



MANAGEMENT OF BREASTFEEDING FOR MOTHERS, NURSING PROFESSIONALS, WHICH WORK IN A MATERNITY

MANEJO DO ALEITAMENTO MATERNO POR MÃES PROFISSIONAIS DE ENFERMAGEM QUE TRABALHAM EM UMA MATERNIDADE

GESTIÓN DE LA LACTANCIA MATERNA PARA PROFESIONALES DE LAS MADRES LACTANTES QUE TRABAJAN EN UNA MATERNIDAD

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ABSTRACT

Objective: to know the decision, time and management of breastfeeding mothers, nursing professionals, which work in a maternity. **Methodology:** study of quantitative approach, descriptive and exploratory. It was performed in a municipal maternity, which received the award as *Hospital Iniciativa Amigo da Criança* (HIAC), situated at the North of Rio de Janeiro, Brazil. The research was conducted from June to August 2011, with 58 members of the nursing team. In this study were included nurses, technical and nursing assistants who had biological children and breastfed them. The data were analyzed using the proposal methodology for Content Analysis. The research project was submitted to the Research Ethics Committee of the Municipal Secretary of Health from Rio de Janeiro, Brazil, and approved under protocol n. ° 0259.0.314.000-10. **Results:** the analysis of the interviews allowed us the construction of single analytical category: Managements of breasts at home: *the gaze of professional nursing and cultural influence*. **Conclusion:** it was possible to verify even being a nursing professional and mother, who is knowledgeable about the benefits of breastfeeding and appropriate management of breast to reverse possible complications, the cultural question influences in its management of the breasts in breastfeeding. **Descriptors:** breastfeeding; nursing; women's health..

RESUMO

Objetivo: conhecer a decisão, o tempo e manejo do aleitamento materno das mães profissionais de enfermagem. **Metodologia:** estudo de abordagem qualitativa, descritivo e exploratório, realizado numa maternidade com o título Hospital Iniciativa Amigo da Criança, da rede municipal na zona norte do Rio de Janeiro, Brasil. A pesquisa foi desenvolvida de junho a agosto de 2011, com 58 membros da equipe de enfermagem. Foram incluídas as enfermeiras, técnicas e auxiliares de enfermagem, que tinham filho biológico e o amamentado. Os dados foram analisados segundo proposta metodológica da Análise de Conteúdo. O projeto de pesquisa foi submetido ao Comitê de Ética e Pesquisa da Secretaria Municipal de Saúde do Rio de Janeiro e aprovado sob n° 0259.0.314.000-10. **Resultados:** A análise das entrevistas possibilitou a construção de única categoria analítica: Manejos das mamas no domicílio: *o olhar da profissional de enfermagem e a influência cultural*. **Conclusão:** foi possível verificar que mesmo a nutriz sendo uma profissional de enfermagem, que tem conhecimento sobre os benefícios do aleitamento materno e o adequado manejo das mamas para reverter possíveis intercorrências, a questão cultural influencia no seu manejo das mamas no aleitamento materno. **Descritores:** aleitamento materno; enfermagem; saúde da mulher.

RESUMEN

Objetivo: este artículo se centra en la decisión, el tiempo y manejo de la lactancia las madres que trabajan los profesionales de enfermería en una sala de maternidad con el título de Baby - Iniciativa Hospital Amigo. **Metodología:** se utilizó un enfoque cuantitativo, descriptivo y exploratorio. A medida que el escenario de la investigación fue una maternidad municipal situado en el norte de Rio de Janeiro. La encuesta se realizó entre junio y agosto de 2011 con 58 miembros del equipo de enfermería. **Resultados:** a partir del análisis de las entrevistas fueron presentados en un estudio descriptivo, que permitió la construcción de una sola categoría de análisis: *Gestiones de mama en el hogar: la mirada de la enfermería profesional y la influencia cultural*. **Conclusión:** se observó que aun siendo un profesional de enfermería la enfermera que está bien informado acerca de los beneficios de la lactancia materna y el manejo adecuado de las complicaciones posibles de mama para reverter las influencias de la cuestión cultural en el manejo de los senos en la lactancia materna. **Descriptor:** lactancia materna; enfermería; salud de la mujer.

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INITIAL CONSIDERATIONS

Despite the recognition of the advantages of breast milk over artificial formula even in industrialized countries, it has been recorded growing and visible crisis in the paradigm on breastfeeding that supported the public policy, as early weaning persisted as a relevant concern on the agenda of Public Health, implying a greater risk of harm to child's health.¹

On that occasion, breastfeeding was established and reaffirmed as a primary strategy for reducing child morbidity and mortality. As breastfeeding considered the key element for the promotion and protection of child's health, especially, in underdeveloped countries or countries still in developing,¹ because the practice of breastfeeding promotes the quality of life for families, since breastfed children get less sick, require less medical care, hospitalizations and medications, which may imply lower number of lacks to work for their parents, as well as spending less and have less stressful situations. Moreover, when breastfeeding is successful, mothers and children may be happier, with effect on family relationships and, consequently, the quality of life of families.²

Brazil was one of 12 participating countries of the *Spedale Degli Innocenti* meeting, in Italy, idealized by the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) to promote, protect and support breastfeeding. Its main concern is the reduction of early weaning. Thinking about this disorder, based on changes in inadequate hospital routines for breastfeeding practice, ten steps were normalized to achieve the successful of breastfeeding.⁴

It is known that through attitudes and practices, nursing professionals may directly influence the success of breastfeeding, and one of the ways to increase their knowledge and / or update it is by time of the courses offered by maternities and hospitals that strive to get the award *Hospital Iniciativa Amigo da Criança* (HIAC) whose objective is to train health professionals and even improve health institutions to provide correct information about breastfeeding and adopt practices and routines that promote breastfeeding, reducing the incidence of early weaning. Once qualified, these establishments go on to act as local training of multidisciplinary teams of health, being seen as "reference in breastfeeding" in local or regional context.⁵

The maternities of the municipality of Rio de Janeiro accredited with the title HIAC have the nursing team consequently imbued with this philosophy of care. For the greater proximity to the mothers, their actions become essential for the management of puerperal breast at home.

We question, at thought on the promotion, protection and management of breastfeeding, how nursing professionals that work in a maternity entitled *Hospital Iniciativa Amigo da Criança* (HIAC) decide the time and manner of manage its breastfeeding program. A benefit to all municipal employees of Rio de Janeiro is the Brazilian Law n. ° 11770 of September 9, 2008, which deals with the Maternity Leave in a period of 180 days, thus reducing 17 times the chances of the child contract pneumonia, 5.4 times the chance of anemia, 2.5 times the threat of crisis of diarrhea.⁶⁻⁷

Based on our reflections, we brought the following guiding questions: Is there influence on the decision and timing of breastfeeding from the nursing team which work in a maternity entitled *Hospital Iniciativa Amigo da Criança* (HIAC)? How did occur the management of puerperal breast of nursing professionals which work in a maternity entitled HIAC in their own home?

We brought as object, the decision, time and management of breastfeeding of mothers which are nursing professionals that work in a maternity entitled HIAC. And as objectives of the study:

- 1) Knowing the decision, time and management of breastfeeding mothers which are nursing professionals.
- 2) Identify the complications of breastfeeding and interventions adopted by mothers which are nursing professionals.

METODOLOGY

This is a study of quantitative approach with descriptive and exploratory nature. Since the scenario of the research was a maternity of the municipal health network located in area north of Rio de Janeiro (Brazil), which serves women in pregnant and puerperal cycle in low or high risk, and accredited with the title *Hospital Iniciativa Amigo da Criança* (HIAC), located in the Rio de Janeiro. The data collection period was between the months January to April 2011.

The research was conducted during June-August 2011, with 58 members of the nursing team, the total of 282 members, including

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duty physicians and day laborers on health. This study included nurses, technical and nursing assistants, which had biological children and had the experience of breastfeeding. We obtained 70 members excluded due to not having children, therefore they did not pass through the experience of breastfeeding, 60 members did not participate of the research because they were on vacation, leave or chose not to respond, and 94 were male.

The data collection instrument was a questionnaire, containing 21 closed questions and one open question, in order to address the socioeconomic profile, decision and time, and management of breastfeeding at home. The speeches of the 58 women were identified using the alias M, followed by a sequential number. Thus, we were targeting any kind of compromise of their personal identities.

The collected data were analyzed according to methodological proposal of Bardin⁸, which were presented by descriptive statistics. Daily, the questionnaires were coded, reviewed and, after it, we typed their data. The results are presented in a descriptive mode, which allowed the construction of a single analytical category, named: managements of the breasts at home: the gaze of professional nursing and cultural influence.

The research project was submitted to the Research Ethics Committee of the Municipal Secretary of Health from Rio de Janeiro and approved without any remarks under protocol n. ° 0259.0.314.000-10, date of appraisal 02.14.2011. The research met the Resolution 196/96 of Brazilian National Health Council and all interviewed read and signed a Free

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and Informed Consent Form (FICF) to ensure confidentiality of data, and respect the anonymity of the individuals involved in the research.⁹

RESULTS

Of the 58 women who went through the experience of breastfeeding, 15.5% were clinical nurses, 5.2% are managerial nurses, 43.1% were nursing technicians and 36.2% were nursing assistants. Regarding the variable on age, ranged from 26 years to more than 50 years, with a mean age of 47 years. With regard to marital status, 70.6% of professionals are married. The number of children ranged from one to four, with an average of 1.8 children. Family income ranged from 1 to 10 minimum wages, with an average of four minimum wages. Among the levels of education the high school which had the highest percentage, 58.6% of women. With respect to training time, there was a variation of more than 10 years; the average was 29.5 years old. With relation to regime of work, 62% are municipal employees, working with the regime of duty 12/60h (75.9%). The number of jobs ranged from one to four jobs, with an average of 1.6 jobs.

Regarding the decision of breastfeeding, the results show that all interviewed decided to feed their children with breast milk. With regard to the time of exclusive breastfeeding, this ranged from 15 days to nine months, with an average of 5.5 months, according to Table 1.

Table 1. Time when the mother and nursing professionals, which work in a *Hospital Iniciativa Amigo da Criança*(HIAC), exclusively breastfed their children.

Time of exclusive breastfeeding	n	
First 15 days	4	6,9
First month	3	5,2
from 2 to 3 months	7	12,1
from 5 to 6 months	32	55,2
from 7 to 9 months	10	17,2
Total	58	100

Among the nursing professionals who did not breastfeed their children exclusively until six months (44.8%) initiated feeding with specific milk for newborns (64.3%), cow's milk, goat, or of soy, (17.8%), juice fruit (10.7%), "pap" (3.6%) and rice milk (3.6%). With regard to support for breastfeeding, 62% reported receiving support, among these, 45% received support from grandparents (maternal) of

the newborn; 35% of husband; 10% of sister; 5.5% from friends; 3,3% of grandparents (paternal) of the newborn; and 1.7% of the aunt. This assistance ranged from the first 15 days of life of the baby until today (day of the interview), with prevalence in the first month in 25% of women.

Regards to the complications related to breastfeeding, 80% had problems related to

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breastfeeding, considering these events as a single universe, 55% had problems with bare breasts, 10% problems of newborn such as sucking and swallowing disturbs and 35% problems with breast and with the newborn. Of problems related to nursing professionals who experienced breastfeeding, we can list fissure (34.2%), nipple pain (32.8%), [apojadura](#) (11.5%), mastitis (9.8%), breast engorgement (6.5%),

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flat or inverted nipples (3.3%) and insufficient lactation (1.7%). With respect to the newborn, we listed the following problems: incorrect handle (26.3), baby does not suck or has weak suction (21.2%), underweight (10.5%), rooting reflex decreased (10, 5%), hypoglycemia (10.5%), intolerance to breast milk (10.5%), and reflux (10.5%), as shown in Table 2.

Table 2. Complications identified in the period of breastfeeding.

Problems on the woman	n	%	Problems on the newborns	n	%
Fissure	21	34,5	Incorrect handle	5	26,3
Pain	20	32,8	Baby does not suck or has weak suction	4	21,2
“Apojadura”	6	9,8	Underweight	2	10,5
Mastitis	6	9,8	Hypoglycemia	2	10,5
Engorgement	4	6,5	Rooting reflex decreased	2	10,5
Flat or inverted nipples	2	3,3%	Intolerance to breast milk	2	10,5
Insufficient lactation	2	3,3%	Reflux	2	10,5
Total	61	100%	Total	19	100%

When questioned about how was the management of their breasts, women who had complications during breastfeeding, with bare breasts, had their speeches divided into two parts. What is about the gaze of the professional in nursing, which is called

professional practice, and what is the influence of cultural factors, cultural practices, as for the management of complications in the breast, with the letter M the symbolic representation of women. As seen in Table 3.

Table 3. Complications and interventions adopted by nursing professionals.

		Interventions			
		Professional Practices		Professional Practices	
Delay in milk letdown	Did gavages and used maternal milk bank;	M17		Did compress with warm water;	M2-5
		M44			
	I drank so much liquid			Rubber a comb on breasts;	M58
				Tomei muita canjica e cerveja preta.	M16-17-44
Pain on the nipples	Did milking and afford in a little cup;	M14		Stop the breastfeeding;	M23;
	Did milking	M25		Did compress with warm water	M10-25.
Engorgement	Did massage and milking	M20- 43-53-57		Did compress with warm water;	M43
				Stop the breastfeeding.	M57
Fissure	Took sunbath;	M9-10-32-33-32-46		Put a Pedra-Hume-Kaa;	M33;
	Put my own milk;	M9-12-19-21-31-42-		Banana peels;	M21-26-32-37
	Used the finger technique and exposed to artificial light in a distance of 30 cm;	46-58		Made use of oils;	M12-42
		M19		Put papaya peels;	M12-42
	Kept breastfeeding.	M37		Used several types of ointments.	M7-13-23-32-41
Mastitis	Made use of antibiotics	M5-10-36-41		Put healing ointments pointed by other people;	M10
				Did compress with warm water	M5-10-34-53-58

DISCUSSION

The number of nursing technicians is higher than the number of nurses, because the

rooming-in is a hospital system which the healthy newborn, immediately after its birth, remains with his/her mother, 24 hours a day in the same environment, until discharge, and it

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is recommended that at least has one nurse for every 30 binomials and a technician / nursing assistant for every eight binomials.¹⁰

Because the above mentioned, the level of education focused in high school, in 58.6% of interviewed and age, range from 26 to 50 years, had the highest percentage of women over 50 years, 31%. Because of this prevalence, the time since graduation was featured in over ten years, 79.3%. With regard to functional status, it is observed that 62% are municipal employees, with the working period prevailing on duty 12/60h, with 75.9% of respondents.

With regard to marital status, 70.6% are married (41.4% of which have only one child), with the variation of family income from one to 10 minimum wages, averaging from four to six minimum wages (60.3 %). The legislation of Brazil to protect breastfeeding is one of the most advanced in the world. For the pregnant employee is guaranteed leave of 120 consecutive days, without detriment to receipt the employment and remuneration, may begin on the first day of the ninth month of pregnancy, except for advance prescription (Brazilian Constitution 1988, Article 7, line XVIII). The Brazilian Federal Law n.º 11 770 of 09 September 2008, creates the Corporate Citizen Program, which aims to extend by 60 days maternity leave provided for in the Constitution, through tax incentives to companies.¹¹ All our interviewees have this benefit. Although nurse professionals which work in an institution HIAC, and know that breast milk has many advantages for the baby, only half of the interviewed breastfed their infants exclusively until six months.

The replacement of breast milk occurred, in most cases, by the special milk for newborns, 44.8% of nursing professionals who did not breastfeed their children exclusively until six months, 68.3% started feeding with specific milk to newborns. The early use of complementary foods brings harmful consequences to the health of the child, either by exposure to infectious agents, the hydrolysis of the loss or absorption of nutrients. Besides being the most complete food for infants, breast milk acts as an immunizing agent that calm the baby in the psychological aspect, it has the technical advantage because it is operationally simple, and it is low financial cost.¹²

The reasons reported by nursing professionals to weaning or introduction of other foods may be related to organic dysfunction of the mother, problems with the baby, the mother assignment of responsibility

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and influence of others, there are not isolated reasons to establish the way of breastfeeding, but, there is the relationship between factors associated with the mother, the newborn and the context in which they find themselves in a given space-time dimension.¹²

The culture, belief and taboos have crucially influenced the practice of breastfeeding. The act of breastfeeding, whether conscious or unconscious, is culturally inherited and influenced by the family and the social environment in which people receive cultural stimulus, customs, beliefs and taboos. We must remember that human beings we serve have their subjectivity, their cultural traditions, their customs, taboos and beliefs based on their ancestors.¹³

Most professionals received support during breastfeeding from their mothers, especially, and from others people, they may have influenced the introduction of complementary foods, whereas all this *propaganda* involving exclusive breastfeeding until six months is recent. Besides the influence on the introduction of other foods that are not breastfeeding, they may also have influenced on the practices adopted by professionals to reverse the complications during breastfeeding.

Literature reviews find that the sociocultural determination, superimposed on the biological determination, and that this process is insufficient to explain a collective behavior. Breastfeeding is no longer instinctive and organic becoming a social behavior and changeable as the times and customs. Thus, breastfeeding or its refusal is, rarely, an individual act and conscious, being attached to the approval of their social group.¹³

From speeches, both the professionals already working in a maternity hospital in the period that they breastfed or those who did not work in that environment, demonstrate the sociocultural positioning (tradition) for management of the breasts to revert to the various events. We can see, through the discourses of women, myths and taboos on breastfeeding are also present in breast managements of health professionals. With regard to the adopted practice, the cold / hot compress was used in all events, the cold compress leads to vasoconstriction and thus the reduction of milk production, as the hot compress leads to vasodilatation, resulting in the increased production of milk, which may be disadvantageous to cause engorgement, beyond it, the hot compress burns the breast

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of the woman, being contraindicated its use.¹³

When women report had drunk black beer and / or hominy popcorn, in many cases was due to think that their milk was weak, being a major cause for the complementation of the baby, having like reasons for that belief to human milk the comparison with cow's milk. Since the appearance of human milk is aqueous, particularly the colostrums; and cow's milk has the strongest coloration, due to contain more protein content. But, it is important to note that human milk has all the nutrients the baby needs in addition to being easy to digest.^{6,12}

On the appearance of the fissure and mastitis, the practices adopted were the use of banana and papaya peels, *Pedra-Hume-Kaa*, ointments and oils. All these practices can lead to an infection of the breast, as the skin, a protective barrier against microorganisms, is broken causing mastitis. For this complication would be up to women to offer the breast less impaired, milking a little milk before breastfeeding, enough to trigger the milk ejection reflex, avoiding in this way, the child has to suck strongly at the start of feeding, furthermore, mother can use itself milk to stimulate healing.¹³

Of problems with the baby, except reflux, underweight and intolerance, they were all related to the issue of the myth of the baby does not want to get the chest. The act of breastfeeding is passed to the mother as a simple process, the mother offers the breast, the breast milk goes out and baby sucks it. However, in the first days of life the newborn may have trouble adapting. It is here that arise: the myth of the baby does not want to get the chest, the handle incorrect and weak suction. A good way to reduce this problem would be the professional guidance on the correct position, both the mother and baby and the adequacy of baby this new phase of its life.¹⁴

We note that many of those women who attended a cultural practice also made incorrect practices, such as the M5, which had mastitis made the use of hot compress, which is not indicated. Shortly after, she visited a doctor and started antibiotic regimen, she used both the cultural issue as an indication of the treatment, similar to the M10, who suffered the fissure and mastitis and was using ointment and taking sunbath. In the case of M12, she put itself milk and papaya peels in the fissure. The M17 did gavages, used the database of milk and drank black beer while to take up the milk letdown. Since the M21 put itself milk and used the banana peels. Another

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professional, M25, made use of compresses, massage and milking for pain. The M26 suffered fissure, did exposure its breasts to the sun and used banana peels and oils. The M32 had fissure and delayed in milk letdown, the breast exposed to the sun, and put healing ointments and banana peels, the M33 had the same problem that exposed her breast to the sun and put *Pedra-Hume-Kaa*. The M41 also suffered this complication and made use of ointment - recommended by friends and relatives - and soon after went to a doctor and take antibiotics, prescribed by the professional. Since the M42 put itself milk, on the breast, exposed it to the sun and used papaya peels. With respect to engorgement, the M43 did manual massage, milking and compress of warm water. The M53 with the same complication did massage, put the breast to dry in the sun and made use of compress. The M57 and put compress; rubbed a comb and after sought a doctor for take medication. With respect to M45, she suffered delay in milk letdown, drank too much liquid (water) and ate hominy.

We note that even knowing and applying the correct technique to reverse the events while breastfeeding, many professionals feel insecure when they are faced with breastfeeding. So in addition to exercise what they teach for their clientele, they also use the question / cultural beliefs that their relatives or colleagues have disclosed to them.

FINAL CONSIDERATIONS

It was observed that even the women interviewed in this study being nurses, which work in a maternity with the title *Hospital Iniciativa Amigo da Criança* (HIAC), and that this environment is done a course with 24 hours of training whose main objective is to train health professionals to provide correct information about breastfeeding and adopt practices and routines that promote breastfeeding, reducing the incidence of early weaning, the cultural factor directly influence their lives in the period of breastfeeding.

In this study we identified that it is need to be strengthened with the nursing professionals the correct management of problems related to puerperal breast, especially when it comes to engorgement and mastitis in which cultural practices are passed on through generations and can, in some way, influence the women for early weaning.

Therefore, it is necessary to discuss in the institutions of health care of women and

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children at every level of attention the reality of health professionals; and this study showed that nurse professionals need to examine their procedures, so that they reflect in everyday life, their experiences of maternity / breastfeeding rethinking in the influence of culture both in its positive and negative forms to achieve the success of this practice (breastfeeding)

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