

MATERNAL PRACTICES AND THE USE OF ALTERNATIVE THERAPIES IN THE CARE OF THE CHILD

Karina Jullyana de Melo Brondani¹, Rosângela Aparecida Pimenta Ferrari², Alexandrina Aparecida Maciel Cardelli³, Mauren Teresa Grubisich Mendes Tacla², Flávia Genovesi Façoso⁴, José Carlos Dalmas⁵

ABSTRACT: Objective: to analyze the care of the child and the use of alternative therapies by mothers in the first 42 days postpartum. Method: quantitative descriptive cross-sectional study carried out in a low-risk public maternity ward, with a home visit at 42 days postpartum, between July 2013 and January 2014, in Londrina-PR. The Fischer Exact and Chi-Square Tests were used considering a 95% confidence interval. Results: among the 357 puerperal women, 50.7% were aged ≤ 24 years, 69.2% multiparous, 75.4% had ≥ 8 years of schooling and 49% an income ≥ 2 minimum salaries. Complementary therapy was predominantly suggested by the grandmothers, used in the child's bath (97=27.2%), on the umbilical stump (143=39.9%), for conjunctivitis (108=81.0%) and for jaundice (56=34.6%). The social class was significant ($p=0.005$) with age, education, income and use of teas. Conclusion: maternal practices are maintained between generations, some indiscriminately, with it being necessary for the health team to prevent injuries and promote health considering the cultural aspects of the family.

DESCRIPTORS: Child health; Cross-cultural nursing; Nursing care; Pediatric nursing; Health promotion.

PRÁTICAS MATERNAS E USO DE TERAPIAS ALTERNATIVAS NO CUIDADO DA CRIANÇA

RESUMO: Objetivo: analisar o cuidado da criança e uso de terapias alternativas pelas mães nos primeiros 42 dias pós-parto. Método: pesquisa quantitativa descritiva transversal realizada em maternidade pública de baixo risco e visita domiciliar aos 42 dias pós-parto, entre julho de 2013 e janeiro de 2014, em Londrina-PR. Utilizou-se o Teste de Exato de Fischer e Qui-Quadrado com intervalo de confiança de 95%. Resultado: entre as 357 puérperas, 50,7% com idade ≤ 24 anos, 69,2% múltiplas, 75,4% escolaridade ≥ 8 anos e 49% renda ≥ 2 salários mínimos. A terapia complementar foi indicada predominantemente por avós, utilizada no banho da criança (97=27,2%), coto umbilical (143=39,9%), conjuntivite (108=81%) e icterícia (56=34,6%). A classe social foi significativa ($p=0,005$) com a faixa etária, escolaridade, renda e uso de chás. Conclusão: as práticas maternas se mantiveram entre as gerações, algumas indiscriminadamente, sendo necessário que a equipe de saúde previna agravos e promova saúde considerando os aspectos culturais familiares.

DESCRIPTORIOS: Saúde da criança; Enfermagem transcultural; Cuidados de enfermagem; Enfermagem pediátrica; Promoção da saúde.

PRÁCTICAS MATERNAS Y USO DE TERAPIAS ALTERNATIVAS EN EL CUIDADO AL NIÑO

RESUMEN: Objetivo: analizar el cuidado al niño y el uso de terapias alternativas por las madres en los primeros 42 días tras el parto. Método: investigación cuantitativa descriptiva transversal que ocurrió en maternidad pública de bajo riesgo y visita domiciliar a los 42 días tras el parto, entre julio de 2013 y enero de 2014, en Londrina-PR. Se utilizaron el Test Exacto de Fischer y el Chi Cuadrado con intervalo de confianza de 95%. Resultado: entre las 357 puérperas, 50,7% presentaban edad ≤ 24 años, 69,2% eran múltiplas, 75,4% tenían escolaridad ≥ 8 años y 49%, renta ≥ 2 salarios mínimos. La terapia complementaria fue indicada predominantemente por los abuelos, utilizada en el baño del niño (97=27,2%), ombligo (143=39,9%), conjuntivitis (108=81%) e ictericia (56=34,6%). La clase social fue significativa ($p=0,005$) así como la franja etaria, escolaridad, renta y uso de tes. Conclusión: las prácticas maternas se mantuvieron entre las generaciones, algunas de modo indiscriminado, siendo necesario que el equipo de salud haga la prevención de agravios y promueva salud considerándose los aspectos culturales familiares.

DESCRIPTORIOS: Salud del niño; Enfermería transcultural; Cuidados de enfermería; Enfermería pediátrica; Promoción de la salud.

¹Registered Nurse Specialist in Child Health Nursing. State University of Londrina. Londrina, PR, Brazil.

²Registered Nurse. PhD in Sciences. Professor of the Nursing Department of the State University of Londrina, Londrina, PR, Brazil.

³Registered Nurse. PhD in Public Health. Professor of the Nursing Department of the State University of Londrina, Londrina, PR, Brazil.

⁴Registered Nurse. PhD in Nursing in Public Health. Professor of the Nursing Department of the State University of Londrina, Londrina, PR, Brazil

⁵Registered Nurse. MSc in Nursing. State University of Londrina. Londrina, PR, Brazil.

⁶Mathematician. PhD in Mathematics. Professor of the State University of Londrina, Londrina, PR, Brazil.

Corresponding author:

Rosângela Aparecida Pimenta Ferrari
Universidade Estadual de Londrina
Av. Robert Koch, 60 - 86038-350 - Londrina, PR, Brasil
E-mail: ropimenta@uel.br

Received: 24/07/2017

Finalized: 22/08/2018

● INTRODUCTION

The concept of culture can be defined as shared values, beliefs, and practices, passed over the generations. It represents a web of signals to be deciphered, in which the world view, ethnicity, history, religion, and other factors directly and indirectly influence the practices of a community and last over time⁽¹⁾.

The popular practice takes on great dimensions, becoming an ally of healthcare in the gestational period and in the puerperium. In both phases, transformations occur in the woman's body and mind, affecting her daily life and that of her family. Information sharing with family members, social groups or close relatives is common in these moments, especially when it comes to a first pregnancy, when doubts and concerns become more present and confidence in the knowledge of other women that have been through the same process is displayed⁽²⁻³⁾.

Among the factors that lead people to adhere to Complementary Therapies (CTs), the following stand out: the influence of people who are close and who have passed through a similar situation; lack of confidence in conventional medicine; insufficient financial situation to pay for the treatment proposed by the health team and the absence of a bond with this team. This final factor leads puerperal women to conceal the use of alternative therapies from the health team and to delay seeking a health service⁽⁴⁾.

Faced with the popular practices, especially those related to newborn care, it is important to detect the harm that CTs can cause in order to correct them. These interventions will be effective if there is a bond with the health provider to establish a relationship of trust with the puerperal woman and the family, making possible the adherence to the acquired knowledge and the substitution of the erroneous practices based on the understanding of the risks, advantages and disadvantages for the health of the child⁽⁴⁻⁶⁾.

The present study aimed to analyze the care of the child and the use of alternative therapies by mothers in the first 42 days postpartum. As each individual lives in a given context and this has an influence on their actions, including health care, it is necessary to understand the family's understanding of the health-disease process, in order to add what is lacking for effective care and correct practices that endanger the health of its members, aiming for healthy development in an integral way⁽⁷⁾.

● METHOD

This was a descriptive cross-sectional study with women who performed a delivery in a public maternity ward, a reference for low and intermediate risk pregnancies, in which approximately 80% of deliveries by the Brazilian Nation Health System are performed, in Londrina-PR, Brazil. To obtain the study population, a sample calculation was performed from the 3,415 deliveries of the previous year (2012), considering a margin of error of 5% and confidence level of 95%, resulting in 358 participants. There was one exclusion, due to the illness of the child, totaling 357 puerperal women. For the data collection, the researchers approached the women daily in the maternity until reaching the sample amount, using a form with semi-structured questions including sociodemographic data, prenatal care, labor, delivery, rooming-in and orientation for discharge, postpartum care after discharge, care and practices with the baby at home. The inclusion criteria were to reside in the urban area, to have a low or intermediate risk pregnancy and to be able to understand and consent to the participation in the study.

The study comprised four stages, from July 2013 to February 2015: the first, in the maternity ward, in medical records, interview, Pregnant Woman Card and Child Card; the second, observation of care in the maternity ward one week postpartum; the third, home visit (HV) 42 days postpartum to identify the care received in the maternity ward, in the health service after discharge, puerperal evolution and intercurrentence, care of the baby; and finally, a year postpartum. The present study refers to data from the first and second stages, from July 2013 to January 2014. The variables of this study refer to the maternal and child characteristics: age, education, marital status, parity, occupation, income, type of delivery and birth weight; to the maternal postpartum care of the child regarding bodily, ocular and umbilical hygiene; jaundice, dermatitis and abdominal colic; and to the characterization of the mothers' advisors

in the maternity ward (maternity professionals) and at home (relatives, etc.) for assistance in the care of the child. The data were stored and processed using the SPSS® program. For the analysis, the Fischer Exact and Chi-Square Tests were used, considering a 95% confidence level, $p=0.005$.

The study was authorized by the Municipal Authority and approved by the Research Ethics Committee of the State University of Londrina, No. 120.13/UEL.

● RESULTS

Table 1 shows that of the 357 puerperal women attending the maternity ward, 50.7% (181) were young (≤ 24 years) and 75.4% (269) had ≥ 8 years of study, 58.5% (209) had paid occupations, 81.2% (290) were of the CD social class and 84% (300) had a partner. Multiparity totaled 69.2% (215). For 74.5% (266) of the women the delivery was vaginal and almost all (351=98.3%) of the newborns presented adequate weight for the gestational age. Family support was available for almost all (349=97.8%), being considered one of the positive aspects (271=70.3%), followed by the baby's calm behavior (83=23.2%).

The difficulties related to the baby were frequent crying (65=18.2%), troubled sleep (64=17.9%) and problems with breastfeeding (48=13.4%). Other difficulties were the lack of time to perform other activities that did not involve the baby (99=27.7%) and change in the behavior of the other children (64=17.9%).

Table 1 – Socioeconomic and obstetric variables, maternal support network, positive aspects and difficulties in the care of the child in the first 42 days postpartum. Londrina, PR, Brazil, 2013 (continues)

Variables	n 357	% 100
Age group (years)		
≤ 24	181	50.7
≥ 25	176	49.3
Education (years of study)		
≤ 7	88	24.6
8 and more	269	75.4
Marital status		
Without partner	88	15.9
With partner	300	84.0
Parity		
Primipara	142	39.7
Multipara	215	69.2
Maternal occupation		
Paid	148	41.4
Unpaid	209	58.5
Monthly Income (in minimum salaries)*		
< 2	166	46.5
2 and more	175	49.0
Social class**		
AB	67	18.8
CD	290	81.2
Type of delivery		
Vaginal	266	74.5
Surgical	91	25.4
Birth weight (in grams)		
< 2500	6	1.7
≥ 2500	351	98.3

Support network upon return home		
Yes	349	97.8
No	8	2.2
Adaptation in the period was easy		
Yes	169	47.3
No	188	52.7
Positive aspects in the care of the child		
Family support	251	70.3
Baby cries little	83	23.2
Previous experience	23	6.4
Difficulties in the care of the child		
Lack of time for activities beyond care of the child	99	27.7
Baby cries excessively	65	18.2
Baby's sleep was disturbed	64	17.9
Jealousy from the other siblings	64	17.9
Problems related to breastfeeding	48	13.4
Baby had abdominal colic	17	4.8

*Value referring to the Brazilian salary of the year 2013, R\$678.00, decree No.7, 872/2012; **Classification of social class according to the possession of assets proposed by the Brazilian Association of Population Studies (ABEP)⁽⁶⁾.

Bathing the newborn was performed with alternative components (97=27.2%), including leaf teas (54=15.1%) such as chamomile, rue, tomato leaf, cassava leaf and fennel. Other components (43=12.1%) used were breast milk, corn starch, alcohol, sugar, salt and roof tile (Table 2). Regarding umbilical stump hygiene, almost all of the mothers used water and soap (214=59.9%), however, 39.9% (143) used other components, 28% (100) used 70% alcohol and 11.9% (43) other substances (saline, tobacco, coins, bands and oils). The management of ocular conjunctivitis occurred in 37.2% (133) of the babies, using eye drops (30.8%) and alternative components (81.0%), with 39.9% (43) using breast milk.

Of all the mothers, 45.0% (161) reported that their baby presented jaundice, with 25.4% (41) being treated with phototherapy in the maternity ward and 39.7% (64) sunbathing, however, 34.6% (56) used alternative treatments such as a bath with *picão* (a plant of the aster family) (43=26.6%) with oral administration (9=6.1%). The multiple use of ointments to prevent diaper rash by the mothers totaled 65.0% (233), with 59.6% (139) based on vitamins A, D, B5 and E, 57% (133) on astringent substances (zinc oxide) and 30% (70) based on antimicrobials (nystatin, ketoconazole, neomycin, etc.). Abdominal colic was identified in 61.3% (219) of the children and 52.5% (115) used more than one type of tea for its relief, including chamomile (78=67.8%) and fennel (65=56.5%).

Table 2 - Maternal care regarding body hygiene and management of common pathologies in the first 42 days postpartum. Londrina, PR, Brazil, 2013 (continues)

Maternal care	n	%
	357	100
Bath given by the mother		
Component used in the bath	341	95.5
Water and soap	260	72.8
Alternatives	97	27.2
Hygiene of the umbilical stump		
Component used in the hygiene	335	93.8
Water and soap	214	59.9
70% Alcohol	100	28.0
Alternatives	43	11.9

Management of Common Pathologies		
Conjunctivitis		
Component used in the hygiene	133	37.2
Water	25	18.0
Alternatives	108	81.0
Jaundice		
Treatments used	161	45.0
Sunbathing	64	39.7
Phototherapy in the hospital	41	25.4
Alternative components	56	34.6
Use of ointment in the prevention of dermatitis		
Components in the prevention*	233	65.2
Vitamins A, D, E and B5	139	59.6
Astringent substances	133	57.0
Topical Antimicrobials	70	30.0
Aloe vera ointment	14	5.8
Anti-moisture substances	6	2.5
Abdominal colic		
Use of teas for the colic	115	52.5
Teas used *		
Chamomile	78	67.8
Fennel	65	56.5
Lemongrass	5	4.3
Coriander	5	4.3
Pennyroyal	3	2.6
Others	7	6.0

*Multiple use

The nursing team appeared as the main advisors in care with the umbilical stump (260=72.8%). Regarding ocular hygiene, 28.5% (38) was by the nurse and 27% (36) by the physician (Table 3). Only 32.8% (77) of the ointments were suggested by a health provider and 63.6% (149) by family members and by the parents themselves. The care for jaundice was guided by health providers in 29.7% (48) of the cases, by nurses in 19.2% (31), by the physician in 10.5% (17) and by the maternal grandmothers in 44.5% (72) of the cases. Approximately 67.0% (77) of the grandmothers indicated teas for abdominal colic.

Table 3 - Advisors for umbilical stump care, ocular hygiene, jaundice, use of ointments and colic teas in the first 42 days of the child's life. Londrina, PR, Brazil, 2013

Supervisors	Variables									
	Umbilical stump		Ocular hygiene		Ointments		Jaundice		Teas for colic	
	n	%	n	%	n	%	n	%	n	%
	357	100	133	100	233	100	161	100	115	100
Nurse	260	72.8	38	28.5	13	5.5	31	19.2	-	-
Physician	43	12.0	36	27.0	41	17.5	17	10.5	4	3.4
Maternal grandmother	22	6.1	29	21.7	16	6.8	72	44.5	77	66.8
Other family member	23	6.1	11	8.9	20	8.4	21	12.9	22	18.9
Friend	7	1.9	13	9.7	26	11.1	7	4.3	4	3.4
Pharmacist	2	0.5	5	3.7	23	9.8	-	-	-	-
The parents themselves	-	-	-	-	87	37.3	13	8.0	8	6.8

The variables that were statistically significant with the social class were age group, education and family income. The majority of the women in the AB social class were over 25 years of age, unlike those of the CD class. It was verified that in both social classes the percentages were similar in both the marital status, type of birth, birth weight and family support network. Multiparity totaled 70.1% (47) in the AB social class. A total of 53.7% of the women with paid work belonged to the AB social class, while 61.7% of the unpaid women belonged to the CD class. Both groups reported that they did not find it easy to adapt in the first 42 days postpartum.

Table 4 - Socioeconomic variables and maternal support network according to social class. Londrina, PR, Brazil, 2013

Variables	Social Class				P value
	AB		CD		
	n 67	% 100	n 290	% 100	
Age group (years)					
≤ 24	18	26.9	163	56.2	<0.0001 ¹
≥ 25	49	73.1	127	43.8	
Education (years of study)					
≤7	8	11.9	80	27.6	0.007 ¹
8 and more	59	88.1	210	72.4	
Marital status					
With partner	59	88.1	241	83.1	0.361 ¹
Without partner	8	11.9	49	16.9	
Parity					
First pregnancy	20	29.9	123	42.4	0.072 ¹
Multiple gestations	47	70.1	167	57.6	
Maternal occupation					
Paid	36	53.7	111	38.3	0.027 ¹
Unpaid	31	46.3	179	61.7	
Type of delivery					
Vaginal	47	70.1	219	75.5	0.356 ¹
Surgical	20	29.9	71	24.5	
Birth weight (in grams)					
<2500	1	1.5	5	1.7	1.000 ¹
≥2500	66	98.5	285	98.3	
Support network upon return to the home					
Yes	66	98.5	283	97.6	1.000 ¹
No	1	1.5	7	2.4	
Adaptation in the period was easy					
Yes	30	44.8	139	47.9	0.685 ¹
No	37	55.2	151	52.1	

¹Fischer's Exact Test.

The use of alternative components in the care of the child was more frequent in those of the CD social class in the bath, umbilical hygiene, conjunctivitis and jaundice, although these did not present statistical associations.

The use of tea for colic had a statistical relationship with social class, with it being more frequent in the CD social class (98=57%), and fennel and chamomile being the most used. Almost all of the care

of the child regarding the management of conjunctivitis, jaundice, dermatitis and abdominal colic was suggested by family members in both classes.

Table 5 - Maternal care for body hygiene, management of common pathologies and respective advisors according to social class. Londrina, PR, Brazil, 2013

Variables	Social class**				P value
	AB		CD		
	n	%	n	%	
	67	100	290	100	
Component used in the bath					
Water and soap	57	85.1	230	81.3	0.596 ¹
Alternatives	10	14.9	53	18.7	
Umbilical stump hygiene component					
Water and soap	47	72.3	178	63.3	0.194 ¹
70% Alcohol	18	27.7	94	33.5	
Alternatives	-		9	3.2	
Advisor in the umbilical stump care					
Family members/acquaintances	-	-	34	12.7	0.010 ²
Health providers	65	100	234	87.3	
Component for conjunctivitis					
Water	18	74	51	51.5	0.053 ²
Alternatives	6	25	48	48.5	
Supervisors in conjunctivitis care					
Family members/acquaintances	8	72.7	33	51.6	0.326 ¹
Health providers	3	27.3	31	48.4	
Treatments used for Jaundice					
Sunbathing and phototherapy	20	55.6	68	54.4	0.883 ²
Alternative components in the bath	16	44.5	57	45.6	
Jaundice care advisors					
Family members/acquaintances	30	85.7	102	85	1.000 ¹
Health providers	5	14.3	18	15	
Ointment in the prevention of dermatitis					
Yes	52	77.6	180	62.1	0.016 ¹
No	15	22.4	110	37.9	
Supervisors on the use of ointments					
Family members/acquaintances	31	60.7	126	71.2	0.279 ²
Health providers	20	39.2	51	28.8	
Use of teas for colic					
Yes	16	34.8	98	57	0.008 ¹
No	30	65.2	74	43	
Types of teas					
Fennel/Chamomile	18	94.7	111	88.1	0.011 ²
Others	1	5.3	15	11.9	
Supervisors on the use of teas					
Family members/acquaintances	18	100	121	96.8	0.741 ²
Health providers	-		4	3.2	
Supervisors on massage therapists for colic					
Family members/acquaintances	27	71.1	103	64.2	0.728 ²
Health providers	11	28.9	48	31.8	

¹Fischer's Exact Test; ²Chi-square Test.

● DISCUSSION

Each social group is represented by practices that are passed between generations⁽⁶⁻⁷⁾ and, although science has proven that some are not beneficial and there is now a wide availability of information, they are still preserved in the family nucleus. The perpetuation of these practices also depends on social conditions, education, age group and access to quality health services, variables that were statistically significant in the present study. Therefore, it is fundamental that the health team⁽⁵⁾ demystify taboos, myths and beliefs in order to reduce risks to the child's health.

Prior to the birth of a child and all the care this entails, fear and doubt become common, especially among primiparous women, with the help of family members being frequent⁽⁴⁾. The adaptation to the postpartum quotidian was difficult in both classes, even though they had family support. Considering this aspect, it is necessary to identify and comprehend the way the family members care⁽⁹⁾ and it is up to the health professional to guide them, detecting any incorrect practices and their possible complications at an early stage.

The use of alternative therapies in the present study was common for the care of the child both in the bath and for conjunctivitis, jaundice, dermatitis and colic. It was predominantly the grandmothers that provided this guidance, reaffirming the results of studies on the perpetuation of practices that are scientifically considered harmful to health⁽⁵⁻⁷⁾. Only guidance on care for the umbilical stump was provided by health providers, among them the nurse.

Regarding the hygiene of the newborn, bathing was one of the maternal difficulties, especially with a preterm or first child. Therefore, the Rooming-in system allows a moment of help and guidance from the nursing team⁽¹⁰⁾. In this study, some mothers delegated the bath to other people they lived with. One study identified that 69.3% of the puerperal women were unaware of the products, frequency and sequence of the bath and the ideal water temperature, requiring family support⁽⁹⁾.

Another study identified the major maternal fears regarding the baby's bath, such as fear of getting water in the ear, manipulating the umbilical stump, cleaning the genitals and getting soap in the eyes. The mothers also made extensive use of medicinal herbs typical of the region, in the bath water and as a cure of colds, cough and intestinal colic⁽¹¹⁾. Another study showed adverse effects of teas, such as bradycardia, hypoglycemia, skin burns and increased secretion in the airways⁽¹²⁾. In the present study, the use of alternative components was more frequent among those of the CD social class, with chamomile being the most frequently used. This, as well as any other herb, is contraindicated for children under one year of life due to the risk of ingestion of *Clostridium botulinum* bacterial spores⁽¹²⁻¹³⁾.

Hygiene of the umbilical stump, as well as the bath of the newborn, is often delegated to other people of the house, due to the fear of handling the baby. Although many maternity wards provide guidance regarding this care while rooming-in, sometimes this action is not performed at home, where the mothers end up adhering to intergenerational practices that may harm the child's health, favoring infections for example⁽¹⁴⁾. The components most used in Brazil for umbilical stump hygiene are water and soap and 70% alcohol, evidenced in the results of the present study. In addition to these, the use of other substances and objects on the stump, such as coins, tobacco and bands, was also evidenced in studies performed in other regions of the country, constituting a national practice that crosses generations and can cause harm to the baby, such as omphalitis⁽¹⁴⁻¹⁷⁾. In this study, although there was no statistical association between the use of alternative components and social class, it was verified that these were used in greater frequency by those of the CD class.

Concerning conjunctivitis, the treatment found in the present study was breast milk, used by almost half of the women of the CD social class, although it was present less frequently in those of the AB class. If this infection is not evaluated and treated correctly with eye drops, it can cause injury, as it may be related to nasolacrimal duct obstruction, a contamination acquired during vaginal delivery and treated with 1% silver nitrate⁽¹⁸⁻²⁰⁾. Another common complaint in the neonatal period is physiological jaundice. Being at home, the mothers do not want to return to the hospital so they perform alternative care for the cure, such as a bath with *picão* combined with the intake of tea⁽²¹⁾. The present study evidenced a similar result and found this to be more frequent in the CD class and usually suggested by the grandmothers. Authors have reported finding no toxic action from *picão*, however, did not

recommend its consumption by children under one year of age, due to the risk of contamination⁽²¹⁾.

Regarding the skin care of the neonate, mothers make indiscriminate use of ointments to prevent dermatitis⁽²²⁾, as found among the women in the present study, regardless of social class, suggested by family members. Although it is common to use emollient solutions to maintain skin integrity, there is no evidence of their efficacy⁽²²⁻²³⁾, however, the composition additives can be considered to cause contact sensitization, irritation, and toxicity to the infant⁽²⁴⁾.

One of the main difficulties reported by the mothers of the present study was abdominal colic and, for relief, they used teas suggested by the grandmothers. It should be highlighted that parents, through insecurity and inexperience, end up relying on the experience and tradition of family members and carry out practices that are dubious and even harmful to the baby, such as the indiscriminate use of medications and herbal teas, which, in addition to interfering with breastfeeding, can cause toxicity and intestinal infections⁽¹⁾. This practice occurs in diverse places in Brazil, with chamomile being the most used since the first days of life and being more common among adolescent mothers living with the maternal grandmother⁽²⁵⁾. In the microbiological analysis of five samples of chamomile tea sachets, purchased in Curitiba-PR, from herbalists, pharmacies and supermarkets, all were rejected due to their fungi and yeast content, two due to the total amount of coliforms and the presence of Salmonella, which implies health risks⁽²⁶⁾. The health team has an important role, especially in the preparation of the parents, beginning in the maternity ward, because the first months of the child are a fragile period, especially for the mother, due to the feeling of incompetence and lack of control for pain relief⁽¹⁾.

This study presents a limitation related to the fact that the information about the care of the child was based only on the maternal report. Further studies could investigate the perspectives of health providers and family members.

● CONCLUSION

The use of complementary therapy occurred among the mothers in the care of the child during the first 42 days of life, often suggested by the grandmothers rather than health providers. Despite the easy access to information and health services, these practices have been maintained through generations, most commonly among those of the CD social class. Considering the harm that can be caused by these practices, it is the responsibility of the health providers, especially the nursing team that works directly with this age group and family, to detect and intervene early to avoid harm to the child. These interventions should consider the cultural aspects of the members of this family in the care during the monitoring period, either in the consultation in the unit or in the home visit. Knowledge that is perpetuated between the generations should not be underestimated, due to the risk of the suggestions not promoting health and in order to prevent harm.

● REFERENCES

1. Iserhard ARM, Budó MLD, Neves ET, Badke MR. Práticas culturais de cuidados de mulheres mães de recém-nascidos de risco do sul do Brasil. *Esc Anna Nery*. [Internet] 2009 [accessed on Jun 04 2016]; 13(1). Available at: http://www.scielo.br/scielo.php?script=sci_issuetoc&pid=1414-814520090001&lng=pt&nrm=1.
2. Tomeleri KR, Marcon SS. Práticas populares de mães adolescentes no cuidado aos filhos. *Acta paul. enferm.* [Internet] 2009 [accessed on 2016 Jun 04]; 22(3). Available at: <http://dx.doi.org/10.1590/S0103-21002009000300006>.
3. Vieira VCL, Fernandes CA, Demitto MO, Bercini LO, Scochi MJ, Marcon SS. Puericultura na atenção primária à saúde: atuação do enfermeiro. *Cogitare enferm.* [Internet] 2012 [accessed on Apr 30 2016]; 17(1). Available at: <http://dx.doi.org/10.5380/ce.v17i1.26384>.
4. Gentil LB, Robles ACC, Grosseman S. Uso de terapias complementares por mães em seus filhos: estudo em um hospital universitário. *Ciênc. saúde coletiva*. [Internet] 2010;15(Suppl 1) [accessed on Apr 15 2016]. Available

at: <http://dx.doi.org/10.1590/S1413-81232010000700038>.

5. Seima MD, Michel T, Méier MJ, Wall ML, Lenardt MH. A produção científica da enfermagem e a utilização da teoria de Madeleine Leininger: revisão integrativa 1985-2011. Esc. Anna Nery. [Internet] 2011 [accessed on Apr 15 2016]; 15(4). Available at: <http://www.readcube.com/articles/10.1590/s1414-81452011000400027>.

6. Silva JAP e, Freire DG, Machado MFA. Cuidados maternos à saúde da criança em ambiente domiciliar frente ao serviço de saúde. Rev Rene. [Internet] 2010 [accessed on Apr 15 2016]; 11(n.esp). Available at: <http://www.revistarene.ufc.br/revista/index.php/revista/issue/view/27>.

7. Badke MR, Budó MLD, Alvim NAT, Zanetti GD, Heisler EV. Saberes e práticas populares de cuidado em saúde com o uso de plantas medicinais. Texto contexto - enferm. [Internet] 2012 [accessed on Mar 11 2016]; 21(2). Available at: <http://dx.doi.org/10.1590/S0104-07072012000200014>.

8. Associação Brasileira de Empresas de Pesquisa (ABEP). Dados com base no Levantamento Sócio Econômico 2012. [Internet] 2015 accessed on May 10 2016]. Available at: [file:///C:/Users/HP/Downloads/09_cceb_2014%20\(2\).pdf](file:///C:/Users/HP/Downloads/09_cceb_2014%20(2).pdf)

9. Andrade LCO, Santos MS dos, Aires JS, Joventino ES, Dodt RCM, Ximenes LB. Conhecimento de puérperas internadas em um alojamento conjunto acerca da higiene do neonato. Cogitare enferm. [Internet] 2012 [accessed on May 10 2016]; 17(1). Available at: <http://dx.doi.org/10.5380/ce.v17i1.26381>.

10. Brasil. Ministério da Saúde. Portaria n. 1.016, de 26 de agosto de 1993. Aprova as normas básicas para a implantação do sistema "Alojamento Conjunto". Diário Oficial da União. Brasília, 26 ago 1993.

11. Maia SMS, Silva LR da. Saberes e práticas de mães ribeirinhas e o cuidado dos filhos recém-nascidos: contribuição para a enfermagem. Rev. Enf. Ref. [Internet] 2012 [accessed on Feb 3 2017]; 3(7). Available at: <http://dx.doi.org/10.12707/RIII11130>.

12. Malveiro D, Henriques C, Flores P, Barata D, Vieira JP, Cabral P. Botulismo Infantil em Portugal: um lactente com hipotonia. Acta Ped Portuguesa. [Internet] 2013 [accessed on May 20 2016]; 44(4). Available at: <http://actapediatrica.spp.pt/article/viewFile/2659/2679>.

13. Cagan E, Peker E, Dogan M, Caksen H. Infant botulism. Eurasian J Med. [Internet] 2010 [accessed on May 20 2016]; 42(2). Available at: <http://dx.doi.org/10.5152/eajm.2010.25>.

14. Ribeiro MB, Brandão MNM. A produção científica da enfermagem sobre coto umbilical. Rev Interdisciplinar NOVAFAPI. [Internet] 2011 [accessed on Aug 20 2016]; 4(3). Available at: <http://uninovafapi.edu.br/sistemas/revistainterdisciplinar/v4n3/v4n3.html>.

15. Carmo AML do, Oliveira LN de. O papel do enfermeiro na prevenção da onfalite e seus principais aspectos em saúde. Rev Enferm UNISA. [Internet] 2009 [accessed on Aug 20 2016]; 10(2). Available at: <http://w2.unisa.br/graduacao/biologicas/enfer/revista/volumes/2009-2.shtml>.

16. Linhares EF, Silva LWS da, Rodrigues VP, de Araújo RT. Influência intergeracional no cuidado do coto umbilical do recém-nascido. Texto contexto - enferm. [Internet] 2012 [accessed on Apr 16 2016]; 21(4). Available at: <http://dx.doi.org/10.1590/S0104-07072012000400013>.

17. Souza RS de, Ferrari RAP, Santos TFM, Tacla MTGM. Atenção à saúde da criança: prática de enfermeiros da saúde da família. Rev Min Enferm. [Internet] 2013 [accessed on Apr 16 2016]; 17(2). Available at: <http://www.dx.doi.org/10.5380/ce.v23i4.54090>.

org/10.5935/1415-2762.20130025.

18. Azzolini TF, Leinig CAS. Correlação entre a pesquisa laboratorial de *Neisseria gonorrhoeae* e *Chlamydia trachomatis* com sua apresentação clínica. *Rev Fepar*. [Internet] 2011 [accessed on Apr 02 2016]; 1(1). Available at: <http://www.fepar.edu.br/revistaeletronica/index.php/revfepar/article/view/13/13>.
19. Costa MC, Demarch EB, Azulay DR, Perissé ARS, Dias MFRG, Nery JAC. Doenças sexualmente transmissíveis na gestação: uma síntese de particularidades. *An. Bras. Dermatol*. [Internet] 2010 [accessed on Feb 02 2016]; 85(6). Available at: <http://dx.doi.org/10.1590/S0365-05962010000600002>.
20. Passos AF, Agostini FS. Conjuntivite neonatal com ênfase na sua prevenção. *Rev bras. oftalmol*. [Internet] 2011 [accessed on Feb 15 2016]; 70(1). Available at: <http://dx.doi.org/10.1590/S0034-72802011000100012>.
21. Luchesi BM, Beretta MIR, Dupas G. Conhecimento e uso de tratamentos alternativos para a icterícia neonatal. *Cogitare enferm*. [Internet] 2010 [accessed on Feb 15 2016]; 15(3). Available at: <http://dx.doi.org/10.5380/ce.v15i3.18896>.
22. Fontanele FC, Cardoso MVLML. Lesões de pele em recém-nascidos no ambiente hospitalar: tipo, tamanho e área afetada. *Rev esc. enferm. USP*. [Internet] 2011 [accessed on Mar 17 2016]; 45(1). Available at: <http://dx.doi.org/10.1590/S0080-62342011000100018>.
23. Duarte AS, Santos WS, Silva LDB, Oliveira JD, Sampaio KJAJ. Promoção de saúde às genitoras de bebês prematuros: ação da enfermagem na alta hospitalar. *Rev Rene*. [Internet] 2010 [accessed on Mar 17 2016]; 11(3). Available at: http://www.revistarene.ufc.br/vol11n3_html_site/a17v11n3.html.
24. Fernandes JD, Machado MCR, de Oliveira ZNP. Quadro clínico e tratamento da dermatite da área de fraldas-Parte II. *An. Bras. Dermatol*. [Internet] 2009 [accessed on May 10 2016]; 84(1). Available at: <http://dx.doi.org/10.1590/S0365-05962009000100007>.
25. Kimura AF, Silva IA, Tsunechiro MA, Siqueira FPC, Bueno M, Lima MOP, et al. A saúde neonatal na perspectiva de atenção contínua à saúde da mulher e da criança. *Rev esc. enferm. USP*. [Internet] 2009 [accessed on May 10 2016]; 43(2). Available at: http://www.scielo.br/scielo.php?script=sci_issuetoc&pid=0080-623420090002&lng=pt&nrm=iso.
26. Rodrigues JD, de Lima CP. Análise microbiológica e físico-química de amostras secas de camomila, *Matricariarecutita*, asteraceae, comercializadas em Curitiba, Paraná. *Cad da Esc de Saúde*. [Internet] 2015 [accessed on May 10 2016]; 2(14). Available at: <http://portaldeperiodicos.unibrasil.com.br/index.php/cadernossaude/article/viewFile/2438/2008>.