ABSTRACT

Objective: to identify factors related to breastfeeding in the first hour of a child’s life. Method: an analytical, cross-sectional, quantitative approach. Through a household survey, mothers of children under one year of age enrolled in Primary Health Care were interviewed. The sample consisted of 261 children, who were approached between 2013 and 2014, and then Pearson’s chi-square test was performed. A 95% confidence interval was adopted and significance level was set at p <0.05. Results: among the 261 children, 81.2% breastfed the first hour after birth. The variables weight of the child at birth and age of the mother were associated with the outcome variable. The highest frequency was for mothers up to 29 years of age and children weighing 2,500 g or more. Conclusion: the prevalence of breastfeeding was considerable among the group of mothers studied, being associated with younger mothers and children who were not born with low birth weight. Descriptors: Child Health; Breastfeeding; Postpartum Period.

RESUMO

Objetivo: identificar fatores relacionados ao aleitamento materno na primeira hora de vida de crianças. Método: estudo analítico, transversal, de abordagem quantitativa. Por meio de um inquérito domiciliar, foram entrevistadas mães de crianças menores de um ano de idade cadastradas na Atenção Primária à Saúde. A amostra foi constituída por 261 crianças, abordadas entre 2013 e 2014 e, na sequência, realizado o teste qui-quadrado de Pearson. Adotou-se intervalo de confiança de 95% e nível de significância p<0,05. Resultados: entre as 261 crianças, 81,2% amamentaram na primeira hora após o nascimento. As variáveis peso da criança ao nascer e idade da mãe apresentaram associação com a variável desfecho. A maior frequência foi para as mães com idade até 29 anos e crianças com peso igual ou superior a 2.500g. Conclusão: a prevalência de amamentação foi considerável entre o grupo de mães estudadas, sendo associada às mães mais jovens e às crianças que não nasceram com baixo peso. Descriptores: Saúde da Criança; Aleitamento Materno; Período Pós-Parto.
INTRODUCTION

The benefits of breastfeeding include the growth and development of the infant both in terms of biological and psychic aspects.\(^1\) Their importance is associated with the mother-child binomial and is an influential practice for the whole life cycle. In addition, breastfeeding provides protection against overweight and obesity during childhood.\(^2\)\(^3\)\(^4\)

In the early days, breast milk is called colostrum, contains more protein and less fats than mature milk and has numerous immune factors that protect the child against infections. Secretory IgA is the main antibody that acts against microorganisms present on the mucosal surfaces and is also a reflection of the enteric and respiratory antigens of the mother. In this way, it provides the child protection against the germs prevalent in the environment where the mother lives.\(^5\)

The World Health Organization (WHO) recognizes breastfeeding in the first hour of life as a factor in promoting, protecting and supporting breastfeeding and is a key element in reducing child mortality.\(^6\) This practice corresponds to Step 4 of the Initiative Child's Friend Hospital Iniciative (CFHI), in which it is recommended that the newborn should be taken to the breast soon after birth, maintaining skin-to-skin contact with the mother and receiving support to establish the first breastfeed.\(^7\)

The 2nd Research of Prevalence of Breastfeeding in the Brazilian Capitals and Federal District had as one of its objectives to verify the current situation of breastfeeding and complementary feeding in Brazil. It was verified that, among 34,366 children, 67.7% breastfed in the first hour of life, a percentage higher than that found in the National Survey of Demography and Children's and Women's Health, which was 43%. Such a difference may be related to the current situation of the practices adopted in Brazilian maternity hospitals. The North, Center-West and South regions had the best results (72.9% and 72.0% and 71.8%, respectively) and the Southeast region had the lowest percentage of children in this condition (63.5%).\(^8\)

Considering the importance of breastfeeding and its immediate practice after birth being considered a determinant factor for the health of the newborn and reduction of infant mortality, this study aimed to identify the factors related to breastfeeding in the first hour of life.

METHOD

An analytical, cross-sectional, exploratory, quantitative approach, carried out within the scope of Primary Health Care, in the municipality of Montes Claros, Minas Gerais, Brazil. A household survey was conducted, in which the mothers of children under one year of age enrolled in the municipal public service were interviewed. The collection period occurred between December 2013 and February 2014. A form containing predominantly closed questions was used and it was possible to identify characteristics of mothers and children.

After the survey of the number of children under one year enrolled in the Family Health Strategy (FHS), a sample calculation was performed, obtaining a sample of 261 children, using a statistical formula, with a 95% confidence interval and a sampling error of 5%, based on the total number of children enrolled in the FHS, in the urban area of Montes Claros, in 2012 (total of 806 registered children). Children older than one year of age and caregivers other than the mother of the child were defined as exclusion criteria. The identification and address data were obtained by the individual register found in the FHS. Sample selection was for convenience. The interviews were conducted at home with the mothers of the children.

Quantitative data was analyzed using the IBM SPSS 22.0 program. Tables were drawn up and Pearson's chi-square test was performed. The analysis of the data was made from the following variables: breastfeeding in the first hour of life (outcome variable); characteristics of the child and hospital (gender, naturalness, birth weight, hospital accredited to the Child's Friend Hospital Initiative); characteristics of the mother and childbirth (type of delivery, primiparous mothers who had their first birth, age and schooling). Breastfeeding was considered in the first hour of life offering up to sixty minutes from birth. Descriptive analyses of all variables were carried out by means of their frequency distributions. Then, the bivariate analysis was performed, which made it possible to associate the outcome variable, breastfeeding in the first hour of life, with each independent variable, adopting a significance level of p <0.05.

The study was developed in accordance with Resolution No. 466, of 2012, of the National Commission of Ethics in Research (CONEP) of the Ministry of Health, which stipulates ethical norms regulating research involving human beings. The project was

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RESULTS

The factors associated with breastfeeding in the first hour of life of 261 children under one year were analyzed. Of this total, 213 (81.2%) breastfed in the first hour after birth. It was verified that 11.9% of the children had low birth weight (<2500g), and the lowest birth weight was 1,050g. The mothers' ages ranged from 14 to 46 years, with a mean of 27 years. The average schooling time was ten years. The other variables are presented in Table 1.

Table 1. Description of characteristics of mothers and children under one year. Montes Claros - MG, 2014, (n = 261).

Table 2 shows the results of bivariate analyses of the factors associated with breastfeeding in the first hour of life. It was verified that the variables, weight of the child at birth (p = 0.014) and age of the mother (p = 0.036) were associated with the outcome variable. The highest frequency was for mothers up to 29 years of age and children weighing 2500g or more (p <0.05). The other variables did not present statistical significance.

Table 2. Factors related to breastfeeding in the first hour of life. Montes Claros-MG, 2014.

DISCUSSION

The proportion of children who were breastfed in the first hour of life in the studied population was 81.2%, which is interpreted as a good indicator (50-89%), according to THE WHO classification, so that breastfeeding in the first hour, which is considered very good, refers to 90 to 100% of children breastfed at birth.10

In this study, most of the children were breastfed in the first hour of life, which diverged from the results of other authors, who found that 16.1% of the children were breastfed in the first hour and 31%
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in 2011, it was found that 84.5% of the non-breastfed infants in the first hour of life had a health problem. Of these newborns, 67.7% had some degree of respiratory discomfort at birth. Moreover, the hospitalization of the newborn in the nursery compromises breastfeeding, so that the hospitalization in this place constitutes a physical barrier to the practice of breastfeeding.

Regarding maternal age, in a study carried out in Rio de Janeiro, it was identified that the higher the maternal age, the longer the time until breastfeeding. The effect found was 2% for each year. Therefore, further research is needed to establish the reason for this relationship between age and breastfeeding.

In this investigation, the variable type of delivery did not present statistical significance, which contests the studies that indicated vaginal delivery as a significant association for breastfeeding in the first hour of life, in addition to the findings that presented cesarean birth as a factor that delays the onset of breastfeeding.

The relationship between cesarean section and postponement of the first feeding may be related to anesthesia and postpartum procedures. These mothers are sometimes not encouraged to breastfeed soon after delivery because of the effects of anesthesia and exhaustion caused by the surgical procedure.

Most of the mothers investigated in this research had nine to 15 years of schooling and were primiparous. However, this data was not statistically significant. Some studies have shown that low schooling and number of children influence postnatal breastfeeding.

Regarding parity, the number of children influences maternal experience, their safety in dealing with the newborn and initiating breastfeeding. Low schooling, in turn, can compromise breastfeeding because of the lack of basic knowledge which makes it difficult to understand the benefits of breastfeeding.

Most of the children in this research were born in hospitals linked to the Child's Friend Hospital Initiative (CFHI), however, this variable did not represent statistical significance, when it was related to breastfeeding in the first hour of life. This finding contests studies that verified the CFHI as an effective action to increase the practice of breastfeeding, since there is a reorganization of hospital practices, such as employee training, support during hospitalization and orientation to pregnant women. However, in order for the CFHI to

respectively. A study conducted in India concluded that only 23.5% of the mothers started breastfeeding within the first hour after birth. In Brazil, a survey conducted with women enrolled in the FHS revealed a prevalence of 63% of breastfeeding in the first hour of life. A study conducted in Feira de Santana, in Bahia, showed significant advances in breastfeeding practices, especially in the proportion of breastfed infants in the first hour of life, pointing to an increase of 16.7% in eight years between 2001 and 2009.

According to the results of the bivariate analysis, the variables birth weight and age of the mother were associated with the variable breastfeeding in the first hour of life. Similar findings were found in another study in which it was found that the greater the weight of the infant at birth, the faster the first feeding occurred.

Research conducted in India and Tanzania concluded that there is a greater risk of delayed initiation of breastfeeding among younger women. This finding may be related to increased inexperience and insecurity among these mothers. Another study in Tanzania found that 51% of women who had given birth in 2009 started breastfeeding within one hour of birth. The significant number of non-breastfed infants in the first hour of life may be partially related to misconceptions about early breastfeeding. The cultural belief in southern Tanzania is that colostrum is dirty and therefore should not be offered to newborn infants.

Prenatal care provided protection to mothers in the first hour of their life, and the absence of prenatal care was a determining factor for the late start of breastfeeding and the introduction of artificial formulas. The care Prenatal care should encompass comprehensive care, prevention of illness and commitment to the quality of life of the mother-child binomial. In another study, there was an association between breastfeeding in the first hour of life and guidance on the advantages of breastfeeding during prenatal care, indicating that this monitoring favors the preparation for breastfeeding by empowering the mother in the immediate postpartum care.

The most common problems related to low birth weight newborns are respiratory problems, hypothermia, hypoglycemia, infections and hemorrhages, and these factors make breastfeeding difficult in the first hour of life. In a cross-sectional study conducted in the joint housing of a regional reference hospital for maternal and child care in Recife, respectively. A study conducted in India concluded that only 23.5% of the mothers started breastfeeding within the first hour after birth. In Brazil, a survey conducted with women enrolled in the FHS revealed a prevalence of 63% of breastfeeding in the first hour of life. A study conducted in Feira de Santana, in Bahia, showed significant advances in breastfeeding practices, especially in the proportion of breastfed infants in the first hour of life, pointing to an increase of 16.7% in eight years between 2001 and 2009.

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breastfeeding in the first hour of life, advocated by the WHO, has a meaning beyond breastfeeding, since it involves the woman’s longings, her confidence and the moment of feeling and touching her child. The close relationship between the mother-child binomial in postpartum provides a unique experience to the woman, triggering diverse sensations within the biopsychosocial-cultural context, with feelings and meanings favorable to the mother-child bond and the beginning of breastfeeding.26

Breastfeeding in the first hour of life is an important factor for the health of the newborn. It is a practice that can influence the child’s nutrition throughout his or her career. In addition, it establishes as Step 4 of the Child’s Friends Hospital Initiative, which understands the importance of early contact between newborn and puerperal and the initiation of breastfeeding after childbirth.

Birth weight and maternal age were associated with breastfeeding in the first hour of life, highlighting the need to sensitise the professionals involved in the preparation of the pregnant woman, both in prenatal care and in procedures in the delivery room, so that there is encouragement and encouragement to breastfeed in the first hour of life.

The importance of mothers’ empowerment in breastfeeding their children still in the delivery room is appreciated, valuing their particularities and socio-cultural diversities and making the woman subject to the act of breastfeeding in the first hour of life. It is essential that this empowerment begins in the prenatal period, starting with a dialogue between the health team and the woman about all the potential benefits of breastfeeding in the first hour of life, so that it evaluates and constructs its choices.29

The investigations of this research were carried out months after the birth of the children, which may have generated memory bias linked to the participants, which is characterized as limitation of the study. It is necessary to emphasize the importance of the development of other studies aimed at this subject, in order to increase the knowledge and perspectives related to breastfeeding in the delivery room.

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Corresponding Address
Patrícia Alves Paiva
Rua Thiago Andrade Amaral, 203
Bairro Vila Atlântida
CEP: 39401-145 – Montes Claros (MG), Brasil