



Narratives of lives of women who breastfed their adoptive children

Narrativa de vida de mulheres que amamentaram seus filhos adotivos

Narrativa de vida de mujeres amamantaron a sus hijos adoptivos

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This is a qualitative, descriptive study aiming at analyzing the experiences of women who breastfed their three adoptive children in Rio de Janeiro, RJ, Brazil. The life narrative method was used. Data collected through interviews and socioeconomic instrument in August and September 2012. Maternal age ranged from 41-57 years; the age of the child ranged from 14 hours to four days. Breastfed children ranged from four months to 1 year and 11 months of age. Two categories emerged from this thematic analysis: the paths of the adoption and the experience of the process of breastfeeding of the adoptive child. The possibility of breastfeeding was clarified to the possible adoptive mothers and they are significant; it is the health professionals' task to encourage this practice.

Descriptors: Maternal-Child Nursing; Breast Feeding; Adoption.

Estudo qualitativo, descritivo, com objetivo de analisar vivência da amamentação de três mulheres com filhos adotivos no Rio de Janeiro, RJ, Brasil. Utilizado método da narrativa de vida. Dados coletados através de instrumento socioeconômico e entrevista no período de agosto a setembro de 2012. Idade materna variou de 41 a 57 anos; a idade da criança diversificou entre 14 horas a quatro dias de vida. A amamentação das crianças variou de quatro meses a 1 ano e 11 meses de idade. Através da análise temática emergiram duas categorias: os caminhos da adoção e vivência do processo de amamentação do filho adotivo. São significativos os esclarecimentos às possíveis mães adotivas acerca da possibilidade da amamentação, cabendo aos profissionais de saúde incentivar esta prática.

Descritores: Enfermagem Materno-Infantil; Aleitamento Materno; Adoção.

Estudio descriptivo, cualitativo, cuyo objetivo fue analizar la experiencia de la lactancia materna de tres mujeres con hijos adoptivos en Río de Janeiro, RJ, Brasil. Se utilizó el método narrativa de vida. Los datos fueron recogidos a través de entrevistas e instrumento socioeconómico entre agosto y septiembre de 2012. La edad materna osciló de 41-57 años; la edad del niño se ha diversificado de 14 horas a cuatro días de vida. La lactancia materna de niños varió de cuatro meses a 1 año y 11 meses de edad. A través del análisis temático, surgieron dos categorías: los caminos de la adopción y la experiencia de amamantar al hijo adoptivo. Son significantes las aclaraciones a las posibles madres adoptivas acerca de la posibilidad del amamantamiento, dejando a los profesionales de salud fomentar esta práctica.

Descriptorios: Enfermería Materno-infantil; Lactancia Materna, Adopción.

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Introduction

The aim of this research is to discuss breastfeeding by women who have adoptive children. The interest for this study was brought from the discovery of the technique of relactation, whose main objective is to rescue breastfeeding and the production of milk which was decreased or lost and still used by women who choose to breastfeed her adoptive child. So, the interest of studying the experience of breastfeeding by these women was aroused as well as the strengthening of the affective link that this practice favors.

The superiority of the maternal milk on the lacteal formulas has already been dully proved. There are several arguments in favor of breastfeeding, among them the prevention of child death by diarrhea and respiratory infection; the decrease of the risks of allergies, the reduction in the possibility of developing obesity, high blood pressure, high cholesterol and diabetes. There are also fundaments which prove its protection against maternal breast cancer and the promotion of the affective link between mother and son, which in the case of the adoptive mother can be the main factor⁽¹⁻²⁾.

For the children to have a good emotional and cognitive development they need maternal love. This link child-mother needs, according to specialists, important continuity of affective care to be effective. Not necessarily this maternal love needs to be from the woman who generated him, it can also be from someone who is going to have the function of the caregiver, such as, for example, the adoptive mother⁽²⁾.

The feeding of the child is a question of the relation mother-child, the act of putting into practice the relation of love between two human beings. So, when the woman who adopts a child and chooses to breastfeed, she is developing an affective link mother-baby, even if the child has not been begot in her womb. This has a great importance both for the child as for the mother⁽²⁾.

Knowing the experience of breastfeeding by

women who adopted a child will allow the health professionals in the maternal-child area, especially the nurses, to identify the difficulties suffered and the overcoming of the adversities in order to offer subsidies to the other women in the same situation, also favoring the link mother-adopted child.

Because the chosen thematic is still little explored in the researches and believing in the relevance of making this study on breastfeeding by adoptive mothers, the research intends to contribute for the construction of knowledge of the Nursing.

Facing the situations which involves adoption, the relactation and breastfeeding by adoptive mothers, the 'experience of breastfeeding of adoptive children' was chosen as the objective of the study.

From that, a question was elaborated in order to guide the study: how is the experience of breastfeeding by the woman with an adoptive child?

In the attempt to capture the several dimension of the reality studied, this investigation aimed at analyzing the experience of breastfeeding by the woman with adoptive child.

Method

It is a qualitative study. The qualitative research worries with the people and their environment in their complexities, having no boundaries or control imposed by the researcher. So, it is based on the premise that the knowledge on the subjects are only possible with the description of the human experience, such as it is lived and such as it is defined by their own actors⁽³⁾.

For the production of the data the method Narratives of Life was adopted, one of the modalities of study in qualitative approach. This method works with the story or the report of life that is the story told by the one who experienced it. In this case, the researcher does not confirm the authenticity of the facts, once what is important is the point of view of the one who is narrating it⁽⁴⁾.

The subjects of the research were three women

who experienced breastfeeding of adoptive children. For the production of the data, two instruments were created. The first was a form with closed questions for the characterization of the women as to the socio-economic profile; the second one was only one guiding question on the interview recorded in MP4: 'Talk about your life, anything related to your experience of breastfeeding (name of the adoptive child'. The period of data collection was August and September, 2012.

The interviews were previously scheduled and happened in their work places and homes of these women. For the analytical procedure the thematic analysis was used, which consists in discovering the nuclei of senses that make up communication, whose presence or frequency mean something for the aimed analytical objective⁽⁵⁾.

The following steps for the analysis of the statements were used: 1) Pre-analysis made by fluctuating reading, that is, to read exhaustively the interviews allowing yourself to be impregnated by their contents; 2) Exploration of the material where the themes were cut, classified and aggregated, choosing the categories which guided the specification of the themes; 3) Treatment of the results obtained and interpretation of the grouped data were made, and inferences and interpretation were proposed under the light of the literature, concerning the theoretical dimensions suggested by the reading of the material⁽⁵⁾.

It is important to emphasize that the category of analysis were not established before the field work. They were built from the data collected in the interviews⁽⁴⁾.

The study was submitted to the Committee of Ethics of the Federal University of the State of Rio de Janeiro (CEP-UNIRIO) according resolution 466/2012 of the Guidelines and Rules Researches with Human Beings, of the National Council of Health, being approved with legal opinion no. 56,228, without exceptions.

The participants were informed on the research, its objective and method, being free to participate

or not; they could give up their participation at any moment along the study, and their negative in participating would not have repercussion in social or assistential terms. After the pertinent clarifying, the participants were invited to sign the Informed Consent Form (ICF). In order to keep the anonymity of the participants, the letter E and numbers were used for their identification: E1, E2 and E3.

Results

In order to have a better view and discussion of the data, Figure 1 provides the characterization of the women and their adoptive children: Pseudonym, maternal age and age when the child was adopted, schooling, age of child when adopted, current age of the child.

Pseudonym	E1	E2	E3
Current maternal age (years)	57	41	48
Maternal age when the child was adopted (years)	36	40	40
Schooling	University degree	University degree	University degree
Age of the child when adopted (days)	1	3	4
Current age of the child (years)	21	2	8
Time of breastfeeding (months)	4	23	9
Professional help	Doctor and psychologist	Doctor and nurse	Nutritionist and speech therapist
Use of medication for lactation	Metoclopramide chloride	Oxytocin; Alfalfa formula; Cinnamon tea	Alfalfa

Figure 1 - Instrument of analysis of the results - profile of mother and adoptive children

In the process of analysis, two analytical categories were codified, after deep reading of the narratives of life: The Paths of Adoption; The Experience of the Process of Breastfeeding of the Adoptive Child.

Discussion

The paths of the adoption

People choose adoption for several reasons. Sterility of one or both parents; the previous death of a child; the wish to have children when the time to have this biologically is already gone; the philanthropic ideas; the contact with the child which arises the feeling of maternity or paternity; the kinship with the biological parents who have no conditions to take care of the child; the willingness of being parents, by men and women who do not have a partner; the wish to have children without having to go through the process of pregnancy, for fearing it or even for esthetic reasons.

Also the wish to have company at old age; the fear of solitude; the filling of an existential emptiness; the attempt to save the marriage; the possibility of choosing the sex of the child⁽⁶⁾.

Among the interviews, the attitude of adoption was influenced by sterility of the couple, metabolic disease and the wish not to get pregnant. *I never could because when I was 25 I became diabetic and it was a complication (E2). They made some exams and they said I didn't ovulate, the ovule was coming out, but it didn't, it was not expelled (E1). Getting pregnant was a very distant thing for me, something which frightened me (E3).*

The adoptive family is established from two perspectives: the loss of the primary bonds of the child who becomes a part of another family, whose role will be to help him to grow as a child and as a person; and the disillusion of the couple facing their biological sterility, who need to adopt a child born from others. The possibility of adopting came as a way of exercising maternity and fulfilling previously frustrated dreams⁽⁶⁾. *I always grew up saying that I was going to be a mother, I am going to be a mother and I was sure that I wanted three children. Not getting pregnant was very...also painful... Not getting pregnant, 11 years trying (E1). I never could. One day we gave up having a child and 10 years after waiting we decided to adopt one (E2).*

Under this perspective, the adoption has a double purpose: to allow the child to have a new family and a satisfactory environment for his development and make the exercise of parenthood feasible for the parents⁽⁶⁾. *Because at birth there was a loss of this biological mother and this is registered and only as time goes by they become aware of the gain. Gaining a new family, a new father, a new mother, and perceiving and understanding that they have two families (E1).*

In the formation of this new family, during the choice, the ideal condition is that some characteristics were not too valued such as conditions of health, color, gender and age of the child to be adopted. However, due to cultural diversity there are not people without wishes or preferences⁽⁷⁾.

In this study, although one of the interviews report not to have preferences or particular characteristic as criteria of adoption, the preference for the dark-skinned color is implicit, because the couple belongs to the white and black ethnic groups. *I did not have any preference, actually I didn't have preference of anything, color, I just want to be a mother. Boy or girl, black or white. Even because my husband is black. My husband is dark-skinned and I am white. So the baby can be dark-skinned, darker or lighter (E1).*

Nevertheless, in Brazil, what remains as the largest interest, is the adoption of babies with pre-established characteristics, especially concerning sex and color⁽⁷⁾. *I think that I am the mother of the boy. I think it is simpler. And then, a girl spends too much money, has to peel off, grows, absorbent. If I have a little girl I will lose my throne. Regarding adoption people have preferences for girls, the boys will stay longer in the orphanage. Generally the preference is for girls, you will wait longer for girls (E3).*

The choice of the characteristics of the adoptive child is known as a process in which, due to historical questions linked to the ideas of the family, is permeated by prejudice and stereotypes of the adoptive parents. From then on, it becomes important not to impose to the adoptive parents children that they are not able to accept. When the adoptive parents are prepared to deal with the child, there is a high probability that the children adopted by them to be rejected, particularly if the color of the skin is different from the adoptive

parents or if the sex is not their preference⁽⁷⁾.

When a reflection is made upon this, it is perceived that there is a great variety of interests for peculiar characteristics, which may demand time to find the wanted child, besides the weariness which involves the legal courses.

Currently, the person or the couple who is registered in a children's court, interested in legally adopting a child has the possibility of, when filling in the Adoption Register, choose some characteristics of the child that they want to adopt, like sex, skin color, age and aspects of health. The ones who are considered able to adopt wait in line following the order of registration, until it's their turn to adopt a child or adolescent who is adequate to their interest⁽⁷⁾.

In this process experienced by the family, the waiting time becomes fundamental, once it is during this period that the couple will build an identity for the process of identification with the new attributes through the psychological gestation, which leads them to make a personal investment in this new phase of their lives⁽⁶⁾.

When they feel 'pregnant' they plan the future of the child, prepare their home and get organized to receive the so long expected child. One of the interviewees revealed that since the beginning of the process of adoption, she started to prepare the trousseau, a maternal attitude of fundamental importance, under psychological aspects, in this period before the arrival of the child. *I will have four months to fix the little room. The little room was there, ready, with the wardrobe and everything, but I didn't have a cradle, I had a few clothes, but very few. When we started going to the children's court, I started to buy the things, pass by a little store, brought some little clothes, little shoes* (E1).

The moment to imagine the arrival of the child and get ready to receive him favors the creation of bonds and the development of maternal instinct at its plenitude, once they understand that preparing the trousseau is an essential practice in the act being a mother⁽⁴⁾.

The experience of the process of breastfeeding of the adoptive child

It is noticeable that the image of breastfeeding involves the world of the women as a representative symbol of maternity, and it is socially and culturally built along the times, paradoxically considered as a biological determination of the species. For some women the fact that they can breastfeed, even not having been pregnant, means personal fulfillment and especially as a mother. This can be confirmed through statement of E3⁽⁸⁾. *But then I have fulfilled my dream, because I think that this was something that I wanted very much for myself. And I really wanted to breastfeed, it was a big wish* (E3).

Even without this previous stimulus of gestation, the woman can produce milk through the method of relactation⁽⁹⁾.

This method must be followed with the use of a very thin tube that works like a straw. The tube goes from a jar of milk to the mouth of the child. The milk can be an artificial formula or obtained through manual pressure. The tip of the tube must be placed on the nipple in such a way that the child sucks the tube and the nipple at the same time. He receives he milk from the tube. The suction stimulates the production of milk. The tube must be fine, generally a gastric probe is used or any other tube of polyethylene. The caliber of the tube is important, once if it is too wide the child will get the milk very easily and will not suck it with sufficient strength to stimulate the production of milk. It is relevant to clean and sterilize the tube and the jar each time they are used⁽¹⁰⁾.

This process requires a great motivation by the woman and constant professional support. This effort is widely rewarded, when offering the adoptive mother the grateful experience of breastfeeding her child⁽⁹⁾. *She arrived at home and I placed the little probe on her, with special milk* (E2). *But I think if I hadn't breastfed, I think I would be more disappointed with myself, more frustrated. Not having been pregnant didn't bother much. But I think if I hadn't managed to do this* (E3).

As it is perceivable, the process of breastfeeding covers all the situations of being the mother of a baby, of a sufficiently good motherhood. A 'good breast', in a general way, means satisfactory motherhood. Breastfeeding is not a mechanized act and, in order to produce the expected effect, there must be psycho affective relation between mother and child⁽¹¹⁾. Breastfeeding is an act of love as reported by E1 and E2. *I am telling you, it is not only the milk, breastfeeding, It is love, the welcome, everything we had planned, everything we did, my husband and I, my husband very close to me, very present, very close to her, holding her on this lap, cuddling her* (E1). *I always tell people, one who has never experienced a miracle, should see a women breastfeeding that is a miracle. If there is no food in the world that child will survive out of her reserves. And with quality, development, so this is a miracle* (E2).

The wish to breastfeed is a cultural practice in our society. In it there is the valuing of blood bonds in detriment to affective bonds, and this reality can be related to other fundamental questions in the reflection about adoption, such as the fear of the adoptive parent to be abandoned by the child and the difficulty to reveal them their history of life. The parents who experience this reality, many times feel insecure about the affective bonds between them, worried that one day the child might want to know his biological parents, and, in case this happens, the 'blood' will speak louder and he might opt to stay with the blood family⁽¹²⁾.

The fear to be rejected by the children is what takes many parents to decide not to tell them about their history of adoption, but the present study shows through the statements of these women, that the best way to follow, is telling the truth to the adoptive children, even to create bond and trust. *I talk openly to her, I have always talked with J. J was three when she asked me. So, I explained to her that she was not born from my belly, but from my heart and my love, 11 years waiting for her* (E1). *And then we tell the truth proportionally to her life, we say that she was a gift, that one day we were waiting a lot for this gift and it came to our house, this gift, because this is the reality and now she can understand. But we intend to tell her the truth* (E2).

One of the maternal worries is when to stop breastfeeding the whole day. The women who work and want to keep breastfeeding is the current challenge for the health professionals interested in the promotion of breastfeeding. Nursing, a profession which promotes exclusive maternal breastfeeding, can find the best strategies with the woman so that the early weaning does not occur⁽⁹⁾.

So that the nursing professional can exercise his fundamental roles of educator, guide and counselor in breastfeeding, it is necessary that he knows not only the importance and advantages of breastfeeding, as well the indications, clinical handling and psychological aspects linked to the process of breastfeeding in the first days and its maintenance throughout the adoption.

The number of women that want to breastfeed and interrupts or decreases this practice for having to return to work outside is growing and constitutes a frequent cause of introduction of complements and/or baby bottles, with the consequent decrease in the production of milk^(9,13).

In many of these situations, the children end up staying with their grandmothers or nannies who do not always have fulltime availability for the care of these children, being frequent the use baby bottles, as we can observe in the following statements: *But afterwards I have to work. And to do so, I had to leave the baby with the nanny and my mother who sometimes looked after her. But the work of the nanny was to put the milk in the dropper and on the little spoon, not to give the milk on the first choice bottle, nor in the baby bottle. But she couldn't stand it, putting the milk in the first choice bottle and give the milk to her in the first choice bottle* (E1). *When I returned from vacation she was 4 months, 5 months, and I couldn't take her anymore, because she was big, it is not the same thing. I left her with my mother in law. They started the first choice bottle. So, it was a process of suffering for me, I suffered a lot. But she was obliged to do so because she could not drink from the little glass, she cried a lot, from the little glass she even accepted, but it was a suffering for her. They had to start with the first little bottle to minimize her suffering* (E2). *And so we came to an agreement, the baby could stay with the nanny, but she couldn't leave the baby alone because I*

wouldn't trust leaving him alone with the baby while I was working. And so she stayed at home with my mother and the nanny (E3).

The possibility to leave the children with the grandmother, mother in law and uncles emphasizes the 'secure motherhood' on the right of the mother to choose the person who is going to be close to the child at the moment she goes back to work. The grandmothers have a privileged place for having close bonds both with her children, as well with their grandchildren, for offering double support, known as 'enhanced motherhood'⁽¹⁴⁾.

Conclusion

The adoption aims at placing the child in a substitute family, so that she can have conditions to develop herself in an environment surrounded by love, care and protection. With the maternal possibility of providing milk and breastfeeding her adoptive child, the strengthening of the affective bond between the binomial is established. So, the present study showed that these women are aware of the importance and benefits of breastfeeding.

It is believed that the lack of knowledge on the practice of breastfeeding by the adoptive mothers or the fear to be discovered made it difficult for us to contact them, once, although the adoption is a common practice in our society, some families prefer to hide this reality for the fear of losing or for having adopted illegal practice at the moment of adoption.

There were also difficulties to find scientific productions in the area of health which discussed on the orientations to the mothers in this new cycle of life. It is important to emphasize that even with the attempts of public policies for the health of the woman is still on the focus of the pregnant-puerperal cycle, on the protection to the child, where part of the health professionals perceive the pregnant women exclusively as a vector of the baby. In this sense, it is of fundamental importance the clarifying of the aspects of health and psychosocial aspects which permeates

the adoptive process so that the incentive to maternal breastfeeding can happen.

So, it is significant to clarify the possible adoptive mothers of the possibility of breastfeeding, and it is up to the health professionals, especially the nurses, to incentivize this practice as a way to strengthen the bond mother-child, understanding that this binomial is singularly variable and subject to several influences, which are passed on from generation to generation and must be considered.

Collaborations

Lage SR and Nazareth IV contributed for the conception of the work, data collection, analysis, interpretation of the data and writing of the article. Santos IMM contributed in the orientation of the research, writing of the article and final approval of the version to be published.

References

1. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde da criança: nutrição infantil: aleitamento materno e alimentação complementar. Brasília: Ministério da Saúde; 2009.
2. Rosa R, Martins FE, Gasperi BL, Monticelle M, Siebert ERC, Martins NM. Mother and child: the first ties of closeness. *Esc Anna Nery*. 2010; 14(1):105-12.
3. Santos MGPS, Medeiros MMR, Gomes FQC, Enders BC. Nurses perceptions on the nursing process: an integration of qualitative studies. *Rev Rene*. 2012; 13(3):712-23.
4. Bertaux, D. *Narrativa de Vida – a pesquisa e seus métodos*. 9ª ed. São Paulo/Natal: Paulus/Editora da UFRN; 2010.
5. Medeiros M. Qualitative research approach. *Rev Eletr Enf [periódico na Internet]*. 2012 Apr/June [cited 2013 feb 20]; 14(2):224-5. Available from: <http://www.fen.ufg.br/revista/v14/n2/v14n2a01.htm>

6. Fonseca CMSMS, Santos CPD, Brito CMS. The adoption of children with special needs in the perspective of foster parents. *Paidéia*. 2009; 19(44):303-11.
7. Huber MZ, Cardoso AC. Parents by adoption: adoption in the perspective of couples in waiting line. *Psicol Teor Prát*. 2010; 12(2):200-16.
8. Vasconcelos SG, Galvão MTG, Paiva SS, Almeida PC, Pagliuca LMF. Mother-child communication during natural and artificial feeding in the AIDS age. *Rev Rene*. 2010; 11(4):103-9.
9. Caires TL, Oliveira TC, Araújo CM. Knowledge analysis, handling and information received by the mothers about breastfeeding . *Rev Enferm Cent-Oeste Min*. 2011; 1(3):24-37.
10. Mariano GJS. Relactation: Identification of successful practices. *Referência*. 2011; 3(3):163-70.
11. Mello DF, Lima RAG. Nursing care and approach winnicott. *Texto Contexto Enferm*. 2010; 19(3):563-9.
12. Maux AAB, Dutra E. Adoption in Brazil: some reflections. *Estud Pesqui Psicol*. 2010; 10(2):356-72.
13. Frota MA, Costa FL, Soares SD, Filho OAS, Albuquerque CM, Casimiro CF. Factors Which interfere in breastfeeding. *Rev Rene*. 2009; 10(3):61-7.
14. Bruschini MCA, Ricoli AM. Family and work: poor work for low-income working mothers. *Cad Pesq*. 2009; 39(136):93-123.