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Prevention of early weaning of infants from the interprofessional perspective of the Family Health Team

Prevenção del destete precoz de lactantes en la perspectiva interprofesional del Equipo Salud de la Familia

Prevenção do desmame precoce de lactentes na perspectiva interprofissional da Equipe Saúde da Família

ABSTRACT

Objective: to know the actions to prevent early weaning of infants from the interprofessional perspective of the family health team. **Method:** Descriptive study with a qualitative approach, using the semi-structured thematic analysis interview. **Result:** This study showed that most of the family health team was unaware of the concept of interprofessionality. The lack of knowledge can interfere in the organization of the work process, affecting the quality of care for children and women in primary care. In relation to early weaning, the team develops multiprofessional actions for prevention individually and collectively in settings such as the family health unit, in the office, in schools, in home visits and in churches, emphasizing the importance of breastfeeding. **Conclusion:** Thus, it is necessary for the team to learn about the importance of doing together the planning and execution of actions to prevent early weaning, including the interprofessional performance.

DESCRIPTORS: Weaning; Health promotion; Public health.

RESUMEN

Objetivo: conocer las acciones para prevenir el destete precoz del lactante desde la perspectiva interprofesional del equipo de salud familiar. **Método:** Estudio descriptivo con abordaje cualitativo, utilizando la entrevista de análisis temático semiestructurado. **Resultado:** Este estudio mostró que la mayoría del equipo de salud familiar desconocía el concepto de interprofesionalidad. La falta de conocimiento puede interferir en la organización del proceso de trabajo, afectando la calidad de la atención a niños y mujeres en atención primaria. En relación al destete precoz, el equipo desarrolla acciones multiprofesionales de prevención de manera individual y colectiva en entornos como la unidad de salud familiar, en la oficina, en las escuelas, en las visitas domiciliarias y en las iglesias, enfatizando la importancia de la lactancia materna. **Conclusión:** Por ello, es necesario que el equipo conozca la importancia de hacer en conjunto la planificación y ejecución de acciones para prevenir el destete precoz, incluida la actuación interprofesional.

DESCRIPTORES: Destete; Promoción de la salud; Salud pública.

RESUMO

Objetivo: conhecer as ações de prevenção do desmame precoce de lactentes na perspectiva interprofissional da equipe de saúde da família. **Método:** Estudo descritivo de abordagem qualitativa, utilizada a entrevista semi-estruturada de análise temática. **Resultado:** Este estudo mostrou desconhecimento da maior parte da equipe de saúde da família em relação ao conceito da interprofissionalidade. A falta de conhecimento pode interferir na organização do processo trabalho, afetando a qualidade do atendimento a criança e a mulher na atenção básica. Em relação ao desmame precoce a equipe desenvolve ações multiprofissionais para a prevenção de forma individual e coletiva nos cenários como unidade de saúde da família, no consultório, nas escolas, nas visitas domiciliares e nas igrejas, enfatizando a importância do aleitamento materno. **Conclusão:** Dessa forma, é necessário que a equipe aprenda sobre a importância de fazer junto o planejamento e a execução das ações de prevenção ao desmame precoce, compreendendo a atuação interprofissional.

DESCRIPTORES: Desmame; Promoção da Saúde; Saúde Pública.

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INTRODUCTION

In the first six months, it is recommended by the Ministry of Health that the infant receive exclusively breast milk. In 2017, 41% of these children in Brazil received exclusive breast milk. It is also recommended to avoid the use of water, teas and especially other types of milk, as there is evidence that its use is associated with early weaning.¹

A study pointed out that, according to the report of community health agents, breastfeeding of accompanied infants was from 30.5% to 46.0% in the period from November 2015 to April 2016.² In 2014 in Brazil, 40% of children were breastfed up to four months of age, while only 10% of children of the mothers interviewed continued to be breastfed.³

Another research shows that family members and health professionals must support breastfeeding, this involves preparing the pregnant woman for lactation, in prenatal care, childcare, continued guidance and demystifying concepts and beliefs that can harm the adherence and maintenance of breastfeeding.⁴ The interruption of exclusive breastfeeding in children up to six months is considered early weaning.

This is associated with increased morbidity and mortality, related to lower intake of antibodies contained in breast milk, in addition to increasing the risk of contamination of the foods offered.⁶

Several factors influence the interruption of exclusive breastfeeding, such as beliefs about insufficient milk, difficulty in grasping, using bottles, offering tea, water, complications with the newborn and breastfeeding and returning to work. These factors are related to the lack of information and multiprofessional support, therefore, nursing mothers need guidance to avoid early weaning.⁷ Experiencing early weaning in the perception of puerperal women reflects on the increase in family spending, since there is a need to buy bottles and artificial milk. However, weaning early is not desired by mothers, on the contrary, there is a feeling of sadness because of this event.⁸ With regard to the scientific literature, the studies found address more about the factors that lead to early weaning or that are associated with it.^{3,7} No study was found addressing interprofessionality.

Interprofessional performance is when the team is able to unite the work process together, because the

prefix “inter” is broad and does not require the participation of all, being considered an important tool that enhances the organization of care management and joint planning of actions. In multiprofessionality, on the other hand, people are together in the same workplace, however, they do not build something together, in a horizontal way.⁹

Considering this context, the following question arose: What are the interprofessional actions carried out by the family health team to prevent early weaning in infants? Therefore, the aim of the study was to understand the actions for preventing early weaning of infants from the interprofessional perspective of the family health team.

METHOD

This is a descriptive research with a qualitative approach. It was carried out at the Family Health Unit (USF - Unidade Saúde da Família) Manaíra Margarida Pereira Tavares for presenting the criteria of an urban area, with childcare performed by a doctor and nurse and having a reserved space. The population was 19 professionals from 2 teams, the sample was 11 partici-

pants who met the inclusion criteria: they had been developing activities with infants for at least 6 months. Monitor child growth and development and be able to express verbally.

People who were on vacation and a 30-day medical certificate or maternity leave were excluded. The sample was closed by exhaustion. Data collection took place from October 17th to 31st, 2018, prior appointment was made with the unit's technical manager, and two meetings were held with each participant. The interview lasted approximately forty minutes.

Authorization was requested to record the interviews using the researcher's cell phone. The Informed Consent Form (ICF) was presented, explained, read and signed by the participant, informing the participant that the participation would be voluntary. After that, the second meeting was scheduled for the interview. For data collection, the semi-structured interview technique was used following a script.

The research was approved by the Research Ethics Committee of UNIVAG by opinion No. 2.964.621, in accordance with the Certificate of Presentation for Ethical Appreciation (CAAE) No. 95779218.6.0000.5692, in 2018. Respecting the determination of Resolution 466/2012. The participants were informed about the possible discomforts that could occur during the extension of the questions. Adequate terms were used so that there was no constraint. No one felt at risk, nor did they refuse to answer any questions.

The interpretation of the data was guided by the questions: What guidelines, behaviors and interventions regarding the prevention of early weaning are present in the speeches of health professionals? What interprofessional actions are represented in your speeches? In what context do interprofessional actions to prevent early weaning take place? In which scenarios of the area covered by the

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family health unit, activities for the prevention of early weaning occur in relation to health professionals? The analytical operationalization was carried out according to the thematic analysis proposed by Bardin and the data discussed with the literature.

RESULTS AND DISCUSSION

The importance of interprofessional work and the family health team's lack of knowledge about interprofessionalism

Most professionals in the family health team are unaware of the concept and the way of interprofessional work, the lack of this knowledge leads to confusing the concept with other activities carried out within the scope of primary health care, evidence found in the following speeches:

Interprofessional activity is an internal thing among professionals (Participant 08).

[...] It means acquired knowledge (Participant 01).

Extra activities in relation to the profession (Participant 02).

Person being completely professional [...] Doing the activities that fit my job [...] (Participant 04).

[...] It means my professionalism, my dedication (Participant 07).

Interprofessionalism facilitates comprehensive care and improves results. It is necessary to interact among professionals with interdependence in the work process, sharing decision making. There is a need for the commitment of those involved. Each professional contributes specific knowledge from the training to understand the situations and intervene.¹⁰

In this perspective, it is understood that interprofessional education emerged to improve the quality of health care based on teamwork. It is able to establish more collaborative rela-

tionships, ensuring greater patient safety, reducing errors by health professionals and health system costs. Working in the same environment and being together in an activity or action does not mean effective interprofessionalism. It is very important to adopt interprofessionalism as a work and training strategy and proposing steps to be taken.⁹

Of the study participants, only 3 demonstrated knowledge about the interprofessional concept, analyzing the speeches according to the responses of the individuals:

[...] Interprofessional activity is an activity carried out by professionals from different areas with the same purpose, right, in the case here at our health post it would be the doctor doing an activity together with the nurse, nursing technicians and the CHA (Participant 06).

Interprofessional activity is several professionals working together to achieve a goal (Participant 10).

Professionals who work in interprofessional perspectives, qualify the health services offered to users, as these actions increase productivity and expand access to assistance. In interprofessional practice, professionals develop an integrated approach. Integration favors problem solving, promotes knowledge, skill and allows to support the decisions of others. The specific function of each training area is preserved, maintaining a continuous line of interaction between the specialties.¹¹ Inter-professional communication for care is the interaction of the professionals' arguments with each other and with patients. Information sharing and interaction depend on communicative reciprocity, with the active participation of those involved.¹²

A study carried out in the United Kingdom describes a model of pri-

Professionals who work in interprofessional perspectives, qualify the health services offered to users, as these actions increase productivity and expand access to assistance. In interprofessional practice, professionals develop an integrated approach.

mary quality care of an orthodontic team that works through an integrated education and provides patient care that improves interprofessionalism and offers an alternative strategy for the future of education in which professions learn from and for others, to enable effective collaboration and improve health outcomes.¹³

Individual and collective actions to prevent early weaning in different settings

It is noted that despite the lack of knowledge of the majority of professionals regarding interprofessional work, the team performs individual and collective actions to prevent early weaning of infants. Evidence found in the following speeches:

The activities I use are always lectures with pregnant women and guidance for each consultation. Guiding them the importance of breast milk [...] and disadvantages of early weaning (Participant 01).

Individual and collective actions take place in the area covered by primary care in different settings, in the USE, in the office, schools, homes during home visits and in churches.

I perform in the unit and also in childcare visits (Participant 01). Usually in the unit, in the community itself, you know, we work in the church, we work in the unit, we sometimes work in a school space, a school that has students and teenage students who are already mothers, so we do this work also, then we do the work both in the unit and outside the wall. (Participant 05).

Breastfeeding is recommended exclusively for up to six months, it brings benefits, such as, greater ease of digestion, works as a vaccine, as it

is rich in antibodies, protecting the child from problems such as diarrhea and respiratory infections. Decreases the risk of hypertension and obesity. It is clean and always ready and at the ideal temperature. Favors the bond of the lactating mother with the baby.¹

A study carried out in Honduras showed that 40% of mothers who were transitioning from breast milk to complementary feeding, reported that their children were diagnosed and/or treated for parasitic gastrointestinal infection, the main source of infections being probably the result of fruits or unwashed or uncooked vegetables used as complementary foods.¹⁴ For this reason, it is essential that the family health team acts collaboratively in order to minimize the risks of various types of childhood infections.

Therefore, it is understood that in

breastfeeding, assistance needs to exceed the limit of the applicability of predefined techniques, generating a new care model, incorporating the needs of each mother, involving her history, desires, fears and lack of knowledge about breastfeeding. They must be based on theories based on the present and directed to the way of caring with interaction between caregiver, care, environment and culture.¹⁵

CONCLUSION

The study showed ignorance of most of the family health team in relation to the concept of interprofessionalism, this fact can interfere in the organization of work processes, in the quality of care for children and women. In relation to early weaning, the team currently develops multiprofes-

sional actions to prevent this, individually and collectively.

Thus, it is understood that to minimize this weakness found, it is necessary for the team to learn about the importance of doing together the planning and execution of actions. Considering this reality, the inclusion of interprofessionalism in the planning of permanent education in the unit is necessary to train the team. It is believed that this measure will enable professional growth, favor teamwork in primary care and strengthen the effectiveness of actions related to the prevention of early weaning. It is noteworthy that this study is limited, as it does not solve the problem shown, however it subsidizes possible interventions that can be carried out from this experience of the academic training process in family health. ■

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