



## **The nurse's contribution to breastfeeding**

### **A contribuição do enfermeiro no aleitamento materno**

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#### **1 INTRODUCTION**

Breastfeeding is a natural strategy of bonding, affection, protection, and nutrition for the child and constitutes the most sensitive, economical, and effective intervention for reducing infant morbidity and mortality (Peres, 2021), allowing for an impact on the promotion of the integral health of the mother/baby binomial and the rejoicing of the entire society (Andrade JA, 2016).

This is a fundamental practice for the child's development and demands a great deal of interaction. It is not completely instinctive, it needs to be learned so that it can be performed accurately and naturally (Lima, 2019). It consists of a process that involves deep interaction between mother and child, providing repercussions in the child's nutritional status, in its ability to defend itself from infections, in its physiology and in its cognitive and emotional development, in its long-term health, besides having implications in the mother's physical and psychological health (Alves VGS, 2021).

Breastfeeding has the following classifications, exclusive breastfeeding, in which the child feeds only on breast milk, not receiving any other food or liquid, except medicine, when necessary; predominant breastfeeding, in which there is the introduction of liquids; breastfeeding, milk directly from the breast; complementary breastfeeding, in addition to breast milk, the child receives semisolid or solid foods as a complementary form and mixed or partial breastfeeding, in addition to breast milk there is the ingestion of other milks. (Batista CLC, 2017)

According to the Ministry of Health, exclusive breastfeeding is recommended for the first six months and the other types of breastfeeding after six months, because before this period can interfere with the healthy growth of the infant, in addition to influencing the breastfeeding time and eating habits. The child should be breastfed until two years of



age and the foods after six months are complementary and should not replace breastfeeding ( Peres JF, 2021).

Human milk has immunological factors that protect the child against infections and contains protective factors such as IgA, IgM and IgG antibodies, macrophages, neutrophils, B and T lymphocytes, lactoferrin, lysozyme and bifidus factor. This favors the growth of *Lactobacillus bifidus*, a non-pathogenic bacteria that acidifies the feces, making it difficult for bacteria that cause diarrhea to settle. ( Brazil, 2015).

The success of breastfeeding is directly linked to the explanation of maternal issues, but of all those involved for the consolidation of the necessary interventions. This situation requires the participation of multiple health professionals, especially nurses, who are prepared and qualified to provide both quality care and follow-up, since the act of breastfeeding encompasses multiple social, cultural, and political aspects of various proportions (Victória CG ET al, 2016).

Given these considerations, the following question arose: What are the nurse's actions in promoting breastfeeding and preventing early weaning? The study is justified by the interest in knowing these activities and how important the nurse is in this process, contributing to the deepening and dissemination of information in the literature. It is up to the nurse to guide and enable this mother in a humanized way so that she feels empowered during the breastfeeding process.

## **2 OBJECTIVE**

To carry out a literature search to highlight the importance of nurses in promoting breastfeeding; to identify the factors that interfere with breastfeeding and thus draw up a chart with the main nursing diagnoses related to the factors that can interfere with breastfeeding.

## **3 METHODOLOGY**

This is an integrative literature review, composed of publications identified in journals. Data collection was carried out from October 2022 to November 2022.

A bibliographic search was conducted using electronic resources in the databases of the Virtual Health Library (VHL): (Latin American and Caribbean Health Sciences) LILACS, (US National Library of Medicine) and BDENF (Nursing Library) published from 2018 to 2022. The descriptors that will be used were identified in the Descriptors in Health Sciences (DeCS) being them: Nursing Assistance; Breastfeeding; Breastfeeding.



To conduct the research, the search for data occurred through the use of the descriptors. To filter the findings, inclusion and exclusion criteria were determined to direct and reduce the range of studies identified. To this end, the inclusion criteria involved books and online scientific publications, free of charge, available in full and in the Portuguese language, which met the research objective. The exclusion criteria were studies published outside the established period, abstracts, in duplication, letter to the reader, not meeting the objective, and incomplete studies. A total of 457 research articles were used, of which 10 contributed and added value to the work.

#### **4 DEVELOPMENT**

Nursing is one area of health care whose professionals are ideally positioned to be frontline advocates for breastfeeding support for mothers and babies in the community and in health care facilities. They are the primary health care providers who care for women and children before and during pregnancy and childbirth and even into early childhood. However, all professionals can endorse the importance of breastfeeding, providing support and protecting mothers from practices that can be a barrier to breastfeeding.

According to Tronco CS, 2022 and Pereira JF, 2021, nurses play a vital role in protecting, promoting, and supporting breastfeeding. Qualified breastfeeding support helps prevent infections and infant mortality, while stimulating cognitive development and decreasing rates of obesity, diabetes, and maternal and child cancer. Bonding is intrinsic to the breastfeeding relationship and promotes the health and mental and emotional development of mother and child.

It is important to emphasize that breast milk is the ideal source of nutrition for growth and development, providing newborns and infants with nutrients in natural forms. The longer a child is breastfed, the better the outcomes; cessation of breastfeeding before six months increased the risk of pneumonia, doubled the risk of recurrent otitis media, and resulted in more urinary tract infections in female infants. Long-term benefits of breastfeeding include lower blood pressure and cholesterol levels, as well as higher performance on intelligence tests. Maternal benefits of breastfeeding include lower risk of breast and ovarian cancer, type 2 diabetes, and postpartum depression.

On this issue, Zanlorenzini GB (2022) and Wagner LPB (2020) describe that it is important that nurses explore the positive and negative aspects of breastfeeding from the mother's point of view. Also, for Zanlorenzini GB (2022) in her research, the benefit



reported most often by breastfeeding mothers was the emotional bond with the baby formed during breastfeeding. The other benefits were contributing to the baby's health, experiencing the convenience of breastfeeding, and saving money. However, one of the negative aspects of breastfeeding reported by women had to do with breastfeeding in public, some women had difficulty finding a place to breastfeed as well as feeling some embarrassment.

Social support also plays a role in a woman's decision to initiate breastfeeding. And in order to increase support for new mothers, nurses can extend patient teaching not only to the mother, but also to fathers and other support systems important to the mother. According to Trunk CS (2022), one form of strategy is through brochures and literature highlighting the benefits of breastfeeding, furthermore, these should be distributed to women to share with any family members who are unable to attend appointments.

Offering breastfeeding support is considered to be a nursing competence, not an additional function. In general, most mothers breastfeed easily and comfortably. And when they present complex challenges, providers with additional training and experience provide skilled assistance in breastfeeding practice.

However, common challenges reported for discontinuing breastfeeding before 8 weeks postpartum included in Hartman M's study (2022), insufficient milk supply, latching problems, personal reasons, return to work, and mother's or baby's use of medications/illness. In addition, pain, nipple soreness, and embarrassment related to breastfeeding in public.

According to Fernandes LCR (2022), many mothers report insecurities related to breastfeeding, highlighting myths and beliefs such as "my milk is low, weak, and insufficient", "my milk dried up", "small breast does not produce enough milk", "breastfeeding falls", "breast milk does not quench the baby's thirst", and "the baby did not want to take the breast ". These thoughts lead to the early introduction of bottles, pacifiers, teas, water, and juices.

In agreement Higashi GC (2021) and Wagner LPB (2020) adds that lack of knowledge and confidence were found to be the main reasons among mothers for less than optimal duration of breastfeeding. Conditions such as perceived insufficient milk and working outside the home as common reasons for premature weaning or not exclusive breastfeeding.

Thus, nurses should actively promote and educate, taking into account the situational limitations of mothers. Therefore, follow-up from prenatal care on proper techniques



should prepare new mothers on what to expect during breastfeeding. This additional support can increase the longevity of breastfeeding mothers by resolving complications that arise.

Early breastfeeding cessation is identified as a public health problem. According to Trunk CS (2022), despite frequent contact with health professionals, the first two weeks of life require greater education and support about breastfeeding, as this is when breastfeeding has a high cessation rate. Identifying the factors that affect breastfeeding cessation will help increase maternal support and in turn increase infant and maternal health.

Of all healthcare professionals, nurses spend the most time with mothers during the pre- and postpartum period, as well as caring for babies after delivery. Nurses can encourage breastfeeding advancement by increasing breastfeeding teaching to 100% and decreasing harmful practices such as limiting sucking, pacifier use, and formula supplements. In addition, they can provide better teaching and positive support before birth and after discharge from the hospital.

The nurse must offer emotional support, helping to overcome the obstacles in the breastfeeding process, dealing with the manifested feelings, being necessary attention, empathy and decision-making, in order to promote the woman's autonomy. By acting in this way, the professional has a better chance of ensuring the success of breastfeeding. Through the clinical management process, with an educational focus on the advantages and importance of breastfeeding under free demand, and among other situations that generate doubts for the woman. (Fernandes LCR, 2022)

It is also important to emphasize, according to Viana MD (2021), the importance of maintaining exclusive breastfeeding after the mother returns to work, it is recommended that she breastfeeds more often at home, avoiding the use of bottles, among other issues, which reflects the importance of nurses in health education and guidance on the correct technique.

## **5 FINAL CONSIDERATIONS**

The nurse is of paramount importance in the promotion of breastfeeding, because he/she assumes the responsibility of transmitting knowledge about breastfeeding. And the lack of knowledge of pregnant and postpartum women, the presence of doubts and beliefs reinforce the need for the presence of this professional in actions to promote breastfeeding.



Furthermore, the factors that interfere with breastfeeding are doubts, lack of knowledge, inadequate guidance from the family, and the shame to clarify these doubts. According to the research findings, it was clear that the nurses' main actions should be focused on encouraging family participation, eliminating myths and beliefs, and correct clinical management of breastfeeding

Finally, for a better understanding, the main nursing diagnoses related to the factors that can interfere with breastfeeding were presented, which are effective breastfeeding, ineffective breastfeeding, and interrupted breastfeeding.



## REFERENCES

Alves VGS, Mota MC, Pagliari C. características sociodemográficas relacionadas ao conhecimento dos benefícios do aleitamento materno. Rev Paul Pediatr. 2021; 39:e2020101.

Amaral RC. Fatores que contribuem para o desmame precoce e atuação da enfermagem. FACIDER Revista Científica, 2016; 9(9): 1-17.

Andrade JA., et al. Aleitamento materno: abordagem grupal do pet-saúde em um grupo de gestantes com base no círculo de cultura de Paulo freire. Revista Destaques Acadêmicos. 2016;8(3):38-49.

Araujo SC, Souza ADA, Bomfim ANA. Fatores intervenientes do desmame precoce durante o aleitamento materno exclusivo. Revista Eletrônica Acervo Saúde, 2021;13(4):1-8.

Barbosa GEF, et al. Dificuldades iniciais com a técnica da mamada e impacto na duração do aleitamento materno exclusivo. Revista Brasileira de saúde Materno Infantil, 2018; 18(3):527-537.

Batista CLC., et al. Influência do uso de chupetas e mamadeiras na prática do aleitamento materno. Journal of Health & Biological Sciences Revista de Saúde e Ciências Biológicas, 2017;5(2):184-191.

Brasil. Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Bases para a discussão da Política Nacional de Promoção, Proteção e Apoio ao Aleitamento Materno. Brasília: Ministério da Saúde; 2017.

Brasil. Saúde da criança: aleitamento materno e alimentação complementar / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. 2º ed. Brasília: Ministério da Saúde; 2015.

Fernandes LCR, et al. Indução da lactação em mulheres nuligestas: relato de experiência." Escola Anna Nery . 2022; 26.

Hartmann M, et al. Conhecimento das mulheres que participam dos grupos virtuais hospedados no Facebook sobre o aleitamento materno." Revista de Enfermagem da UFSM. 2022;12: e20-e20.

Higashi GC, et al. Práticas de enfermeiros e influência sociocultural na adesão ao aleitamento materno." Revista Baiana de Enfermagem3;2021.

Lima SP, et al. Percepção de mulheres quanto á pratica do aleitamento materno: uma revisão integrativa. Revista Online de Pesquisa, 2019; 11(1): 248-254.

Oliveira AK, et al. Práticas e crenças populares associadas ao desmame precoce. Avances em Enfermagem, 2017;35(3):303-312.



Oliveira AS, Carniel F. Aleitamento materno: consequências do desmame precoce e o papel da enfermagem: uma revisão bibliográfica. REAC/EJSC, 2021;20:e5659.

Pereira ARS, et al. Fatores que interferem na realização do aleitamento materno exclusivo. Nursing. 2021;24(274): 5401-5418.

Peres JF, Carvalho ARS, Vieira CS, et al. Percepções dos profissionais de saúde acerca dos fatores biopsicossocioculturais relacionados com o aleitamento materno. Saúde Debate. 2021;45(128):141-151.

Santos OM, et al. "Aplicabilidade clínica das intervenções de enfermagem de uma terminologia para assistência no processo de amamentação." Revista de Enfermagem da UFSM, 2022;12: e31-e31.

Tronco CS, et al. Apoio social para o aleitamento materno: percepção das mães de recém-nascidos prematuros tardios. Revista Baiana de Enfermagem, 2022;36

Viana MD, et al. Estratégias e ações do enfermeiro no incentivo ao aleitamento materno: revisão integrativa. Revista de pesquisa cuidado é fundamental online, 2021;2021:13.

Victora CG et al. Amamentação no século 21: epidemiologia, mecanismos, e efeitos ao longo da vida. Epidemiologia e Serviços de Saúde, 2016; 25(1):1-24.

Wagner LPB, et al. Fortalecedores e fragilizadores da amamentação na ótica da nutriz e de sua família. Revista da Escola de Enfermagem da USP, 2020;54.

Zanlorenzi GB, et al. "Fragilidades e potencialidades do cuidado de enfermagem em aleitamento materno na atenção primária: revisão integrativa." Revista de Enfermagem da UFSM, 2022;12: e36-e36.