



# IJS

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## The importance of breastfeeding guidance for puerperal women

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**Abstract:** Breastfeeding brings benefits to the health and well-being of the baby and mother, so for the act of breastfeeding to be successful, we need trained professionals to guide mothers since prenatal care and so it is necessary that health professionals are able to be at the mother's side guiding on breastfeeding, assisting in the first feedings of the newborn (NB). Its objective is to describe the importance of breastfeeding guidance for the health promotion of newborns and puerperal women. This is a descriptive cross-sectional field study, of the observational type with quantitative approach carried out in the Zona da Mata in the municipality of Vitória de Santo Antão. The sample population was conducted with 16 puerperal women, data collection was performed through a semi-structured questionnaire, with objective questions to collect the data and obtain the information pertinent to the research objectives. It was verified that the puerperal women need the guidance of a health professional, so that the practice of breastfeeding obtains satisfactory results, and for all doubts regarding the food taboos, the importance of breastfeeding, the correct way on the baby's handle, informing the breast-feeding room and how important is the support of family members at this time.

**Keywords:** Maternal breastfeeding. Women's health. Proper guidance

## 1. Introduction

Breastfeeding is also encouraged during pregnancy, where in prenatal consultations the pregnant woman is examined and referred for examinations, vaccines and ultrasounds. They are recommended according to the MINISTRY OF HEALTH (2014), at least 6 prenatal consultations during pregnancy, starting in the first 3 months of pregnancy. Soon after delivery there is a period called puerperium, where an entire begins 2 and 4 hours after delivery, with the placenta leaving, extending to the 45th day after delivery, the puerperium is a time interval of the pregnancy- puerperal cycle in which local and systemic changes occur, caused by pregnancy and childbirth, in the woman's body.

The Ministry of Health, not the Prenatal and Birth Humanization Program (PHPN), has put access and quality of care on the agenda. As part of integrality in the Unified Health System (SUS), the puerperium is one of the basic areas of action of the Family Health Strategy (ESF) (CORRÊA *et al.*, 2017).

Breastfeeding (BREASTFEEDING) is one of the most efficient ways to meet nutritional aspects, as it contains adequate nutritional components and with the ideal bioavailability for the growth and development of newborns (NB) and infants. The practice of breastfeeding is related to physical, psychological and social factors, and the influence of health professionals involved in this process is recognized (UYEDA, MARTINEZ, 2015).

Existed various types of breastfeeding, for example, Exclusive Breastfeeding (EUS): when the child receives only breast milk, directly from the breast or milked, or human milk from another source without other liquids or solids. Predominant breastfeeding: when the child receives, in addition to breast milk, water or water-based beverages. Complementary breastfeeding: when the child receives in addition to breast milk any solid or semisolids food in order to complete it, and not replace it. Mixed or partial breastfeeding: when the child receives breast milk and other types of milk (TORQUATO *et al.*, 2018).

EUS is recommended for six months, and supplemented up to two years or more. The AM besides benefits for the health and well-being of the baby is a more complete and balanced food, because it meets all the needs of nutrients and minerals of the child up to six months of life, being easy to be digested, suction favors the development of dental arch, does not cause colic, contribute to the formation of the child's immune system, generating less risk of developing allergies, hypertension, high cholesterol, asthma, rheumatoid arthritis, diabetes, and reduces the chance of obesity (SILVA, 2014).

Breastfeeding is much more than nurturing the child. It is a process that involves deep interaction between mother and child and this practice of EUS in the first six months can help in the spacing between one pregnancy and another aid in the detachment of the placenta, contributing to the return of the uterus to normal size. Thus, it avoids postpartum bleeding, consequently, that the mother suffers from anemia, protects

against breast and ovarian cancer, reduces the risk of developing heart disease and diabetes, after pregnancy, including for those who had gestational diabetes, helps in returning to normal weight, besides having implications for the physical and mental health of the mother (BRAZIL, 2015).

In daily care, there are many puerperal women who begin breastfeeding, however, they need support and guidance. It is necessary that health professionals are able to be at the mother's side, guiding at the beginning of breastfeeding and in the search for solutions to their doubts, and should be close to assisting in the first feedings of the newborn (NB), because these mothers want active support (including emotional), as well as accurate information, to feel confident (ANDRADE, COSTA, DELFINO, 2016).

Assistance in the puerperium should provide the woman with a tool and support to take care of himself and her child in a qualified way. The actions of health professionals should be permeated by sensitive listening and valorization of female demands, referring to the exercise of motherhood (ANDRADE *et al.*, 2018).

This study becomes indispensable since it aims to evaluate the quality and impact of information received through the health professional about breastfeeding. It is notorious that when oriented there is greater success in breastfeeding maneuvers avoiding breast fissures and cracks, and consequently, adequate growth and development of the child, and for mothers who find it difficult to breastfeed because they work, PAHO/WHO representation in Brazil created in 2015 a Breastfeeding Support Room, where the woman can empty her breasts, storing your milk in jars. Where the liquid is kept in a freezer at a controlled temperature. At the end of the day, the mother can take her milk home and offer it to her child or give it to a Human Milk Bank (UNITED NATIONS, 2017).

Thus, it is necessary to address data to better demonstrate evidence of the benefits of good guidance on breastfeeding, and thus sustain and support the attitudes of professionals who have a high-relevance role in this practice. The aim of this study was to evaluate the influence of adequate guidance of health professionals on the practice of breastfeeding, in the pregnancy and puerperal period, in a child-friendly hospital in the city of Vitória de Santo Antão.

## 2. Methodology

This is a descriptive cross-sectional study, observational with quantitative approach. The study with the quantitative approach considers that everything can be quantifiable, which means translating into numbers opinions and information to classify and analyze them. Requires the use of resources and statistical techniques (percentage, average, fashion, median, standard deviation, correlation coefficient, etc.). (PRODANOV and FREITAS, 2013).

The present study was carried out in a hospital in zona da Mata, in the interior of Pernambuco, in the municipality of Vitória de Santo Antão. Internal women were included in the

study in the joint accommodation; Women over the age of 18. On the other hand, the exclusion criteria were: a patient who did not wish to participate in the research and had cognitive impairment. The selected patients were invited to participate in the research by signing the Informed Consent Form (TCLE).

A semi-structured questionnaire adapted from the University Hospital (ESCARE *et al.*, 2013) was used with 18 objective questions to collect the data and obtain the information pertinent to the research objectives. This semi-structured questionnaire has characteristics of patients, aiming at knowledge about the practice of breastfeeding, the benefits and its importance.

To facilitate data analysis, a database was synthesized, with the aid of a spreadsheet from the Microsoft® EXCEL program, which were tabulated. This research was submitted to the ethical assessment of the Ethics and Research Committee of the Integrated Colleges of Vitória de Santo Antão, being approved under opinion number 3,231,355 and CAAE 08333719, 3.00.00.9227.

### 3. Results and Discussion

After analyzing the inclusion and exclusion criteria, it was possible to select 16 women, with the total number of puerperal women (100%) available during the collection period, with no refusal of any of them. It is noteworthy that the hospital during this period was delinked from care by the SUS, performing exclusively private deliveries, which considerably limited the final quantity of the sample of the present study.

**Table 1.** Sociodemographic Characteristics and Schooling of internal puerperal women at APAMI hospital

	N	%	
<b>Age group</b>	< 20 years	00	0%
	20 - 24 years old	04	25%
	25 - 30 years old	07	43,75%
	31 - 35 years old	04	25%
	>35 years old	01	6,25%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>
<b>Schooling</b>	Illiterate	00	0%
	Incomplete Elementary School	01	6,25%
	Complete Elementary School	00	0%
	Incomplete High School	00	0%
	Complete High School	12	75%
	Incomplete Higher Education	02	12,5%
	Complete Higher Education	01	6,25%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>

Source: Authors

Of the puerperal women analyzed, the predominance of the age group between 25 and 30 years of age was verified, corresponding to 43.75% (n=7), followed by 25% (n=4) aged

between 20 and 24 years, 25% (n=4) between 31 and 35 years and only 6.25% (n=1) aged 35 years (Table 1).

Regarding the type of education, it was found that there were no participants who were illiterate (n=0), had completed elementary education (n=0) or incomplete high school (n=0), but it was observed that only 6.25% (n=1) of the sample had completed elementary school and completed higher education, predominantly 75% of the sample (n=12) had completed high school, followed by 12.5% (n=2) with incomplete higher education (Table 1).

The study by CAMPOS *et al.* (2015), highlights through research that about 60.5% of the mothers interviewed, studied until elementary school, and the age group was on average 22 years, which differs from that presented in the current study. It is important to highlight that as the Nascimento (2014) research shows, the level of education in Brazil is still below what is estimated, and this factor is considered during the Health Education process, considering that when low, it has a negative influence on the awareness that each patient before the information offered (NASCIMENTO, 2014).

**Table 2.** Prenatal history of internal puerperal women at APAMI hospital

	N	%	
<b>Numbers of prenatal consultations held</b>	< 6 Queries	00	0%
	06 to 08 Queries	09	56,25%
	09 to 11 Consultations	06	37,5%
	12 to 13 Consultations	01	6,25%
	> 13 Queries	00	0%
<b>TOTAL</b>	<b>16</b>	<b>100%</b>	
<b>Previous number of pregnancies</b>	No	07	43,75%
	One	07	43,75%
	Two	02	12,5%
	> 2	00	0%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>
<b>Delivery route</b>	Normal	00	0%
	Cesarean	16	100%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>
<b>Gestational age at the time of delivery</b>	32 Weeks	01	6,25%
	36 Weeks	01	6,25%
	37 Weeks	03	18,75%
	38 Weeks	03	18,75%
	39 Weeks	06	37,5%
	40 Weeks	01	6,25%
	41 Weeks	01	6,25%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>

Source: Authors

Regarding the gestational history of the participants, it was reported that all women had more than six prenatal consultations, where 56.25% (n=9) had a predominance of 9 to 18 consultations, followed by 37.5% (n=6) who had

between 9 and 11 consultations, and 6.25% (n=1) were relative to 12 to 13 consultations (Table 2).

According to MARGOTTI and MARGOTTI (2017), in their research, 44.55% of the women analyzed performed 1 to 5 consultations, but similarly to the current research, their predominance of the sample equivalent to 47.22% performed between 6 and 10 consultations, and differently from the current results, showed that a smaller number of women, about 5.57% did not present any prenatal consultations. (MARGOTTI, E., MARGOTTI, W. 2017).

It is also worth mentioning that the Ministry of Health (2014) recommends that the total number of consultations should be at least 6 (six), starting in the first trimester being up to the 28th week – monthly; From the 28th to the 36th week - fortnightly; From the 36th to the 41st week – weekly, which shows that the participants of the current survey is within the estimated. (Ministry of Health, 2014).

Regarding the number of pregnancies of the women investigated, it was found that 43.75% (n=7) had no previous pregnancies, 43.75% (n=7) one gestation, 12.5% (n=2) two pregnancies, and 100% (n=16) of the interviewees opted for cesarean delivery. (Table 2).

Regarding previous pregnancies (MARGOTTI, E., MARGOTTI, W. 2017) said that all participants were multiparous, thus, 56.99% reported having one child and 29.53% two children, a profile quite different from that found in the current research.

In the analysis, of the interviewees in the present study, 36.56% of the puerperal women emphasized a preference for normal delivery, which differs from the data presented by POR MARGOTTI and MARGOTTI (2017) 63.44% opted for cesarean section, showing that the cesarean section index has been predominant even in child-like hospitals, as shown in the present study.

It is important to highlight that the interviewees in the current research did not present the deliveries linked to the SUS, being all particular ones that may be a factor to be considered for the high rate of delivery of the surgical type, as stated by Pimentel and Oliveira Filho (2016), which highlights the occurrence of 88% of deliveries in private hospitals being by cesarean section, and that this percentage has increased when they occur in a programmed manner and without clinical indication (PIMENTEL E OLIVEIRA FILHO, 2016).

Regarding gestational age at birth, it was found that 6.25% (n=1) of the interviewees were 32 weeks old, 6.25% (n=1) at only 36 weeks, 18.75% (n=3) with 37 weeks, 18.75% (n=3) at 38 weeks, 37.5% (n=6) befitting for 39 weeks, 6.25% (n=1) at 40 weeks and 6.25% (n=1) at 41 weeks. (Table 2).

According to MARGOTTI and MARGOTTI (2017), 13.32% have had children between 33 and 37 weeks and 85.71% at 38 and 42 weeks and 0.97% 43 or more weeks of gestation, considering that most of them have been cesarean deliveries, this percentage has been similar to the present study.

**Table 3.** Guidance received on breastfeeding during prenatal and postnatal care.

	N	%
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<b>Were informed about the benefits of breastfeeding</b>	Yes	12	75%
	No	04	25%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>
<b>Professionals who guided</b>	Nurse	05	31,25%
	Nutritionist	01	6,25%
	Doctor	01	6,25%
	Nurse + Doctor	06	37,5%
	None	03	18,75%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>

Source: Authors

In the data obtained in the current study, it was found that 75% (n=12) of the puerperous women received information about the benefits of breastfeeding in prenatal and postnatal care, however 25% (n=4) were not informed about the benefits (Table 3). Coutinho *et al.* (2014) show in their study that 53% do not receive any information about the benefits of breastfeeding in prenatal and postnatal care, of the 47% postpartum of this research stated that they had received the appropriate information, going into disagreement with the present research, considering that it was carried out in a hospital and maternity child friends, which aims at the practice of the M.

The practice of BREASTFEEDING should be encouraged during prenatal consultations; therefore, the hospital provides support in the postnatal period, having a large portion in the realization of this practice, making it clear that it is not enough to keep the EXCLUSIVE AM as recommended by the WHO.

In the sample, it was found that 6.25% (n=1) were instructed by a Nutritionist about breastfeeding, 31.25% (n=5) through nurses, 6.25% (n=1) per physician, 37.5% (n=6) through nurses and physicians, 18.75% (n=3) by no health professional (Table 3).

It is evident that in the hospital analyzed, the puerperal women have been well guided by the health team, compared to COUTINHO and collaborators (2014); according to ANDRADE (2018), in its plurality these women were guided only by the nurse, already in the hospital and maternity where the research was carried out, the professionals who most performed this function of guiding pregnant women were doctors and nurses, totaling 37.5% of the sample.

**Table 4.** Women's perception of breastfeeding.

	N	%	
<b>Factors that positively influenced the practice of breastfeeding</b>	Benefits for the baby	08	50%
	Benefits for mother	00	0%
	Low cost	00	0%
	Benefits for baby, mother and low cost	03th	16,75%
	Benefits for baby and low cost	02	12,5%
	Benefits for baby and mother	03	16,75%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>

	Mamamarian problems	01	6,25%
	Lack of milk or weak milk	00	0%
<b>Factors that negatively influenced non-breastfeeding</b>	Maternal disease or nb's disease	00	0%
	Lack of support	01	6,25%
	Pain	01	6,25%
	None	13	81,25%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>
<b>Satisfied with the support received by health professionals on breastfeeding</b>	Yes	16	100%
	No	00	0%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>
<b>Considers breastfeeding an important practice</b>	Yes	16	100%
	No	00	0%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>
<b>Believe in the use of vein for milk stimulation</b>	Yes	04	25%
	No	12	75%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>
<b>They believe that breast milk is strong</b>	Yes	16	100%
	No	00	0%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>
<b>Water use after breastfeeding</b>	Yes	07	43,75%
	No	09	56,25%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>

Source: Authors

As can be seen in Table 4, the practice of breastfeeding associated with factors that positively influenced breastfeeding was observed that 50% (n=08) of the puerperal women reported benefits only for the baby, 16.75% (n=3) benefits for the baby, mother and low cost, 12.5% (n=2) benefits for the baby and low cost, 16.75% (n=3) benefits for the baby and the mother.

According to SILVA (2014), it is noticeable that among the lactating women, the main reason why they choose to breastfeed, are for the health benefits of their child, similar to what was found in the hospital that was conducted the present study, because it reports that 50% of the nursing mothers claimed to breastfeed because it is a benefit only for the baby, not excluding those who stated that in addition to the benefits for their child still has benefits for her, in addition to the low cost, showing us that 100% of these women think primarily about the health of their baby.

The factors that negatively influenced the puerperal women not to breastfeed are 6.25% (n=1) due to breast problems, 6.25% (n=1) due to lack of support, 6.25% (n=1) because they felt pain when breastfeeding, 81.25% (n=13) reported having no difficulty breastfeeding.

It was presented by COSTA (2017), that 45% of the women who reported difficulties while breastfeeding were those who had breast problems, since the research was found that in addition to breast problems, had discomfort while breastfeeding and lack of support from family members, showing that including the family at this time is essential, because they are the ones who will experience closely all the difficulties when breastfeeding and therefore need to be prepared to provide support necessary.

The puerperal women analyzed resulted in 100% (n=16) *satisfied* with the support received by health professionals on breastfeeding. According to SILVA (2014), among the puerperal women interviewed, about 90% found satisfied with the support received by health professionals on breastfeeding and 10% are not satisfied. Highlighting how important it is to have a team prepared and specialized to provide proper support to these mothers, being a factor that contributes to greater adhering to the practice of breastfeeding.

Among all puerperal and lactating 100% (n=16) consider breastfeeding an important practice, such a practice is such important, which according to the United Nations IN BRAZIL (2018), tells us that breastfeeding is so significant in the life of a child that it could save 820,000 children per year in the world when offered to newborns and children up to 2 years.

According to the puerperia studied, 25% (n=04) believe in the use of dyes of something for milk stimulation and about 75% (n=12) do not believe.

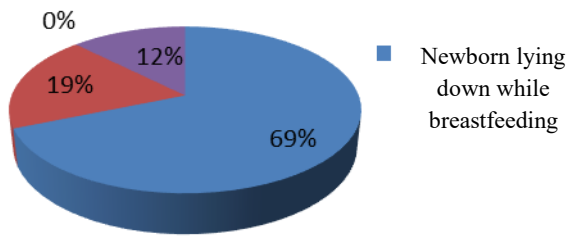
In a convergent way, however, to a greater extent, Santos *et al.* (2015) found in their study, 48% of the participants said they believe in the use of dyes of something for milk stimulation and about 50% of women do not believe in its advantages. It is important to highlight that the Dyes of Algodoeira is an extract of the medicinal plant *Gossypium Herbaceum L*, where its pharmacological action is in addition to acting in the anti-inflammatory process, stimulation of healing. It is used in cases of uterine hemorrhages, and in lactating to increase milk production, according to ÁVILA (2016).

However, 100% (n=16) of these women believe that breast milk is strong. Going into disagreement with what Costa *et al.* (2017), show us, that 63.3% believe that breast milk is strong, being 36.7% do not know how to inform. Demonstrating that the level of information about breast milk being strong is in decline, so in the hospital unit studied it is evident that the level of orientation of these women is transcendent.

Of the postpartum women interviewed, 43.75% (n=7) believe that it is necessary to offer water or tea after each breastfeeding to complement, and 56.25% (n=9) do not think it necessary to offer anything other than breast milk while it is ESA.

In the sample of Santos *et al.* (2015), 27% of the puerperal women considered it necessary to routinely offer water to the infant while on exclusive breastfeeding and 76% felt it unnecessary.

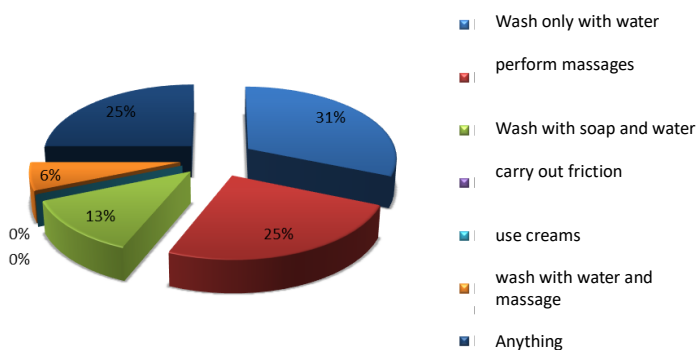




**Figure 1.** Positioning of the NB during AM. Source: Authors

It was observed that 68.75% (n=11) position their child (a) in lateral decubitus during breastfeeding, 18.75% (n=3) position it inclinedly, 0% (n=0) position the newborn seated, and 12.5% (n=2) place it standing (Graph 1).

According to the MINISTRY OF HEALTH (2014), they recommend that the relevant positioning of the NB should be maintained in an upright or semi-vertical position, for better swallowing, avoiding milk reflux, abstaining from the aspiration of breast milk, causing asphyxia leading to death. That is why it is so important to guide on the ideal position during breastfeeding.



**Figure 2:** Procedures performed during breastfeeding period by internal puerperal women in the APAMI hospital. Source: Authors

It was observed that 31.25% (n=5) of the puerperal women wash only with water the breasts before breastfeeding, 25% (n=4) perform breast massages before breastfeeding for milk stimulation, 12.5% (n=2) wash the breasts with soap and water, 0% (n=0) perform friction in the breast, 0% (n=0) reported the use of some cream in the breasts, 6.25% (n=1) wash with water and massage immediately after, 25% (n=4) do not perform any breast procedure before breastfeeding (Graph 2).

According to the MINISTRY OF HEALTH (2015), physiological changes occur in the woman's body during pregnancy, among these changes there is a preparation for the phase of breastfeeding, where the breasts get larger, the areolas become darker and resistant by the action of hormones and hydration promoted by Montgomery glands, and so there is no need in the use of creams, perform friction, the ideal is only to wash the breast with running water, showing that the orientations offered at this time have a direct influence on the wrong practice, thus avoiding complications (BRASIL, 2015).

**Table 5.** Breastfeeding-related practices performed by internal puerperal women at APAMI hospital

		N	%
<b>Feel Comfortable Breastfeeding</b>	Yes	14	87,5%
	No	02	12,5%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>
<b>How much time the NB spends breastfeeding</b>	0-10	01	6,25%
	10-20min	07	43,75
	20-30min	04	25%
	30-40min	02	12,5%
	>40min	02	12,5%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>
<b>They place the RN to perform eructation</b>	Yes	13	81,25%
	No	03	18,75%
	<b>TOTAL</b>	<b>16</b>	<b>100%</b>

Source: Authors

According to the adequacy of breastfeeding techniques, 87.5% (n=14) of the women felt comfortable breastfeeding, while 12.5% (n=2) reported not feeling comfortable during this practice.

According to PINHO (2015) among the puerperal interviewed about 96.8% found to feel comfortable breastfeeding, corresponding to the study shown. It is important to emphasize that the well-being of women directly influences milk production, considering that it is stimulated by hormonal action with production of emotional origin. (BRASIL, 2015).

As for the time all nBs spend feeding, 6.25% (n=1) last 0 – 10min, 43.75% (n=7) last 10 – 20min, 25% (n=4) last 20 – 30min, 12.5% (n=2) spend 30 – 40min breastfeeding, and 12.5% (n=2) last > 40min breastfeeding (Table 5).

According to the MINISTRY OF HEALTH (2015) it is recommended that the child be breastfed without restrictions of time and length of stay in the breast, in general, the feeding of the NB lasts up to 45 minutes, this period falls to 30 or 20 minutes. The most important thing is that the mother gives the child enough time to properly empty the breast (BRASIL, 2015).

It was observed that 81.75% (n=13) of the puerperal women position their NB to perform eructation is 18.75% (n=3) not positioned to perform eructation (Table 5). According to the MINISTRY OF HEALTH (2015) the performance of eructation consists of a relevant care, it is ideal that the NB is in an upright position between 10 to 20 minutes or sitting on the lap inclined forward.

The outcome of breastfeeding depends on many factors, the main ones being maternal health conditions, newborn health and the role of health professionals in encouraging and supporting breastfeeding. In addition, it should be considered that other aspects such as social, educational, cultural and family are decisive for the continuity of breastfeeding.

Thus, it is necessary that all people involved with the

mother and baby be aware of the importance of exclusive breastfeeding until the sixth month of life of the baby, where in Brazil, exclusive breastfeeding rate among children up to six months is 38.6%, and sequentially, complementary breastfeeding should follow at least up to two years of age, diarrhea and pneumonia, the two main causes of death in infants.

#### 4. Conclusions

It was possible to identify the influence of adequate guidance of health professionals on the practice of breastfeeding, in the pregnancy and puerperal period.

It is essential that parents and family members are aware of the importance of breastfeeding for the child's good development. It is up to the health professional properly trained, to guide and support the puerperal women who suffer some kind of intercurrent in lactation so that there is a lower rate of weaning caused by lack of information and precautionary factors, in view of the relevance of the benefits that breast milk provides.

However, the qualification of health professionals should be seen as a priority among public health policies, because it will be through them that the path for the construction of breastfeeding enhancement will be consolidated and so that they can provide the right care for this nursing mother in times of difficulty and apprehension

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