

HEALTH PROFESSIONALS' ROLE IN PRO-BREASTFEEDING ACTIONS: A LITERATURE REVIEW

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ABSTRACT: This integrative literature review aims to investigate the content of the scientific production regarding professionals' practices in the implementation of the Baby Friendly Hospital Initiative. The articles were selected in October 2012, in the LILACS and MEDLINE databases. 187 studies were identified; after the application of the inclusion and exclusion criteria, seven articles were analyzed. Data analysis was undertaken based on categorization in thematic units, with identification of the variables of interest and key concepts, allowing the identification of three issues: The impact of the implantation of the Baby Friendly Hospital Initiative; The consolidation of the Ten Steps to Successful Breastfeeding; and The professional practice directed at the promotion of breastfeeding. It is ascertained that the professional practice is still presented in a reductionist form, which evidences the need for the review.

DESCRIPTORS: Breast feeding; Health personnel; Health services.

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INTRODUCTION

Breast milk is considered the best food for children in their first months of life, due to its biochemical characteristics and its economic and psychosocial advantages, and is relevant in reducing child morbidity and mortality. However, even with the improvement in the rates of breastfeeding in Brazil in recent years, these levels remain below those stipulated by the Brazilian Ministry of Health⁽¹⁻²⁾.

In recent decades, various governmental programs have been launched for promoting breastfeeding. Among these, the Baby Friendly Hospital Initiative (BFHI) stands out. This was launched in Brazil in 1992, with the aim of protecting, promoting and supporting breastfeeding through the improvement of hospital practices with the implantation of the Ten Steps to Successful Breastfeeding⁽³⁻⁴⁾. The BFHI actions are measures adopted based on the Innocenti Declaration, in relation to development mechanisms for protecting and supporting breastfeeding. This Declaration resulted from a meeting promoted by the World Health Organization and United Nations Children's Fund, in Italy in 1990, with various countries, including Brazil. Based on the Declaration, the BFHI was launched internationally in 1990, and has helped to increase rates of breastfeeding worldwide⁽⁵⁾.

Thus, health institutions which adhere to this initiative are working more incisively with women, so that these may breastfeed their children very shortly after birth. Often, however, women do not have the opportunity to reveal their real desires and their physical and emotional conditions for breastfeeding in the hospital context⁽⁶⁾.

In addition to this, health professionals often prioritize the standards established by their institution and carry out the procedures in a routine way, evaluating only the woman and newborn's biological conditions for breastfeeding. It may be ascertained, therefore, that there is a shortage of reflection by health professionals regarding the shaping of the maternal identity, it being necessary for the professional not to restrict herself only to the biological components during the promotion of breastfeeding and the undertaking of the care⁽⁷⁾.

Although various factors can contribute to early weaning and formula feeding – the participation of the father, the parents' educational level, symptoms of depression on the part of the mother, and lack of family support – care provided by the health professionals to the women and their babies in the first days after the birth, and hospital routines have been described worldwide as determinant factors for early weaning^(4,8).

Thus, this study was undertaken with the objective of investigating, through an integrative literature review, the content of the Brazilian and international scientific production regarding health professionals' practices in the implementation of the Baby Friendly Hospital Initiative. The rationale for the study is the possibility of providing support for professional practice related to breastfeeding in the hospital context, so as to encourage the promotion of measures for facilitating this process.

METHOD

The present study was undertaken through an integrative literature review, which summarizes the studies already undertaken on a specified issue and constructs a conclusion based on studies which, although different, investigate similar problems⁽⁹⁻¹⁰⁾.

A previously-validated instrument was used for extracting the data from the articles selected⁽¹¹⁾, with the aim of ensuring the totality of the analysis of the relevant data and of minimizing the risk of errors, ensuring accuracy in the checking of the information. The following guiding question was established for this review: Which of the health professional's actions are related to the implementation of the BFHI?

To select the articles, a search was made in the following databases: International Literature in Health Sciences (MEDLINE) and Latin-American and Caribbean Health Sciences Literature (LILACS). The choice of indexed periodicals was explained by the fact that they met the criteria of scientification established.

These databases were consulted in October 2012, using a combination of the following descriptors, in accordance with the study object: breastfeeding, health personnel, health services, postpartum period. Also used were the key words Baby Friendly Hospital Initiative, the aim being to include the studies which used the same. As a result, 187 publications were obtained, as presented in Table 1.

The inclusion criteria were articles published from January 2002 to October 2012 which involved aspects related to the issue, case study articles, case control articles, randomized clinical trials, systematic reviews and/or cohort studies. The exclusion criteria were theses, dissertations, papers, letters to editors, editorials, articles not published in Portuguese, Spanish or English, studies presented at congresses, articles which did not have abstracts, and texts which were not about the subject.

The use of the criteria of inclusion and exclusion resulted in the reduction of the number of articles, initially

made up of 187, to 66 articles. Continuing with the process, we undertook an analysis of the titles and the respective abstracts. Of these 66 works, 59 did not answer the present study's question, and were excluded. As a result,

this study's sample was made up of seven publications.

The analysis of the articles' content was undertaken based on their categorization in thematic units, with the identification of variables of interest and key concepts⁽¹²⁾.

Table 1 – Combining of key words for investigating the publications about health professionals' practices on the implementation of the Baby Friendly Hospital Initiative between the years of 2002 and 2012 in the LILACS and MEDLINE databases. Ribeirão Preto-SP-Brazil, 2012

Combining of key words	LILACS	MEDLINE	Total
Breastfeeding x Health Personnel x Health Services	0	54	54
Breastfeeding x Postpartum Period	12	0	12
Baby Friendly Hospital Initiative	49	72	121
Total	61	126	187

RESULTS

In this study, seven articles were analyzed in full. Board 1 presents the articles selected, with their titles, the databases in which they were found, the language in which they were published, their country of origin and their year of publication.

Board 2 presents the results referent to the journal in which the article was published, the institution in which the study was undertaken, and the study design. Regarding the type of scientific journal, three publications were found in Nursing (42.9%), one publication in Mother and Child Health (14.3%), two publications in Health Services (28.6%), and one publication in Nutrition (14.3%).

Board 1 – Distribution and characterization of the articles about health professionals' practices on the implementation of the Baby Friendly Hospital Initiative, between the years of 2002 and 2012. Ribeirão Preto-SP-Brazil, 2012

Article	Title	Database	Language	Country of origin	Year
01	The implantation of an intervention strategy in a health service.	LILACS	Portuguese	Brazil	2008
02	Evaluation of the implantation of the Baby Friendly Hospital Initiative in Rio de Janeiro, Brazil.	LILACS	Portuguese	Brazil	2012
03	The Baby Friendly Hospital Initiative from the perspective of the social actors who experience it in Teresina, Piauí.	LILACS	Portuguese	Brazil	2010
04	Ten steps or climbing a mountain: a study of Australian health professionals' perceptions of implementing the Baby Friendly Health Initiative to protect, promote and support breastfeeding.	MEDLINE	English	Australia	2011
05	Policies and practices for maternal support options during childbirth and breastfeeding initiation after cesarean in Southeastern hospitals.	MEDLINE	English	United States	2006
06	Analysis of the implementation of a care proposal in the teaching hospital from the perspective of the nursing manager	LILACS	Portuguese	Brazil	2006
07	Evaluation of supportive breastfeeding hospital practices: a community perspective	LILACS	English	Colombia	2010

Board 2 – Distribution and characterization of the articles by source of information and study design, on the implementation of the Baby Friendly Hospital Initiative between the years of 2002 and 2012. Ribeirão Preto-SP-Brazil, 2012

Article	Indexed Journal	Type of Scientific Journal	Institution in which undertaken	Study design
01	Acta Paulista de Enfermagem	Nursing	Teaching and health institution	Descriptive qualitative study
02	Revista Brasileira Saúde Materno Infantil	Mother and Child Health	Health institution	Cross-sectional study
03	Revista de Nutrição	Nutrition and foods	Health institution	Descriptive qualitative study
04	BMC Health Services Research	Health Services	Health institution	Interpretive qualitative study
05	Journal of obstetrics gynecology and neonatal nursing	Medicine, Nursing and Odontology	Health institution	Cross-sectional study
06	O Mundo da Saúde	Health Services	Teaching and health institution	Descriptive qualitative study
07	Avances en Enfermería	Nursing	Health institution	Cross-sectional study

DISCUSSION

The analysis of the articles' content made it possible to identify three issues: The impact of the implantation of the Baby Friendly Hospital Initiative; The consolidation of the Ten Steps to Successful Breastfeeding; and Professional practice directed at the promotion of breastfeeding.

The impact of the implantation of the Baby Friendly Hospital Initiative

The articles stated that, in the perception of the health professionals, the implementation of the Baby Friendly Hospital Initiative has both positive and negative aspects⁽¹³⁻¹⁸⁾. The positive aspects presented are: the increase in the duration of breastfeeding, the better conditions for the health of the child and the mother, and the consistency in the approach and in the information provided by the health professionals⁽¹³⁾.

Some articles, however, demonstrate that the health professionals presented insecurity and anxiety concerning undertaking the BFHI; it was seen as a process of change, reporting the need for adjustment of the care, with the aim of achieving quality of care, as well as being seen as an imposition from management, a change in routine and an increase in the work load, which resulted in poor compliance from these professionals in relation to the BFHI's rules and routines⁽¹⁵⁻¹⁷⁾. It was

ascertained that the feelings of anxiety and insecurity are mitigated through the training and instrumentalization of the team for undertaking the BFHI actions⁽¹⁵⁻¹⁶⁾.

Furthermore, for the benefits brought by the implementation of the BFHI to be put into practice, it is necessary for there to be careful, gradual monitoring, with the undertaking of continuous evaluation of this process by the managers and professionals involved, so that all may have appropriate conducts which favor the promotion, protection and support for the practice of breastfeeding⁽¹³⁻¹⁸⁾.

The consolidation of the Ten Steps to Successful Breastfeeding

The studies indicate that for the health professionals there is little difficulty in achieving the ten steps. There is a consensus that it is extremely important to have written guidelines to be keenly followed and transmitted to the entire team, as stipulated by one of the steps^(13,15-16). Moreover, for the BFHI's implementation, all the professionals must receive training enabling them to undertake this⁽¹⁵⁻¹⁶⁾.

Some studies, however, reported that the health professionals had difficulties regarding carrying out the steps which depended on the work of separate teams or of the other institutions such as, for example, the guidance of the pregnant woman in the prenatal check-ups with regard to breastfeeding (3rd step), or the continuity of the actions for breastfeeding following discharge

from hospital (10th step). These factors are considered hindrances and can cause poor performance of the professionals in the undertaking of these steps^(15-16,18).

Another aspect which hinders the consolidation of the BFHI is the undertaking of the 4th step, which is helping the mother to initiate breastfeeding very shortly after the birth. Although this practice favours the continuity of breastfeeding, the studies demonstrate that this step is not always undertaken correctly, even though the majority of the professionals assert the contrary^(13,15-16).

As stipulated in the 6th step, providing the child with food additional to the breastmilk only under medical prescription is rigorously followed by the professionals^(15-16,18). Steps 7 and 9 (rooming-in and the non-use of artificial teats or pacifiers, respectively) were verified as those which present the greatest adherence by the health professionals⁽¹⁸⁾.

Professional practice directed at the promotion of breastfeeding

The studies indicate that, for the health professionals, the success of the care for the mothers and the babies in relation to breastfeeding depends not only on the recommended rules, but also on the periodical undertaking of courses on the subject. They believe that in collecting new knowledge on breastfeeding, they will have the capacity to increase the importance of their role⁽¹⁴⁾.

Various studies report that, although the health professionals are aware of the social factors of the phenomenon of breastfeeding, this knowledge has not yet been added to their practice, with the belief of breastfeeding as a natural phenomenon persisting^(13-14,16,18).

In this regard, the studies confirm the need to direct the professional practice beyond the biological aspects, so that it may consider the broader context which involves the woman as mother, breastfeeder, wife, worker and citizen. It may be noted, therefore, that the professional practice remains reductionist and lacks the understanding of all of the dimensions which surround breastfeeding^(13-14,16,18). They emphasize the need for care which may be comprehensive, allowing the women to feel secure and satisfied, making breastfeeding satisfactory for the mother-child binomial⁽¹⁹⁾.

CONCLUSIONS

The present study provides information on the health professional's understanding and practice in undertaking the actions in favor of breastfeeding, with

a focus on the actions of the BFHI. It ascertains this initiative's positive impact on mother and child health, and the little difficulty presented by the professionals for implementing it. However, professional practice is still shown to be reductionist, which evidences the need for these practices to be reviewed, so as to contribute to a welcoming assistance for the mother-child binomial in relation to breastfeeding.

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