



Original Article

PRIMIPARAE PERCEPTION ON GUIDANCE IN PRENATAL CARE REGARDING BREASTFEEDING

PERCEÇÕES DE PRIMÍPARAS SOBRE ORIENTAÇÕES NO PRÉ-NATAL ACERCA DO ALEITAMENTO MATERNO

PERCEPCIONES DE PRIMÍPARAS ACERCA DE ORIENTACIONES EN EL PRENATAL SOBRE LACTANCIA MATERNA

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The objective was to analyze the perceptions of primiparae on the guidance received in prenatal care regarding breastfeeding. Qualitative descriptive study, whose data collection happened, the period March-May 2010, through semi-structured interviews with 10 primiparae admitted to the rooming unit of a hospital in Fortaleza-CE, Brazil. For data analysis we used the content analysis, emerging the following categories: Guidelines on pre-natal care; Importance of breastfeeding; and Breast care and problems. We identified that prenatal consultation is a way to monitor the mother during pregnancy, as well as being a time to educate them about the several changes and consequences that occur during pregnancy. We concluded that mothers have a satisfactory awareness of the importance of prenatal care; however we observed a superficial knowledge apprehended in prenatal care regarding breastfeeding.

Descriptors: Breast Feeding; Prenatal Care; Maternal Behavior.

Objetivou-se analisar percepções de primíparas sobre orientações recebidas no pré-natal acerca do aleitamento materno. Estudo descritivo, qualitativo, cujos dados foram coletados, no período de março a maio de 2010, mediante entrevista semiestruturada com 10 primíparas internadas na Unidade de Alojamento Conjunto de um hospital de Fortaleza-CE, Brasil. Para análise dos dados, foi empregada a análise de conteúdo, emergindo as categorias: Orientações no período pré-natal; Importância do aleitamento materno; e Cuidados e problemas com a mama. Identificou-se que a consulta de pré-natal é uma forma de acompanhar a gestante durante a gestação, além de ser momento para orientá-la sobre as diversas mudanças e consequências que acontecem nesse período. Concluiu-se que as mães detinham percepção satisfatória em relação à importância do pré-natal, porém observou-se conhecimento superficial apreendido no pré-natal em relação à amamentação.

Descritores: Aleitamento Materno; Cuidado Pré-natal; Comportamento Materno.

El objetivo fue analizar las percepciones de primíparas acerca de las orientaciones recibidas en prenatal sobre lactancia materna. Estudio descriptivo, cualitativo, cuyos datos fueron recolectados DE marzo-mayo 2010, a través de entrevistas semiestructurada con 10 primíparas en la unidad de alojamiento conjunto de hospital de Fortaleza-CE, Brasil. Para el análisis de los datos, se utilizó el análisis de contenido, donde emergieron las categorías: Orientaciones en el prenatal; Importancia de la lactancia materna; y Atención y problemas con el pecho. La consulta prenatal es una forma de acompañar a la madre durante el embarazo, además es el momento para educarla acerca de los diversos cambios y las consecuencias que se producen durante el embarazo. Las madres tenían percepciones satisfactorias acerca de la importancia del cuidado prenatal, sin embargo, se observó conocimiento superficial aprendido en la atención prenatal en relación a la lactancia materna.

Descriptores: Lactancia Materna; Atención Prenatal; Conducta Materna.

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INTRODUCTION

A national survey reported that in the last three decades the situation of exclusive breastfeeding in Brazil has been improving gradually⁽¹⁾. Despite the scientific advances and the efforts of various national and international institutions, actions aimed at promoting breastfeeding in primary care are being implemented⁽²⁻³⁾, the duration of breastfeeding in Brazil has not reached the recommended by the World Health Organization (WHO), in particular concerning exclusive breastfeeding for six months and supplemented breastfeeding for two years or more.

The possibility of promoting breastfeeding in a precocious way lies in the prenatal, opportune moment to initiate breastfeeding guidelines regarding the proper technique, the advantages and possible difficulties that the mother may face in the process. Prenatal care is one of the programs of the Family Health Strategy (FHS), used by health professionals to attend pregnant women, aiming to diagnose, treat early diseases and promote the health of the mother and the fetus. It is based on a principal indicator of the Primary Care, the National Health System (SUS), with the scope to reduce rates of maternal and perinatal morbidity and mortality⁽⁴⁾.

In this context, the nursing consultation comes as a relevant instrument, especially for the promotion of breastfeeding, because it has the purpose to ensure the coverage and improve the quality of prenatal care, through the introduction of preventive and promotional actions to the pregnant woman. It is required from the professional, besides the technical competence, sensitivity to understand the human being, communication skills based on listening and dialogical action⁽⁵⁾.

Pregnancy raises in primiparous women antagonistic feelings, inexperience and anxiety that can interfere in the challenge of nurturing the baby through breastfeeding. Maternal care is a difficult and contentious exercise, representing the quest for maturity

in being a mother for the first time, facing insecurity, the lack of preparation and maternal primary concerns with

breastfeeding. Therefore, the support of professionals to primiparous women should start during prenatal, considering that the mother does not have positive and negative experiences in the context of breastfeeding. The information received during the prenatal can influence directly in the woman's desire to breastfeed.

Given this complexity that involves the practice of breastfeeding in primiparous women, the following questions came up: how are pregnant women being oriented in the pre-natal about breastfeeding? How was maternal perception of breastfeeding acquired?

From this perspective, one aimed to examine perceptions of primiparous women on the orientations received during prenatal about breastfeeding.

METHOD

This is a qualitative, descriptive study, conducted in a Public Hospital of the State Network of Tertiary character, belonging to the Executive Secretariat of the Regional VI, Fortaleza - Ceará. The study included ten primiparous mothers who were in a collective room of the hospital. It was adopted as inclusion criteria: primiparous women who had attended at least one prenatal consultation, checked through the pregnant woman's card. To determine the size of the study sample a conceptual tool called "theoretical saturation" was used, which consists of establishing the appropriate time to interrupt the inclusion of respondents due to redundancy or repetition of testimonies, assessed by the investigator⁽⁶⁾.

The field research was conducted from March to May 2010, using a semi-structured interview, containing questions about age, marital status, family income, education level and knowledge of mothers about breastfeeding and guidance received during prenatal.

The interviews with the consent of the subjects were recorded, lasting 10 minutes on average, soon after they were heard and transcribed verbatim. To guarantee anonymity, subjects were identified by the letter "M" for mother, then numbered corresponding to the chronological order of the interviews. The successive readings of the material were used for analysis and preparation of the categories of the study. The interviews were subjected to content analysis⁽⁷⁾. After reading, the data are organized, interpreted, analyzed and finally reduced to categories for reporting purposes.

The ethical aspects were present during the research, based on Resolution No. 196/96, from the National Health Council, Ministry of Health of Brazil, and was submitted to the Ethics Committee in Research of the General Hospital of Fortaleza (HGF) and approved according to opinion # 030 903/09.

RESULTS AND DISCUSSION

The 10 primiparous women were between 15 and 42 years old, with an average of 22 years of age. Out of the women interviewed, prevailed those who had finished high school. In terms of occupation, two patients had activities outside the home, a teacher, a self-employed and the other were unemployed. The majority had a stable union and shared their house with six people. The monthly family income was a minimum wage, making it difficult to cover the costs of several dependents.

From the reports it was possible to cover three categories of analysis: Guidelines on the prenatal period; Importance of breastfeeding; Care and problems with the breast.

Orientation in prenatal period

The talks culminated about the orientation on prenatal care provided by nurses, revealing the lecture method as active in the learning process. One of the goals of prenatal is encouraging breastfeeding, with

assistance grounded and focused on the health and future well-being of the newborn (NB). Thus, the mothers had access to information before the baby's birth. *At the clinic the nurse gave the lecture once a month, I had several talks about breastfeeding during prenatal care (M1). During antenatal I had a lecture, the nurse explained well, giving a sense of how the breast should be cared, that weaning has to be done, she taught me how to do it and about the care we should have and how much time we can spend to bring the milk to the baby (M6).*

The qualification of the health professional who works in prenatal enables to deal directly with the development of pregnant women's knowledge about breastfeeding, active breastfeeding agents, using as main care instrument the human communication. The nurse was the health professional most cited as responsible for health education during the prenatal, so this needs to be updated and involved with effective communication, so that the guidance offered causes effect, aiming at quality of care, independent of the conditions of physical infrastructure, human or material resources⁽⁸⁾.

The nursing consultation is recognized as a cozy space that allows dialogue, allowing free expression of doubts, feelings, and experiences, strengthening the bond between nurses and pregnant women. In this sense, the dialogic communication must represent a cornerstone in the relationship between professional and client, because breastfeeding besides being a biological issue, is social, cultural and psycho-emotional. Therefore, it is important to use singular care for each maternal reality, in order to use the listening, uniting popular and scientific knowledge, in order to enhance and extend the sociocultural aspects of breastfeeding, enabling positive decision making⁽⁹⁻¹⁰⁾.

The conduction of educational activities during the stages of pregnancy is necessary and it is during prenatal that women should be prepared to succeed in breastfeeding. When considering pregnancy and birth of the child, unique moment for every woman and especial experience in the female universe, the professional

health assumes the role of an educator. The nurse who shares knowledge is committed with health promotion and corroborates the self-confidence method for the quality of care to the newborns with exclusive breastfeeding^(5,11).

There is the need for reorienting the practice of health education in order to address the different aspects that influence the decision to breastfeed. It is possible to improve knowledge about the advantages of breastfeeding, after awareness strategy. It is necessary to bring about changes in the current health care model, based on the biomedical approach, focused on the biological aspects of breastfeeding⁽¹²⁾.

Emerged in this study, aspects related to other means of acquiring knowledge, such as media and especially the nurturing mother figure, in the support and transfer of orientation, justified by mother and son performing prenatal in close moments or share lived experiences. *I followed my mother in my sister's prenatal and saw things that the doctor spoke, and my mom knows a lot, she often teaches things she learned from her life experience (M8). I was oriented during the prenatal by the nurse, and also saw on TV, and through flyers that I received in the clinic when there were lectures, but my mother who has a lot of experience and had a child recently taught me a lot (M9). My mother said these things [orientation about breastfeeding] because in the end of last year she had twins, so I listened to her talking, but the doctor in the health unit also tells us what we can and cannot do (M10).*

The relationship established between mother and daughter in the family refers to situations of power and authority by the mother. This dependence extends practically through the life course of the mother, occurring changes with marriage and motherhood of the daughter, facts that can strengthen or weaken the relationship between them. For grandparents, the moment of their daughters' delivery is a chance to relive deliveries and refer to their daughters' experience.

Some grandmothers did not succeed in breastfeeding, primarily by limited or restricted access to information and also by the lack of support and

encouragement due to difficulties encountered during lactation. By recognizing that grandmothers influence the mothers' way of thinking, one highlights the need of their participation in the prenatal consultations and also in groups of pregnant women, so that they commit themselves in their grandchildren's breastfeeding. It is possible to assume that when grandmothers stimulate the use of tea, water and other milks for infants under six months, they pass knowledge acquired 20 or 30 years ago, which the majority is contrary to current recommendations regarding the newborn's feeding⁽¹³⁾.

It is a significant factor that the decision on the act of breastfeeding may or may not be linked to culture, lifestyle and the influence of society. It is a biological moment, however the mother requires information about the advantages and disadvantages of exclusive breastfeeding in the event of early weaning⁽¹⁴⁾. There is an urgent need for health teams to recognize the intimate relationship between mother and daughter and use the magnificence of grandmothers as an aid in maintaining the breastfeeding process.

According to the speeches, some pregnant women received no guidance on prenatal consultation, they were informed about breastfeeding during the hospitalization, in the collective rooming in the hospital researched. *I've never been oriented during pregnancy, only now I'm seeing the lectures here in hospital (M5). During prenatal care I was not oriented, the nurse only said it was important, but here in the hospital someone gave a lecture and I learned its true importance (M7). I have never been oriented in my prenatal, only when I came here I knew I should breastfeed until six months without including anything else (M2). No, I have never been oriented in my prenatal (M3).*

Despite campaigns and studies on breastfeeding, fragility is still perceived in involving professionals in this care. Although nursing care is a characteristic attributed to the activities of nursing, there are still gaps in academic education. Generally, women feel helpless and lonely during pregnancy. The lack of support in the health service to meet the needs and fears of each

individual pregnant woman symbolizes the need to reconstruct the way of attending women who experience this life stage.

It is essential to expand access to pregnant women in the health service, improving the quality of consultations, strengthening the welcoming in order to ensure quality antenatal care⁽¹⁵⁾.

There are proven benefits of breast milk for both mother and child, but it is essential to inform the disadvantages of not performing this act, as predisposition to malnutrition, parasitic disease occurrence, damage in growth and development, reduction of mother and son bond, breast cancer, among others. Addressing these issues motivates greater coverage of lactation in order to decrease morbidity and mortality, strengthening the commitment to humanizing the care of pregnant women and postpartum women⁽¹³⁾.

Importance of Breastfeeding

Breastfeeding women's understanding about breastfeeding influences directly in their attitude towards the act of breastfeeding. Through the reports, it could be verified biomedical knowledge related to dialogue, in which breastfeeding prevents mainly diseases. One noticed appreciation to immune protection, the nutritional factor and affection. *It is important for the child, also for the mother, because it helps the child to be healthy (M1). It is the child's health. If it does not nurse, it gets sick. Then, it is worse (M2). I believe breastfeeding is a unique moment, so I breastfed for six months without giving anything, so he would not get sick (M3). Very important for the child, because it nourishes and protects (M4). It is important to make the baby stay strong (M5).*

The interest of these primiparous women in this breastfeeding aimed at disease prevention, demonstrating, even indirectly, knowledge about the immune values of breast milk. This relationship, which indicates one of the advantages for the welfare of the newborn, is widespread in health services since the early

1980s, in official campaigns of the Ministry of Health of Brazil⁽⁴⁾.

Although women understand the importance and benefits of breastfeeding, early weaning rates are still high. They present as a justification for interrupting early breastfeeding their return to work, the child's insatiability, week milk and maternal physical fatigue⁽¹⁶⁻¹⁷⁾.

The excitement of pleasurable feelings to breastfeed the child is expected by the social environment, however it is common the coexistence of ambiguous feelings towards breastfeeding. The displeasure cannot be explicit for those who experience it, because it is not consistent with the profile of the idealized mother, justified by the hierarchy put institutional and historically to the needs of the child in the first instance. The women expressed feelings of pleasure and excitement. It may be the result of socially acceptance link between breastfeeding and maternal love. The physical contact that breastfeeding provides intensifies the emotional bond⁽¹³⁾. *A fantastic moment. I get nervous just thinking that he depends on me for everything. Of course it's a unique moment, but it is also a time of donation (M8). It's a phase when he depends on me, when I can be a mother and feed him with love, when I can look and see if everything is OK, just him and me (M6).*

In nursing, physical contact is larger and provides the mother and the baby daily time proximity. Women have the ability to bear children and vocation to take care, devoting more time to his son, and keeping the first emotional ties with them. The mother is the principal dispenser of love to the newborn.

The appreciation of this moment and the intrinsic relationship that the act of breastfeeding develops between mother and son unites moments of interaction, making the breastfeeding phase pleasurable and not obligatory⁽¹⁸⁾.

Care and problems with breast

The mothers interviewed reported the appearance of cracks, engorged and turgid breasts. *The nipple can hurt and milk can get dry (M2). Yes I know, dry milk, cracks, hurting I think that's it (M4). If milk does not get out it can hurt my breast and it can get dry, we have to do massage to make it go out (M7). The chest can get rough, and not have enough milk to satisfy the baby's hunger, and hurt (M9).*

Thirty percent of the mothers who breastfeed have difficulties related to the presence of cracks in the nipple, breast pain, fatigue, due to the requirement for prolonged contact with the baby in the breast and problems with milk production⁽¹⁹⁾. Misinformation about prevention of problems related to the breasts can motivate early weaning, causing damages to the mother and child relationship. This allows us to understand why women tend to seek the assistance so late, when the case has gotten worse and strengthen the erroneous connotation that the breast complication is a normal or expected process.

The lactational mastitis can be avoided through measures that prevent the installation of lactic stasis, as the proper holding, breastfeeding on demand, complete emptying of the breast during lactation, milking when there is milk production greater than the infant's demand and especially the breastfeeding promotion and self-care⁽²⁰⁾. These guidelines can be offered by nurses during the prenatal, adequate period to prevent problems related to breasts and breastfeeding process.

The election by breastfeeding propagates in sociocultural context, the practice is therefore influenced by the culture, the beliefs and the taboos. The cultural influence that predisposes to the beliefs and taboos about the appearance of stretch marks and sagging

breasts may be related to misinformation during pregnancy. Thus, health professionals should prepare pregnant women in order to prevent early weaning⁽¹⁸⁾.

CONCLUSION

Pregnancy symbolizes a complex and unique phenomenon that interacts with biological, psychological and cultural changes. Therefore, prenatal care should follow the various changes, avoiding the superficial and limited care and it must overcome the biological dimension.

The primiparous women lack information about the breastfeeding process and the guidelines about breastfeeding during antenatal should be emphasized, with deepening during consultations with professionals. Most pregnant women presented positive representations about the nursing consultation during prenatal, especially because of the way the information is established.

Nursing consultation contributes with the primiparous to experience the new phase smoothly, to understand and express feelings experienced. However, educational activities, understood as activities adjacent to the consultation, which include, among other things, guidance on breastfeeding, are based on the traditional model of information transmission, in which the woman is placed in a passive position, preventing empowerment.

Therefore, to ensure adherence of pregnant women to the care covered in nursing consultations, we need to deepen the form of approach, especially starting from the knowledge of the main maternal needs, with focus on lifestyle and culture.

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