

PAIN AND DISCOMFORT IN THE PRACTICE OF BREASTFEEDING

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ABSTRACT: Breastfeeding is a practice which promotes health, and knowledge of the factors associated with its interruption is fundamental for increasing the period of its practice. This observational, descriptive and cross-sectional study aimed to investigate the factors of pain and discomfort in the practice of breastfeeding. The population was made up of mothers of newborns aged between two and four months, between February and July 2012. Questionnaires were administered during a home visit following the approval of the Ethic Committee. The breastfeeding mothers' mean age was 25±5.9, and 26.2% were adolescent mothers. The favourite position for breastfeeding mentioned was sat down, and the place most mentioned for pain and discomfort was the breast. The child's sex had statistical significance ($p=0.038$) in relation to the mother's pain and discomfort. So as to avoid early weaning, actions must be encouraged during the prenatal period regarding the correct technique for avoiding pain and discomfort.

DESCRIPTORS: Breastfeeding; Pain; Weaning.

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INTRODUCTION

Breastfeeding (BF), besides supplying the infant's nutritional needs, offers resistance against infections, establishes a psychological bond between the mother and the newborn, reduces poor formation of dentition, stimulates and exercises the muscles which are involved in the speech process, promotes better diction and provides tranquillity to the newborn⁽¹⁾. In addition to defending the organism, BF strengthens the mother-baby bond and is a complete food, constituted by vitamins, minerals, fats, sugars and proteins⁽²⁾.

The breastfeeding mothers pass prolonged periods - various times a day - in a position which is different from those which they were accustomed to before becoming mothers. Because of this, the most important causes for early weaning among breastfeeding mothers are pains in breastfeeding and problems in the breast⁽³⁾. Posture, when inappropriate, becomes uncomfortable, creating muscular tension and interfering in lactation⁽⁴⁾. However, the causes of pain and discomfort in the mothers can and must be prevented, emphasizing the importance of the guidance received in the prenatal and immediate puerperal periods from the health professionals and of encouragement of breastfeeding at the earliest possible point, so as to help the mothers practice the technique correctly and painlessly.

The World Health Organization, aiming to reduce breast trauma and ensure the efficient removal of milk from the breast by the baby, calls for the promotion of the ideal technique for breastfeeding⁽⁵⁾. As a result, actions are necessary to improve the breastfeeding technique, so that mothers may breastfeed with greater comfort, increasing the chances of breastfeeding for longer and with greater pleasure⁽⁶⁾.

For women to have better conditions for breastfeeding, knowledge of the factors associated with interrupting the practice is fundamental. Thus, taking into account that pain and discomfort can be elements which cause strain in breastfeeding, this study aimed to investigate the factors of pain and discomfort, mentioned by the breastfeeding mothers, in the practice of breastfeeding for the puerperas.

METHOD

This is an observational, descriptive, cross-sectional study undertaken with breastfeeding mothers attended in Primary Healthcare Center in the municipality of Chapecó, in the Brazilian state of Santa Catarina.

Women were selected who were linked to the Primary Healthcare Center in the areas where they lived. In order to obtain a vision which was more global and representative of the municipality, the Primary Healthcare Center were divided according to the north, south, east and west regions. In total 130 puerperas were assisted in these Primary Healthcare Center and, of these, 42 women were selected at random in line with the sample calculation, with a probabilistic error of 5%. Based on this selection, the researchers identified the children's vaccination records and the addresses and contact details of those puerperas whose children were aged between two and four months old. Only primiparous nursing mothers who were resident in Chapecó, whose children had been born at full term, were included.

The study consisted of the administration of three previously structured questionnaires: the first questionnaire aimed to outline the puerperas' socio-economic profile, and contained questions on the socio-demographic variables; the second aimed to evaluate breasts and breastfeeding conditions⁽⁴⁾; and the third evaluated the musculoskeletal discomfort linked to breastfeeding⁽⁴⁾, and contained questions about the pain's place, duration and intensity, and whether or not it interfered in the activities of daily living.

Statistical analysis of the data was undertaken with the Statistical Package for the Social Sciences (SPSS) software, version 19.0, based on a database typed in an Excel spreadsheet. The level of significance adopted was 5%, values between 5% and 10% being considered adjacent.

The statistical significance between the categorical variables was evaluated using X² tests. The measurements of central tendency (mean, median) and of spread (variance, width) were calculated for the continuous variables.

This study was approved by the Research Ethics Committee of Unochapecó, under Number 130/11. After being fully informed, the participants in the research signed the Terms of Free and Informed Consent.

RESULTS

The mean age of the breastfeeding mothers interviewed was 23±5.9 years old, varying between 15 and 39 years old. 26.2% of the mothers were identified as being adolescents (16 to 19 years old). Of the interviewees, 95.2% stated that they were married. Income per capita varied between R\$ 150.00 and R\$ 1,166.76, with 47.6% of the women receiving a salary below the minimum salary.

In relation to complications in the period of the

pregnancy, the most reported were pre-eclampsia (9.5%) and early rupturing of the membranes (2.4%). Two children (4.8%) were born small for their gestational age (<2,500 grams). Cesarean births were most mentioned (64.3%) among the interviewees. The majority (59.5%) stated that they first breastfed their baby in the postpartum recovery room.

The approximate mean frequency of breast feeds for the newborn in 24 hours was 11.2 ± 2.9 , varying between 3 and 18 breast feeds/day. It was observed that 35.7% of the children have a preference for one of the mother's breasts for breastfeeding. Among the mothers with flat nipples, 25% reported finding that the baby does not latch onto the breast easily, while only 8.8% of the mothers with normal nipples (81%) had this complaint. Regarding the breast's condition, 40.5% mentioned that they were flaccid and of these, 35.3% asserted that there was poor drainage of milk.

It was observed that the position preferred for breastfeeding by the mothers was 'seated' (95.2%), in which the sofa was the item of furniture used most (76.2%); 69% did not use support for the feet and 11.9% use a pillow in the lumbar region. None of the mothers reported an ideal posture in breastfeeding and 42.9% reported that their shoulders became tense when breastfeeding. 40.5% of the mothers reported using the 'scissor hold' to support the breast.

Regarding the condition of the infant during breastfeeding, the breastfeeding mothers stated that 11.9% were sleepy, 4.9% do not latch onto the breast easily and 2.4% do not suck strongly; the others (80.8%) do not present difficulties in feeding.

When asked if they felt pain in any part of the body, 35.7% responded that they did. The region to which they referred most was the breast (35.3%). In relation to mentions of pain in the breast, 66.7%, according to the women, were due to fissures. Regarding the intensity of the pain, 66.7% reported moderate to strong pain; however, the mothers stated that they attempted to overcome these symptoms by changing position for breastfeeding. Pain in the lumbar region was the mothers' second-most mentioned complaint (23.5%). However, according to them, it did not disturb daily activities or activities to do with the baby. The other complaints were divided equally into reports of pain in upper limbs or in the neck. Of all the data described, only the baby's sex was statistically significant ($p=0.038$), suggesting that breastfeeding male babies causes less pain and discomfort.

DISCUSSION

As only primiparous mothers were interviewed in this study, and the mothers' mean age was 23 years old, it is suggested that lack of experience in relation to motherhood may contribute to the mother having problems in breastfeeding, possibly leading to pain and discomfort. In a cross-sectional study it was observed that almost half of the mothers had no previous experience with breastfeeding and that half had difficulty in breastfeeding in the first days postpartum⁽⁷⁾ - suggesting, in this way, that if the mother is not correctly guided, she is a potential candidate to have pain or discomfort in some part of her body due to the technique of breastfeeding.

Low income is classically associated with factors which lead to the early interruption of breastfeeding due to various suggestive conditions: such as the mother having to work and not knowing how to continue offering her milk, or through lack of knowledge of how to breastfeed correctly, this incorrect practice causing some discomfort which leads to early weaning. However, there is no consensus on the influence of income on early weaning, as there are studies which indicate that family income was reported as being a factor associated with the total duration of breastfeeding⁽⁸⁾; it was determined, on the other hand, also through research, that the mother's income, as with her educational level, did not influence the duration of breastfeeding in different social groups⁽⁹⁾. In this study, 46.7% of the mothers interviewed had a family income below one minimum salary, but this data does not have statistical significance when related to their pain and discomfort.

Although Cesarean birth was reported as most common among the mothers, the type of birth did not significantly influence the pain and discomfort which would hinder the maintenance of breastfeeding. Other Brazilian studies also failed to find a difference when they compared the incidence of breastfeeding and its maintenance in relation to the type of birth⁽¹⁰⁻¹¹⁾.

Due to neonates' tendency to be most alert in the first two hours of life, this must be considered a convenient period for initiating a successful interaction between the mother and child through breastfeeding⁽¹²⁾. However, in this study, the place the mothers reported least as the location of the first episode of breastfeeding was the obstetric center, suggesting that this place should be more encouraged as where the first episode of breastfeeding should occur, regardless of the type of birth.

The anatomical shape of the nipple was not statistically significant in relation to the pain and discomfort, according to the statement from the Ministry of Health⁽¹³⁾.

In the present study, no mothers mentioned adopting an ideal posture for breastfeeding. However, the majority (95.2%) reported preferring to breastfeed sitting down, and among these, the furniture selected was a chair or armchair. Considering that 35.6% of the mothers mentioned pain or discomfort in some region of the body, the importance of offering guidance in relation to posture in the puerperal period is evidenced. It is probable that several mothers did not mention feeling pain because they consider it to be a normal process in satisfying their child and family, evidencing a greater focus on the bond which they are establishing than on the pains which they are feeling⁽¹⁴⁻¹⁶⁾.

There was, in this study, a greater prevalence of inadequate positioning of the baby, causing complaints of pain and discomfort in 26.1% of the interviewees. In relation to the baby's position, it was considered correct when the baby's head was aligned with the body, the chin touching the mother's breast, and the head supported in the region of the neck, as this is important for correct latching onto the breast⁽¹⁷⁾.

In analyzing factors which could have influenced this outcome, for this study, it may be noted that 35.7% of the mothers interviewed mentioned pain or discomfort in some part of their body when breastfeeding; the most-mentioned region and cause were the breasts, due to fissures. Although the researchers have observed complaints of pain in the nipple, a consequence of breast lesions, this did not cause the weaning, although it caused discomfort for the mothers. Breastfeeding is mentioned by innumerable women as a sublime and pleasurable time, so long as there is no pain⁽¹⁸⁾. The pain in the breasts and the painful feeling in the nipples are the complaints made most by the mothers, and the most studied, as they directly interfere in the practice of breastfeeding, given that they are associated with early weaning^(3,19-20).

The only factor associated with pain and discomfort reported by the mothers which had statistical significance was the child's sex ($p=0.038$). The baby's sex was related to pain and discomfort, with the female sex being the most prevalent in this relationship, suggesting that boys may have better suction or a better hold on the breast. Data were not found in the literature comparing a 'good hold'

or suction between the male and female sexes; emphasizing, therefore, the importance of undertaking further studies for ascertaining whether such hypotheses make sense.

Furthermore, the health professionals must seek to investigate mothers' difficulties in the process of breastfeeding, so that they may provide important and indispensable alternatives so as to avoid early weaning⁽²¹⁾. It is worth emphasizing that professionals involved with breastfeeding must work with creativity and update their knowledge directly linked to breastfeeding, being alert and sensitive to the needs of the mother-child binomial⁽²²⁾.

CONCLUSIONS

According to this study's data, a lack of early encouragement for breastfeeding and the mother-baby bond was observed, given that the obstetric center was mentioned least as the place where the first episode of breastfeeding occurred. The mothers' mean age was 23 years old and their lack of experience with breastfeeding was not a statistically significant factor when related to the pain and discomfort in some part of the body of the person breastfeeding; neither was the anatomical shape of the nipples and the position and hold of the infant.

None of the mothers reported adopting a posture which was ideal for breastfeeding (seated, leaning back, shoulders relaxed, feet supported, and a pillow used on the lap). However, the great majority reported a preference for breastfeeding sitting down, and these indicated chairs or armchairs as being the furniture used most for breastfeeding. Out of the total of women, 35.7% mentioned feeling pain or discomfort in some region of the body, and the most reported place for pain and discomfort was the breast, due to fissures. The only factor associated with pain and discomfort, reported by the mothers, to be statistically significant was the child's sex ($p=0.038$).

The authors suggest encouragement for educational actions in health during the prenatal period with the guidance not only regarding breastfeeding, but also in relation to the correct techniques for the same, so as to prevent and minimize the discomforts linked to breastfeeding which can result in early weaning. It would also be appropriate to emphasize the importance of initiating breastfeeding in the delivery room itself, regardless of type of birth, with a view to early strengthening of the mother-baby bond.

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