

PERCEPTIONS OF PUERPERAS REGARDING THE BENEFITS OF BREASTFEEDING IN THE FIRST HOUR FOLLOWING BIRTH

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ABSTRACT: Early breastfeeding is a strategy for promoting breastfeeding in Brazil, but few studies have evaluated the application of this practice from the point of view of the mothers. The puerperas' perceptions regarding breastfeeding in the first hour following birth were investigated, using a qualitative approach. The data were collected observing ethical principles and the reports were classified in the following categories: What is breast milk; The benefits of early breastfeeding for mother and child; and, guidance and practice of early breastfeeding. Although they recognize breast milk as an appropriate food for the baby's development, the puerperas have only general information about breastfeeding, and the majority are unaware of the theory and practice of early breastfeeding. The findings indicate the need to raise pregnant women's awareness regarding the importance of early breastfeeding during the prenatal monitoring.

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INTRODUCTION

Routines of immediate care for the newborn, spread among the maternity centers, and the high incidence of cesareans and analgesia during the birth, delay the initiation of contact between mother and child⁽¹⁾. The delay in this contact can compromise efficiency in sucking, the prevalence and duration of the lactation, the mother/child relationship, expulsion of the placenta and the mother's uterine involution, colonization of the newborn's intestines by microorganisms from the mother's skin microbiota, immuno-protection of the newborn with antibodies present in the colostrum, prevention of jaundice and hypoglycemia, as well as the maintenance of the baby's body temperature⁽²⁾. To avoid this, the Baby Friendly Hospital Initiative (BFHI) established a set of pro-breastfeeding actions which is publicised and sponsored by the World Health Organization and the United Nations Children's Fund. In this 10 step program, the fourth step is breastfeeding in the first hour of life, or, so-called early breastfeeding⁽³⁾.

Early breastfeeding is fundamental for the establishment of mother-child contact, principally because in the first hour of life the majority of babies are in a state of alert and find it easy to find the nipple and start breastfeeding⁽⁴⁾. This happens because the compression of the head and the hypoxemia imposed on the baby during the contractions in the birth raise her levels of circulating catecholemines, which increases her olfactory sensitivity and promotes the initiation of breastfeeding⁽⁴⁾.

The levels of catecholamines are maintained for about 60 minutes, and after three or four hours, when the newborn enters the phase of sleep, they fall, compromising the ability to find the nipple, correct latching and the establishment of breastfeeding⁽⁴⁾. In addition to this, there are studies which show that women who experience the contact with the baby prolong breastfeeding as an exclusive food⁽²⁾; however, breastfeeding in the first hour of life is only undertaken by approximately 43% of Brazilian mothers⁽⁴⁾. This shows that investment is necessary in the implementation of the fourth step of the BFHI, whether in private maternity centers, those linked to the Unified Health System (SUS), or philanthropic or military institutions. Early breastfeeding must be encouraged starting during the prenatal monitoring⁽⁴⁾ and be encouraged in the delivery room⁽⁵⁾, principally due to its protective effect against neonatal mortality⁽⁶⁾.

The low level of early breastfeeding in Brazil partly

reflects the lack of preparation of the health teams which manage the birth and promotes distancing between mother and baby. Even so, the puerperas are an active element in the process of breastfeeding, and, in order to support the development of strategies for implementing the fourth step of BFHI, it is necessary to investigate their experiences and perceptions of early contact and breastfeeding. Considering the scarcity of studies with this approach, the present work investigates and describes puerperas' conceptions regarding the benefits of early breastfeeding.

METHOD

A descriptive study with a qualitative approach was undertaken, seeking to understand the phenomenon of breastfeeding in the first hour following birth in the perception of the puerperas. This methodology was adopted because it embraces the totality of the human beings in concentrating on the experience, in addition to permitting the presentation of contributions in the process of change, the creation or forming of the opinions of a specific group and, to an even greater degree, interpreting specific characteristics of the individuals' behaviors or attitudes⁽⁷⁾.

The study was undertaken in April – May 2011 in the Maria Barbosa Maternity Center of the Clemente de Faria University Hospital in Montes Claros in the State of Minas Gerais, Brazil. This Maternity Centre opened in 1992, attends approximately 185 women per month, follows the BFHI, and is a regional center of excellence for high risk pregnancies; it was recently accredited as a 'Safe Maternity Unit'.

Given the qualitative nature of the investigation, there was no calculation of sample size, and the number of participants was defined by the technique of saturation. Thus, 23 women in the postpartum period who were receiving inpatient treatment in the ward at the above hospital participated in the study. None were minors and all signed the Terms of Free and Informed Consent to participate in the research. In accordance with Resolutions N. 196 of 10/10/96 and N. 251 of 07/08/97 of the National Research Ethics Commission, the study was undertaken following approval from the Research Ethics Committee of the Montes Claros State University, Minas Gerais, Brazil, under Protocol n. 2565.

Data was collected using a semi-structured interview and following a research guide. The questions gave the interviewer liberty to develop each situation in any

direction she considered appropriate, given that her role was purely to encourage. So as not to cause discomfort, the data were collected while the women were staying in their rooms on the ward in the maternity center.

The interviews took between 4 and a half minutes and 12 minutes 15 seconds. The guiding questions were: What is breast milk?; The benefits of early breastfeeding for mother and child; guidance and practice regarding early breastfeeding. The interviews were recorded, and in the case of the mothers who refused to be recorded, notes were made of their accounts. Following that, the data were transcribed in full using codes instead of the names, so as to maintain the participants' anonymity.

The data were examined using content analysis, which is operationalized in three phases: pre-analysis, exploration of the material, and treatment of the results. In this way, the participants' accounts were analyzed, the coinciding and diverging ideas were synthesized, and the opinions placed in categories.

RESULTS

The data characterizing the participants (Table 1) showed that the majority were aged between 21 and 25 years old and that more than half of them were married. In relation to educational level, the minority of the mothers had finished junior high school. The majority of the mothers were having their first or second child.

Table 1 - Characterization of the interviewees. Montes Claros-MG-Brazil, 2010

Characteristics	n	%
Age Range		
21-30 years old	15	65,2
31-40 years old	8	34,8
Marital Situation		
Married/stable relationship	21	91,3
Single	2	8,7
Educational Level		
Illiterate	1	4,3
Junior high complete	4	17,4
Senior high incomplete	8	34,8
Senior high complete	10	43,5
Parity		
1 to 2	14	60,9
> 3	9	39,1
Total	23	100

The analysis and grouping of the reports, identified as R1 to R23, allowed the construction of categories. Thus, the first category was made up of impressions on *what is breastmilk?*:

It is the baby's food [...] which will make him become strong and well developed. [...] I think that breastmilk is very good for children [...] It is the best thing the mother has [...] And a creation of God that no factory can make. (R1)

It is the baby's food [...]. Which will make him become strong. (R2)

Breastmilk, for me, is a means of life [...]. because it is through it that my son will be, you know [...] the ability to gain weight, to not become ill. So it is the best thing for him [...]. Many people don't breastfeed [...] because of vanity [...]. but I do, because it is on my milk that my baby will live until he is six months old. (R3)

The second category of responses was *perception of the benefits of early breastfeeding for mother and child*. These advantages were mainly described for the baby (R4 to R6; R10), although some mothers did not identify benefits for the baby (R7 to R9) or for the mother (R10):

She becomes quieter with this first contact. (R4)

She becomes calmer when she is with her mother. (R5)

The baby becomes calmer. (R6)

I don't know how to explain it. (R7-R9)

She quiets down with this first contact [...] as for me [benefits], I can't tell [...]. (R10)

The third category of responses covered *guidance and practice of early breastfeeding*. The accounts show a lack of guidance (R11 to R13) or of assimilation of the information (R14), as well as difficulties in the practice of early breastfeeding due to problems related to the birth (R15) or to the newborn (R16 and R17). Even so, the various mothers breastfed within the period of 30 minutes postpartum (R18 to R21):

I didn't receive any [...] so I can't say. (R11)

No, I didn't receive any [...]. Was I meant to have re

ceived some? (R12)

I didn't get any. (R13)

Yes, I received guidance [...]. Wait a minute, I can't remember [...] It is difficult to remember when I entered the hospital. (R14)

I had a cesarean, because I had tubal ligation [...]. At that time, at the time I didn't put my baby to my breast [...] It was after half an hour. (R15)

I received the advice [...] But it wasn't possible to breastfeed her. She had to stay in the incubator receiving medication because she was born very tired. (R16)

I couldn't put them to breastfeed because they were born at three and at seven months. One was born dead, the smallest of them, and the other two, the boy and a girl, were placed in incubators. (R17)

Yes, they put him to breastfeed. [...] About 20 minutes after. (R18)

Yes, they put him to breastfeed, only it was half an hour later. (R19)

At the time, at the time they didn't put her to the breast [...] It was half an hour later. (R20)

They put to him to breastfeed, yes, only it was half an hour later [...] I had a cesarean, you see [...]. (R21)

DISCUSSION

For the mother and child to gain the greatest benefit from breastfeeding, this practice must be begun in the very first hour postpartum⁽⁶⁾. In spite of this, the present study reveals points of failure in the adoption of the practice of early breastfeeding. The detection of these shortcomings was made possible by the investigative methodology adopted which, presented the problem qualitatively and through the perceptions of the puerperas.

The investigative strategy adopted in the present study has a limitation, recognized by various authors, which is the interviewees' memory bias, caused by the tiredness from the postpartum stress and invasive procedures⁽⁸⁾. Even so, the postpartum perceptions which were collected allowed the researchers to cap-

ture outstanding moments of this period and, in spite of the puerperas' weakness, they described, even if imprecisely, the strongest impressions which they had experienced.

The population studied was young, aged less than 30 years old. Little over half of the mothers were married or in a stable relationship, but, as shown in other study, this does not have a big impact on breastfeeding practice⁽⁴⁾. The low educational level of the population studied, on the other hand, can compromise breastfeeding⁽⁴⁻⁵⁾, as the lack of basic school knowledge hinders understanding regarding the benefits of breastfeeding, and negatively influences the development of the commitment to breastfeeding. This reinforces the need for Family Health teams to monitor the mothers, from the prenatal check-ups through to the immediate puerperium and postpartum period, as in addition to providing explanations to the mothers, especially those with little education, this action promotes the practice of breastfeeding⁽⁹⁾. Making people aware of the importance of breastfeeding is particularly necessary for mothers who, like the majority of the interviewees, are having their first or second child, as those who did not have the experience of breastfeeding other children have greater difficulty in starting breastfeeding⁽¹⁰⁾.

In the puerperas' perceptions regarding the meaning of breast milk, they mention that breast milk is the best food for the child, and that it will contribute to the child's growth and development (R1 to R3). In general, the mothers understand that breastfeeding promotes good conditions for health and development for the child⁽¹⁰⁾. The meaning attributed to the breast milk always comes back to its being the best for the child, and is mentioned as a means for the child's survival, and also as unreproducible, as it can only be offered by the mother. The experience of breastfeeding, allied with the recognition of its nutritive and affective values, facilitates the puerpera's continuing with breastfeeding and also her valorization of the experience of breastfeeding very shortly after the birth⁽¹¹⁾.

In spite of the general knowledge about the importance of breastfeeding, the fourth step of the BFHI 10 step program for breastfeeding – breastfeeding in the first minutes of the newborn's life – is not yet widespread. From what the interviewees say about the advantages of breastfeeding in the first hour of life, they understood that this procedure is a means of calming their baby (R4 to R6), as already reported in other studies⁽¹²⁾. This response seems to be intuitive, and the benefits recognized are related essentially to the child,

although some mothers do not have any concrete information on the issue (R7 to R9). When the puerperas are asked about the benefits of early breastfeeding for the mother, one can perceive the lack of information (R10), which is one of the obstacles indicated by the professionals working in the obstetric centers preventing them from initiating breastfeeding in the delivery room⁽²⁾.

A large proportion of pregnant Brazilian women do not receive any information about breastfeeding during the prenatal period⁽¹³⁾. Corroborating this, the puerperas interviewed stated that they had not received information on breastfeeding in the prenatal guidance, and because of this were not able to report the benefits of the practice (R11 to R13). According to the accounts, perceive that the mothers who did not receive guidance before the birth had more difficulty in maintaining breastfeeding. In another situation, the puerperas do receive the guidance on the issue, but for some reason are unable to report it to the interviewer.

Mothers who had had cesareans were, often, not encouraged to breastfeed soon after the birth because of the effects of the anesthesia and the surgical procedure; difficulties in this regard were reported (R15, R21). In addition to this, the procedure causes exhaustion and anxiety to the mother, such that it would interfere negatively with breastfeeding in the delivery room⁽²⁾; cesarean births can reduce by half the prevalence of breastfeeding in the first hour postpartum⁽⁴⁾.

There were mothers who, in spite of having received guidance regarding the practice of breastfeeding in the first hour of life, could not put this into practice due to complications with their child (R16, R17). The prevalence of breastfeeding in the first hour postpartum can be reduced by half among newborns with complications⁽⁴⁾.

From the reports obtained, the duration of the first feed did not exceed, in various cases, 30 minutes (R18 to 21). This perception of time is imprecise, given that there is a tendency for the mothers to round up the time estimated for the first feed⁽¹³⁾. Therefore, according to the perception of the puerperas, breastfeeding in the maternity center studied was undertaken, in general, in the first hour postpartum.

Based in the recorded perceptions of the puerperas, it is suggested that greater participation of the nursing team is essential for the effective implantation of the fourth step of the BFHI, as these are the professionals who guide and assist the mothers following the health institutions' care protocols. However, the encouragement for this type of action must not be mechanized,

that is, the nursing team must manage the early breastfeeding with respect and embracement for the mother-child binomial, so as to establish an effective and long-lasting bond between both⁽¹⁴⁾. In this process, the active participation of the puerperas is also important, not simply receiving and accepting the guidance, but becoming aware and reflecting about this action's importance, so that they may have the initiative to establish early contact⁽¹⁴⁾. This is another field of intervention for the nursing team, which can be trained so that, regarding educational actions, they can prepare the mothers in relation to breastfeeding during the prenatal period.

FINAL CONSIDERATIONS

Through this study, it is concluded that the puerperas have knowledge about breastfeeding, but that they do not relate it to the first hour of the baby's life, which means that on their own, they do not have the impetus to breastfeed the children early. In this regard, the monitoring of the woman by the Family Health teams, from the prenatal period through to the immediate puerperal period and postpartum, can contribute to clarifying doubts and promoting breastfeeding, especially if it is adapted for women with a low educational level as detected in the population studied.

However, it is not enough for the mother to be informed. She needs to be integrated into a favorable environment and find support from the health professional, as, considering that breastfeeding is frequently initiated in the hospital, it is the responsibility of the health professionals, and especially the nursing team, to provide the mothers with guidance and technical knowledge and show interest in this practice, promoting closeness between mother and child.

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