



NUTRITION KNOWLEDGE ON BREASTFEEDING: NURSING CONTRIBUTIONS CONHECIMENTO DE NUTRIZES SOBRE ALEITAMENTO MATERNO: CONTRIBUIÇÕES DA ENFERMAGEM

CONOCIMIENTO DE NUTRICES 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 qualitative, descriptive 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; Aleitamento Materno; Enfermagem; Educação em Saúde; Conhecimento; Período Pós-Parto.

RESUMEN

Objetivo: describir el conocimiento y las dudas de nutrizes 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 nutrizes reconocen que la lactancia materna es benéfica para inmunidad/prevencción 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 nutrizes sobre la lactancia materna. Las implicaciones de los hallados 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 Posparto.

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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, besides to breast milk, other food to supplement it; and, mixed or partial breastfeeding: when the child receives breast milk and other types of milk.¹

WHO recommends that, where possible, breastfeeding be exclusive for six months and supplemented up to two years or more. There is no scientific evidence to recommend the initiation of complementary foods before six months, due to the risk of harm to the health of children and mothers.² However, the literature has shown low adherence of mothers to this practice, especially characterized by early weaning.³

In this context, weaning is defined as the introduction of any type of food into the diet of a child who was exclusively breastfed. Therefore, the weaning period is between the introduction of new foods until the complete elimination of breastfeeding and it is considered precocious when it occurs before the first six months of the infant.⁴

Early weaning, especially in populations with low socioeconomic status, increases the morbidity and mortality of children and compromises their growth and development. This practice is a public health problem because the number of mothers choosing other types of food over breast milk is increasing for various reasons.⁵

Therefore, the nurse must be prepared to deal with the difficulties faced in breastfeeding, both by the nurse and the child. When promoting strategies aimed at reducing early weaning rates, this professional must recognize the reasons that contribute to this practice, aiming at prevention, support and resolution assistance that contribute to the success of breastfeeding.

It is necessary educational interventions that promote breastfeeding at all levels of care, from prenatal to late postpartum, considering the sociocultural and clinical

characteristics of the population served, through a qualified and humanized care, so the process of adaptation to breastfeeding is facilitated, 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,⁶ 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 interurrences 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

birth, education level, profession, marital status, number of children and number of prenatal consultations. The other part had open questions: 1) What do you know about breastfeeding?; 2) What are the benefits of breastfeeding? 3) Do you know how old the baby should be breastfed only in the breast?; 4) And to what age should the baby continue to be breastfed?; 5) When should the baby be placed on the breast to nurse?; 6) What should be the position of the baby to suck? 7) How does the baby's mouth need to stay in the breast during the feeding?; 8) How should you take care of breast to breastfeed?; 9) Have you ever had difficulty to breastfeed? If so, which ones? And how did you try to solve this difficulty? 10) Do you have any questions regarding breastfeeding? If so, which ones? It should be noted that this detailed script was used to stimulate the participants' speech, and all questions were asked.

The number of participants was delimited in the course of the field work when the organization of the statements enabled to identify the data saturation, that is, the existence of recurrence and complementarity of the information, considering that a priori quantification is beyond the logic of qualitative studies.¹⁴

It was used thematic analysis of data that explores opinions about the researched subject, whose application foresees three fundamental phases: the pre-analysis; the exploitation of the material; and treatment of the results obtained and interpretation.¹¹

In the pre-analysis, a process of organization was carried out by the superficial reading and the formal preparation of the material. For that, the interviews were transcribed in their entirety and their grouping constituted the corpus of analysis. In the second stage, material exploration was carried out by colorimetric marking with schematization of relevant words and phrases, and synthesis of the statements in the significant terms. In the third stage, there was the treatment of the obtained results and the interpretation with subsequent discussion of these findings occurred.

This project was approved by the Research Ethics Committee (CEP), through the Appeal Number: 2,316,295, under the CAAE: 73671317.8.0000.5243 and all the ethical precepts of Resolution 466/12 of the National Health Council were respected.

Participants were informed of the confidentiality of the personal identification, carried out by alphanumeric code (P1, P2, P3 and so on), data retention, objective, type of participation desired and they could leave

from participating in the survey at any time. Soon, all signed the Informed Consent Term and Audio Recording Authorization Statement.

The interviewer was the first author, under the guidance of the second author, who approached the participants before the study began, through a presentation about the objectives and reasons for the research, so they could also be selected and invited to the mothers who met the inclusion criteria. The interviews took place in a reserved room of the research scenario, where the participant and the interviewer were present to guarantee privacy and anonymity.

From the analysis of the data, the following thematic units emerged: 1) Nurses' knowledge about the benefits of breastfeeding; 2) Nurses' knowledge and doubts about the practice of breastfeeding.

RESULTS

◆ 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.

The nurses, the techniques come 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)

DISCUSSION

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 São 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.^{8,20}

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 resolute assistance in reducing early weaning.

REFERÊNCIAS

1. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Saúde da criança: aleitamento materno e alimentação complementar. 2th ed. Brasília: Ministério da Saúde; 2015.
2. McFadden A, Gavine A, Renfrew MJ, Wade A, Buchanan P, Taylor JL, et al. Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database of Systematic Reviews [Internet]. 2017 [cited 2017 Dec 20]; Issue 2. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001141.pub5/epdf>
3. Oliveira CS, Locca FA, Carrijo ML, Garcia RATM. Breastfeeding and complications that contribute to early weaning. Rev gaúch enferm [Internet]. 2015 [cited 2016 June 08];36(spe):16-23. Available from: http://www.scielo.br/pdf/rgenf/v36nspe/en_0102-6933-rgenf-36-spe-0016.pdf
4. Amaral LJX, Sales SS, Carvalho DPSRP, Cruz GKP, Azevedo IC, Ferreira Junior MA. Factors that influence the interruption of exclusive breastfeeding in nursing mothers. Rev gaúch enferm [internet]. 2015 [cited 2016 June 10];36(spe):127-34. Available from: <http://www.scielo.br/pdf/rgenf/v36nspe/0102-6933-rgenf-36-spe-0127.pdf>
5. Fialho FA, Lopes AM, Dias IMAV, Salvador M. Fatores associados ao desmame precoce do aleitamento materno. Rev cuid [internet]. 2014 [cited 2016 June 15];5(1):670-8. Available from: <https://www.revistacuidarte.org/index.php/cuidarte/article/view/105/169>
6. Andrade RD, Santos JS, Maia MAC, Mello DF. Factors related to women's health in

puerperium and repercussions on child health. Esc Anna Nery Rev Enferm [Internet]. 2015 [cited 2017 Dec 22];19(1):181-6. Available from:

http://www.scielo.br/pdf/ean/v19n1/en_1414-8145-ean-19-01-0181.pdf

7. Silva NM, Waterkemper R, Silva EF, Cordova FP, Bonilha AL. Conhecimento de puérperas sobre amamentação exclusiva. Rev bras enferm [internet]. 2014 [cited 2016 Aug 05];67(2):290-5. Available from:

http://www.scielo.br/scielo.php?pid=S0034-1672014000200290&script=sci_abstract&tlng=pt

8. Wilhem LA, Demori CC, Alves CN, Barreto CN, Cremonese L, Ressel LB. A vivência da amamentação na ótica de mulheres: contribuições para a enfermagem. Rev enferm UFSM [internet]. 2015 [cited 2016 Aug 07];5(1):160-8. Available from:

<https://periodicos.ufsm.br/reufsm/article/view/15409>

9. Visintin AB, Primo CC, Amorim MHC, Leite FMC. Avaliação do conhecimento de puérperas acerca da amamentação. Enferm foco [internet]. 2015 [cited 2016 Oct 02];6(1/4):12-6. Available from:

<http://revista.portalcofen.gov.br/index.php/enfermagem/article/viewFile/570/252>

10. Rodrigues BC, Pelloso SM, França LCR, Ichisato SMT, Higarashi IH. Aleitamento materno e desmame: um olhar sobre as vivências de mães enfermeiras. Rev Rene [internet]. 2014 [cited 2016 Oct 10];15(5):832-41. Available from:

<http://www.redalyc.org/articulo.oa?id=324032944013>

11. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14th ed. São Paulo: Hucitec; 2014.

12. Boff ADG, Paniagua LM, Scherer S, Goulart BNG. Aspectos socioeconômicos e conhecimento de puérperas sobre o aleitamento materno. Audiol Commun res [internet]. 2015 [cited 2016 Oct 10];20 (2):141-5. Available from:

<http://www.scielo.br/pdf/acr/v20n2/2317-6431-acr-20-2-0141.pdf>

13. Soares LS, Rodrigues SM, Oliveira SF, Paula JMSF, Rodrigues AB. Conhecimento de puérperas adolescentes sobre aleitamento materno. Adolesc Saude [internet]. 2016 [cited 2016 Oct 20];13 (2):89-97. Available from:

http://www.adolescenciaesaude.com/detalhe_artigo.asp?id=588

14. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. Rev Pesquisa Qualitativa [internet]. 2017 [cited 2017 Dec 22];5(7):1-2.

Available from: <http://rpg.revista.sepq.org.br/index.php/rpg/article/view/82>

15. Takushi SAM, Tanaka ACA, Gallo PR, Machado MAMP. Motivação de gestantes para o aleitamento materno. Rev Nutr [internet]. 2008 [cited 2017 June 14];21(5):491-502. Available from:

<http://www.scielo.br/pdf/rn/v21n5/a02v21n5.pdf>

16. Rocci E, Fernandes RA. Dificuldades no aleitamento materno e influência no desmame precoce. Rev bras enferm [internet]. 2014 [cited 2017 June 20];67(1):22-7. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672014000100022

17. US Preventive Services Task Force. Primary Care Interventions to Support Breastfeeding US Preventive Services Task Force Recommendation Statement. JAMA [internet]. 2016 [cited 2017 Nov 05];316(16):1688-93. Available from:

<https://jamanetwork.com/journals/jama/fullarticle/2571249>

18. Monteschio CAC, Gaiva MAM, Moreira MDS. The nurse faced with early weaning in child nursing consultations. Rev bras enferm [internet]. 2015 [cited 2017 June 27];68(5):869-75. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672015000500869

19. Castelli CTR, Maahs MAP, Almeida ST. Identification of the doubts and difficulties of pregnant and postpartum women related to breastfeeding. Rev CEFAC [internet]. 2014 [cited 2017 July 18];16(4):1178-86. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-18462014000401178

20. Oliveira CS, Iocca FA, Carrijo MLR, Garcia RATM. Breastfeeding and complications that contribute to early weaning. Rev gaúch enferm [Internet]. 2015 [cited 2017 Nov 17];36(spe): 16-23. Available from:

http://www.scielo.br/pdf/rgenf/v36nspe/en_0102-6933-rgenf-36-spe-0016.pdf

21. Zielińska MA, Sobczak A, Hamułka J. Breastfeeding knowledge and exclusive breastfeeding of infants in first six months of life. Rocznik Państw Zakł Hig [Internet]. 2017 [cited 2017 Nov 17];68(1):51-59. Available from:

<https://www.ncbi.nlm.nih.gov/pubmed/28303701>

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