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CASE REPORT ARTICLE

# BREASTFEEDING IN NEWBORN WITH MYELOMENINGOCELE: EXPERIENCE REPORT

## O ALEITAMENTO MATERNO EM RECÉM-NASCIDO COM MIELOMENINGOCELE: RELATO DE EXPERIÊNCIA

## AMAMENTAMIENTO MATERNO EN RECIÉN NACIDOS COM MIELOMENINGLOCELE: RELATO DE EXPERIENCIA

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**ABSTRACT**

***Objective:*** to report the experience of breastfeeding stimulus during the nursing care provided to a mother and the newborn with myelomeningocele. ***Method:*** it is a descriptive study, case report type, from the experience of working in a public maternity of a general hospital in the southern state of Minas Gerais/MG, southeastern of Brazil. The study complied with the provisions of resolution No. 196/96, of the National Health Council. ***Results:*** the mother that has recently given birth was guided to the myelomeningocele, aspects relating to breastfeeding, whose practice is stimulated as well as corrected inappropriate habits. During the period of hospitalization and after discharge, breast-feeding was satisfactory, showing effective grip with good suction. ***Conclusion:*** even in seemingly unfavorable conditions, breastfeeding is effective when there is guidance and encouragement, confirming the importance of the role of the nurse with meningomyelocele patients for early intervention and stimulation suitable for breastfeeding. ***Descriptors:*** Myelomeningocele; Breastfeeding; Nursing care.

**RESUMO**

***Objetivo:*** relatar a experiência de estímulo ao aleitamento materno durante a assistência de enfermagem prestada a uma puérpera e ao recém-nascido com mielomeningocele. ***Método:*** estudo descritivo, do tipo relato de experiência, advindo da vivência de trabalho em uma maternidade pública de um hospital geral no Sul do Estado de Minas Gerais/MG, Sudeste do Brasil. O estudo respeitou os preceitos da Resolução nº 196/96, do Conselho Nacional de Saúde. ***Resultados:*** a puérpera foi orientada quanto à mielomeningocele, aspectos relacionados com o aleitamento, cuja prática é estimulada, bem como corrigidos hábitos inadequados. Durante o período de hospitalização, bem como após a alta, o aleitamento materno foi satisfatório, apresentando pega efetiva com boa sucção. ***Conclusão:*** mesmo em condições aparentemente desfavoráveis, o aleitamento materno é eficaz, quando há orientação e estímulo, confirmando a importância da atuação do enfermeiro junto aos pacientes portadores de meningomielocele para intervenção precoce e estímulo adequado à amamentação. ***Descritores:*** Mielomeningocele; Aleitamento materno; Cuidados de Enfermagem.

**RESUMEN**

***Objetivo:*** relatar la experiencia de estímulo al amamantamiento materno durante el cuidado de la enfermería prestada a una puérpera y al recién nacido con mielomeningocele. ***Método:*** estudio descriptivo, del tipo relato de experiencia, de una vivencia de trabajo en una maternidad pública de un hospital general en el Sur del Estado de Minas Gerais/MG, Sudeste de Brasil. El estudio respetó los preceptos de la Resolución nº 196/96, del Consejo Nacional de Salud. ***Resultados:*** la puérpera fue orientada acerca de mielomeningocele, aspectos relacionados con el amamantamiento, cuya práctica es estimulada, así como corregidos hábitos inadecuados. Durante el período de hospitalización, así como después del alta, el amamantamiento materno fue satisfactorio, presentando la tomada efectiva con buena succión. ***Conclusión:*** mismo en condiciones aparentemente desfavorables, el amamantamiento materno es eficaz, cuando hay orientación y estímulo, confirmando la importancia de la actuación del enfermero junto a los pacientes portadores de meningomielocele para intervención precoz y estímulo adecuado al amamantamiento. ***Descriptores:*** Mielomeningocele; Amamantamiento materno; Cuidados de Enfermería.

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## INTRODUCTION

The myelomeningocele (MMC) is a congenital malformation of the central nervous system, characterized by the incomplete closure of the embryonic neural tube, which occurs during the third and fourth week of gestation, leaving an opening in the spine, with a dorsal bag containing liquid and nerve tissue inside. This opening can occur in any region of the medulla, but most injuries occur in the lumbosacral, since this area is usually the last part of the column to close.[1-3]

Considered one of the most disabling congenital malformations, the MMC comprises four types: anencephaly, encephalocele, bifida spine hidden and open, and affects the systems: Musculoskeletal, nervous and Genitourinary.[4]

The overall incidence of the disease is 1/1000 until 8/1000 live births. In South America, the ECLAMC (Latin American Collaborative Study of Congenital Malformations), in the period between 1995 and 2005, identified a prevalence of 4.73/1000 births. The prevalence of the disease was higher in newborns with low birth weight (< 2,500 g) and lowest among the sons of women with more than three pregnancies.[5]

Studies in Brazil, in the year 1982 to 2001, showed the prevalence of 2.28/1000 in Campinas, and in Curitiba, in 1990 to 2000, from 1.8/1000 live births. The severity and degree of incapacitation (MMC) depend on the site of injury. Carriers may exhibit chronic severe disabilities, such as paralysis or deformity of the lower extremities and the spine, skin sensitivity disorders, absence or urinary and fecal control difficulties, in addition to musculoskeletal deformities.[6-8]

Patients with MMC present food difficulty evident, which is characterized mainly by the increased sensitivity intraoral and by the presence of food refusal.[9-10] The feeding process, which begins with the breast feeding, is complex and includes alertness, cognition, motor and neurological development, integration with the mother and physiological maturation of the Stomatognathic System. Many of these skills begin in the utero and continue to develop after birth. Any change in some aspect above quoted before/during and/or after birth may cause feeding problems. In this way, the newborn with MMC can present difficulties for maternal breastfeeding.[11]

Breastfeeding offers numerous benefits to the health of the child, being the best way to promote their integral development, because breast milk provides the necessary nutrients to the child start a healthy life and to change as its growth to continue meeting their needs. It is therefore the ideal food not only for full-term babies, but also is the most indicated for premature infants.[12-13]

Among the benefits provided by the practice of breastfeeding, it is mentioned: prevention against infectious diseases and diarrhea; protect against allergies; favoring the growth and intellectual development, among others, in addition to intensify mother´s relations with the neonate. Nevertheless, it is noted also the economic benefits, which prevent the interruption of the feeding of the child by financial difficulties, and the benefits to the mother, as lower chances of developing breast cancer, more quickly on uterine involution and protection against pregnancy for the first few months after childbirth.[13]

The World Health Organization (WHO) recommends exclusive breastfeeding in free demand and less than six months of age, and its maintenance, plus other nutritional sources, until the twenty-four months or more.[12] Despite the numerous advantages of breastfeeding, breast feeding rates in Brazil are below the recommended, especially in situations that disfavor the maternal adherence to breastfeeding as generated by the MMC. In this context, the nurse has an essential role for the reversal of this situation.[14]

Guidance with objective information and enlightening can give more confidence to women about the potential for breast-feeding, even in adverse situations.[15-16] In this way, educational activities, inherent in the work of nurses, protrude as important instruments in the promotion of breastfeeding.[17]

The nurse must be qualified to start raising awareness of parents to the practice of breastfeeding since the prenatal care. In this way, it is believed that both the expectant mother as her partner will have opportunities to engage in decision-making about the kind of method that will adopt to feed their baby, because it is known that the choice for breast-feeding is based on the exchange of knowledge.[18]

Among other duties, the nurse, directs the mothers for proper placement of the child to the breast, with the purpose of promoting breastfeeding and the correct position of the mothers to increase the breastfeeding time and decrease the discomfort of the binomial mother/baby.[19]

Breastfeeding techniques should be emphasized in order to prevent its failure, preventing cracks, engorgement, stimulating milk production, the use of medications while breastfeeding, the packaging of milk, diet, hygiene, prophylaxis, breast traumatized care and mother's return to work, clarifying their doubts and curiosities, in addition to performing guidelines on contributions of breast milk to prevent infections and respiratory diseases, in addition to the maturation of the gastrointestinal system.[19]

The aim of this study is to report the experience of breastfeeding stimulus during the nursing care provided to a mother who has recently given birth and the newborn with myelomeningocele.

## METHOD

It is a descriptive study, experience report type, from the experiences in a public maternity care of a general hospital in the city of Alfenas (MG), where practical activities occur in the Graduate Course in Nursing from the Nursing School of the Federal University of Alfenas (EE/STUDYING-MG).

The activities occur under the supervision of teachers of disciplines of Obstetric Nursing and Neonatal and Pediatric Nursing with nurse partnership of motherhood. The supervisor monitors the students of the 7th period of Graduate Course in Nursing.

The study subjects were a mother who has recently given birth and newborn with MMC, residents in the neighbor city, who were admitted in the maternity ward on the twenty-first of May of 2012, for childbirth, cesarean and elective ligation.

For this study, nursing interventions were carried out in different moments: in the first, second and fourth day after birth in the hospital; on the sixth day after delivery, in home visit performed by nurse of motherhood and on the tenth day after childbirth, when the newborn returned to hospital due to complications in the surgical incision.

It should be noted that all requirements have been complied with, in accordance with Resolution nº 196/96 of the National Health Council.[20]

## CASE REPORT

Shortly after birth, the newborn showed characteristic signs of MMC. When the diagnosis was confirmed, this has undergone to surgery on the same day.

Since the resumption of the mother that has recently given birth to the infirmary, the maternity nursing staff, teachers and academics of nursing of the Federal University of Alfenas (UNIFAL-MG) it was launched the guidelines for the care of the newborn, emphasizing the importance of Exclusive Breastfeeding (EB) until the sixth month of life.

The mother that has recently given birth was guided to hand milking, because the newborn remained in the incubator. It was found that she had breastfed the first son and already had knowledge about EB, however she had doubts and insecurity due to the ignorance of the newborn's pathology. She was then guided about MMC and aspects relating to breastfeeding, whose practice was stimulated, as well as corrected inappropriate habits.

The hand milking is an odd factor to the mother to keep the lactating and can feed the baby with her own milk, even when separated. However it is needed to teach and demonstrate to mother as milking the milk so she can do it when necessary, in order to prevent breast problems like engorgement and, if necessary, offer breast milk to the baby, in small glasses[21]. In this teaching process, the role of the nurse is essential to the success of maternal practice during milking.

After pediatric evaluation and proper guidance provided by nursing staff, the newborn was breast-fed, presenting effective grip with good suction. After the milk letdown of the mother that has recently given birth and effective practice of breastfeeding mother and newborn were discharged from the hospital. Before departure from the institution, it was reinforced the importance of breastfeeding for the maintenance of wellness, recovery and development of the newborn.

Durante retorno do recém-nascido ao setor de Pediatria do hospital, no 10º dia após o parto, devido à deiscência cirúrgica, o AME foi mantido.

In home visit, held on the sixth day after childbirth, it was found that exclusive breastfeeding continued, with good suction and grip of the newborn and the mother was safe and stimulated as this practice by having previous experience of breastfeeding, successful and effective, with the other children.

This fact confirms studies that demonstrate that the uninterrupted process of teach, learn and adhere to the breastfeeding comes to pregnant women and mothers from family and community life, in addition to the adquiridas22 own personal experiences.

During return of the newborn to the sector of Pediatrics hospital, on the 10th day after childbirth, due to surgical dehiscence, the AME was maintained.

It should be noted that during the entire period in which the child was hospitalized, breastfeeding was encouraged by the nursing staff and with satisfactory effect.

The support for couples who experience the lactation process should be continuous throughout the whole period of breastfeeding, being essential for the nurse to be updated on his knowledge and behaviors to develop activities efficiently with the clientele[23].

The situation experienced confirms studies showing the importance of breastfeeding stimulus along to patients with spinal dysraphism, and even demonstrated a breastfeeding rate of 47%, in an outpatient clinic of General Pediatrics at the São Paulo Hospital[24].

## CONCLUSION

In the face of experience, it is noted that even in conditions that they could disfavor it, when there is guidance and encouragement, the breastfeeding is effective, since the newborn's pathology does not affect the conditions for its practice.

The experience confirms the importance of nursing care to patients with MMC for early intervention and stimulation suitable for breastfeeding, because of information that offers care to the newborn and also to provide the opportunity for improvement in the assistance to this clientele, as well as contributing to the neonatal nursing practice by targeting specific care, necessary for the intervention process and approach to situations, common problems to patients who need a specific service in front of special situations.

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