



## BREASTFEEDING: PROVIDING CARE IN ROOMING-IN CARE\*

*ALEITAMENTO MATERNO: PROMOVENDO O CUIDAR NO ALOJAMENTO CONJUNTO*

*LACTANCIA MATERNA: PROMOCIÓN DE LA ATENCIÓN EN ALOJAMIENTO CONJUNTO*

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The study aims to verify the performance of nursing team, with the mothers, before the process of breastfeeding and prevention of breastfeeding problems, in the rooming in a reference maternity hospital, in the city of Juazeiro do Norte, CE, Brazil. Descriptive study with qualitative approach in which respondents were eight professionals of the nursing team, the data were analyzed and categorized. The main difficulties in implementing the actions were: the resistance of the mothers to accept the guidelines of the nursing team, insufficient quantity of professionals, lack of continuous training for professionals, and inadequate infrastructure. Therefore, it is necessary that the rooming health professionals have a commitment to have updated knowledge and put it into practice, as well as develop strategies to have the mothers' confidence thus allowing them to breastfeed more safely.

**Descriptors:** Breastfeeding; Rooming-In Care; Nursing; Perinatal Care.

O estudo almejou verificar a atuação da equipe de Enfermagem, junto à puérperas, diante do processo da amamentação e prevenção de dificuldades do aleitamento materno, no alojamento conjunto de uma maternidade de referência, do município Juazeiro do Norte/CE. Pesquisa descritiva com abordagem qualitativa em que foram entrevistados oito profissionais da equipe de enfermagem, os dados foram analisados e categorizados. As principais dificuldades na realização das ações são: a resistência das puérperas em aceitar as orientações da equipe de enfermagem; quantitativo de profissionais insuficiente; ausência de capacitação continuada para profissionais e instalações físicas inadequadas. Diante disso, faz-se necessário que profissionais do alojamento conjunto tenham o compromisso de se atualizar e praticar os conhecimentos adquiridos, bem como desenvolver estratégias para conquistar a confiança das mães permitindo, assim, que as mesmas possam assumir com mais segurança o papel de lactante.

**Descritores:** Aleitamento Materno; Alojamento Conjunto; Enfermagem; Assistência Perinatal

El objetivo fue verificar el desempeño del personal de enfermería con las madres, antes del proceso de la lactancia materna y la prevención de problemas de lactancia, en alojamiento conjunto de hospital maternidad de referencia, de la ciudad de Juazeiro do Norte-CE, Brasil. Estudio descriptivo, con enfoque cualitativo, en que se entrevistaron a ocho miembros del personal de enfermería profesional. Los datos fueron analizados y clasificados. Las principales dificultades en la implementación de las acciones fueron: fuerza de las mujeres a aceptar las directrices del personal de enfermería, cantidad insuficiente de profesionales, falta de formación continua para los profesionales e infraestructura inadecuada. Por lo tanto, es necesario que los profesionales de alojamiento conjunto tengan el compromiso de permanecer juntos para actualizar sus conocimientos y prácticas, y desarrollar estrategias para ganar la confianza de las madres, para que puedan asumirse con mayor seguridad el papel de lactante.

**Descritores:** Lactancia Materna; Alojamiento Conjunto; Enfermería; Atención Perinatal.

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## INTRODUCTION

The Maternal Breastfeeding (MB) supplies all the necessary nutrients for the complete child development, so, breastfeeding was the natural and practically the only way to feed a child, for centuries.

With the industrial revolution and the massification of the female work there was the exaggerated use of other kinds of milk, especially because of the influence of the advertisement of the dairy industries, which was later suppressed by the beginning of the movement in favor of MB. In the beginning of the decade of 1980, in Brazil, an attempt started to incentive MB with the ruling of the Rooming-in Care (RC) by Administrative Rule 18 of the Instituto Nacional de Assistência Médica e Previdência Social (INAMPS) of the Health Department (HD), which established the obligation to implement RC in maternities of its health assistential net. So, with RC there is a closer context between the mother and the newborn, thus allowing the continuity of the MB. At that same time there were still other pro-breastfeeding campaigns, such as: the foundation of Human Milk Bank; the Kangaroo Methods; the Brazilian Regulating of Commercialization of Food for Newborns, the summit was the 'Hospital Friend of the Child Initiative' and the 'Ten steps for the success of MB'<sup>(1,2)</sup>.

With all this advancement in favor of breastfeeding, associated to the technical knowledge of the team who provides assistance to the pregnant and parturient woman, the continuity of the MB is still strongly guaranteed, once the preparation of the pregnant woman for the MB, together with the stimulus to breastfeeding in the first hour of life, by a capable team with the presence of the partner was seen as a factor of continuity of this breastfeeding<sup>(2)</sup>.

So, if the team, who provides assistance to this puerpera, is responsible for the transmission of the care orientations, this favors the correct positioning and holding, having a special attention for the primipara,

with semi-protruding and/or malformed nipples, this MB tends to be continued after leaving the hospital<sup>(3)</sup>.

For the success of the promotion of breastfeeding and reduction of difficulties throughout lactation, the puerperas must previously know about MB, to be acquired during the prenatal procedures. According to the Health Department (HD), the prenatal follow up is the first contact that woman experiences to understand how she can feed her child in the best possible way, so, this is considered an excellent opportunity to motivate women to breastfeeding. The promotion of breastfeed during pregnancy can be provided through advising, such as activities regarding health education<sup>(4)</sup>.

Along the years, the professors mentioned MB only regarding the benefits for the health of newborn. Today, it has been demonstrated through studies the benefits these practices also bring for the health of the mother herself, once MB starts earlier, still during the first hour after delivery, there is a stimulus for the production of oxytocin, which prevents bleeding postpartum, besides stimulating uterine involution, thus minimizing risk of anemia, as well as strengthening the mother-son bond<sup>(5)</sup>.

According to law no. 7.498, it is the nurses' responsibility or a member of the health team, to provide assistance to the woman during the pregnancy-puerperal cycle. The nursing during puerperal, goes from RC up to the services of primary attention<sup>(6)</sup>.

The nursing team of RC and the Human Milk Bank (HMB) have the responsibility of transmitting the MB clinical management of lactation and the orientation/techniques to prevent early difficulties during breastfeeding. Consequently, the nurse in the hospital premises, as a member of a multiprofessional team, must transmit her knowledge, techniques and orientation regarding MB also referring to the health of the child.

In this context, from the identification of the importance of orientation to the puerperas regarding knowledge and necessary practices for the prevention of possible problems, this study has the objective to verify the acting of the nursing team, with the puerperas, facing the process of breastfeeding and prevention of difficulties of the mother breastfeeding, in rooming-in care of a reference maternity in the county of Juazeiro do Norte, CE, Brazil.

It is expected to reveal the importance of the orientation and practices to the puerperas by the health professionals, especially the nursing team, in order to keep this clientele in a more humanized way, thus favoring the strengthening of the binomial Mother-Son, so that the MB can be provided in a pleasurable way, with love, without suffering and bringing a minimum of traumas and possible complications for the mother.

## METHODS

It is a descriptive field research with qualitative approach. The sample was made up by 8 subjects, who participated in the nursing team working in the rooming-in care; of those, seven were nurse technicians and one was a nurse. The population should have been made up by twelve working professionals at the RC, but, of those, only three were interviewed, three did not accept to participate in the interview and one was not present during the data collection.

The following criteria of inclusion were selected: work in full capacity of the profession and be found at the unit in the period of collection; accept the recording of the interview and agree with the Informed Consent Form (ICF).

The data collection was performed during the period of June and July, 2011, in a reference hospital and maternity in the county of Juazeiro do Norte, CE, Brazil, registered in the program Hospital Amigo da Criança (Children's Friend Hospital), having as responsibilities, actions of incentive and promotion of

MB. On July 21, 2010 the 1<sup>ST</sup> Human Milk Bank was first in the city of Juazeiro do Norte, CE, Brazil; those data were considered as motivation for the choice of the place of the research made.

The data collection was made using semi-structured interview as a tool, having open questions referring to the nurse team acting, with the puerpera in the RC. The discourses were analyzed through interpretation and categorization using the content analysis technique.

So, the data went through phases of ordination, classification and elaboration of categorical units. A context analysis was made, which required a continuous movement between the theoretical reference and empiric data of the research<sup>(7)</sup>.

During the making of the research, Administrative Act no. 196 as of October, 10, 1996 of the National Health Council regarding the ethics in research with human beings was obeyed. The project of this research was sent to Comitê de Ética da Universidade Regional do Cariri, approved according to protocol no. 24/2011.

In order to guarantee anonymity of the participants of the research pseudonyms were used with nouns related to the feelings experienced by human beings, such as: Anxiety, Love, Joy, Caress, Trust, Yearning, Faith and Peacefulness.

## RESULTS AND DISCUSSION

The analysis of data collected resulted in five main theme categories: (1) Benefits of mother breastfeeding; (2) Lack of knowledge of difficulties in the MB; (3) Lack of knowledge of difficulties in the MB: clinical management; (4) Prevention of the difficulties and/or complications in the MB; (5) Difficulties to implement the actions in the rooming-in care.

### Category 1: Benefits of maternal breastfeeding

The success in the practice of breastfeeding is subject to historical, social, cultural and psychological

factor of the puerpera. As important as the factors above mentioned, are the acting and technical-scientific knowledge of the health professional, keeping in mind their responsibility in promoting, incentivizing and providing support to mother breastfeeding.

One of the strategies of the Hospital Amigo da Criança (Children's Friend Hospital), in its fourth step, is the orientation for the promotion, protection and support for MB in the country. This strategy is related to the interaction of the Newborn (N) with their mothers in the first minutes of life. From the beginning, in order to have continuity of the MB, this first contact favors the formation of a mother-baby bond, besides promoting its length, it also promotes the prevalence of MB in the maternity-hospitals, favoring the reduction of neonatal mortality<sup>(8)</sup>.

When being questioned on the importance of MB, they all demonstrated to know their benefits. So, the advantages related by the interviewed people were: the reduction of child morbimortality; a better recovery of the newborn and the mother; formation of affective bond, protection and development. The most frequent statement was the factor of protection which maternal milk gives to the newborn. *It is very important... that without it, the child will not have defense. His body will not have immunity to defend him from several diseases (Caress). The importance of MB, is that the child is protected and becomes healthier. A kind of food which does not need to give water or any other type of milk. (Yearning).*

The maternal milk besides having all the essential elements to live of the newborn, it also has several immunological factors which act as protection against infection, among them: antibodies, IgA, IgM and IgG, macrophage, neutrophil and lymphocyte<sup>(5)</sup>.

Among the interviewed women, there were many reports regarding the reduction of child morbimortality through lactations. In this context, several studies show the reduction of mortality by all causes in 16.3%, if all the children began breastfeeding on the first day of their lives, in 22.3%, if the breastfeeding happens in the first hour<sup>(9)</sup>. *The MB is important because it is going to reduce the child*

*morbimortality, will guarantee a healthy child and probably a healthy adult as well (Anxiety). It has a very big importance regarding the nutrition and development of the baby (Love).*

Among the benefits which MB provides, some do not reach only childhood, and they can be extended throughout adulthood. Exclusive breastfeeding to the baby is related to the decrease of risk for cardiovascular diseases, neurological malfunction, among others<sup>(10)</sup>.

Most parts of the nursing team, working in the RC, know about the importance of breastfeeding, and they recognized it as fundamental for the health of the binomial mother/son. The data of the research confirm with another study in which it was shown that 80% of the health professionals know about the advantages of MB<sup>(11)</sup>.

During the activities of promoting, incentivizing and providing support to MB it is indispensable for the health professionals to have previous knowledge regarding the importance of its benefits as well as the handling of breastfeeding. The lack of such knowledge can be an obstacle to MB, when the information is incorrect or there is lack of consistency of the wet nurse<sup>(12)</sup>.

## **Category 2: the lack of knowledge of difficulties in MB**

Currently there are authors who write on the difficulties on MB, stating that they might appear in the course of the natural process of breastfeeding. The present study emphasizes that the difficulties can be prevented by part of the nursing professional, among them: the babies do not suck or have a weak suction; the babies do not keep hold of the areola; mammary engorgement; pain in the nipple; nipple fissures; mammary candidiasis; blocking of the lactiferous ducts; mastitis and mammary abscess. So it is necessary to have a previous knowledge on the difficulties/complications, as well as the actions for their prevention, by the team working in the RC.

Nevertheless, through their statements, all the interviewed professional did not know the possible difficulties in MB completely. Among the statements, only one of the interviewed women mentioned the inexistence of difficulties during breastfeeding. *And there is also the pain, we know that we feel a lot of pain in the first suckle. And that may lead to other complications such as mastitis. The fissure and everything if you don't make the baby handle the grip properly (Caress). When the mother has been breastfeeding for 2 or 3 days, some complications begin to appear, such as, pain during breastfeeding and fissures. In those patients that have had a normal delivery they reported more pain and difficulty for breastfeeding. And in the mothers who had caesarian delivery, there were more cases of fissures, because they spent more time in rooming-in care (Joy). When the breast becomes ingurgitated, sometimes the doctor tells us to apply warm water compress (Yearning). I think that is not difficult, difficult only if the mother doesn't want to breastfeed, but there are no other difficulties (Trust).*

This last statement shows the lack of knowledge of the difficulties that might come up during the breastfeeding by part of the health professionals who provided assistance to the puerperas. Therefore, many authors refer that the process of breastfeeding, although it is considered natural in some cases, the mother experiences problems in her natural course; so it is the responsibility of the professional nurse the transmission of assistance and quality orientation fundamented on what is fully described in the literature.

Evaluating the main difficulties related to the MB, the previous knowledge must be mentioned by the nursing team related to problems of lactation, due to the necessity of evaluations in order to check the associated risks and to establish efficient actions of prevention. So, for the team working in the RC, it is fundamental that their recommendations should have as objective hospital leave, in order not to allow this mother to leave the hospital without being sure of all the orientations around MB, providing new explanation in case the team meets any difficulty<sup>(13)</sup>.

The nursing team develops an important function during puerperal period and so, just like the type of hospital, the period of hospitalization in the RC and the

type of delivery; all these factors can influence in the maintenance and continuity of the MB. It must be pointed out that this continuity of the breastfeeding does not only depend on isolated facts, but a combination of several interventions put into practice during the pregnancy-puerperal cycle<sup>(14)</sup>.

In order to provide preventive assistance of quality, it is necessary to have theoretical knowledge in the general domain of lactation, once only knowing the causes of the difficulties, the nursing professionals can adequately act in their preventions.

### **Category 3: the lack of knowledge of difficulties in MB: clinical management**

According to the guidelines of HD and the Administrative rule MS/GM no. 1.016 which establishes the basic rules for RC, a good technique (positioning/grip) of breastfeeding, is indispensable for its success. So, the health professionals, through their attitudes and practices, have the function to inform and help the puerperas in the management of breastfeeding, helping them in lactation as early as possible but also to acquire self-confidence to breastfeed<sup>(2,15)</sup>.

Some key-points are considered important to allow an adequate technique in breastfeeding, such as: allow the mother to choose her position during the breastfeeding, the one when the woman feels comfortable and relaxed; place the body of the baby in direct contact with the mother and the baby must be well adjusted, with the head and trunk aligned (neck not twisted); allow the face of the baby to stay in front of the breast, with the nose at the same height of the nipple; during the grip it is indispensable that the areola be visible above the infant's mouth which must be wide open; allow contact between the nose and the chin with the breast's skin<sup>(15)</sup>.

When asked about the breastfeeding management steps, all the interviewed women related on the proper positioning of mother/son. However, the

proper grip on the nipple was not reported by the interviewed.

*When the delivery is considered normal we place her on the side, because sitting does work. When the delivery is cesarean we place the baby on top of the mother, so the child will have a better grip (Caress). We provide orientation and show the right position of the breast which is to place belly against belly, and take the baby to the breast and not the breast to the baby. So, we teach several ways. (Faith). We always ask her to sit up with the back straight in order not to hurt, place the baby's belly next to her own. With one hand that she chooses to support the body of the baby, she will use the other one handling the breast towards the mouth of the baby (Trust). I examined her breast; check if there are colostrums, if it is engorged or if there are fissures. Normally they have many doubts and they become anguished (Joy).*

In a study whose goal was to check the influence of the technique of breastfeeding in the frequencies of Exclusive Maternal Breastfeeding (EMB) it was noticed that the orientation on the proper technique of breastfeeding in the maternity can reduce the incidence of women who stop breastfeeding precociously; once the knowledge of the proper positioning of the mother/infant and the effective grip/suction of the baby favors the prevention of pain at breastfeeding and nipple traumas reducing the probability of interruption due to complications<sup>(16)</sup>.

A good technique of breastfeeding is important for its success, once it prevents problems in the process of MB. From the statements reported, it could be noticed that the nursing team helps in the breastfeeding handling; however the same must direct their actions both regarding the right positioning as well as the right grip.

#### **Category 4: Prevention of difficulties and/or complications of MB**

Several authors report that breastfeeding only happens in an effective and lasting way when the mothers receive orientation and help in the handling of breastfeeding, which includes the use of instruments for the care of the breast, thus preventing complications<sup>(3,13,16)</sup>.

The health professional attending the binomial mother-son, must know the advantages that breastfeeding guarantees for the mother and the infant, must also transmit the orientation so that the mother can take care of the main problems that may come up during the process of MB. So, it is known that if this mother is duly informed on the importance of her milk to her son, with all its nutrients, its advantages for his full development and growth, one can assume that the mother will continue MB, once she knows that is the best condition to keep her baby's health<sup>(17)</sup>. But it is necessary to have updated knowledge and be aware of any risk factor which may predispose a complication.

According to this, it was questioned which actions would be directed to the puerperas in the attempt to prevent the problems in lactation. The health professional revealed that some mothers did not know the orientations and some times they were inconsistent.

*The first baby mother has many doubts because, it hurts, because of this, because it is going to rash...the first thing to do is regarding the mother's nipple, we know that if the baby is in a comfortable position and has a good grip He will avoid hurting the mother's nipple. (Peacefulness). We spent every day in the rooms transmitting orientation regarding breastfeeding, its importance, exclusively the first six months, no dummy or baby bottle ...(Anxiety). As soon as the baby comes she tells the mother to give him her breast to avoid engorgement. Because some times there are mothers who are afraid to feel pain when the baby grips. (Yearning).*

Based on the statements above, it is possible to identify that the actions of prevention performed by the interviewed, although efficient, are not within all the orientation which could be used by the puerperas, with the anxiety of reduction of difficulties during breastfeeding. These practices could be mentioned as performed by the interviewed women: promote a comfortable position and a good grip; initiate MB precociously; do not use dummy or baby bottle and provide breastfeeding whenever the baby requires.

The actions of prevention related are adequate to avoid mammary engorgement, once its main causes are the inefficient removal of the milk by the baby, taking

too long to breastfeed again and inadequate technique of breastfeeding. The above mentioned occurrences can be aggravated when there is a bad nipple formation, which prevents adequate intake by the newborn and it is known that they are conditions of easy prevention and solution. So, this mammary occurrences related to lactation are determinant factors in the continuity and success of MB<sup>(18)</sup>.

There are many ways to act in the process of breastfeeding, however it is still possible to find professionals who do not work according to what is expected. This fact was noticed because of a report of an interviewed professional who reported not have performed the actions with the puerperas, while others provided orientation only when the complications have already been installed in the process of MB. *Normally when they complain that the nipple is painful and beginning to hurt, I tell, them first of all, not to stop breastfeeding, because this sometimes can be only bad positioning. We also them not to allow the baby to suck only in one breast and let him breastfeed as he wishes (Joy).. Actually, I get a little absent regarding this matter of breastfeeding. I am not even going to tell what I say, because I generally stay a little absent (Love).*

This report shows the need of acting of groups of incentive for MB, in order to strengthen the contents clarified during the prenatal, to provide support to the mothers, as well as favoring the prevention of several problems that come up during breastfeeding. A similar study was made in a public maternity in Teresina, Piauí, Brazil, in which it was proposed to investigate the problems related to breastfeeding and the actions of prevention by the nursing team. Differently from the research data, the conclusion was that the nursing team knew about the factors of risks for complications and the necessary measures for the prevention of problems of lactation<sup>(19)</sup>.

So, it is believed that the data of this research are considered worrisome, especially when the rates of MB, which are below the ideal target for the northeastern region, are analyzed, once they need improvement. But, it is fundamentally important that the health

professionals, especially the team working in the RC, are committed to providing quality assistance to the puerperas, thus making breastfeeding possible, as an act of pleasure and without complications.

### **Category 5: Difficulties to implement the actions in Rooming-in Care**

Among the interviewed people, most of them referred to the inexistence of material resources and techniques such as: lectures, debating and others. However, they reported that the lectures are used by the students of the health area during the period of training in the RC. On the other hand, some reported to use some materials when the mothers reported difficulty in continuing the breastfeeding, such as: syringe for milking; finger dipstick, for those newborns with jeopardized suction; and gloves for the sucking stimulation. *There is no material resource here, the only thing we have is the debate, the conversation. The only technique we have is the dialogue...I think we should have more resources urgently. Hospital Amigo da Criança is the one which provides maternal breastfeeding. So, they should have more resources and lectures. ...(Caress). Here we use gloves to provide stimulation of the newborn and for our protection. We also use finger dipstick especially in those premature children whose breastfeeding is slower and have difficulties to suck ...(Joy). We don't give lectures because there is no time. But the students, during the training session, get together with the mothers and give lectures on maternal breastfeeding (Anxiety).*

According to HD, one of the advantages of RC is to provide conditions for the nursing team to promote maternal training, through practical demonstrations of care, as well as to attribute to the nurses actions such as, lectures and classes which cover several concepts of hygiene to MB<sup>(15)</sup>.

When investigated on the existence of difficulties to implement actions in the RC, the reports were diversified, and when analyzing the answers it was noticed that for three subjects, the main point which interferes in these actions is the resistance of the puerperas to accept the orientations of the nursing

team. These difficulties are usually around the disbelief of the woman regarding her capacity to produce milk in sufficient quality to supply her child's needs, as well as her previous experiences, some of them, above all traumatic, added to myths and beliefs from the family and the society. *In a general way, the first difficult is the cultural issue, because when we are going to transmit information, the first thing they say is that the first son did not breastfeed...or, they reported, that when they arrived home the first one had eaten the porridge. Because when they leave here and arrive home, they do whatever they want and they are influenced...(Joy). ...Other mothers react according to beliefs, to grandma, to whatever. It is because they do not care and they are not really going to breastfeed (Anxiety).*

Around the end of the XIX century, because the researches were just beginning, they did not answer to all the points related to breastfeeding, so a new model came up, which made the woman clarify the lack of success in MB: it would be something as if the authors mentioned the 'syndrome of weak milk'. The idea of the weak milk starts to be socially consolidated becoming a big culturally accepted and passed on through several generations up until nowadays<sup>(20)</sup>, keeping in mind that, this perpetuation of values was passed on by close people or even by the observation itself of those women who were living this experience.

In another moment, two interviewed mentioned the small number of health professionals involved in the RC, considered by them disproportional when related to the demand to be assisted. *... time is needed, ten or fifteen minutes, you only have this if you have a peaceful duty. If there is a rush, we will not have time (Love). ...there is the matter of demand, because we have to provide assistance to many mothers. Then, in order to provide assistance to more than twenty mothers, sometimes we end up being careless, not because we want, but because the system does not offer favorable conditions (Faith).*

A consideration to the responses reveal that two other interviewees brought up variable points in which they discuss the absence of ability in order to follow the orientation on the MB, even regarding the inexistence of facilities. Of these health professional who were interviewed, only one stated that there are no difficulties for the implementation of their actions with the

puerperas regarding MB. *The biggest difficulty for us is the lack of orientation, because when we get there we have to do it what comes from our own head, from our own knowledge...we don't receive much information regarding this, regarding ability, so, we keep on doing what we see day by day (Peacefulness). ...and there is also the question of the accommodations here, because many times the puerperas are not comfortable, because there are difficulties, there is a lack of many things and then we have a lot of mothers in the same room and a lot of noise (Joy). No, there is no difficulty, when they call we go ... (Yearning).*

Literature confirms the data found in the research, when distinguishes the points highlighted by most interviewees, both the cultural issue, as the lack of guidance and professional training. Thus, among the several difficulties during the care provided to the mothers, there were: resistance to receive and follow the guidelines on breastfeeding, reduced number of employees, inadequate infrastructure, lack of materials and time available for performing activities<sup>(21)</sup>.

In a consulting work made about MB, at a certain maternity, it was noticed that among the factors of risk for the success of breastfeeding, the absence of a woman's trust on her capacity in the production of milk in the right amount to supply her child's needs. So, the function of the nursing team is to inform the puerperas about the process of stimulation and production of maternal milk and help them to feel able for the role of food provider for her child<sup>(22)</sup>.

It is important to highlight for the HD, that the RC must keep a minimum number in its human resources team, composed by: one nurse for thirty binomials, a nursing assistant for each eight binomials, and one obstetrician, e one more pediatrician for twenty mothers and children, respectively<sup>(15)</sup>. In the present study a bigger difference between the proposed figures is noticed only in the night shift, in which two nursing assistants work for 28 beds in the RC and only one nurse on duty for the whole hospital.

Regarding the physical structure of RC, the administrative rule MS/GM no. 1.016 establishes that the basic rules for RC shows that the nurses must follow a



pattern for the adequate standard accommodation of the binomial mother/son, proposing measurements of 03m<sup>2</sup> for each of bed/cradle<sup>(16)</sup>. Also pointing out that the maximum number of pairs mother/son per nurse must be six.

It is fundamental for the health professionals, especially for the nursing team, to transmit the knowledge of MB enabling the creation of strategies in order to conquer the mother's confidence searching abilities to make their actuations facing the promotion of growth and the best development of the child and the continuity of MB, this way they can provide a complete assistance with quality. The big challenge is still the transmission to the puerperas and above all, to the family members about the importance of MB exclusively up to the six month of life.

#### FINAL CONSIDERATIONS

The MB thematic can be considered as a field of research still scarce regarding the context which is the objective of the evaluation, even considering its high number of publishing. Nevertheless, the present research revealed results which confirm what some authors working directly with MB have reported.

Through the reports it was possible to observe that many professionals did not know the possible difficulties in the MB. Thus, it is necessary to have previous knowledge as well as constant updating on MB which may cover the guidelines of its care, from the difficulties/complications, up to the forms of evaluations of the breasts. The theoretical knowledge on lactation is primordial for a quality prevention assistance.

For the subject, the main interference on the implementation of MB is still the puerperas resistance, in accepting the orientations of the nursing team. The number of health professionals in the sector is insufficient, jeopardizing the direct and humanized assistance, due to the lack of time. Only two health

professionals reported difficulties in order to implement MB.

As mentioned above, it is fundamental that the RC professionals must be trained again. Because, when they go through professional updating they can practice the acquired knowledge regarding MB, making breastfeeding an act of pleasure, minimizing its complications and allowing the nursing mothers to assume their roles with more security.

Besides that, it is necessary that the health professional, especially the nursing team must always be creating strategies to conquer the confidence of the mothers in order to make their action regarding MB easier in order to promote humanized quality assistance, thus improving the practice and the rates of stopping early MB.

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