ORIGINAL ARTICLE

BREASTFEEDING IN THE CONTEXT OF PREMATURITY: THE MATERNAL SPEECH

O ALEITAMENTO NO CONTEXTO DA PREMATURIDADE: O DISCURSO MATERNO
LA LACTANCIA MATerna EN EL CONTEXTO DE LA PREMATURIDAD: EL DISCURSO MATERNAL

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ABSTRACT Objectives: appreciating the factors those influence breastfeeding in the context of prematurity from maternal speech. Method: a descriptive study of qualitative approach. The data were collected using semi-structured interviews with the mothers of premature infants, and treated by the Technique of Content Analysis, which emerged two categories << Breastfeeding in the hospital context >> and << Breastfeeding at home >>. The research had the project approved by the Research Ethics Committee, Protocol 2011/2. Results: the analysis revealed that mothers recognize the advantages of breastfeeding and wish to breastfeed, but hospitalization hinders breastfeeding. In contrast, the home environment promotes breastfeeding, but mothers are eager to assume the care of the premature that experienced harms and remained under special care. Conclusion: it was observed weaknesses in the actions of promotion and maintenance of breastfeeding in hospital level, there is the need of the mother and family in the baby care during hospitalization. Descriptors: Maternal Breastfeeding; Premature; Neonatology; Mothers.

RESUMO Objetivo: apreender os fatores que influenciam o aleitamento materno no contexto da prematuridade a partir do discurso materno. Método: estudo descritivo de abordagem qualitativa. Os dados foram coletados utilizando-se entrevistas semiestruturadas, com as mães de prematuros, e tratados pela Técnica de Análise de Conteúdo, que emergiram duas categorias << O aleitamento materno no contexto hospitalar >> e << A amamentação no domicílio >>. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, Protocolo 2011/2. Resultados: a análise revelou que as mães reconhecem as vantagens do aleitamento e desejam amamentar, mas a internação hospitalar dificulta a amamentação. Em contrapartida, o ambiente domiciliar favorece o aleitamento, mas as mães sentem-se ansiosas ao assumir os cuidados com o prematuro que vivenciou agravos e permaneceu sob cuidados especiais. Conclusão: observou-se fragilidades nas ações de promoção e manutenção da amamentação em nível hospitalar, havendo a necessidade da inserção da mãe e família no cuidado ao bebê durante a internação. Descritores: Aleitamento Materno; Prematuro; Neonatologia; Mães.

RESUMEN Objetivo: aprehender los factores que influyen en la lactancia materna en el contexto de la precocidad a partir del discurso materno. Método: estudio descriptivo de enfoque cualitativo. Los datos fueron recogidos mediante entrevistas semi-estructuradas con las madres de los recién nacidos prematuros y tratados mediante la Técnica de Análisis de Contenido, que emergieron dos categorías << La lactancia materna en el contexto del hospital >> y << La lactancia en su casa >>. La investigación tuvo el proyecto aprobado por el Comité de Ética de la Investigación, Protocolo 2011/2. Resultados: el análisis reveló que las madres reconocen las ventajas de la lactancia materna y quieren amamantar, pero la hospitalización dificulta la lactancia materna. Por el contrario, el entorno familiar promueve la lactancia materna, pero las madres están dispuestas a asumir el cuidado de los prematuros que experimentaron agravos y permanecieron bajo cuidados especiales. Conclusión: se observó debilidad en las acciones de promoción y mantenimiento de la lactancia materna en nivel del hospital; existe la necesidad de la madre y la familia en el cuidado del bebé durante la hospitalización. Descritores: La Lactancia Materna; Prematuro; Neonatología; Madres.

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INTRODUCTION

The premature newborn (PN), one whose gestational age at birth is less than 37 weeks, shows anatomophysiological natural characteristics that require a complex adaptation to the extrauterine local. This population needs a competent and attentive assistance with technical and appropriate social support to facilitate this adaptation, which must be provided during hospitalization and have continuity after discharge. 2

The child born premature requires specific care and in some situations going on for an extended period of hospitalization in neonatal units until it gets a stability and development consistent with the discharge. During this period of hospitalization the practice of breastfeeding (AM in Portuguese) has proven a challenge for family members and health professionals. 3

The prolonged hospitalization and the use of technologies make mothers of PN feel frightened and with the feeling of inability in the care of her child. This situation leads to low self-esteem of this woman, damaging the production and maintenance of breastfeeding. 4 Studies show that milk from mothers of preterm infants provides caloric intake, nutritional, immunological and ideal for the satisfactory development of newborn. 5 Reaffirming the benefits of breastfeeding, the Ministry of health calls for the six-month period for exclusive breastfeeding, there is no need for complementary baby food with teas, juices and water for newborns at term and when possible for newborns pre term. 6

The importance of breastfeeding and the need for its establishment during the period of hospitalization are highlighted in the study, since it provides the elements necessary for the growth and development of premature. 7 Even with the proof of the benefits of breast milk for health and satisfactory growth of the pre-term newborn, and the existence of public health policies that encourage the practice of breastfeeding, as: the breastfeeding network Brazil, Brazilian network of human milk banks, Baby Friendly Hospital Initiative, legal protection when breastfeeding is difficulty in implementing and maintaining AM both in scope and in hospital outpatient follow-up. These situations are highlighted by high rates and abandonment of exclusive breastfeeding. 6-8

The importance of breastfeeding in the context of prematurity is pointed to by studies as a “hybrid nature and culture”, because breast-feeding involves still consider cultural aspects, and economic ideologies of the woman and the family involved in breastfeeding, and cannot be reduced only to a biologicist vision. 9

The present study has as objective learning the factors influencing breastfeeding in the context of prematurity from maternal speech.

METHOD

This is a descriptive study of qualitative approach for this allows recognizing humans as unique, seeking meanings and symbolism in their experiences from its context of life. 10 The informants were 12 women, mothers of premature infants with up to six months of age.

The scenario of the research is the municipality of Divinópolis, located in the Central-West Region of Minas Gerais/MG and has a population of 213,016 inhabitants. The municipality was divided into 12 health sectors and the study was conducted at the sixth sector by presenting the highest rate of infant morbidity and mortality of the municipality. 12-3

When emphasizing the perspective of a group of women, the research sought to highlight the different reasons and factors that led to the abandonment of breastfeeding. For it were interpreted, making comprehensible the factors those lead mothers of PN to weaning or the maintenance of breastfeeding after hospital discharge. 11

The survey was conducted in two stages, the first of which consisted in mapping the premature babies from access to the statements of live births belonging to six of the city health sector scenario. There were included in the survey experienced mothers of premature birth from October 2010 to March 2011. The interviews took place in the second stage of the survey; these were made at home from their mothers by means of a semi-structured questionnaire.

The interviews were recorded on digital device and subsequently transcribed in full. The transcribed material was subjected to Content Analysis as proposed by Bardin. 1 Which consisted initially to make comprehensive readings of interviews which allowed the grouping by similarity of the contents of the lines of the interviewed and the subsequent identification of two categories: breastfeeding in hospitals and nursing home workers.

The present research was approved by the Research Ethics Committee with human-beings of the Hospital São João de Deus getting opinion No. 2011/2 to be in accordance with the resolution 196/96 of the National Health
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Council-CNS. All the participants were informed about the research and signed the informed consent before the interviews.

**RESULTS**

♦ Breastfeeding in hospitals

The analysis revealed that the hospital context is an environment that has influence over the practice of breastfeeding. In the perception of informants the environment and routine of the hospital are recognized as unfavorable to lactation practice, as can be verified in the statement below:

> The environment not favored at all. I think because she's hospitalized, suffering that we can't bring her home, we don't have that freedom that we have at home. (E6)

> [...] It took me to go to the room where the first feeding him took would take some 3 hours more or less after delivery, I believe that this may have worsened his case a bit (E1)

> Is the hospital breastfeeding is much more difficult than at home, in the hospital have to follow it to the letter, all they talk about [guidance by professionals] (E3)

The analysis reveals that the establishment of routines, such as predefined schedules and the infrastructure can bring discomfort to the mother and the PN in the process of breastfeeding:

> Because at the hospital had a right way to sit, had a way straight to put her in the chest, a way to put her in my lap (E3)

> There was a comfortable place for us to be sitting, is the way there and ready. (E6)

> Time huh? There was time for giving milk to her, couldn't go there all the time. (E4)

The analysis showed that the stress experienced by the mother during the internment is detrimental to milk production and milk replacer as can be verified in the following statements:

> I think my milk must have dried faster, because the we pass through a pressure, anxiety, just like my case, the boy stood there in the ICU and were not always good news, understand. (E5)

> The experience where you should have a lot of tranquility, not actually happened with my daughter because with a month, ten days of life I found out that she was going to undergo surgery, then caused further reduces emotional quantity of milk. (E4)

> I think there [in the hospital] we get a little uptight too! (E8)

Another finding from the analysis is that the use of technologies for the nutrition of the newborn such as probes can make it difficult and even postpone breastfeeding, as it is evidenced in the fragments of the speeches:

> In the early days, though, she had a bit of trouble because she was breastfeeding by the probe and I had to milk so she can breastfeed, but then took the probe and she began breastfeeding. (E1)

> Look, he couldn't pick up my chest and there I took for him taking in probe and then in the cup. But my chest he didn't take at all [...] they helped; they tried to put all kinds of silicone beak, that damn thing, was in a fight, but didn't feed. (E2)

> I took the milk, was placed, placed on the syringe and given to him by probe. This when he accepted. (E1)

Even pointing out that neonatal nutrition technologies may postpone initiation of breastfeeding mothers recognize their importance to the survival of your newborn:

> Because he was too small and was getting hungry, so they began to give him the way he took on the probe. (E9)

The lack of a milk bank in the city, pointed by one of the informants of the survey, revealed itself as a factor that unilateral disfavor the encouragement of breastfeeding as can be perceived in the statement:

> So [...] First we took there and couldn't give him what took was thrown away, so for me if I had to have some change was to have a place for safekeeping this milk, because I saw that did so much for my son and I had the urge to breastfeed, but was taken out and thrown away. (E11)

Another aspect highlighted by the analysis was the participation of nursing in the process of breastfeeding during hospitalization as can be verified in the following statement:

> At the hospital? Only the girls [nursing staff] talked to me. They said it was important to breastfeed my baby right there, because as she was premature was good for her, too. (E8)

> Was very efficient work, the nurses came in to check if he had correctly, if he was nursing well. (E10)

The hospital environment, through the maternal perception, is unfavorable to the practice of breastfeeding for being an impersonal place, introducing routines and pre-established schedules. In addition, the clinical condition of the PN, in most cases, demands the use of technologies that prevent breastfeeding to the breast. Mothers recognize the importance of technologies used for the maintenance of their children's life; however recognize that these are factors that make it difficult for the baby to breastfeed.

♦ Breastfeeding at home

It became evident from the analysis that there is difference between breastfeeding in the hospital and in the home environment. These mothers showed greater tranquility and comfort in nursing home, claiming to have
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From the discourse analysis of the mothers interviewed, it was noted that breastfeeding is not favored in the hospitals. According to informants of the study environment and routine can bring discomfort, being that the infrastructure and the strict rules, time and place of such anxiety they bring a breastfeeding women harming and even postponing the start of lactation.

According to the literature, the longer hospitalization of premature is an obstacle to lactation. Such finding is corroborated by the literature that highlights the existence of a maternal difficulty in monitoring the hospital routine, such as following the schedule of feedings, and, associated with this a departure from the mother of your home environment; this situation generates fatigue and discomfort. In addition, there has been difficulty of the establishment and maintenance of milk production on the part of the mother in response to stress what is exposed. On the other hand, another study showed that the hospital environment encourages breastfeeding, since it is an environment in which there is greater maternal recovery.

Mothers informants of the study showed that the use of technologies to maintain the life of their children makes the establishment of breastfeeding; on the other hand, they recognize that the hospitalization and the use of technology is necessary for bringing these survival conditions PN.

There is difficulty in the transition of the use of technologies for breastfeeding, making the beginning of it; however it is necessary the use of these technologies, considering the inability of PN in assuming an active nutrition. Observe also that the technology used for nutrition contributed to the reduction in neonatal mortality rates.

The analysis revealed that the absence of the milk bank in the city investigated was recognized as a factor that promotes breastfeeding. Study points out that the human milk bank is not just a pickup, processor and distributor of human milk, but a Centre for the promotion of breastfeeding, since it encourages the continuation of breastfeeding. In human mothers’ milk bank are encouraged to do the milking breast and give continuity to milk production. Human
The analysis of the data revealed that the hospital environment is not favorable to the breastfeeding practice considering the existence of routines, rules, rigid schedules and infrastructure those create discomfort for the mother. In addition, on maternal perception, the use of technologies is unfavorable to the initiation of breastfeeding, but notes that these recognize the importance of this technology for the adaptation of the PN in half extrauterine.

This study identified that the milk bank becomes a strategy, recognized by the mother, which may promote breastfeeding action considering the specifics of prematurity in the neonate does not suck the breast until maturity and clinical stability. In these situations the milk bank will allow mothers to participate actively in the process of lactation, favoring thus the continuation of breastfeeding.

The participation of the mother in caring for premature admission to the neonatal unit will become a key strategy for the family to be confident in taking care, including feeding her child, after hospital discharge. Upon returning home to the woman feels more comfortable and calm as it exhibits greater availability and flexibility of time to the practice of breastfeeding, but still shows insecurity to take care of his son alone. This is where we identify the importance of the reference counter for the Family Health Strategy that will promote the maintenance of breastfeeding.

We consider that the theme here investigated is complex not being exhausted in the present study, it is hoped that further research will complement the knowledge on the aspects related to maternal perception of breastfeeding and thus produce benefits for the health professionals able promote breastfeeding in the context of prematurity.

REFERENCES

Breastfeeding in the context of prematurity...


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