



Prevalence of nursing diagnoses of breastfeeding in the mother-infant dyad in basic health unit

Prevalência dos diagnósticos de enfermagem de amamentação no binômio mãe-filho em unidade básica de saúde

Prevalencia de diagnósticos de enfermería de lactancia materna en binomio madre-hijo en unidad básica de salud

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A cross-sectional study conducted with 28 mother-infant dyads, users of a Family Health Center of Fortaleza-CE, Brazil, that aimed to identify the nursing diagnoses of breastfeeding, their frequency of occurrence, defining characteristics, and the value of maternal confidence based on the breastfeeding self-efficacy scale. Data collection happened during September and October 2010, using interviews, anamnesis, and physical examination of the dyad. The most prevalent diagnosis was Effective breastfeeding (50%). The breastfeeding self-efficacy scale revealed significance in the presence of the nursing diagnoses Effective breastfeeding and the absence of Interrupted breastfeeding. Although the diagnosis Effective breastfeeding presented a significant occurrence, we verified the need for effective actions of nurses in the breastfeeding process.

Descriptors: Breast Feeding; Self Efficacy; Nursing Diagnosis.

Estudo transversal, realizado com 28 binômios mãe-filho, usuários de um Centro de Saúde da Família de Fortaleza-CE, Brasil, com o objetivo de identificar os diagnósticos de enfermagem de amamentação, sua frequência de ocorrência, suas características definidoras e o valor da confiança materna com base na escala de autoeficácia em amamentação. Realizou-se a coleta de dados em setembro/outubro de 2010, incluindo entrevista, anamnese e exame físico do binômio. O diagnóstico mais prevalente foi Amamentação eficaz (50%). A escala de autoeficácia em amamentação revelou significância com a presença do diagnóstico Amamentação eficaz e com a ausência de Amamentação interrompida. Embora o diagnóstico Amamentação eficaz tenha uma ocorrência expressiva, evidenciou-se a necessidade de ações efetivas do enfermeiro nesse processo de amamentação.

Descritores: Aleitamento Materno; Autoeficácia; Diagnóstico de Enfermagem.

Estudio transversal, con 28 binomios madre-hijo, usuarios de Centro de Salud de la Familia de Fortaleza-CE, Brasil, con objetivo de identificar los diagnósticos de enfermería de lactancia materna, su frecuencia de ocurrencia, sus características definitorias y el valor de confianza materna basada en la escala de autoeficacia en la lactancia materna. Recogido los datos en septiembre/octubre de 2010, incluyendo entrevistas, anamnesis y examen físico del binomio. El diagnóstico más frecuente fue de Lactancia materna eficaz (50%). La escala de auto eficacia en lactancia materna fue significativa con la presencia de diagnóstico Lactancia materna eficaz y ausencia de Lactancia materna interrumpida. Aunque el diagnóstico Lactancia materna eficaz tenga incidencia significativa, se ha verificado la necesidad de acciones efectivas del enfermero en el proceso de la lactancia materna.

Descriptorios: Lactancia Materna; Autoeficacia; Diagnóstico de Enfermería.

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Introduction

Breastfeeding offers significant benefits as it strengthens the affective relationship between mother and child, promotes the baby development by providing the necessary nutrients in the first months of life, and protects against infectious and chronic diseases. For nursing mothers, this brings numerous advantages such as reducing the incidence of breast and ovarian cancer, protecting against osteoporosis, supporting uterine involution, reducing the likelihood of hemorrhage, protecting against anemia, and helping women to regain the weight they had before pregnancy⁽¹⁻²⁾.

Early cessation of breastfeeding can trigger serious consequences, causing damage to both mother and baby, namely: malnutrition, low organic strength, and irreversible infectious cases, thus significantly increasing the infant mortality rate⁽³⁾.

The results of a meta-analysis study conducted under the auspices of the World Health Organization (WHO), based on data from three continents, demonstrated that the risk of death from infectious disease in infants weaned in the first two months of life increases by 5.8 times when compared to those breastfed⁽⁴⁾.

Maternal confidence and their ability to breastfeed influence early weaning. Research indicates that low levels of confidence in breastfeeding during the prenatal period lead about 27% of women to stop breastfeeding in the first postpartum week⁽⁵⁾. The risk of breastfeeding cessation is 3.1 times higher in women with low confidence levels than in those who have full confidence⁽⁶⁾. The woman's perspective and belief that she is able to satisfactorily breastfeed her baby describes her confidence in breastfeeding⁽⁷⁾.

Through the breastfeeding self-efficacy scale, the professional can measure the maternal confidence, since by facing their perspectives and skills in breastfeeding, they can plan a better and more individualized assistance seeking to prevent breastfeeding cessation and ending⁽⁸⁾.

The promotion of breastfeeding represents one of the main functions performed by primary care professionals, from the prenatal to the postpartum period. The nurse is extremely important in stimulating and maintaining breastfeeding by encouraging the achievement of guidelines and supports for pregnant and lactating women. However, these professionals need training in order to promote an appropriate practice⁽⁹⁾.

In order for the nurses to commit and assume this role, they need to possess an instrument to standardize and provide quality and individuality to this care. Thus, the use of nursing diagnoses on breastfeeding based on prior knowledge of parenting skills and perspectives provided through the breastfeeding self-efficacy scale is an important tool that will guide them to a better reflection, decision, and action in the care for the mother-infant dyad.

The NANDA International taxonomy (NANDA-I) has three diagnoses on the breastfeeding process: Effective Breastfeeding; Ineffective Breastfeeding; and Interrupted Breastfeeding. These nursing diagnoses are part of Domain 7: Role Relationships and Class 3: Role Performance. The Effective Breastfeeding diagnosis is the state in which a mother-infant dyad-family exhibits proficiency and satisfaction with the breastfeeding process. Ineffective Breastfeeding is the dissatisfaction or difficulty a mother, infant or child experiences with the breastfeeding process. Interrupted Breastfeeding is a break in the continuity of the breastfeeding process as a result of inability or inadvisability to put the baby to the breast for feeding⁽¹⁰⁾.

Given the above, this study aimed to identify the nursing diagnoses on breastfeeding, determining their frequency of occurrence as well as their defining characteristics and maternal confidence value based on the breastfeeding self-efficacy scale.

Method

This is a cross-sectional study with quantitative approach, carried out in a basic health unit of

Fortaleza-CE, Brazil. The population consisted of the mother-infant dyad, users of the unit, registered by the Family Health teams, with children aged from zero to six months of life. The sample group of the study consisted of mothers and children who showed up spontaneously to the unit for health care during September and October 2010, totaling 28 dyads.

For data collection, we used an instrument based on the NANDA-I taxonomy II (2009-2011 edition) in order to guide the evaluation of the dyad in relation to the defining characteristics that compose the nursing diagnoses related to breastfeeding. It contained items relating to age, sex, weight and height of the dyad, maternal breast structure, oral structure of the child, use of complementary feeding, and contraindications to breastfeeding.

Another instrument used in the study was the breastfeeding self-efficacy scale. In 2008, Oriá translated, culturally adapted and validated this scale for the Portuguese language, in a study with 117 mothers who attended prenatal care in a health center in Fortaleza-CE, Brazil. This translation is highly important for the promotion of maternal and child health, with nationwide coverage⁽¹¹⁾.

This scale is formed by 33 items easily understood, where the mother identifies the degree of security to breastfeed her baby. It consists of three categories: Technique (physical actions that a mother should perform for a successful breastfeeding); Intrapersonal thoughts (perception of women regarding breastfeeding); and Support (mother's perception of informative, evaluative, emotional, and instrumental support that is available to help her breastfeed successfully). Through this scale, we can have a performance review of the nursing role, playing an important role in the acquisition and change of behavior.

The filling of both instruments happened through interview, based on information provided by the mother and by physical examination of the dyad, performed in the unit. We collected the anthropometric data of the participating children from records in the

child's medical card verified by the health service staff at the time of reception. We invited the mothers to participate and informed them about the objectives of the research; all of them signed the Free and Informed Consent Form.

We presented the data to two specialist nurses for the diagnostic inference. For selection of specialist nurses, we conducted a survey on the Lattes Platform, searching for professionals living in the city of Fortaleza and participants of research groups focusing on elements of nursing practice. We informed the experts about the purpose of research, the methods adopted, and availability required for study participation. Upon acceptance, we sent the Free and Informed Consent Form, as well as the reports from the evaluations to determine the nursing diagnoses. We compared the result of the diagnostic inferences made to the result of the breastfeeding self-efficacy scale.

We organized the survey data related to each of the reviews in Excel spreadsheets and subsequently processed them in the IBM SPSS version 19.0. We systematized the data compiled in Excel into five spreadsheets: the first identifying the dyad; the second with the nursing diagnosis Effective Breastfeeding; the third with the Ineffective Breastfeeding diagnosis; the fourth with the Interrupted Breastfeeding diagnosis; and the fifth with the breastfeeding self-efficacy scale.

To assess the agreement between the diagnostic inferences of experts, we applied the Kappa coefficient. For agreement, we considered the significance level of 5% and the value of the test.

Since the nursing diagnosis Interrupted Breastfeeding did not achieve a significant p-value for the test, we analyzed each case to determine whether the diagnosis was present or not. We used measures of central trend and dispersion (mean, median, mode, minimum, maximum, percentiles, and standard deviation) and applied the Mann-Whitney test, Fisher's test, and chi-square test according to the characteristics of each variable and purposes of each test.

We respected the ethical aspects regarding research involving human subjects, according to

resolution 196/96. The Research Ethics Committee of the Universidade Federal do Ceará approved the research under protocol No. 178/10.

Results

Of the 28 children assessed, the majority (57.1%) were male. The mean age was 3.46 months (± 1.94). The ages ranged from 0.11 to 6 months. The average weight of children was 6.56 kg (± 2.0), ranging from 3.04 to 11 Kg. The mean height of the children was 60.36 cm (± 7.14), varying from 47 to 76 cm.

The mean age of mothers was 26.5 years (± 8.34), varying between 14 and 44 years. The mean weight of the mothers was 61.18 kg (± 8.89), the highest being 85 kg. The mean height of mothers was 1.56 m (± 0.05), the tallest being 1.70 m. Most mothers did not plan the pregnancy (57%), but all had prenatal care.

Table 1 presents the frequency of occurrence of nursing diagnoses Effective Breastfeeding, Ineffective Breastfeeding, and Interrupted Breastfeeding, as well as the ages of the children and mothers with and without the breastfeeding nursing diagnoses.

Table 1 - Distribution of the breastfeeding nursing diagnoses, difference in median age of children and difference in median age of mothers with and without the breastfeeding nursing diagnoses

Nursing diagnosis	n	Mean age of children	p*	Mean age of mothers	p*	%
Effective Breastfeeding						
Present	14	14.11	0.798	13.68	0.596	50.0
Absent	14	14.89		15.32		50.0
Ineffective Breastfeeding						
Present	7	10.14	0.102	15.50	0.710	25.0
Absent	21	15.95		14.17		75.0
Interrupted Breastfeeding						
Present	8	19.25	0.051	14.31	0.939	28.6
Absent	20	12.60		14.58		71.4

*Mann-Whitney Test

Among the nursing diagnoses, Effective Breastfeeding had the highest frequency, presented by 50% of dyads in study. Only seven dyads presented the nursing diagnosis Ineffective Breastfeeding (25%) and eight presented Interrupted Breastfeeding (28.6%).

The differences in median ages of the children who did or did not present the nursing diagnoses Effective Breastfeeding, Ineffective Breastfeeding, and Interrupted Breastfeeding did not reveal any statistical significance. Nonetheless, it is worth mentioning that the p-value of the Interrupted Breastfeeding diagnosis was 0.051, close to the significance level of the study (0.05) which may be indicative of the relationship between the age variable (older children) and the presence of this diagnosis.

Table 2 shows the distribution of the defining characteristics of the nursing diagnosis Effective Breastfeeding in the mother-infant dyad regarding the measures of central trend and dispersion.

Table 2 - Defining characteristics of the nursing diagnosis Effective Breastfeeding in the mother-infant dyad

Defining characteristics	n (%)	Mean	Median	SD*	Min.	Max.
Infant is content after feeding	16 (51.6)	1.43	1.00	0.504	1	2
Adequate infant elimination patterns for age	16 (51.6)	1.43	1.00	0.504	1	2
Effective mother-children communication patterns	16 (51.6)	1.43	1.00	0.504	1	2
Mother is able to position infant at breast to promote a successful latch-on response	15 (48.4)	1.46	1.00	0.508	1	2
Infant weight patterns are appropriate for age	15 (48.4)	1.46	1.00	0.508	1	2
Maternal verbalization of satisfaction with the breastfeeding process	14 (45.2)	1.50	1.50	0.509	1	2
Regular and sustained suckling/swallowing occurs at the breast	6 (19.4)	1.79	2.00	0.418	1	2

*Standard Deviation

As seen in table 2, from the 13 defining

characteristics listed by NANDA-I taxonomy for nursing diagnosis Effective Breastfeeding, we highlight seven of them in the present study. The most prevalent defining characteristics in the mother-infant dyad assessed (51.6%) were “Infant content after feeding”, “Adequate infant elimination patterns for age”, and “Effective mother-children communication patterns”.

Table 3 shows the distribution of the defining characteristics of the nursing diagnosis Ineffective Breastfeeding.

Table 3 - Defining characteristics of the nursing diagnosis Ineffective Breastfeeding in the mother-infant dyad

Defining characteristics	n (%)	Mean	Median	SD*	Min.	Max.
Unsatisfactory breastfeeding process	12 (42.9)	1.57	2.00	0.504	1	2
Fussiness within the first hour of feeding	8 (28.6)	1.71	2.00	0.460	1	2
Crying within the first hour of feeding	4 (14.3)	1.86	2.00	0.356	1	2
Insufficient emptying of each breast per feeding	2 (7.1)	1.93	2.00	0.262	1	2
Persistence of sore nipples beyond the first week of breastfeeding	2 (7.1)	1.93	2.00	0.262	1	2
Evidence of inadequate infant intake	1 (3.6)	1.96	2.00	0.189	1	2
Perceived inadequate milk supply	1 (3.6)	1.96	2.00	0.189	1	2

*Standard Deviation

According to the data in table 3, from the 16 defining characteristics belonging to the nursing diagnosis Ineffective Breastfeeding, the study identified the presence of eight characteristics. The most found one was “Unsatisfactory breastfeeding process”,

present in 12 of the dyads in study (42.9%).

Table 4 presents the analysis of the defining characteristics of the nursing diagnosis Interrupted Breastfeeding.

Table 4 - Defining characteristics of the nursing diagnosis Interrupted Breastfeeding in the mother-infant dyad

Defining characteristics	n (%)	Mean	Median	SD*	Min.	Max.
Insufficient nourishment by the infant at the breast for some or all feedings	14 (50.0)	1.50	1.5	0.509	1	2
Lack of knowledge regarding expression of breast milk	13 (46.5)	1.54	2	0.508	1	2
Lack of knowledge regarding storage of breast milk	4 (14.3)	1.86	2	0.356	1	2
Maternal desire to maintain lactation and eventually provide her breast milk for her infant's nutrition needs	3 (10.7)	1.89	2	0.315	1	2
Maternal desire to maintain lactation and provide her breast milk for her infant's nutrition needs	2 (7.1)	1.93	2	0.262	1	2
Separation of the mother and infant	2 (7.1)	1.93	2	0.262	1	2

*Standard Deviation

For the nursing diagnosis Interrupted Breastfeeding, we highlighted six defining characteristics among the dyads in study. The most common characteristic was “Insufficient nourishment by the infant at the breast for some or all feedings”, present in 14 of the dyads analyzed (50%).

Table 5 shows the difference in median scores of the breastfeeding self-efficacy scale among dyads that presented or not the nursing diagnoses Effective Breastfeeding, Ineffective Breastfeeding, and Interrupted Breastfeeding.

Table 5 – Difference in mean scores of the Breastfeeding Self-Efficacy Scale among dyads with and without the breastfeeding nursing diagnoses

Nursing diagnoses	Self-efficacy Scale		
	n	Average scores	p-value
Effective Breastfeeding			
Present	14	21.50	0.000
Absent	14	7.50	
Ineffective Breastfeeding			
Present	7	10	0.094
Absent	21	16	
Interrupted Breastfeeding			
Present	8	5.75	0.000
Absent	20	18	

The mean scores of the breastfeeding self-efficacy scale were different among the dyads in study who did and those who did not present the nursing diagnoses Effective Breastfeeding and Interrupted Breastfeeding. For the nursing diagnosis Effective Breastfeeding, those who presented this diagnosis had a higher average score. While for the nursing diagnosis Interrupted Breastfeeding, those who did not present this diagnosis had a higher average score.

Discussion

As presented, this research showed that the nursing diagnosis Effective Breastfeeding was the most prevalent in the 28 dyads analyzed, with 50% occurrence.

A similar survey conducted with puerperas revealed that the Effective Breastfeeding diagnosis was found in 87.5% of the sample, despite 75% presenting the nursing diagnosis Risk for ineffective breastfeeding⁽¹²⁾. Likewise, another study that

evaluated the nursing diagnoses in rooming unit identified an occurrence of 88.5% for the Effective Breastfeeding diagnosis⁽¹³⁾. Thus, the results of the abovementioned studies show high prevalence of this nursing diagnosis.

Despite recognizing the increasing trend of breastfeeding in the country, through the efforts of many national and international institutions, data of the II Survey of the Prevalence of Breastfeeding in the Brazilian capital cities and the Federal District, conducted in 2008, revealed that only 9.3% of children breastfed exclusively at the age of 180 days⁽¹⁴⁾. Among the various causes identified as responsible for this phenomenon, we highlight the lack of professional guidance to current and future mothers on appropriate practices for breastfeeding⁽¹⁵⁾.

The United Nations Children’s Fund (UNICEF) and the WHO launched the Baby-Friendly Hospital Initiative (BFHI), in 1990, aiming to encourage health professionals and institutions to change their routines and behaviors in relation to exclusive breastfeeding, seeking to decrease the rate of early weaning.

In a study conducted in a Baby-Friendly Hospital in the city of Quixadá-CE, Brazil, with 181 mothers, there was a 55.3% prevalence of exclusive breastfeeding at 4 months, and 46.2% at 6 months. Despite the support to breastfeeding in its various stages in this health institution, the prevalence rates are considered low⁽¹⁶⁾.

Nevertheless, we recognize that breastfeeding promotion should have a more effective support, being part of routine care. Thus, the nurse professional is responsible for the care to these mothers at all times and after discharge, seeking to guide, show the advantages of exclusive breastfeeding and disadvantages of introductions from other foods in children’s diets, warn of the difficulties that may arise, and teach strategies to overcome them.

The data analyzed in this study showed that the Ineffective Breastfeeding diagnosis presented as the most expressive defining characteristic the “Unsatisfactory breastfeeding process”, with an

incidence of 42.9%, and for Interrupted Breastfeeding: “Insufficient nourishment by the infant at the breast for some or all feedings” with 50%, and “Lack of knowledge regarding expression of breast milk” with 46.5%.

Two studies corroborate the results of this research, identifying that the most frequent defining characteristics belonged to the Effective Breastfeeding diagnosis, making this the most prevalent type of diagnosis. The most common defining characteristic in nursing diagnosis Ineffective Breastfeeding was the unsatisfactory breastfeeding process with 100% occurrence. In the present study, this characteristic presented 42.9% frequency, being the most prevalent⁽¹⁷⁻¹⁸⁾.

Many factors contribute for mothers to stop exclusively breastfeeding their children, being the most common, reported by them, the perceived inadequate milk supply, the actual inadequate milk supply, or the child that does not want to breastfeed. This reality reveals the maternal insecurity and the conflicts in this new phase of life⁽¹⁶⁾. Thus, the nurse professional can minimize the conflicts between scientific and popular knowledge through a careful and comprehensive look to evaluate, guide, and support maternal feelings regarding beliefs, fears, and insecurities.

It is worth mentioning that the identification of risk factors for not breastfeeding or early weaning should be quick, so we can direct the care for the puerperal woman and the child, in order that the diagnostic risks do not become real diagnoses.

The results of this study show that the percentage of mothers who had prenatal care was relatively high, indicating its importance in the breastfeeding process, as it represents a unique moment for health professionals to guide, teach, answer questions, and encourage exclusive breastfeeding. There is evidence that education in prenatal care regarding breastfeeding may have significant effects on its indicators⁽¹⁹⁾.

The self-efficacy theory defines this term as the belief in one’s ability to successfully perform certain tasks or present certain behaviors to produce

a desirable outcome⁽²⁰⁾. In this perspective, this study showed the importance of the self-efficacy scale, because it was intrinsically associated with nursing diagnoses related to effective breastfeeding in the mother-infant dyad. The results of the study showed that mothers with nursing diagnosis Effective Breastfeeding had higher scores on the scale.

The struggle to reverse the low rates of breastfeeding duration is part of the routine of researchers and professionals involved in maternal and child health. It is necessary to identify women at high risk of early weaning and seek strategies to promote breastfeeding based on maternal confidence in breastfeeding and its elements subject to change, creating the clinical and educational interventions for the necessary changes⁽¹¹⁾.

The use of the self-efficacy scale allows the professional to know the area in which women have less confidence, thus enabling a better intervention before she decides for non-breastfeeding or early weaning. During the data collection, the researchers did not find any difficulty. The mothers were quite available and cooperative during the physical examination and completion of the questionnaire and the breastfeeding self-efficacy scale. As a limitation of the study, we highlight the collection of research subjects, since we selected only mothers who sought the health unit spontaneously, without performing active search for the missing ones or looking for all the puerperas of the region covered by the unit. This may somehow have contributed for selecting more proactive mothers in their health care.

Despite the results of this study have shown a higher prevalence of the nursing diagnosis Effective Breastfeeding, the rates of exclusive breastfeeding for the six months of a child’s life are still considered low, indicating the need for increased knowledge and attention to cultural beliefs and values of mothers when encouraging exclusive breastfeeding. In this context, the nurse assumes a very important role, especially in the quest to reduce rates of early weaning, adopting positive impact interventions, with guidance based on

knowledge of the physiology of breastfeeding, home visits, and knowledge of the social environment.

Conclusion

The study identified that the nursing diagnosis Effective Breastfeeding was the most prevalent (50%) in the mother-infant dyad in a Basic Health Unit of the State of Ceará, followed by the diagnoses Interrupted Breastfeeding (28.6%) and Ineffective Breastfeeding (25%).

The survey also showed that the defining characteristics more prevalent for the Effective Breastfeeding diagnosis were "Infant content after feeding", "Adequate infant elimination patterns for age", and "Effective mother-children communication patterns". For the Ineffective Breastfeeding diagnosis, the most common characteristics was "Unsatisfactory breastfeeding process". For the Interrupted Breastfeeding diagnosis: "Insufficient nourishment by the infant at the breast for some or all feedings" and "Lack of knowledge regarding expression of breast milk".

The breastfeeding self-efficacy scale revealed significance with the presence of the Effective Breastfeeding diagnosis and the absence of Interrupted Breastfeeding.

We highlight that the nurse must be prepared to provide a more effective assistance, which may be achieved through inference of accurate nursing diagnoses, given that the use of NANDA-I taxonomy favors a more complete view of the mothers in the context of their community. It enables organizing, planning, and directing assistance during the postpartum period.

The evaluation of the nursing diagnoses on breastfeeding contributes to the individualization and humanization of care, because it focus on the real needs of puerperas as regards to breastfeeding, also facilitating communication among the professionals responsible for this care.

We also highlight the importance of developing

new studies, especially in relation to maternal confidence in their breastfeeding, because this knowledge allows the professional to develop actions and more targeted strategies in advance, which may lead, in the medium and long term, to reducing the high rates of early weaning, thus improving the quality of life of the mother-infant dyad.

Collaborations

Carvalho OMC and Andrade LZC contributed to drafting the article and final approval of the version to be published. Silva KR contributed to designing the study, data collection, and drafting the article. Silva VM contributed to designing of the study, data interpretation, and drafting the article. Lopes MVO contributed to the analysis and interpretation of data.

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