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PROMOTION OF BREASTFEEDING IN PRE-NATAL CARE BY THE NURSE PROMOCÃO DO ALEITAMENTO MATERNO NA ASSISTÊNCIA PRÉ-NATAL PELO ENFERMEIRO PROMOCIÓN DE LA LACTANCIA MATERNA EN LA ASISTENCIA PRENATAL POR EL ENFERMERO

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Objective: to carry out an educational action on breastfeeding for pregnant women in the waiting room for prenatal consultations in a municipal health unit. *Method*: it is a descriptive study, type of experience report. Refers to a game of questions applied to 15 pregnant women, after which the discussion of the topics discussed took place. Results: pregnant women still believe in many myths that may increase their chances of early weaning, low weight and illness, but they are increasingly informed about the importance of breastfeeding, but they still need guidance and attention. of their lives, as there are still some myths that prevail, which may make adherence to exclusive breastfeeding difficult. Conclusion: relevant health actions become important, since they stimulate the exchange of knowledge between professionals and users and collaborate positively in the promotion of breastfeeding and in the empowerment of these women to carry out this practice. In the academics, moreover, the educational side inherent to the nurse professional is awakened through educational actions in health. Descriptors: Breastfeeding; Child health; Health promotion; Prenatal care; Primary health care; Child Care.

RESUMO

Objetivo: realizar uma ação educativa sobre o aleitamento materno, para gestantes na sala de espera das consultas de pré-natal, em uma unidade municipal de saúde. Método: trata-se de um estudo descritivo, tipo relato de experiência. Refere-se a um jogo de perguntas aplicado a 15 gestantes, depois, ocorreu a discussão dos temas abordados. *Resultados*: percebeu-se que as gestantes ainda acreditam em muitos mitos que podem aumentar as chances de desmame precoce, baixo peso e adoecimento da criança, porém, estão cada vez mais informadas sobre a importância da amamentação, mas ainda precisam de orientações e atenção nesse momento da vida delas, pois ainda existem alguns mitos que prevalecem, podendo dificultar a adesão à amamentação exclusiva. Conclusão: tornam-se as ações em saúde relevantes, pois estimulam a troca de saberes entre profissionais e usuários e colaboram positivamente na promoção do aleitamento materno e no empoderamento dessas mulheres para a execução dessa prática. Desperta-se, nos acadêmicos, além disso, por meio de ações educativas em saúde, o lado educador inerente ao profissional enfermeiro. Descritores: Aleitamento materno; Saúde da criança; Promoção da saúde; Cuidado pré-natal; Atenção primária à saúde; Cuidado da criança.

RESUMEN

Objetivo: realizar una acción educativa sobre lactancia materna, para gestantes en la sala de espera de consultas prenatales, en una unidad municipal de salud. Método: se trata de un estudio descriptivo, tipo relato de experiencia. Se refiere a un juego de preguntas aplicado a 15 gestantes, enseguida, ocurrió una discusión de os temas abordados. Resultados: se percibió que las gestantes todavía creen en muchos mitos que pueden aumentar las chances de destete precoz, bajo peso y enfermedad del niño, sin embargo, están cada vez más informadas sobre la importancia del amamantamiento, pero todavía necesitan de orientaciones y atención en este momento de sus vidas, pues aún existen algunos mitos que prevalecen, pudiendo dificultar la adhesión al amamantamiento exclusivo. Concusión: se convierten las acciones en salud relevantes, pues estimulan el cambio de saberes entre profesionales y usuarios y colaboran positivamente en la promoción de la lactancia materna y en el empoderamiento de esas mujeres para la ejecución de esta práctica. Se despierta, en los académicos, además de eso, por medio de acciones educativas en salud, el lado educador inherente al profesional enfermero. Descritores: Lactancia Materna; Salud del Niño; Promoción de la Salud; Atención Prenatal; Atención Primaria de Salud; Cuidado del Niño.

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INTRODUCTION

It is believed that there are several benefits of breastfeeding for the mother, child, family and society. It is emphasized, according to the World Health Organization (WHO), that the breastfeeding process saves many children a year, promoting and preventing infections, and breastfeeding is important from a nutritional point of view. Breastfeeding, healthy growth and development of the child are also allowed, strengthening the affective bond between mother and child.¹

Exclusive breastfeeding is recommended, according to the WHO, until the first six months of life, after which it should be supplemented with liquid and solid foods. There are, however, several factors related to the difficulty of breastfeeding or early withdrawal, among them the mother's lack of information, social, cultural aspects, myths, beliefs and politicians that interfere with the breastfeeding process.²

It is noted that, in the world, only 35% of the children receive exclusive breastfeeding (EBF) during the first four months of life. It is inferred that, in Brazil, data collected in the last National Survey of Demography and Health of Children and Women - PNDS-2006 verified that the median duration of exclusive breastfeeding in the country was 1.4 months.³

It is known that breastfeeding deficiency and / or early discontinuation before the age of four months, as well as the introduction of other foods into the child's diet, can be harmful, resulting in several important consequences for the health of the infant, such as the risk of infections, contact with foreign proteins that can develop allergies, greater difficulty in digestion and absorption of nutrients etc. Breastfeeding is a practice that most prevents infant deaths, in addition to promoting the physical, mental and psychic health of the child and the woman who breastfeeds.⁴

It is added, therefore, that the woman needs to be assisted and supported so that she can successfully exercise her new social role: that of mother-nurse woman. At the time of prenatal care, the woman must be prepared resulting lactation, in successful breastfeeding. Guidance is advised on the advantages to her and the baby of the use of industrialized milks, breastfeeding techniques, in order to increase confidence and ability.5

It should be emphasized that prenatal care is a set of clinical and educational procedures aimed at promoting health and identifying, in Promotion of breastfeeding in pre-natal...

advance, problems that may result in a risk to the pregnant woman's health and the concept. In this process, nurses are allowed to perform low-risk prenatal consultations, examination requests, opening of the Health Information System (HIS), obstetric examination, necessary referrals, preparation for delivery, guidelines on the care with the newborn and breastfeeding vaccination and promotion of the bond between mother and baby. 1

Currently, the Ministry of Health has launched breastfeeding initiative programs with the objective of reducing neonatal and infant mortality, such as the National Breastfeeding Incentive Program, Baby-Friendly Hospital, National Network of Milk Banks Human, Joint Accommodation practice, Firefighters of the Breastfeeding and Friend Postman, Kangaroo Mother Method and World Breastfeeding Week.⁶

Thus, breastfeeding is very important for the mother and baby, only bringing benefits to both, even more today there are many myths about the subject, lack of knowledge, culture and beliefs. The nurse is considered the fundamental professional for the promotion of breastfeeding, being the ideal moment in prenatal care, but other moments are not discarded, since it is always valid at any time. There is the PROAME breastfeeding program, in which the mother and the baby participate until the child is six months old, further reinforcing the promotion of breastfeeding.⁷

It is mainly aimed at avoiding early infant deaths, avoiding infections, low weight, and promoting healthy growth and development for the child, improving the quality of life of the mother and the baby by encouraging exclusive breastfeeding until six months of life.⁸

It can be seen from the above study that there is still little adherence among infants and, as far as optimal breastfeeding recommendations are concerned, many myths still prevail in the culture, some of them harming the breastfeeding process, and pregnant women need, mainly in the pre-natal period of this guidance support on the subject.

OBJECTIVE

• To perform an educational action on breastfeeding, for pregnant women in the waiting room of prenatal consultations, in a municipal health unit.

METHOD

This is a qualitative, descriptive study, a type of experience report by the Nursing

students of the Metropolitan University of Amazônia / FAMAZ, through an educational action, which was carried out at a Municipal Health Unit (MHU), located in the district of Icoaraci, in Belém (PA), on April 18, 2017. A technical visit was made a month prior to the delivery of the letter to the manager of the unit, who received very well and found very important this type of action in the pre- and the unit demand was also observed.

The pregnant women registered at SisPré-Natal were listed as a target audience. It is reported that, at the time of the action, 15 pregnant women were present participated, and the event happened in the waiting room. A direct active methodology was developed with the pregnant women, divided into two moments, clarifying myths and truths about the breastfeeding process, reinforcing the importance of exclusive breastfeeding up to six months and the benefits for mother and baby. The pregnant women were given the opportunity to report their previous experiences as infants, thus providing an exchange of experiences and cultural and scientific knowledge facilitating learning for all present.

The activity was characterized in the first moment as a game, in which the pregnant women received green and red plaques and, explained the method, they raised the red plaque when they disagreed with the information or green when they believed in the information. The activity was then started with the myths and truths, and each scholar became responsible for each topic, asking the question and then demystifying or confirming the truthfulness and guiding the pregnant women about the issues raised:

- 1. If the mother does not produce enough milk, can another mother breastfeed her baby?
- 2. Do you need to take turns with both breasts to breastfeed?
 - 3. Is there weak milk?
 - 4. Does breastfeeding prevent pregnancy?
- 5. Do the baby bottle and pacifier interfere with breastfeeding?

At the second moment, the conversation was held, a moment of discussion and exchange of experiences with pregnant women. It is added that the participants had the opportunity to report their experiences as infants and also their cultural knowledge. Thus, the theme was discussed, clarifying the main points that deserved attention in the action. Pregnant women were advised on the correct delivery of the baby, on exclusive breastfeeding up to six months, on primary

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and secondary milks, on mother's nutrition, on myths and beliefs about the subject, and soon thereafter gifts were distributed to pregnant women as a little reminder of the day.

RESULTS

It is reported that pregnant women attending the MHU for prenatal care participated in the study. Below are the results on the information provided during the educational action.

Participants were asked if, when the mother did not produce enough milk, another mother could breastfeed her baby, and most of the pregnant women thought she did and that she would have no problem at all; on the need to take turns to breastfeed, most of them thought so; as to the existence of weak milk, at that point almost all agreed that it exists; about breastfeeding avoid pregnancy, half think yes and the other, no; and most of them agreed that the bottle and the pacifier interfere with breastfeeding, disrupting the breastfeeding process.

Some pregnant women showed shyness, in the first moment of the myths and truths, when it was directed to that they were pronounced with the plaques, emphasizing that they should be at ease, responding to what they really knew about the information, and not to be afraid of to make mistakes, for they would not be judged; unlike others who were totally at ease and even insisted on the information they believed by the cultural factor.

It was noticed that, in the second moment, that was the talk circle, all were already interacting well and participated, reporting their experiences with other babies and the previous breastfeeding process, being the "first trip" mothers the ones with more doubts on the subject. It is noteworthy that most of the pregnant women were multigesta, that is, had already experienced other pregnancies, and that the rest were primigravida, are experiencing gestation for the first time. It was inferred that the multiparous women shared their previous experiences, however, they still had doubts and wanted more information; already the primiparous ones listened to the reports and they had many doubts and fear.

They were all oriented about myths and truths, clarifying what was a myth or not. The doubts that remained were discussed in the discussion thread, and the pregnant women, in the end, received the information very well and thanked, reinforcing that prenatal care needs more educational actions and

understanding the importance of promoting breastfeeding in prenatal care.

It became a positive educational action for the academics, and the importance of this methodology in prenatal care was perceived. It is believed that learning was valid both for professional growth and for the empowerment of pregnant women.

DISCUSSION

It was reported by some of the multipregnant women that they had guidelines on breastfeeding, but they still had doubts. A few of them commented that only after the birth did they have more valid information on the subject in Nursing consultations, in the Growth and Development program and in PROAME, describing that, when they entered the PROAME, they had already inserted tea in the NB's diet, but were oriented about the importance of EBF and its properties.

The safety of mothers in the practice of breastfeeding and in the promotion of the health of the newborn can be hampered by the non-promotion of breastfeeding in prenatal care. Therefore, these actions, performed by the nurse practitioner, have great relevance in the prenatal care.⁷

It was identified, in the dynamics about myths and truths, that the pregnant women believe in many myths about the subject, which can favor early weaning, low weight, higher chances of getting sick etc.

The first myth is that of weak milk, which only helps in early weaning and may stimulate the practice of cross-breastfeeding, which most pregnant women in the dynamics believed to be beneficial.

It was emphasized that breast milk presents in the first days of lactation, in a very fine and clear appearance, which only increases this belief of weak milk. It is known that this first milk is nothing more than colostrum, rich in immunoglobulins, nutrients and concentrate and, because it is rich in immunoglobulins (antibodies), the breastfed baby ensures its protection against infections in the first days of life, avoiding early deaths. It is added, apart from the other benefits, that breastmilk has all the nutrients essential for the healthy growth and development of the baby, being alone able to meet all nutritional needs up to six months of age and continues being very important until the second year of the child's life.9

In a study in the United Kingdom, some factors that stimulate weaning before the sixth month of life have been demonstrated: first, relating to the current way of life, Promotion of breastfeeding in pre-natal...

where mothers need to work, and thus most return to employment and begins to offer industrialized baby milk, also influenced by the media, which shows that these products are very positive for the health of the child.¹⁰

Attention was drawn to a second point in the dynamics when most of the pregnant women believed they did not produce enough milk and that another mother could breastfeed her baby, highlighting the practice of cross-breastfeeding.

It is explained that cross-breastfeeding is the known practice of mothers who, because they feel they do not produce enough milk, allow their babies to breastfeed other lactating women. This practice contraindicated by the Ministry of Health and the WHO, since it poses a number of risks to the baby, such as the risk of contracting infectious diseases such as AIDS and hepatitis B. It is indicated that the mother who has some difficulty in breastfeeding looks for a health professional to be guided and, if she is not yet able to breastfeed, she should go to a Human Milk Bank (HMB) because she receives treated and pasteurized baby donated milk, eliminating any chance of transmission of diseases to the child.11

Another controversy arose about breastfeeding: whether or not it avoids a new pregnancy, and the results were proportional, because half felt that yes and the rest did not. Consideration should be given to several aspects that will depend on exclusive and ondemand breastfeeding.

It is confirmed in studies that ovulation, in the first six months after delivery, is entirely related to the number of feedings, related to the hormone prolactin, which has the function of producing the milk, and the more the breast , more prolactin is produced. If ovulation is exclusive, ovulation will be inhibited in this period, avoiding a new gestation (98% efficacy), since, in general, women who ovulate before the sixth month day than the others. Therefore, it is necessary to analyze this information, with caution, with health professionals. The search for health services is suggested for the discussion of the situation. ⁹

It is inferred that the majority of pregnant women still think this procedure is necessary, but it is known that the baby needs to breastfeed until he empties to take advantage of all the nutritional advantages.

It is recommended that in the first months of life, the baby has free demand to suck at the time they want, and it is not indicated to stipulate schedules and duration for

breastfeeding. The switching of the breasts can be influenced by the size of the breasts, however, the size is unrelated to the milk production, ie, small and large breasts have the same capacity of daily milk excretion, and each baby has its own time to feed, since they need to empty all that breast. It is exposed that the first milk at the beginning of the feeding is called primary milk, rich in water; the second milk, a few minutes later, is called secondary milk, more caloric milk, responsible for satiety and baby's weight gain. 9

It is believed by most of the pregnant women about the use of bottles and pacifiers that they interfere with breastfeeding, but nevertheless these accessories are increasingly used earlier.

It is highlighted that the bottle is one of the main causes of early weaning, besides being an important source of contamination, and negatively influences breastfeeding. The confusion of nozzles of nozzles is perceived, because the bottle nozzle is easier and causes less work for the baby, and when you pick up the breast again, it will be strange because the ejection will be slower and will not have patience and will leave the breast, crying and wanting the bottle for the ease and speed of ejection. The use of pacifiers is also a problem, as they influence the reduction of suckling by the baby, which can compromise milk production, and the use of pacifiers is also associated with the occurrence of oral candidiasis, mild otitis and palate alterations.9

It is hoped that breastfeeding, in addition to bringing all the possible benefits to the child, also brings benefits to the woman, family and society. It is necessary, therefore, for the promotion of breastfeeding, that the professional be trained on the subject, to promote it in a correct way, approaching it in a way that does not offend or embarrass the woman, taking into account their experiences of life and exchanging knowledge on the subject. 12

It complements that, in this way, the pregnant women knew all the benefits of the breastfeeding, as well, they demythologized some myths that only influence the weaning precoce. It is believed that, as such, these women will ensure optimal breastfeeding for their babies, ensuring the right of the child and their health. The dissemination of information, as well as the sharing of information with other mothers, is provided by the knowledge about the topic for lay women, which will only bring benefits to the ideal adhesion to breastfeeding.

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CONCLUSION

Health education and health promotion are very important practices for the pregnant woman at the time of prenatal care, preparing the woman for childbirth, puerperium and lactation, being the ideal time to clear all doubts of the pregnant woman about this process.

Nurses can and should be encouraged to promote these actions in order to improve adherence to exclusive breastfeeding during the six months, and then up to two years, supplemented with food.

It was noticed that pregnant women are increasingly informed, but still need guidance and attention at this time in their lives, because there are still myths that prevail, which may make it difficult to adhere to exclusive breastfeeding. It is concluded, therefore, that health actions are relevant and stimulate the exchange of knowledge between professionals and users collaborate positively in the promotion of breastfeeding and in the empowerment of these women to perform this practice. In the academics, moreover, through educational actions in health, the educating side inherent to the nurse practitioner.

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