

BREAST-FEEDING AND FACTORS RELATED TO EARLY WEANING*

Patrícia de Fátima Buco Busto Moreno¹, Kayna Trombini Schmidt²

¹RN. Clinimed. Cianorte-PR-Brazil.

²RN. M.A in Nursing. Mobile Emergency Care Service. Cianorte-PR-Brazil.

ABSTRACT: This study aimed to identify the main difficulties related to breast-feeding and to survey interventions referent to breast-feeding requested by the puerperas who were attended in a gynecology and obstetrics clinic in a municipality in the southern region of Brazil. This descriptive longitudinal study was undertaken between May and August 2012, monitoring 31 mother-child dyads and collecting data through interviews at three separate points. In the first puerperal consultation, 61.5% of the children were being exclusively breast-fed and 6.5% had already been weaned. There was an increase in the percentage of the exclusive breast-feeding in the subsequent contacts after 40 days (80%) and 60 days after birth (84%). The main difficulties found were breast engorgement, fissures, hypogalactia mentioned and the mother's need to return to work. Interventions held during the study period contributed positively to the maintenance of breast-feeding.

DESCRIPTORS: Breast-feeding; Weaning; Mother-and-Infant health.

ALEITAMENTO MATERNO E FATORES RELACIONADOS AO DESMAME PRECOCE

RESUMO: Este estudo teve por objetivos identificar as principais dificuldades relacionadas ao aleitamento materno e levantar as intervenções referentes ao aleitamento, demandadas pelas puérperas, atendidas em uma clínica de ginecologia e obstetrícia, de um município da região sul do Brasil. Foi realizada pesquisa descritiva longitudinal, entre maio e agosto de 2012, acompanhando 31 binômios e coletando dados, por meio de entrevistas em três momentos distintos. Na primeira consulta puerperal, 61.5% das crianças estavam em aleitamento materno exclusivo e 6.5% já haviam desmamado. Houve aumento na porcentagem de aleitamento materno exclusivo nos contatos subsequentes após 40 dias (80%) e 60 dias do parto (84%). As principais dificuldades encontradas foram o ingurgitamento mamário, a fissura, a hipogalactia referida e a necessidade da mãe em voltar ao trabalho. As intervenções realizadas durante o período de estudo contribuíram positivamente para a manutenção do aleitamento materno.

DESCRIPTORIOS: Aleitamento materno; Desmame; Saúde materno-infantil.

AMAMANTAMIENTO MATERNO Y FACTORES RELACIONADOS AL DESTETE PRECOZ

RESUMEN: Este estudio tuvo las finalidades de identificar las principales dificultades acerca del amamantamiento materno y verificar las intervenciones acerca del amamantamiento, demandadas por las puérperas, en una clínica de ginecología y obstetricia, de municipio de la región sur de Brasil. Fue realizada investigación descriptiva longitudinal, entre mayo y agosto de 2012, acompañando 31 binomios y obteniendo datos por medio de entrevistas en tres momentos distintos. En la primera consulta puerperal, 61.5% de los niños estaban siendo amamantados de modo exclusivo y 6.5% no lo hacían más. Creció el porcentaje de amamantamiento materno exclusivo en los contatos subsequentes después de 40 días (80%) y 60 días del parto (84%). Las principales dificultades fueron la obstrucción mamaria, la fisura, la hipogalactia referida y la necesidad de la madre volver al trabajo. Las intervenciones realizadas durante el periodo de estudio contribuyeron positivamente para la mantención del amamantamiento materno.

DESCRIPTORIOS: Amamantamiento materno; Destete; Salud materno-infantil.

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Corresponding author:

Patrícia de Fátima Buco Busto Moreno
Clinimed
Av. Espirito Santo, 556 - 87200-059 Cianorte-PR-Brazil
E-mail: patriciamorencia@gmail.com

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INTRODUCTION

Pregnancy is a unique period in the life of a woman, in which the female body undergoes physical and psychological changes, with specialized monitoring being necessary, as much in the prenatal period as during the birth and immediate and later puerperium, with emphasis placed on the care for new-born and Breast-Feeding (BF)⁽¹⁾.

Breast-feeding is nearly always a source of concerns and fears, with assistance from the health professional being an important tool, as this can provide information to the parents and, in this way, reduce their distress⁽²⁾. Although the first secretion of milk is a physiological process of the puerpera, breast-feeding is not a purely instinctive act.

In order to ensure that all the maternal expectations, and needs of the new-born, in relation to breast-feeding may be met, it is necessary for there to be health professionals who are trained to counsel the mother and the family members, stating the advantages of beginning and continuing with breast-feeding until the child is six months old, breast-feeding being complemented with other foods up to two years of age⁽³⁾.

Breast-feeding is not just a physiological issue, but is also affected by social, cultural and psycho-emotional influences. The health professional must be aware of her commitment to clarifying doubts and debunking possible myths and beliefs which can result in early weaning, guiding the woman with empathy, but leaving her free to choose what is best for her and her baby⁽⁴⁾.

Early weaning is a public health problem and causes a series of harms to the child's health and development. It is estimated that the practice of Exclusive Breast-Feeding (EBF) could prevent annually the death of approximately 1,000,000 children from diarrhea and infections. Weaning can be related to primiparity, low social level, low educational level, lack of knowledge about how to breast-feed, early use of formula milks, the use of pacifiers, problems with the breasts, the child's hospitalization, and prematurity, among others⁽⁵⁾.

During the observation of the pregnant women and puerperas, undertaken by one of the researchers of this study in a gynecology clinic, which undertakes prenatal and postpartum monitoring, concerns were raised in relation

to the difficulties related to breast-feeding and the causes of early weaning. In the light of this context, this work's objectives were to identify the main difficulties related to BF and to verify which interventions related to breast-feeding were requested by the puerperas attended in a gynecology and obstetrics clinic in a municipality in the southern region of Brazil.

METHOD

This was a longitudinal descriptive study undertaken in a municipality in the northwest of Paraná-Brazil, in a gynecology and obstetrics clinic which attends patients from the Unified Health System, those on private health plans, and those who paid privately for the individual care package. The clinic offers assistance from a gynecologist and obstetrician and a nurse who undertakes embracement and counseling of the pregnant women and the puerperas in the care of the baby and in relation to BF.

The invitation to participate in the study was made to all of the puerperas attended in the above-mentioned clinic in the month of May 2012 who appeared for the return to the clinic for the first puerperal consultation. Interviews were held with 31 puerperas.

Data collection was undertaken in line with the routine of the clinic, which schedules the first return of the mother-child dyad approximately 40 days after the birth. The second stage of the interview occurred 40 days after the birth, during the review consultation with the doctor; and the third contact was made by telephone, 60 days after the birth.

For collecting the data, an interview script was elaborated covering the three distinct stages which met the proposed collection points. The script encompassed the following data: maternal age, race, marital situation, educational level, family income, whether the mother worked, previous and current obstetric history; and data referent to BF, such as previous early weaning, the time of the first secretion of milk, guidance given in the prenatal and postpartum periods, the difficulties met, family support, interventions undertaken for BF during the study period, and the results of the mediation of the researcher, reported by the mothers.

During the data collection, all the mothers received counseling from the researcher in relation to BF and were assisted whenever they asked. All the interventions and their results were appropriately recorded for later analysis. The data were later typed into the Statistical Analysis System program 9.1 and were treated using descriptive statistics.

The project was submitted to the Committee for Ethics in Research involving Human Beings of the Universidade Paranaense (CAAE: 02173012.1.0000.0109) and was approved under Opinion N. 13744/2012. This study respected all the ethical precepts, and the subjects who accepted to participate in the study signed the terms of free and informed consent in two copies.

RESULTS

A total of 31 mother-child dyads were monitored during the undertaking of this study. In relation to the puerperas' characteristics, it was found that: 21(67%) were primiparous, 22(71%) were aged between 22 and 35 years old, 27(87%) were white, 17(55%) were single and 24(77%) worked outside the home. In relation to educational level, 14(45%) had studied for up to eight years, three (10%) had up to 11 years of study, and 14(45%) were in or had completed higher education. In relation to family income, 21(68%) received between one and six minimum salaries, five (16%) had an income of over seven salaries, and five (16%) did not respond.

Among the puerperas, 25(80%) gave birth by cesarean section in the pregnancy in question. The gestational age at birth varied from 38 weeks (32%) up to 41 weeks (68%). Evaluating the obstetric history, 21(67%) had attended between eight and 14 prenatal consultations, and 11(35%) between 15 and 20 consultations. In the complications recorded during the current pregnancy, those which most stood out were: Pregnancy-Induced Hypertension (PIH) with six cases (19.5%), and nine (29%) occurrences of Urinary Tract Infection (UTI), as shown in Table 1.

Of the 11 multiparas, nine had been pregnant for the second time and two for the third time, and of these, eight breast-fed in the previous pregnancies, and only six had maintained

BF through to the sixth month. In the current pregnancy, 29(93.5%) had difficulty in breast-feeding in the first 10 days, and only 11(35.5%) of the newborns were put to the breast in the first hour after birth in order to stimulate sucking; 21(68%) took up to 11 hours to stimulate sucking on the breast for the first time.

All the puerperas remained in the maternity ward after the birth. The first secretion of milk occurred between the fourth and the sixth day in 23 (74%) of the puerperas. Of the difficulties mentioned in the first 10 days after the birth, incorrect latching was identified in 25 (80.5%), and there were 12 (38.5%) cases of fissures. Breast engorgement was found in 14 (45%) and four (13%) presented hypogalactia, making use of formula milk.

During the pregnancy, 19(62%) women received previous advice from the clinic's BF consultation and 29(93.5%) stated that they had received advice and support regarding difficulties or concerns from other health professionals. In relation to the support received by the puerperas in relation to BF, the study showed that in 28(90%) cases, the family was present in these first days, the husband being mentioned by 20(64.5%), followed by grandmothers, mentioned by 11(35.5%) women.

Table 1 - Characterization of the puerperas by age, marital status, and complications during pregnancy. Cianorte-PR-Brazil, 2012

Maternal age	n	%
16 – 21 years	06	19,5
22 – 35 years	22	71,0
36 – 39 years	03	9,5
Marital status	n	%
Single	17	55,0
Married	14	45,0
Complications	n	%
PIH*	06	19,5
UTI**	09	29,0
UTI and other complications	06	19,5
Pre-eclampsia	03	9,5
Late pre-eclampsia	01	3,0
No complications	06	19,5

*Pregnancy-Induced Hypertension;

**Urinary Tract Infection.

Table 2 - Type of food given to the baby in the period of the interviews. Cianorte-PR-Brazil, 2012

10 days after the birth	n	%
Breast-feeding	19	61,5
Mixed	10	32,0
Formula milk	02	6,5
40 days after the birth	n	%
Breast-feeding	25	80,0
Mixed	03	10,0
Formula milk	03	10,0
60 days after the birth	n	%
Breast-feeding	26	84,0
Mixed	2	6,5
Formula milk	3	9,5

In the first contact made in the first puerperal consultation, 19 (61.5%) were in EBF according to Table 2. This percentage increased in the subsequent interviews, with 25 (80%) maintaining EBF at 40 days, and 26 (84.5%) at 60 days. This increase may be explained by the use of formula milk mentioned by the mothers in the first days following the birth, as they stated that there was a need to complement BF with infant formula until milk production and effective breast-feeding were established. At the first contact, three (10%) had returned to work, and a further three (10%) had already ceased breast-feeding, stating that they had not been able to overcome the initial difficulties.

In the interviews held 60 days after the birth, 13 (33%) puerperas were already working, eight (25%) had a further two months of maternity leave, and three (10%) were to spend a further three months on maternity leave. Of the mothers who intended to maintain EBF after returning to work, 17 (55%) did so through expressing milk and relying on the help of a family member or nanny to feed the baby, while two (6.5%) were on mixed food and 12 (38.5%) had already weaned over these months, stating lack of determination and persistence, principally in the first days, and ended up giving the bottle, causing the baby to refuse the breast.

The most frequent interventions referent to BF occurred in the period of the first secretion of milk, mainly resulting from breast engorgement. Another problem which requires assistance was incorrect latching by the new-born. Of the total of dyads monitored, only six puerperas requested assistance by telephone. They later attended the

clinic for breast drainage and received advice on expressing with a pump. Two received home visits for evaluation of the breast-feeding and drainage of the breasts. Of those who received assistance from a researcher of this study, four maintained EBF through to the ending of the data collection, and in two cases, weaning occurred in the first 10 days after the birth, due to maternal claims of hypogalactia and little determination to breast-feed.

DISCUSSION

It was observed in this study that there was a prevalence for birth by cesarean section (79%). In 2009, in Brazil, of all births which took place, 50.1% were by cesarean⁽⁶⁾, although the World Health Organization recommends that only 15%⁽⁷⁾. The high rate of cesarean births must be evaluated in different aspects, which may influence the choice for the type of birth; the socio-cultural characteristics and health care model adopted by the health system must be considered⁽⁸⁾.

PIH and UTI were the complications which stood out most in this study. A separate study, which investigated the presence of urinary infections among pregnant women, identified positive results in 8.3% of the population studied, with *Escherichia coli* responsible for 82.3% of the infections⁽⁹⁾. Prenatal care is essential for early identification of risk factors for complications. In this study, the number of consultations found was satisfactory, given that that stipulated by the Ministry of Health is six consultations during the pregnancy⁽¹⁰⁾.

Over the length of the pregnancy and following the birth, 93.5% of the puerperas mentioned having received advice from health professionals in relation to BF. In the practice, sometimes, one starts from the assumption that breast-feeding is a physiological act, and that the mother is prepared to accept her responsibilities as a mother. The success of BF, however, is determined by various factors, and guidance prior to the birth, as well as in the postpartum period, with the aim of preparing the mother to overcome the difficulties which may arise, minimizing concerns and strengthening her self-confidence, believing that the more instruction she has on this issue, the greater ease she will have in overcoming the obstacles⁽¹¹⁾.

In total, 90% of the interviewees stated that they had received support from their families, mainly during the establishing of breast-feeding. In this period, the women feel insecure regarding motherhood, and need support and understanding from close persons. Another study evidenced that the training of professionals responsible for assisting the puerperas in primary care contributed significantly to the increase in the rates for continuation with BF, this being an economical and viable strategy. The intervention with the professionals allows the standardization of information transmitted and ensures the effectiveness of the actions undertaken by the health team⁽¹²⁾.

All of the interviewees remained in the maternity ward after giving birth. This is a contributing factor to encouraging breast-feeding, as well as helping in establishing the affective bond between mother and baby, and ensuring the mother's adaptation and stimulating the active participation of the parents in the care for the new-born. Remaining with the mother makes it possible for the baby to be fed on demand, without pre-established times, thus accelerating the first secretion of milk, as well as promoting the increase in milk production and viabilizing the early detection of difficulties related to establishing BF⁽¹³⁾.

The main difficulties found in this study were the occurrence of fissures, breast engorgement, and hypogalactia mentioned by the puerpera, corroborating a separate study undertaken in Fortaleza, which identified similar data⁽¹⁴⁾. The principal complaints in initiating BF are pain or discomfort in the nipples, being most frequent at the beginning of a feed⁽¹⁵⁾, however, these signs must not be considered normal and can indicate problems in the baby's latching or the inadequate positioning of the same. The return to work also stood out as a factor hindering the maintenance of breast-feeding, a finding similar to that of another study undertaken in the Southern Region of Brazil⁽¹⁶⁾.

Among the interviewees, 45% had breast engorgement and all needed clinical attendance, receiving guidance and being helped in the difficulties relating to expressing breast milk. The engorgement occurs when there is milk retention, either through inefficient or infrequent draining of the breasts; the clinical picture shows mammary edema, pain and fever. This condition can cause

maternal anxiety, make it difficult for the baby to latch, and reduce the production of milk through lack of draining of milk⁽¹⁷⁾.

The main factors reported by the puerperas for early weaning were: lack of motivation and hypogalactia mentioned by the mothers. Another study, however, identified different risk factors for not maintaining EBF up to the sixth month of life: the use of pacifiers and artificial nipples, maternal age, low maternal educational level, primiparity, and low birth weight; the prevalence of BF was most significant between the first and fourth months of life, undergoing a sharp fall in the fourth (53.7%) to the fifth month (7.8%)⁽¹⁸⁾.

In this aspect, another difficulty for maintaining EBF, revealed in this study, was the mothers' need to return to work. Authors identified that the mothers who worked outside the home and who did not have maternity leave have a risk of interrupting EBF which is three times higher than those who work outside the home and who do have this right to leave⁽¹⁹⁾.

FINAL CONSIDERATIONS

The implantation of programs instituted by the Ministry of Health has the aim of contributing to improving breast-feeding rates in Brazil, although it is still possible to verify the need for many changes. Commitment from the health professionals and support for the mothers are essential in this path to encouraging BF. Although it is not the only determinant factor, the lack of professional assistance in managing problems related to BF may contribute to the occurrence of early weaning.

The main difficulties reported in this study were breast engorgement, fissures, hypogalactia mentioned by the mothers and the mothers' need to return to work; however, the counseling and interventions undertaken demonstrated positive results. We deduce that monitoring by a trained professional makes it possible to recognize risk factors for early weaning and to manage difficulties in establishing and maintaining BF. To this end, the professional must have skill, technical knowledge, and – principally – empathy, transmitting confidence and solidarity to the feelings of the puerpera, valuing the socio-cultural and family context.

It is suggested, therefore, that professional accompaniment in the pre- and post-natal stages is decisive in overcoming the innumerable difficulties which arise in the process of establishing BF. Clearly, the attendance must also consider subjective elements in the individual and family context, seeking to raise the prevalence of maintenance of EBF.

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