

NURSING CONSULTATION AND BREASTFEEDING FROM THE PERSPECTIVE OF TRANSCULTURAL THEORY

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The nursing consultation (NC) is a private activity of the nurse and is characterized as a clinical practice centered on the person and family, being a light technology that combines human, empirical and scientific knowledge, which enables listening to demands, evaluation of conditions physical and psychoemotional health conditions.

In childcare, NC is an effective tool in education and health promotion, prevention of diseases prevalent in childhood and stimulation of parenting, providing opportunities for improving the quality of life of children, through comprehensive care and empowerment of families with healthy habits. Among its objectives is to encourage breastfeeding, as a goal to reduce child morbidity and mortality.

The state of the art on breastfeeding is evidenced in public policies, government programs and scientific productions, with a consensus that it is exclusive until the child's six months of life, thus ensuring healthy growth and development. The act of breastfeeding is permeated by biopsychosocial and cultural aspects, these are transmitted intergenerationally to the nursing mother.

It is understood that nursing from the perspective of Leininger's Transcultural Theory 1, it develops care for people, valuing cultural aspects, which is the holistic and broadest way to know, explain, interpret and predict the phenomenon of nursing care, with recognition of diffe-

rences in behavior patterns of people with diverse cultural background.

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In childcare, the Transcultural Theory supports the planning of nursing care, from the perspective of care focused on the study and comparative analysis of different cultures, with an understanding of the representativeness of breastfeeding for nursing mothers, in view of their beliefs, values, rites, taboos, norms and learned, shared and transmitted life practices.

During NC, nurses need to understand that the nursing mother tends to preserve her beliefs, customs and traditions, and may become resistant to guidelines on promotion, encouragement and support for breastfeeding, which are different from her culture. Another relevant point is the identification of the influence of the significant people in your support network, who can be elements that facilitate or hinder the maintenance of exclusive breastfeeding.

The planning of care for the nursing mother and her child needs to be based on the stages of the nursing process, with a detailed investigation, so that the understanding of the cultural aspects of the family is valued and aligned with scientific knowledge, so, together with the nursing mother, the nurse can establish feasible goals for maintaining exclusive breastfeeding, through relevant nursing interventions and consistent with their reality.

For the assessment and continuity of this care, the periodicity of the NC in childcare is recommended, which provides the strengthening of the bond of trust between professional, nursing mother and family, being an opportunity for support and instrumentalization in the management of breastfeeding, with mitigation of risk of early weaning.

It is noteworthy that in NC the nurse must be aware of the cultural factors that influence breastfeeding, some of which may be exclusive to each nursing mother, based on her culture. ■

REFERENCE

1. Leininger M. Cultural care diversity and universality: a theory of nursing. New York: National League for Nursing Press; 1991.