Nutrition knowledge on breastfeeding: Nursing contributions

CONOCIMIENTO DE NUTRIZES SOBRE LA LACTANCIA MATerna: CONTRIBUCIONES DE ENFERMERía

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ABSTRACT
Objective: to describe the knowledge and doubts of mothers about breastfeeding. Method: this is a descriptive, qualitative study, developed with 20 nursing mothers of the Joint Housing of a municipal hospital located in Rio das Ostras/RJ, Brazil, from a semi-structured interview script, whose data were submitted to thematic analysis. Results: nurses recognize that breastfeeding is beneficial for immunity/disease prevention, nutrition, and child growth and development. However, there is a mix of knowledge and doubts regarding the duration, exclusivity and practical management of breastfeeding, involving time between breastfeeding, nursing, position and breast care. Conclusion: there is a lack of nursing mothers’ knowledge about breastfeeding. The implications of the study findings lie in the necessary investment in dialogic educational strategies that allow nurses to recognize maternal doubts to promote effective support and guidance.

Descriptors: Child; Breast Feeding; Nursing; Health Education; Knowledge; Postpartum Period.

RESUMO
Objetivo: descrever o conhecimento e as dúvidas de nutrizes sobre o aleitamento materno. Método: estudo qualitativo, do tipo descritivo, desenvolvido com 20 nutrizes do Alojamento Conjunto de um hospital municipal localizado em Rio das Ostras/RJ, Brasil, a partir de um roteiro de entrevista semiestruturado cujos dados foram submetidos à análise temática. Resultados: as nutrizes reconhecem que o aleitamento materno é benéfico para imunidade/prevenção de doenças, nutrição, crescimento e desenvolvimento da criança. Contudo, existe um misto de saberes e dúvidas relacionado à duração, exclusividade e manejo prático da amamentação, envolvendo tempo entre mamadas, pega, posição e cuidados com as mamas. Conclusão: existe déficit no conhecimento de nutrizes sobre o aleitamento materno. As implicações dos achados do estudo recaem para o necessário investimento em estratégias educativas dialógicas que possibilitem ao enfermeiro reconhecer as dúvidas maternas para a promoção de apoio e orientação efetivos. Descritores: Criança; Aleteamento Materno; Enfermagem; Educação em Saúde; Conhecimento; Período Pós-Parto.

RESUMEN
Objetivo: describir el conocimiento y las dudas de nutrices sobre la lactancia materna. Método: estudio cualitativo, del tipo descriptivo, desarrollado con 20 nutrizes del Alojamiento Conjunto de un hospital municipal localizado en Rio das Ostras/RJ, Brasil, a partir de una guía de entrevista semi-estructurada, cuyos datos fueron sometidos a análisis temático. Resultados: las nutrices reconocen que la lactancia materna es benéfica para inmunidad/prevenición de enfermedades, nutrición y crecimiento y desarrollo del niño. Con todo, existe un mixto de saberes y dudas relacionado a la duración, exclusividad y manejo práctico del amamantamiento, envolviendo tiempo entre mamadas, tomadas, posición y cuidados con las mamas. Conclusión: existe déficit en el conocimiento de nutrices sobre la lactancia materna. Las implicaciones de los hallazgos del estudio recaen para la necesaria inversión en estrategias educativas dialógicas que posibiliten al enfermero reconocer las dudas maternas para la promoción de apoyo y orientación efectivos. Descritores: Niño; Lactancia Materna; Enfermería; Educación en Salud; Conocimiento; Periodo Pós-Parto.
INTRODUCTION

Breastfeeding is the most appropriate way to provide food to newborns and infants as it provides healthy growth and development, exerts a positive influence on biological and emotional health, and promotes a bond between the mother and the child.¹

It is defined by the World Health Organization (WHO) by the following classification: exclusive breastfeeding: when the child receives only breast milk; predominant breastfeeding: when the child receives, besides to breast milk, other fluids; breastfeeding: when the child receives breast milk, with or without other foods; complementary breastfeeding: when the child receives breast milk, with or without other foods; elimination of breastfeeding: this situation and the aspects capable of facilitating, avoiding doubts, difficulties and possible complications.¹,⁴,⁶,⁹

Especially in the puerperium, doubts, fears, and difficulties are present. Therefore, in this period the nurse needs guidance, support, and assistance from a qualified professional. To that end, the actions of the health team, including the nurse, must be permeated by the sensitive listening and appreciation of the singularities of women's demands,⁴ so as to know what she knows for the accomplishment of contextualized orientations.

This study shows the need for more research that addresses the experiences of mothers and their children regarding the weaning process, the main measures used in this situation and the aspects capable of influencing this process.¹⁰ It is necessary to consider that one of the aspects that influence weaning is the ignorance about the subject.

OBJECTIVE

- To describe nursing mothers' knowledge and concerns about breastfeeding.

METHOD

This is a qualitative study of the descriptive type that includes the empiricism and a gradual systematization of the knowledge until the understanding of the object of study is reached.

The study scenario was the Joint Housing sector of a municipal hospital located in Rio das Ostras/RJ, Brazil. Participants in the study were 20 puerperal/nursing mothers who met the following inclusion criteria: over 18 years old, hospitalized in the Joint Housing of the research setting, in the immediate puerperium, with at least six hours postpartum, in clinical conditions to respond the interview, and whose babies were in good health. The exclusion criteria were: puerperal/nursing mothers with mental disorders, with clinical intercurrences at the time of data collection, who were not breastfeeding for any reason and/or whose newborns were hospitalized in the nursery.

The technique of data collection was the semi-structured face-to-face interview, which sought to obtain information pertinent to the research objectives, using a script with closed and open questions,¹¹ constructed from the literature review.⁷,¹²,¹³

The part with closed questions are to characterize the mothers and included date of
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RESULTS

韵 Nursing knowledge about the benefits of breastfeeding

Nurses, participants in the study, mentioned different benefits of breastfeeding, mostly focused on the health of the baby, emphasizing immunity and disease prevention, growth and development, as well as nutritional aspects.

As for knowledge related to immunity and disease prevention, there were 19 nursing mothers believing that breastfeeding is beneficial because it protects against infection and disease, because it functions as a first vaccine, producing antibodies and creating immunity. The following statements show the above:

Breastfeeding [...] is the first vaccine, as if it were the first vaccine. Antibodies already greatly influence breastfeeding. (P1)

Breastfeeding for me is a very important thing because it helps prevent various diseases. (P2)

It protects against infections and diseases. (P18)

It is a vaccine for him, it produces antibodies. (P3)

Continuing the knowledge of mothers about the benefits of breastfeeding, nutrition was mentioned by 13 mothers, considering that for them, breastmilk is the best food for the child because it is complete, having all the necessary nutrients and vitamins, besides to support and meet the needs of their children.

As can be seen in the following sections:

Because you do not have to give anything else, give more water, give nothing because it is complete. We learn at the post that it is a complete feeding for the baby. (P4)
It’s the baby’s main food, the vitamins he needs. […] The necessary is what the baby needs that is his sustenance. (P7) About all the nutrients the child needs, above all, needs. (P9) Furthermore, there were 9 nursing mothers showing that breastfeeding contributes to the growth and development of babies through weight gain, making the child healthier, developing and evolving faster than with artificial milk. What can be evidenced in the statements:

I know it’s very important for growth, […] his well-being and his development. […] it can evolve faster than with ordinary milk. (P3) It helps a lot in the child to develop. Taking weight. (P1) For growth, to develop well the child, to have health issue. (P15) However, some nursing mothers have expressed doubts about the benefits of breastfeeding in that they report only that it is essential for the baby or verbalizing that they do not know about the subject, as evidenced by the following statements:

I do not know, for the baby to have no difficulty. (P8) I do not know. (P11) What is essential for the baby? (P17) Nurses’ knowledge and doubts about the practice of breastfeeding Nurses throughout their testimonies now revealed their knowledge regarding the practice of breastfeeding, or signaled doubts that may influence even the maintenance of this practice. This mix of knowledge and doubts was related to the duration of exclusive and supplemented breastfeeding, the time the baby should be placed to breastfeed, the positioning and the handhold during breastfeeding and breast care.

Regarding the duration of exclusive breastfeeding, 14 nursing mothers reported that it should be done by the sixth month exclusively.

Only in the breast up to six months, from six months supplement, but continue breastfeeding. (P18) Only in the breast, six months. (P9) Until six months. (P13) However, 6 nursing mothers did not know the recommended time for exclusive breastfeeding, and they were confused regarding this period, as evidenced in the following statements:

I believe it’s a year, a year and a half, two years. (P3) The right is up, I think eleven months, but you can breastfeed even more. (P6) I do not know. Until about five months. (P8) I think even a year. (P14) They stipulate at least two years, with no other food. […] But with a little supplement, or bottle feeding these things, after a year. (P15) One year. (P20) As for the knowledge about the time in which the baby should continue to be breastfed in a complementary way, 12 nurses were able to indicate this period, emphasizing the age of two and three years, depending on each mother, as indicated in the next lines:

Until about two years. (P1) Two years or more. (P18) I think that up to three years, it goes from every mother, it goes from the mother, I breastfed mine until the three. (P15) Mine has breastfed until the age of two, my other daughter. (P16) However, 8 nursing mothers expressed doubts when reporting that they did not know or reported different times for stopping breastfeeding, such as a year or a year and a half.

I do not know, […] but for up to three years I think it’s an exaggeration, I think even a year and a half is fine. (P3) Look the people say that even a year and a little is already good, a year, but I see children go by, one year and eight months from one, to one year and four months from the other. But I think even a year is already good already. (P11) I do not know, a year. (P4) Look … […] I do not know, my daughters stayed up to a year. (P19) As to when the baby should be given to breastfeed, knowledge and doubts were also present, since 10 mothers did not know that breastfeeding should be on demand, insofar as 7 indicated that the correct one would be every 3 hours and 3 would not they knew how to inform, as examples that follow:

Every three hours. (P8) Look, I honestly do not know, but I think it’s every three hours. (P11) Then I do not know. (P18) When it’s born, then I do not know. (P17) The other 10 indicated that the baby should be placed to nurse as soon as the baby was born, wanted, hungry or cried asking, as the speeches are configured:

I think as soon as you’re born, if you can. I think that every one hour, an hour and a half, depends on the child’s hunger. […] You give the breast because she is hungry. (P6) I think the time he wants. When he asks, whimper. (P1) Every time he asks. (P4) When he gives you signal that he is hungry, so he grumbles. (P7) I think as soon as it’s born and it’s possible […] and every time the baby wants to […] feel like it. (P10)
Regarding the position in which the baby should be to nurse, 4 nursing mothers stated that the baby should stay with her belly against the mother’s belly and 9 said to be lying down.

The little belly leaning against mine. (P1)
With my tummy turned to me. (P2)
He lay down and we were sitting. (P16)

However, one did not know how to respond, another nurse said she had other positions, but could not describe them, and the other nurses were confused in their affirmations, as expressed in the statements:
Inclined, not too much lying, and not much standing. (P9)
I do not know. (P11)
I put him on the side like that, but there are other positions too, which I have to train. (P10)

The mix of knowledge and doubts in the baby’s mouth on the breast during breastfeeding was also evident since 13 mothers knew how to respond to the correct feed, stating that the baby’s mouth should be open, picking up all the areola during the feed, and not just in the beak.

His mouth has to suck all the areola, to suck a lot. (P1)
You have to open your mouth wide to get that little areola. (P6)
In the areola, pick up the part of the areola, not only the beak. (P7)

Another 4 said that the nipple should be all over the baby’s mouth, and 3 just stated that the baby’s mouth should be all over the chest or open. As described in the statements below:
You need to keep the little beak all in the baby's mouth. (P2)
The beak should be in your mouth. (P11)
Just in the beak. (P12)

Regarding the breast care for breastfeeding, 12 nursing mothers revealed knowledge about hygiene and other general care. They emphasized, among them, to wash with water, not to pass soap, to take sun in the breasts and to use ointment in cases of cracks.

Do not wash with soap, when you go to wash, wash only with water. (P6)
I know you should not be passing soap in this area, let it dry naturally. (P18)
You have to wash before, and sunbathe. (P20)
Sometimes at home, he was passing ointment, because he cracked, he was always passing an ointment, cleaning. (P1)

On the other hand, 8 nursing mothers did not know how to answer about this care, demonstrating doubts in the affirmations between what is true or myth. As can be seen below:

I do not know […] we're going to breastfeed soon, and sometimes we'll get the baby. (P7)
I do not know. I've seen so much, that we do not know what is true and what is myth. (P12)

Now you got me, I do not know. (P3)

Regarding the difficulties they had to breastfeed, 11 participants reported on cracks, inverted beaks, little milk, lack of practice, little strength of the baby to suck, the fact of having been cesarean and having a bladder catheter. The remaining 9 stated that they had no difficulty in breastfeeding.

Only at the very beginning when he was born. She did not want to take it in the chest. The nurse who helped me. (P2)
I'm having a little bit because it's my first time, I do not have much practice. (P11)
The nurses, the techniques came and give me some tips and I'm getting some and I'm trying, I think it's working. (P3)
Not with this one. In the other, he gave a crack in the breast, and I had no milk. The doctor cut the milk with medication. He said he was not supportive, she was malnourished and I did not know because I was breastfeeding. (P11)
Yes, the beak inside. (P13)
Yes, […] it was very difficult to breastfeed lying on the catheter, it was very complicated. The companion helped me a lot, putting the baby on me. (P18)

It should be emphasized that, according to the nursing mothers, the difficulties were solved, through the support of health professionals or the companions. However, when questioned if there were any doubts related to breastfeeding, 15 mothers interviewed said they had no doubts. The remaining 5 showed difficulties regarding hygiene, correct weaning age, weak milk, and also “gnawing” of the baby.

We always think our people's milk is weak, but there they will remove the doubts as it goes in the consultations. (P4)
Yes, in hygiene. (P11)
Yes, the right age to stop. (P12)
No, I just wanted to know if that's when the baby is like that on the chest, is there any danger? (P14)

The results of the research demonstrated that the main advantage of breastfeeding as indicated by nursing mothers was the immunity/prevention of diseases. Most also know that breast milk is the right food for the child and a minority highlighted the benefits to its growth and development. However, there are still mothers who are unaware of the benefits of breastfeeding.

It was found that no female nurse pointed out the benefits of breastfeeding to the...
woman's health. This data corroborates a study carried out with 164 pregnant women in the city of São Paulo, Brazil, which revealed that among the interviewees, 73.8% reported breastfeeding benefits to the child's health, and only 3.7% benefits of breastfeeding and maternal health.15

In this study, although all the interviewees affirmed that they had performed prenatal care and received clarifications about breastfeeding, many doubts and difficulties are still present in the daily life of these mothers, which shows a deficit in the teaching-learning process related to this practice. Also, they did not highlight other benefits such as the bond between mother and child and the absence of costs.

Also, 70% of the interviewees knew the recommended period to maintain exclusive breastfeeding. This finding is lower than the findings of another study carried out in a maternity hospital in the municipality of Sào Mateus, Espírito Santo, Brazil, which identified that 93% of the women referred to the sixth month as the ideal time for exclusive breastfeeding.

Based on the analysis of the mothers' responses, it was found that 40% of them are unaware of the period recommended by WHO to continue breastfeeding the child with other supplements, which should be at least two years old.2

Although Brazil has made progress over the past three decades in the results of the National Breastfeeding Policy, compliance with the goals proposed by the WHO and the Ministry of Health is far from being achieved, with emphasis on breastfeeding by the end of the second year of life or more and exclusive breastfeeding up to the sixth month of life.2

Considering the statements that supported the findings, 50% of the mothers are unaware of the need for breastfeeding on demand, which makes clear the need for guidance on the importance of this form of breastfeeding.

Breastfeeding on demand is still little known, despite information on all factors related to breastfeeding in campaigns and programs, given that some mothers still believe that there is weak breast milk.12 Most women have milk sufficient to feed the child, but there is a strong culture regarding weak milk. This erroneous conviction may be related to women's lack of knowledge about the richness of their milk and how it is produced.16

Despite the recommendations of breastfeeding on demand, when the child is placed in the breast as soon as it signals that they want to breastfeed, most of the women responded that babies should breastfeed at regular intervals. This troubling finding runs counter to other research that pointed out that 93.6% of mothers knew about the process of breastfeeding on demand.9

Regarding the positioning and the correct handhold for breastfeeding, no nurse interviewed exposed the information completely or simply did not know about the appropriate technique. This corroborates with the recommendations of the literature on the importance of correct orientation of the positioning and the handle for an effective breastfeeding, considering that this negative experience contributes to wear and possible premature weaning.4

Breastfeeding performance is a skill that needs to be grasped by observation and practice, while there is compelling evidence that breastfeeding provides substantial benefits to children and their mothers. The review to update the United States Preventive Services Task Force has shown that professional interventions to support breastfeeding benefit the initiation, duration, and exclusivity of breastfeeding. To do this, guidelines are recommended during and after pregnancy.17

Regarding knowledge about the common problems arising from breastfeeding, another study also pointed out the lack of knowledge by most puerperae, which was described as worrying, since in the prenatal period the pregnant woman, individually or collectively, should also be targeted for breast care.9

Some nurses in the current study have shown uncertainties related to the truths and myths of breast care and preparation. Research indicates that breast problems are one of the triggers of the introduction of breast milk and bottle substitutes, often due to difficulties in the technique of breastfeeding. Therefore, it is recommended that nurses thoroughly evaluate this technique for the identification of problems and the establishment of necessary interventions.18 Therefore, support for difficulties and doubts is essential so women can have total safety in breastfeeding. To this end, professionals should be prepared to help the puerpera, preventing possible early weaning.19-20

Analyzing the doubts raised by the participants, the insecurity was predominant, although many stressed they had no doubts. In a study carried out in the city of São Paulo, Brazil, it was observed that when the woman had breastfed and had a successful experience with breastfeeding, she was willing to breastfeed the next child more and more exclusively. Thus, the strategy with the
primiparous puerpera and the puerperal woman who has more than one child needs to be differentiated.19

The speeches reflect the importance of health professionals in the breastfeeding process, regarding educational actions, encouragement and support to the nursing mother, as well as their role in the presented difficulties. The professional must have, besides the theoretical and clinical background, the ability to communicate to carry out such measures.4

In the findings of this research, it was verified that the women obtained information regarding the advantages and disadvantages of breastfeeding through prenatal consultations of the basic health unit that they were monitoring. Therefore, it is stressed that it is necessary to establish a dialogue with the pregnant women so that they express their desire or not to breastfeed, and what they understand to be good for them and their babies. Prenatal care is a propitious moment for future mothers to be able to answer their questions and receive clarification about the subject, being carefully evaluated ensuring the perception of the real needs of guidelines and what options should be offered.5,20

Despite the relevance of the guidelines during prenatal care, professional activity is also essential in the puerperium, because it is a fragile moment, which requires a differentiated commitment in the care of the mother, child and family.6 Finally, evidences indicate that the mother's knowledge about breastfeeding is crucial for increasing breastfeeding rates and is easily influenced by educational programs.21

It is noteworthy that this study described knowledge from a sample of internal nurses at the municipal hospital of Rio das Ostras. Consequently, it is not possible to generalize the results obtained for the entire health system or for other types of organization.

CONCLUSION

There is a shortage of nursing mothers' knowledge about breastfeeding, especially doubts about duration, exclusivity and practical management, involving time between breastfeeding, position and breast care.

Nurses cited beneficial aspects related to the health of the child, not highlighting the benefits to maternal health, the bond between mother and child and even the absence of costs. Several doubts were verified in the speeches, despite their non-recognition.

The implications of the study findings lie in the necessary investment in dialogic educational strategies that allow nurses to recognize maternal doubts to promote effective support and guidance.

It is known that prenatal care is the opportune moment to start preparing for breastfeeding. However, it is suggested that health professionals, especially nurses, also support women and their families after childbirth. Thus, it is necessary to recognize their prior knowledge and doubts so the guidelines are contextualized and meet the real needs of the mother-child binomial.

It is expected that the research contributes to the health professionals' understanding of breastfeeding knowledge and possible doubts about breastfeeding and, therefore, to enhance the quality of care provided through resolutive assistance in reducing early weaning.

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