack so when he starts to nurse, \[\ldots\] mother said sunbathe strengthens that right? The muscle and increase the milk nozzle hardens the skin. (Margarida)

As for sunbathing, which was used by two mothers (20\%) of the mothers (10\%) (Daisy) states make use of sunbathing to strengthen the skin and increase breast milk. The other interviewee (Sunflower) claims to have taken sunbathing for healing fissure breast. The sunbathing is indicated for the care of the breasts even after initiation of breastfeeding, helping in the healing of cracks within, should expose their breasts to the sun for 15 minutes until 10 am.\textsuperscript{13}

Another practice used by the interviewees was very careful with the nipple, as shown by the participant:

\[\ldots\] I was so careful with the nipple I’ve started taking care provided before, do put now to prepare for breastfeeding already, I received guidance here in the post \[\ldots\] of a university also \[\ldots\] with the nurse \[\ldots\] just so still tighten by hand until it is not good to put what I heard is not put ointment or other thing. (Açucena)

As asked about the preparation of the nipple 30\% (3) of the mothers interviewed said they do massage with hands on breast to the nipple shape and facilitate breastfeeding, said they were still guided by a health professional USF.

Some mothers find that the size of her nipples is small, which can interfere with breastfeeding, but according to the Health Ministry\textsuperscript{14} size does not matter, because the nipple is only 1/3 portion of the breast when the baby enters the mouth. The nipple is most salient in the last weeks of pregnancy and / or after delivery. Thus, it is not necessary to perform any massage or maneuver; the expression should be avoided during pregnancy breast shaping the nipple, as it promotes the removal of colostrum but also can stimulate uterine contractions.\textsuperscript{15}

Apart from this, the Ministry of Saúde\textsuperscript{16} presents maneuvers to prepare the nipple before breastfeeding as a simple stimulus (touch) the nipple, cold compresses on her nipples and suction pump or syringe 10ml or 20ml adapted in what should be cut to eliminate the narrow exit and the plunger...
inserted into the cut end, is recommended before feedings. The nipple should be kept sucking for 30 to 60 seconds or less, if any discomfort. The suction should not be too strong not to cause pain or hurt her nipples.

Important to emphasize that this act of massaging the tip to shape and facilitate breastfeeding should be made by the interviewees indicated by a skilled health worker for the same teaching as it really should be done not to hurt the breast or cause other complications, as reported by interviewees was that the medical professional and nurse indicated that the massage.

Other authors argue that there is no need to massage the breast to help the output of milk, because the milk will usually come out with the baby sucking the breast. When the baby is breastfeeding there is no need to insert any other type of food to infants, and milk and nutritious enough to keep the baby's health, this act interferes with the exclusive breastfeeding baby. 16

♦ Breast milk, medications, water and teas

When asked about the supply of water and medicine to the child during breastfeeding, 50% (5) of the mothers said they gave water before 6 months of a child's life and of these 20% (2) claim to have given water to keep the medicine that was given to children, as follows speeches:

[... No water [... only when I took paracetamol when he took the vaccine I gave a few drops of paracetamol and choked one little water, it was only this time I gave him [...] him swallow the medicine to take [...]. [...] (Margarida)]

[... Given tea and watered, because he felt a lot of cramping [...] I gave water daily, because I thought he was thirsty, but actually there is not a thirsty [...] chamomile tea was. [...] Then I thought so [...] breast milk and sweet he [...] due to warm be too big I thought he would need water, but there is not really necessary, the nurse said you do not need [...] (Girassol).]

Regarding the water before 6 months of a child's life, the Ministry of Health says that 14-16 is not recommended to give water to the baby that is exclusively breastfed because breast milk contains high water content and other components necessary for the baby, even when the weather is very hot and dry, especially in the beginning of the feeding that is called foremilk, no longer a breastfeeding and exclusive breastfeeding becomes mixed, but the administration of medication / drug to the baby during AME not occurs in the same way, it is acceptable and the baby is still in AME, having no scientific backing the actions of the respondents.

With respect to the flavor, breastmilk can vary because it acquires the taste and smell of foods that the mother consumes during the sucking period, at each feeding the taste is different, for example, if the mother eats carrots, milk have understated taste of carrots and other foods. The same also notes that other studies suggest that breastfeeding causes the child is easier to eat solid food in the future with better acceptance of food that the mother usually consumes.

As the baby grows and develops, the flavor of breast milk will also changing, as in the first weeks the milk has a lot of lactose, making it slightly sweet, but with time the amount of lactose decreases and breast milk is replaced by an increased amount of minerals, making the taste to be slightly salty pass. 16

Even one of the interviewees perceived having knowledge slightly sweet in the beginning at the beginning of breastfeeding, it is not necessary to give water to the baby because he did not feel thirsty and milk already contains the necessary water to move the headquarters of the child.

Another witness reported giving water to baby on their own because their feces were hardened. The Ministry of Health 14 ensures that only when the baby breast in the breast usually has the pasty stool, and can evacuate several times a day, or even a week without a bowel movement.

When questioned regarding the insertion of teas along with breast milk, 20% (2) of the mothers said they gave chamomile tea for different reasons, one of them (Daisy) gave the tea after vaccination the child to calm down and to sleep, now another mother (Sunflower) claims to have given the child tea to relieve colic.

[...] I took a shower when [...], I just gave some tea when he took the vaccine, [...] there was very with stress I gave some tea of chamomile, was the girl who applied the vaccine, said that some tea of chamomile and paracetamol in it [...]. stay more calming down, was highly stressed, I, only some tea of chamomile, some tea I gave it 2 times only, then I took another one not, well I [...] he was really not wanting to sleep more worried know, then I took another calm him [...]. (Margarida)

The World Health Organization (WHO) and the Ministry of Health 14 recommend exclusive breastfeeding for six months and may complement to the two or more years of a child's life, no need to give the child water or tea or even when the baby is with colic.
However, the administration of any type of tea that the baby is in AME will make breastfeeding longer exclusive pass to be mixed breastfeeding.

Chamomile is one of the most popular medicinal plants in the world, being used by traditional medicine of many countries. Chamomile is marketed for use as aromatic and medicinal. Chamomile, are extracted flavonoids, among which stands out apigenin, and essential oils. Its scientific name Chamomilla recutita, Asteraceae family, presents as therapeutic action: soothing, antispasmodic, carminative, healing, anti-inflammatory, and emmenagogue, is used for intestinal colic, beyond phytocosmetic. When given this tea to a child, the same cannot contain sugar, taking care also leaves the origin, collection and mode prepared correctly, with proper hygiene care needed for the baby's health, noting that for child management should be in small quantities and fractionated. This act must be guided by a skilled health worker.

However, it should focus on that, the act of using chamomile tea even if it is given by a health care professional from the moment it enters tea or any other substance between feedings, breastfeeding ceases to be exclusive and shall be a mixed breastfeeding.

The difficulties in breastfeeding: truths and popular practices of care

The difficulties in breastfeeding are presented by the interviewee’s virtues of problems arising as cracks, milk gable, and mastitis, decreased milk production or even find that breast milk for the baby would be weak.

[...] Was mother who came [...] who spoke, said pass coconut oil, just pass the tip to heal [...] only made one pass the eye say that you get better coconut [...] I spent a day yet, because I could stand was a lot of pain, I could stand in, so I spent a day, but I saw a result then I say let it go home (laughs). (Alfazema)

[...] As soon as she began to pick up the spout then it started to hurt a little bit, then the girl gave me an ointment which she had used and that the pediatrician had passed [...] just spent this ointment it has vitamin C, own child to it, I just think she spent only two days and voila, a spent nothing [...]. (Flor de lis)

As for the care of the breast before a fissure breast during breastfeeding a mother (10%) said they had difficulty breastfeeding and that it was indicated the application of an ointment on the areola and nipple to heal it.

The other parent (10%) says they have spent an ointment to help in the formation of the nipple to facilitate breastfeeding. The two mothers’ claim that succeeded after application and in both cases who indicated the use of the ointment was a friend.

The Health Ministry says before cracks breast should not apply in any way ointments, creams or bushings on the nipples and should only pass the milk itself over the site of crack because it is composed of Calories, Lipids, Proteins, Lactose and factors immunological protect the child against infections IgA, Gimp, and IgG, these components that besides leaving the infant healthier and more difficult to illness, can help in the healing of a breast lesion due to cracks, however, this act should be done with great care and must always maintain a proper hygiene of the breast to the non-proliferation of microorganisms that can lead to greater commitment breast.

To prevent cracks breast should ensure that the baby is sucking the right way to not hurt the breast during breastfeeding. This mother is practicing incorrectly care to the breast, because the use of ointments is not indicated. The Health Ministry says that mammary cleft is a fissure or fissures at the end or at the base of the nipple, becoming a breastfeeding difficult and painful, caused by incorrect picks baby in maternal breast, is indicated for the correction of this problem takes baby can start nursing the nipple not painful or apply a drop of milk on the nipple and areola, after bathing and after each feeding, thus facilitating breastfeeding.

Coconut oil (Cocos nucifera) has bactericidal, fungicidal and immuno stimulant, coconut oil has been used successfully in the treatment of arthritis, Candida, herpes, parasites, AIDS, ulcerative cholesterol, cancer, diabetes, gastritis, flu, skin problems, hair, heart and others. Its anti-inflammatory action decreases levels of pro-inflammatory substances in the body. Research indicates that coconut fat can be very useful in the treatment of acute inflammatory diseases and / or chronic.

However, the application of coconut oil within even with anti-inflammatory function, becomes unfit, because they do not know the origin and how that product was made, resulting in potential contamination risks at the site of the fissure breast and may lead to major complications such as mastitis.

Another action that 50% (5) mothers reported performing within mammary cleft, was spending his own breast milk within as a way of healing the fissure breast, this act...
indicated by acquaintances, friends, students and lectures by professionals health.

 [...] Just as well as he that is born in his chest, very inflamed, there is the nipple all cut, there is the bad people give suck, give a pain that could still was anything [...] there before I give suck, I squeezed the nipple, then I passed breast milk on top and it was when I began to nurse him. (Alfazema)

The milk is composed of all nutrients and proteins, including water, which due to its physicochemical characteristics, is easily digested and absorbed, antibodies (especially secretory IgA cells (macrophages, polymorphonuclear cells and lymphocytes), lactose and oligosaccharides, lipids, fatty acids, vitamins and other substances (factor bifid and lactoferrin) that protect the body of the baby against infections; growth factors that prepare the child's immature intestine to digest and absorb it.20

In order to better heal the fissure breast, the most effective treatment is moist, the most currently recommended for nipple trauma in order to form a layer that prevents dehydration and protects the deeper layers of the epidermis, so it is recommended the use of breastmilk breast milked the cracks.16,18

Even before the difficulties presented during breastfeeding, a mother (10%) reported having spent the difficulty breastfeeding due to the occurrence of engorged breasts. According to the Ministry of Health14 is increased in breast milk and the amount of fluid in the blood and tissues of the breast, the mother may have an elevated body temperature and may be cured hot and weighed.

This subject received mother's guidelines for solving the problem indicated with the passage of the comb breast upon completing although no results.

 [...] Always sent comb with the comb right breast which is hard (laughs), but just that, only when I put him to suck sucked and was leaving it, a need that is not [...] even tried but do [...] brought a result does not [...] (Carmelia)

It is believed that the fact that the comb on the breast may indicate that breast massage can alleviate and minimize the discomfort produced for engorgement, although the study participant has reported not having had a result with such a practice.

Yet given the difficulty breastfeeding due engorged breasts, one respondent (10%) reports another popular practice that is passed from mother to daughter for generations:

[...] My mother spoke to sun bathe and buttering the land that I seem to remember that it was [...] spent sunbathing and gave and gave massage and resolved, do not know if the faith that was great you know, just know that solved (Flor de lis).

It is understood by the land butter or clarified butter product in the states greasy liquid and pasty obtained from the cream, the virtual elimination of water through the process technologically appropriate, and may be called as “butter of the earth” or “clarified butter” or even “butter hinterland”.21

Regarding this practice is not found in any review conducted source referred butter or as therapeutic product containing medicinal properties for engorged breast. However, it is an action that can lead to proliferation of microorganisms on site, because they do not know the origin and how it was made, and by their action not sterile and thus lead to possible infection and further complications.

One of the interviewees (Daisy) (10%) reported that belching baby may have caused within engorgement, as shown in the following report:

[...] This week he burped chest, there was one ball too hard, then I put compress know, there passed, and I took a shot that gave dipyrone body ache, fever gave, then took a shot and took dipyrone one [...] is [...] antibiotic known to pass, [...] was just [...] one [...] like a lump know, and sore in the corner [...] I put the pad so I went to the doctor , then the doctor said it was good, the dressing was good, so I put up now. (Margarida)

The belching usually occurs when the baby is nursing. Usually there is a small air intake, so the fit of the baby's mouth on the mother's chest should be perfect so that no air thus enters the milk until the baby's stomach which is lighter than milk and therefore tends to return.6

By belching usually come accompanied by regurgitation, the baby is lying on his back or face down on the cot can suck the milk turned and stifling. The baby should be in a position to face up to prevent choking by a possible regurgitation.

As for potential problems that this practice may cause, we found no scientific basis for this act. This is a widespread practice rooted in popular culture that still raises many questions to mothers about their veracity.

Some medications are also considered likely that there may be a decrease in breast milk, reports the participant:

Already decreased, I took an antibiotic and decreased, May I stopped the antibiotic and returned [...] always had the same amount, was always full, chubby, so I took the

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antibiotic and decreased enough, there I left [...]. (Margarida)

With respect to such a claim interviewed 10% (1) reported that decreased production of breast milk due to antibiotic intake. The mother did not report what the name of the antibiotic I was taking, but stopped taking her milk and returned normally.

Some medications can interfere with breast milk production, but if the mother needs to take antibiotics during the period that you are breastfeeding, should be seen and directed by the physician in charge, their use should be avoided during breastfeeding, because everything that is ingested by the mother is passed to the baby through breast milk and can be potentially toxic to the infant or deleterious effects, but drugs are compatible with breastfeeding.22

Another popular practice of care commonly reported by mothers’ milk is weak, which can be explained by the fact that the baby is sucking incorrectly mother's breast, making a lot of effort and not taking enough milk, leaving him still hungry. The suction can cause incorrect down a smaller amount of milk to the baby not satiating.

 [...] I live with my grandmother and my mother has them speak so that people over age says that breast milk is weak right, take a pap because milk is weak, of a know what [...] when a child is born there is enough milk right, then let's give a pap, let's give milk, only I gave a not [...] (Flor de lis)

There weak milk, breast milk has all the substances necessary for the baby to grow healthy. Many mothers are concerned about the appearance of your milk, think to be more transparent in some situations the milk will not support the child, so it is very important that the color of milk varies throughout a feed and also depends on the mother's diet.16

The early milk feeding is more “thin” because it contains more water, less fat and rich in antibodies, vitamins and minerals, since the end of feeding milk is thicker because it has more fat and fattening the baby, for this baby needs milk the beginning and end of the feeding.15

Given the many popular practices of care that are passed on for generations, it is known that demonstrably increased breast milk production is stimulated by the baby's sucking the mother's breast correctly, with calm, relaxation, physical and emotional comfort, and a varied diet and healthy.15

Some respondents said they had been driven by a close acquaintance and health professionals to drink plenty of fluids to increase milk production, all confirm that there was an increase in production of breast milk:

 [...] Take enough liquid water, juice, [...] the nurse and the mother just said is to take enough water still, liquid, juice, something these [...] (Alecrim).
 [...] Only the liquid, the doctor said you [...] you take too much fluid, very liquid that is giving milk, so I take plenty of fluids, plenty of water, then increases [...].(Flor de Lis)

It is recommended for the production of breast milk, calorie intake and net beyond the usual; because when the mother is breastfeeding there is usually an increase in appetite and thirst as well as some changes in food preferences. It is believed that an extra intake of 500 calories per day will suffice since most women stores during pregnancy, 2kg to 4kg for use in lactation.16

As for fluid intake by lactating23 these must be taken in plenty to spare water secreted in milk, however, should encourage women who are breastfeeding to ingest sufficient amounts of fluids to quench your thirst.

Another action that 70% (7) of the mothers reported performing most to increase breast milk production, was the intake of sweets was highlighted: brown sugar, honey molasses, milk candy, sweet guava, speaks as Mint: “I just like very sweet, which increases the amount of milk [...] all kinds of sweet, brown sugar, honey molasses, milk candy, sweet guava [...] every sweet quality is also good starch corn with honey brown sugar.”

The other interviewees claim that any kind of sweet without restriction increases the amount of breast milk, this act indicated by friends, grandmother, mother, sister and healthcare professionals, as shown in the following report:

 [...] Food corn greatly increases the milk is [...] honey brown sugar black, I like, greatly increases. [...] The couscous is good! Also increases milk. Sweet, sweet is good too! The sweet, does drinking more water right, then produces more [...] mom said it was good, and then I saw [...] a friend of mine also told [...] I ate and worked, rose sharply. (Margarida)

Another interviewee has revealed not believe sweet as a factor to increase milk production and reveals the importance of good nutrition: "[...] as I usually say so now, will eat only sweet to give milk, I think that's a lie, because we have to be very liquid [...] you have to thus improve food right? It's just a sweet, because if you are only eating the candy gives diabetes."(Açucena)

In all literature studied was not found if the intake of sweet by breastfeeding may

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increase the amount of milk, however, it was found that the sweet 23 causes the seat and the same nurse ends up drinking more water, so the mother is hydrated more and consequently increases the quantity of milk. This is a type of popular practice much discussed by the interviewees in different shapes and flavors. The food that the nurse believes would increase milk production is very important because it acts on the woman’s psychological.

Some respondents reported being targeted by a close acquaintance as the mother to eat foods containing milk, because it increases the production of breast milk:

Ah [...] the people speak volumes to increase milk [...] right? [...] Speak [...] that is eating very thing that contains milk, sweet huh? Couscous right?, These food well! Always say what’s good for increasing milk [...] you do is [...] rice with milk, eat cheese, says that it is always good! (Crisântemo).

 [...] The doctor said to eat honey brown sugar with cornmeal, couscous [...] said with sweet cheese says that greatly increases the milk [...] (Girassol).

One important factor that should be emphasized is that both interviewed as well as four (40%) refer to the couscous as an intake of foods that increase breast milk production, this statement is scientific reasoning, because the food corn as cornmeal, hominy, corn starch or couscous are rich in starch, and once ingested, undergo the hydrolysis process, producing glucose, as for milk synthesis occurs no need of glucose in plasma. 23

CONCLUSION

Breastfeeding is a topic widely known and discussed and covering several points and popular practices is one of them. Was observed in the research through interviews with mothers dialogues, the discussion on the theme still shows up incipient as popular practices are still strongly present in everyday mothers despite all scientific advancement and modernization, as well as strengthen ties between people and offer possible cures for the sufferings faced.

Research has shown that mothers were aware of the popular practices related to breastfeeding by older people and nearby such as grandparents, aunts, sisters, and friends-in-law, confirming the tradition of the popular practices of care are passed on from generation to generation and mostly by women.

The main popular practices related to breastfeeding care obtained in the research were: How to find body care applications with almond oil, creams, sun bathing, massage hands on to shape the breast and nipple facilitate breastfeeding.

Regarding the interference of exclusive breastfeeding, the interviewees reported prior to six months of a child’s life, chamomile tea for baby to sleep and stay calm and relieve intestinal cramps, water justifying some of them thought that breast milk is sweet or that climate was very hot and therefore the child feel or thirst because the baby’s stool were hardened.

Regarding the difficulties in breastfeeding were presented by the interviewees’ virtues of problems arising as cracks, gravelly milk, mastitis, decreased milk production or even find that breast milk for the baby would be weak. For all these problems the mothers sought practical solutions in the popular and only resorted to when health professionals did not receive healing.

Importantly, most of these practices used by the women and compared with the literature, but there was scientific support in some acts, proving that the popular and scientific knowledge go hand in hand. However, it is interesting to note that some of these practices are harmful both for the nurse and for the infant, for example, the application of the breast coconut oil or butter and ground tea administration to baby, which can lead to infection breast as complications to the baby and an overdose respectively.

Regarding the results obtained, we realized the need to improve breastfeeding rates, which must be learned, stimulated and encouraged for all infants will succeed in breastfeeding and needs support from health professionals, as well as the care and understanding of family and society.

Although some health professionals have given some guidelines interviewed mothers about the importance of breastfeeding, its benefits for both the child and to the mother, but also the disadvantages of early introduction of other foods to breastfeeding, there is a need for city managers along with the health professionals who make up the USF, work with a health education aimed at raising awareness and orientation of the population through educational activities in which mothers can discuss and actively participate, thus promoting the welfare of the mothers and infants.

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