

Puerperary women in the face of nursing conducts in the promotion of breastfeeding

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Abstract: Nurses are a professional who acts directly in the care of women and children, so it has an indispensable role in the promotion and protection of breastfeeding through continuing education and health education that involves pregnant women and puerperal women. The present study aimed to analyze the perception of puerperia in relation to nursing behaviors on exclusive breastfeeding. Exploratory descriptive study with quantitative characteristics, developed in the Primary Care Units of Chã Grande.

The sample consisted of puerperal women who attended the Basic Urban Units I, Urbano II and Urbano III of the municipality of Chã grande. Data were collected through an adapted questionnaire already published and validated. To create the database, Microsoft's EXCEL program spreadsheet was used and discussed in the light of the theoretical framework. It was found that 90% of the puerperia reported having been informed about breastfeeding. It was found that the present study shows a significant percentage of satisfaction in relation to prenatal care, as a result, there is misinformation of most puerperal women on the issues pertinent to breastfeeding. It is suggested that further studies be conducted in order to identify the difficulties encountered by health professionals for the spread of breastfeeding during the prenatal and postpartum period.

Keywords: Breastfeeding. Puerperium. Nursing care.

1. Introduction

Breastfeeding is a natural, efficient and safe practice, being the best choice of feeding for children in the first two years of life. Its composition is complete and favors several immunological and psychological advantages ensuring the child's healthy development, besides providing benefits for maternal health. The World Health Organization recommends exclusive breastfeeding until the sixth month of life and complements up to the second year of life or ^{1,2} more.

According to the report published by the United Nations Children's Fund and the WHO, in 2017, approximately 78 million newborns worldwide had to wait for more than an hour to be placed on their mothers' chests, losing bond strengthening and encouraging breastfeeding in the first hour of life. In Brazil, the rate of exclusive breastfeeding among children up to six months is 38.6% ³.

It is estimated that in the period 2016 to 2030, a goal to be achieved by the Sustainable Development Goals is the ability to reduce infant mortality from preventable causes by 13% through breastfeeding. However, even with the implementation of programs and public policies to encourage breastfeeding, the number of mothers who perform it early and exclusively have not yet reached desirable levels ⁴.

Despite the diverse scientific evidence proving the superiority of breastfeeding over other ways of feeding the small child, and despite the efforts of several national and international organizations, breastfeeding rates in Brazil, especially those of exclusive breastfeeding, still need to be further implemented by mothers and the health professional has a fundamental role in the reversal of this condition ⁵.

Nurses are a professional who acts directly in the care of women and children, therefore has an indispensable role in the promotion and protection of breastfeeding through continuing education and health education, involving pregnant women and postpartum women, as well as in the development of community actions and community reeducation in relation to the culture that often discards breastfeeding and adopts artificial milk as the best choice ⁶.

It is necessary a clinical look, perception and judgment related to nursing in order to recognize the needs of that moment of her life with a focus on breastfeeding and to be able to prevent difficulties that may occur, especially at the time of puerperium, a period of great changes in the mother's life. Nursing needs to deepen more and more in the practice of breastfeeding in order to be able to intervene together with the

mother in early weaning or complementary feeding when it is still necessary only exclusive breastfeeding ^{7,8}.

In this context, the study aimed to analyze the perception of puerperium women in relation to nursing conducts on exclusive breastfeeding.

2. Methodology

This was an exploratory descriptive study with quantitative characteristics carried out in the municipality of Chã Grande in Primary Health Care Units. Chã Grande has 8 Units. We chose to work with the 3 Primary Care Units that are located in the urban area of the city because they present a greater search for the population and consequently greater demand for care.

The study population of this research was the puerperia's women living in the study area having as inclusion criteria for the application of the questionnaire: puerperia women over 18 years of age, primiparous, who performed at least 4 prenatal consultations in the Primary Care Units of the city of Chã Grande, with at least one childcare consultation and who agreed to participate in the study voluntarily by signing the Free and Informed Consent Form.

Women with breastfeeding impediments, such as: *serum* positive, those who were undergoing cancer treatment with radiotherapy and/or chemotherapy, drug users, in addition to those women with some cognitive and mental limitation, were excluded from this study.

The study was analyzed and approved by the Ethics and Research Committee (CEP) of the University Center of Vitória de Santo Antão - UNIVISA, under the opinion number 3,152,187, in accordance with resolution 466/2012 of the National Health Council.

Data collection was performed through a questionnaire previously adapted from the master's thesis of Liane Marques Carreira, from the University of Beira Interior, who evaluated the characterization of the sample, information on breastfeeding, knowledge acquired in prenatal consultation and early weaning.

For data analysis, a database was constructed in Microsoft Excel 2013®, with the study variables, where they were tabulated and presented in a simple percentage in addition to frequency measurements, such as fashion and average. The results were organized in tables to facilitate their presentation and interpretation and later discussed in the light of the theoretical framework.

3. Results and Discussion

Fifty puerperia were interviewed in the waiting room of these basic health units, by spontaneous demand, in this study. Regarding socioeconomic characteristics, the interviewees were between 20 and 38 years of age, with the mean age being 26.46 years and the fashion being equal to 20 years.

Regarding schooling, 46% (n=23) of the interviewees reported having only completed elementary school, compared to 42% (n=21) reported complete high school and only 10% (n=5) higher education. In Margotti's study, 2018, low schooling showed a negative factor for exclusive breastfeeding. Women without education or with little education do not know the importance of exclusive breastfeeding up to at least six months of life, because they do not know the high nutritional and caloric value of breast milk to the newborn, nor of the nutrients necessary for its growth and development⁹.

Regarding marital status, 60% (n=30) declared themselves single, 38% (n=19) married and 2% (n=1) divorced. The presence of a partner represents a positive factor to the practice and continuity of exclusive breastfeeding, due to the affective and emotional support that offer, in other match, single mothers have more difficulties in maintaining breastfeeding due to the overload of domestic attributions and lack of psychological and social support.¹⁰

Regarding the profession performed, 56% (n=28) declared themselves from the home, 28% (n=14) farmers, 8% (n=4) maid, 4% (n=2) teacher, 2% (n=1) clerk, 2% (n=1) autonomous. On the family income of these puerperal, 38% (N=19) declared that they had no income, 30% (n=15) up to half the minimum wage, 30% (n=15) up to the 1st minimum wage, 2% (n=1) up to 2nd minimum wages.

Regarding the information of the puerperia women on breastfeeding, it was found that 68% (n=34) underwent breastfeeding, but those who were not breastfeeding 32% (n=16), when questioned about why not performing the practice, several justifications emerged, with a prevalent milk scarcity 56% (n=9) lack of milk and milk rejection, both with 13% (n=2). Among the justifications given by the puerperal, Guyton, 2017 describes that there may be a decrease in milk production, when for some reason the emptying of the breasts is impaired. It also highlights those factors such as pain, discomfort, or psychogenic factors such as: stress, anxiety, fear, lack of self-confidence and insecurity, can also prevent the release of oxytocin, impairing the outflow of breast milk¹¹. (Table 1).

Table 1. Information on breastfeeding presented by postpartum women registered in the Basic Health Units of the municipality of Chã Grande on breastfeeding - May 2019

Variables	N sample	%
Breastfeeding	Yes	34 68%
	No	16 32%

Because it stopped nurse	Total	50	100%
	Little milk	9	56%
	Dried milk	2	13%
	Faculty	1	6%
	My son didn't want to	2	13%
	Health problem	1	6%
	It didn't come down	1	6%
	Total	16	100%
When he stopped nurse	1st week of life	4	25%
	2nd week of life	5	31%
	3rd week of life	1	6%
	1st month of life	4	25%
	35 days of birth	1	6%
	Total	16	100%
Type of breastfeeding	Exclusive	7	21%
	Mixed	27	79%
	Total	34	100%
Period of realization of the 1st sucks	During the 1st hour of life	41	82%
		3	6%
	After the 1st to the 6th hour	6	12%
	After the 6th hour		
	Total	50	100%
Support network	Nurse	14	40%
	Family	21	60%

Total 35 100%

Source: Prepared by the authors, 2019

According to the relevant literature, regarding the main causes of early weaning reported by the puerperal women, it was observed that the percentages described above may be related to the factors of non-emptying of the breasts as well as the non-stimulation of similar to that found in the current research. In the study by Carreiro 2018, it was observed that the relationship between maternal occupation and early weaning are frequently associated, explaining in parts the variable: 6% (n=1) as one of the reasons for not performing breastfeeding¹². (Table 1).

About the time of early weaning, it was verified that 31% (n=5) had early weaning in the second week of life. These results demonstrate inefficacy with regard to the durability of breastfeeding. (Table 1). Babies are at increased risk of death from diarrhea and other infections when they are partially breastfed or are not breastfed. Breastfeeding also improves the coefficient of intelligence, performance and school attendance, besides being associated with higher incomes in adulthood. It also reduces the risk of breast cancer in mothers¹³.

In addition, there was a high percentage of puerperium women who perform mixed breastfeeding 79% (n=27), when compared to those who perform exclusive breastfeeding 21% (n=7), a fact that differs from the indications of the Ministry of Health, where exclusive breastfeeding is recommended until the first six months of life. (Table 1).

Regarding the aid received after delivery, it was found that 70% (n=35) claimed to have had help in the first feeding, 60% (n=21) received help from family members and only 40% (n=14) from the nursing professional, thus showing a significant flaw in nursing practice in the puerperium, since it is an indispensable time for these professionals to work together with family and puerperal women in qualified guidelines on breastfeeding. (Table 1). Alves 2018, brings in his study the importance of nursing interventions for the quality of life of the child and the protection of breastfeeding, evidencing that multiple actions achieve positive impact¹⁴.

Given that the family is the main support network for women soon after delivery, it is important, as Rêgo 2016 points out, that people living with the puerperal women be included in the orientation practices offered during prenatal care. Health professionals need to include in these orientations the presence of family members close to nursing mothers, especially grandmothers, who bring in their culture different methods from what is addressed today about the act of breastfeeding¹⁵.

Table 2. Knowledge by postpartum women registered in the Basic Health Units of the urban area of the municipality of Chã Grande - PE, 2019.

Variable	N	%
You were		
Yes	45	90%

informed about the breastfeeding	No	5	10%
	Total	50	100%
Source of information on breastfeeding maternal	Nurse	36	80%
	Doctor	1	2%
	Pediatrician	2	4%
	Obstetrician	1	2%
	Family and friends	2	4%
	Books and magazines	1	2%
	Community health agent	2	4%
	Total	45	100%
The consultation of nursing you offered information appropriate information on the suckling maternal In your opinion, which professional is qualified to offer information about the AM during the prenatal	Yes	42	84%
	No	8	16%
	Total	50	100%
	Nurse	32	64%
	Doctor	14	28%
	Nutritionist	0	0%
	Physical therapist	0	0%
	Didn't answer	3	6%
	Doctor/Nurse	1	2%
	Total	50	100%
Period of initiation of breastfeeding	During the 1st hour of life	44	88%
	After the 1st hour	1	2%

	of life				
	The start time is not important	5	10%		
	Don't you know	0	0%		
	Total	50	100%		

	7	12	24%
	8	12	24%
	9	7	14%
	10	18	36%
Total	50	100%	

Adequate duration for exclusive breastfeeding	Until the baby wants	22	44%
	As long as you have milk	17	34%
	2 months	1	2%
	3 months	1	2%
	4 months	1	2%
	6 months	8	16%
	Total	50	100%

Adequate duration for maintain Breastfeeding	Until the baby wants	16	32%
	As long as you have milk	21	42%
	As long as it is satisfactory for mother, baby and father	1	2%
	I don't know, i don	1	2%
	2 months	1	2%
	4 months	1	2%
	6 months	7	14%
	12 months	1	2%
Total	50	100%	

Can you identify the correct handle	Yes	32	64%
	No	18	36%
	Total	50	100%

Who benefits from breastfeeding	The mother	5	10%
	The child	28	56%
	Mother and child	13	26%
	The whole family	4	8%
	Total	50	100%

Note for prenatal care performed by nurses from 0 to 10	0-5	0	0%
	6	1	2%

Guidelines provided on care with the	Squeeze milk , spreads on nipple around you and leaves dry	9	18%	
	Apply an ointment or cream	1	2%	
	Always wash the breast	33	66%	
	After the bath spreads a few drops on the nipple and around it and lets it dry	0	0%	
	Don't you know	7	14%	
	Total	50	100%	
	The nurse taught to prepare the breast for breastfeeding during the pre-Christmas	Yes	19	38%
		No	31	62%
		Total	50	100%

Source: Prepared by the authors, 2019

Regarding the knowledge acquired in the prenatal consultation, 90% (n=45) stated that they had been informed about breastfeeding, of which, when asked about who informed, 80% (n=36) of the answers were aimed at the nursing professional. 84% (n=42) ensured that the nursing consultation provided adequate information on breastfeeding. (Table 2).

The present study brings a positive percentage when compared to the data found in the study of Rocha 2018, where 51.7% of the puerperal women did not receive any type of orientation during prenatal care. It is essential that health professionals in both the hospital and primary care programs develop interpersonal relationship techniques in order to develop skills for counseling and information focused on breastfeeding, that is, to take into account the uniqueness of each pregnant woman to pass on appropriate information, know how to listen, help in decision making and support them in all phases. Primary care nurses are the frontline professional in low-risk prenatal care, as well as child growth and development, playing the role of facilitator of breastfeeding, thus promoting the understanding of the breastfeeding process.¹⁶

Regarding the opinion about which professional is qualified to perform prenatal care, in predominance, 64% stated that they were the professional nurse (table 2). The Low-Risk Prenatal Primary Care Book describes information on the calendar of consultations that prenatal follow-up should be interspersed between doctor and nurse, bringing to the fore the importance of both professionals in prenatal care, each with its attributions and responsibilities throughout the puerperal pregnancy cycle, making it necessary to better clarify to pregnant women about the importance of breastfeeding and how it can be performed¹⁷.

About the adequate duration for ESI, it was found that 44% (n=22) of the puerperal women say that it is by spontaneous demand, not offering more after rejection of the child. On the appropriate duration for breastfeeding in a complemented way, the significant percentages were, until the baby wanted 32% (n=16), while she had milk 42% (n=21). (Table 2). These values demonstrate misinformation as to what is recommended by the Ministry of Health, where exclusive breastfeeding is recommended up to 6 months of life and breastfeeding supplemented up to 2 years of life or more. Despite this recommendation, the country still has difficulty promoting exclusive breastfeeding as well as raising awareness among pregnant women/puerperal about the importance of its duration.

It was found that 36% (n=18) do not know how to identify the correct handle, being a worrying factor, because incorrect handle can cause complications such as clefts in the maternal sinus, leading to early weaning. For 56% (n=28) of puerperal women only the child benefits from breastfeeding, in contrast the Notebook of Primary Care for Breastfeeding and Complementary Feeding brings information on the various benefits of breastfeeding not only for the child's health but also for maternal health, such as: avoiding new pregnancy, protection against breast cancer and ovarian cancer, uterine cancer, diabetes mellitus type 2, hypercholesterolemia, hypertension and coronary heart disease; obesity; metabolic disease; osteoporosis and hip fracture; rheumatoid arthritis; postpartum depression; and decreased risk of relapse of postpartum multiple sclerosis. (Table 2). In addition, breastfeeding brings lower financial costs, promotes the affective bond between mother and child, improves the quality of life of families, since children who are breastfed get sick less, need less medical care, hospitalizations and medications, avoiding expenses and stressful situations¹⁸.

The prenatal scores performed by the nurse ranged from 6 to 10, and 36% (n=18) for grade 10. A study conducted in Brazil identified high satisfaction of pregnant women with prenatal care. In the present study, although the highest percentage is in grade 10, there is a division of opinions, and may be related to the fact that, when the expectations of pregnant women with prenatal care are too high, the care received may be desired, reflecting consequently in the reduction of the level of satisfaction¹⁹. (Table 2).

Regarding breast care, 66% (n=33) received

information about breast care, such as breast care. (Table 2). These findings are in line with the study conducted by Silva 2018, which brings us important information about the discourse of some pregnant women, revealing that prenatal consultations are directed to routine procedures and to evaluate the evolution of pregnancy, without addressing breastfeeding and its importance for the newborn and for women. The pregnant women expect this information to come from health professionals and end up not asking about breast preparation, catch, position and advantages of breastfeeding.²⁰

In the present study, a significant data was when asked if the nurse taught to prepare the breast for breastfeeding, 62% (n=31) of the puerperal stated that they were not taught. (Table 2). The Basic Care Notebook N°23 brings us information about the preparation of the breasts that was so widespread in the past, but has not been recommended routinely. Maneuvers to increase and strengthen the nipples during pregnancy, such as stretching the nipples with your fingers, rubbing them with bushings or rough towels, are not recommended, because most of the time they do not work and can be harmful, and may even induce labor. The use of shells or bras with a central orifice to lengthen the nipples they are also not effective.²¹ Despite these evidences about the lack of breast preparation, we should highlight the importance of nursing professionals in the guidelines, since they are facilitators of the breastfeeding process and its maintenance, and it is essential to have technical and scientific knowledge on the subject.

Regarding the information of the puerperal women about the factors that led to early weaning, several were the answers pointed out, among them are, the mother thinks she has little milk 36% (n=18) and the baby cries very much 28% (n=14). (Table 2). According to Moraes' study, 2014 the introduction of foods that will replace exclusive breastfeeding is directly related to maternal anxiety, due to the high number of breastfeeding scares the mother subtends that milk is not enough, and that this insufficiency is related to crying as a demonstration of hunger, entering with artificial milk that will reflect on a child who cries less and sleeps more.²²

Regarding the variable, problems with the breasts 54% (n=27), Viana, 2014 mentions the need during prenatal care to identify the knowledge, previous and family experiences, beliefs, and attitudes of this pregnant woman towards breastfeeding. It also emphasizes that the nursing professional has an important role with regard to listening, clarifying doubts and concerns of this pregnant woman, preparing them for possible complications, teaching the use of medicines for healing and even popular measures, to ensure humanized and comprehensive care²³. (Table 2).

In relation to the return of the mother to work 42% (n=21) Moraes, 2014 and Teter, 2015 report that work outside the home is one of the great triggers of early weaning, since the day to day of this woman will become more anxious, stressful and tense. However, to guarantee their right to

breastfeed their child, there are currently laws that allow the continuity of breastfeeding. One of them is maternity leave that allows women the right to 120 days of leave without loss of benefit or loss of function and still guarantees the same stability in employment up to five months after delivery^{24,25}. The Consolidation of Labor Laws (CLT) in Article 396 also states that the postpartum woman in exclusive breastfeeding has been entitled for 2 hours interspersed from her working day to breastfeed her child or milk²⁶. (Table 2).

It is extremely important that during prenatal care the woman is prepared and oriented as milking the breasts, in order to prevent weaning from being premature. According to the Manual of Standards and Routines of Breastfeeding, breast milking is the mechanical act of emptying the lactation sinus, it is at this moment that the nurse during prenatal care should guide the same as milking can be done using the hands or an electric pump, and that it should be started fifteen days before returning to work.

Advise that during milking the hands are washed and that the breast massage is performed from the base to the areola. It is necessary to explain the same that masks should be used, that it is in a comfortable position and that the extracted milk is stored in a previously sterilized glass container. Still about storage and storage, the manual says that the ideal is to be stored in a glass container with a wide mouth, and that it has a lid. This extracted milk should be identified with date and time, and can be stored in a refrigerator for 12 hours and in a freezer for 15 days²⁷. Good information about milking, whether mechanical or manual, avoids breast trauma and ensures continuity of breastfeeding²⁸.

Regarding the feeling of the puerperium a woman during breastfeeding, it was found that 70% (n=35) reported less pleasant feeling during breastfeeding. Silva, 2015 reports in his study that breastfeeding can generate insecurity and negative feelings especially in primiparous women, because they do not have any previous experience about breastfeeding, and even receiving guidance from nursing professionals about the numerous benefits of exclusive breastfeeding, correct catch and how to prepare the breast, still nourishes in itself the feeling of insecurity because it is the first child.²⁹ It is up to health professionals especially nurses to help the puerperal woman overcome this negative feeling, informing her that the act of breastfeeding strengthens the mother-child affective bond and provides the best development of the child³⁰. (Table 2).

4. Conclusions

The act of breastfeeding is unique, and each woman goes through this phase acquiring unique experiences and knowledge. Regarding the data found in the present study, regarding the evaluation of nursing conducts, it was observed that, for most of the interviewees, the professional trained to perform prenatal care is the nurse.

About the breastfeeding period the research showed that exclusive breastfeeding is still a taboo to be broken, because

there are many influences that make this act impossible, whether for cultural reasons, incorrect catch, or even feeling during breastfeeding, because most of them reported being less pleasant, perhaps this was due to the puerperia women being all primiparous with a mixture of expectations and have not been fully prepared for such an experience.

The present study shows a significant percentage of satisfaction in relation to prenatal care, as a result, there is misinformation of most puerperia women about breast care, about the benefits of breastfeeding, adequate duration for breastfeeding, among others. These results may contribute to the awareness of health managers, as this type of misinformation can affect the quality of maternal health and children in the municipality. This finding can contribute significantly to the practice of care, since these results can serve as support for managers and health professionals to have new ideas of care planning in primary care.

Despite the numerous programs and research created for breastfeeding, there are still gaps to be filled by health professionals during the follow-up of the entire puerperal pregnancy cycle, as well as incentives also on the part of managers in the formulation of policies that stimulate the transformation of existing practices on breastfeeding.

It is suggested that further studies be conducted in order to identify the difficulties encountered by health professionals for the propagation and exchange of knowledge about breastfeeding during the prenatal and postpartum period. It is expected that this research will contribute to health promotion actions focused on breastfeeding based on the main difficulties of pregnant women, collaborating with the protection, promotion and support of breastfeeding and that generate positive impacts on the prevalence of breastfeeding in the municipality of this study.

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