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The collaboration of nus in the process of breastfeeding by primiparous: overcoming barriers and difficulties

Colaboración del enfermerad en el proceso amoroso primario: superando barreras y dificultades

A colaboraçã do enfermeiro no processo de amamentaçã por primíparas: superando barreiras e dificuldades

ABSTRACT

Objective: to analyze the assignment of the nurse to assist primiparae with difficulties in breastfeeding. **Method:** It consists of a review of descriptive literature, with publications from 2013 to 2020, researched in the databases: Lilacs, SciELO, Medline and BDE-NF. **Abstract:** It is the woman who decides to breastfeed or not, however, this practice can be influenced by several environmental and social factors, in addition to interurrences such as breast ingurgitation, mastitis, the baby's difficulty in performing the correct handle and doubts about milk production. Factors that can occur with any puerperal, however, for the primiparae the difficulty can be greater due to their inexperience. **Conclusion:** The nurse must help the primiparas to guarantee the success in this process and prevent possible interurrences. It is evident the importance of a detailed nursing consultation, aiming at a relationship of trust and promoting the well-being of the mother, the son and his relatives.

DESCRIPTORS: Breastfeeding. Nursing care. Pregnant.

RESUMEN

Objetivo: analizar la asignación de la enfermera en la asistencia a las primíparas con dificultades para la lactancia. **Método:** Consiste en una revisión de la literatura descriptiva, con publicaciones de 2013 a 2020, buscadas en las bases de datos: Lilacs, SciELO, Medline y BDEFN. **Resumen:** Es la mujer la que decide amamentar o no, sin embargo, esta práctica puede estar influenciada por varios factores ambientales y sociales, además de interurrencias como la ingestión de leche, la mastitis, la dificultad del bebé para realizar el manejo correcto y las dudas sobre la producción de leche. Factores que pueden ocurrir con cualquier puerperal, sin embargo, para las primíparas la dificultad puede ser mayor debido a su in experiencia. **Conclusión:** La enfermera debe ayudar a las primíparas para garantizar el éxito en este proceso y prevenir posibles interurrencias. Es evidente la importancia de una consulta de enfermería detallada, con el fin de establecer una relación de confianza y promover el bienestar de la madre, el niño y sus familiares.

DESCRIPTORES: Lactancia materna. Cuidado de enfermería. Embarazada.

RESUMO

Objetivo: analisar a atribuição do enfermeiro na assistência às primíparas com dificuldades em amamentar. **Método:** Consiste em revisão de literatura descritiva, com publicações de 2013 a 2020, pesquisadas nas bases de dados: Lilacs, SciELO, Medline e BDEFN. **Resumo:** A mulher é quem decide amamentar ou não, entretanto, essa prática pode ser influenciada por diversos fatores ambientais e sociais, além de intercorrências como o ingurgitamento mamário, a mastite, a dificuldade do bebê em realizar a pega correta e as dúvidas sobre a produção de leite. Fatores que podem ocorrer com qualquer puérpera, porém, para as primíparas a dificuldade pode ser maior devido à in experiência da mesma. **Conclusão:** O enfermeiro deve auxiliar as primíparas para garantir o êxito nesse processo e prevenir possíveis intercorrências. É evidente a importância de uma consulta de enfermagem detalhada, visando uma relação de confiança e promovendo o bem-estar da mãe, do filho e de seus familiares.

DESCRITORES: Aleitamento Materno; Cuidados de Enfermagem; Gestante.

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INTRODUCTION

Pregnancy comprises a period of transformation for primiparous women, especially in relation to their role in society, which leads to ambiguous feelings, due to the unknown. The impact is generated when the woman reflects on her future full of doubts, fear and uncertainty, but at the same time the emotion takes hold due to the expectation of a child, being synonymous with joy and satisfaction. These feelings are experienced according to the experiences, the values, the family relationship and the socioeconomic situation of each one, which can somehow intervene in the relationship between mother and child and even in the breastfeeding process.⁽¹⁾

Attention to women and newborns (RN) is a fundamental practice for successful breastfeeding. For this reason, several actions and policies have been developed since the 1980s, in order to encourage breastfeeding (BF). However, to achieve this feat it is essential that the professionals of the Basic Health Units (Unidades Básicas de Saúde - UBS) are in agreement with the hospital units, introducing themes related to breastfeeding even during prenatal care, providing a pleasant and welcoming environment, so that these women expose your doubts and feel

safe and prepared for this moment.⁽²⁾

Exclusive breastfeeding is ideal for children from birth to six months, afterwards, breast milk must be offered in a complementary way until two years old or older, as the composition of this food is able to supply the body's needs, that is, it is species-specific, which enables the healthy growth and development of infants. In addition to the countless benefits that this practice provides to the mother, baby and the whole family, being the most efficient ways of feeding humanity.^(3,4)

There are countless scientific findings that prove the supremacy of breast milk over others, mainly as a source of nutrition, defense against diseases by the transmission of antibodies and tenderness. However, national and international bodies still find it difficult to disseminate this knowledge in the social environment, which is a very distant reality in most Brazilian homes. In this regard, health professionals are indispensable for the reversal of this situation, which will not be achieved only through theoretical and scientific preparation, but also as a result of a holistic and humanistic view, capable of understanding the emotional, cultural and social factors that are behind lactation, helping women in the search for the process of building motherhood, encouraging them to as-

sume the main role of this phase.⁽⁵⁾

The nurse is one of the main professionals involved in the educational process of the nursing woman. Must be able to identify, as well as optimize educational moments, whether in the basic, outpatient or hospital areas, ensuring that women receive clear, continuous and updated information, through qualified and humanized assistance, in order to facilitate breastfeeding through preparation and awareness of pregnant women regarding the practice of lactation.⁽⁶⁾ Therefore, the aim of this study was to analyze the role of nurses in assisting primiparous women with difficulties in breastfeeding.

METHODS

This is a literature review of a descriptive nature, which had the purpose of researching, grouping and examining scientific productions that covered the proposed subject, published in the period from 2013 to 2020. The data survey was carried out from February to June of 2020. The descriptors used were researched in the Health Science Descriptors (DeCS) according to the obstetrics theme: Breastfeeding, Nursing Care, Health Education, Maternal-Child Health and Mother-Child Relations. Publi-

cations in Portuguese and English were screened and, in addition to the DeCS, the expression: difficulties of primiparous women during breastfeeding was used, which helped and guided during the searches.

The databases accessed were: SciELO and Lilacs, BDENF and MEDLINE indexed in the Virtual Health Library (VHL). The inclusion criteria in the searches for the aforementioned bases were publications that addressed: primiparous women in difficulties to breastfeed. The exclusion criteria were publications that did not fit the defined time range.

RESULTS

From the databases of this study, a total of 108 potential publications were located, and of these 61 were excluded by duplicates. A more detailed analysis of the remaining 47 was carried out, through the reading of titles and abstracts, of which 26 were excluded with justifications for not meeting the eligibility criteria, remaining in the end a total of 21 publications that met the pre-established criteria and composed this review (Figure 01).

DISCUSSION

The woman sees breastfeeding as something reciprocal, since the act of breastfeeding and the very physical position of the woman and child already favors the embrace, being together, snuggled up, which comes to resemble, practically, an act of giving and receive love.⁽⁷⁾

The woman's attitude towards breastfeeding is associated with the notion of herself as a mother, who becomes the protagonist of her story, being able to imagine herself in a similar way to that which others already see or imagine. These are roles that can be demonstrated by verbal and non-verbal expressions, that is, by words, gestures, looks, way of speaking, touching, petting, crying and body expression, when standing or sitting.⁽⁸⁾

The position of nursing mothers on the breastfeeding process is dependent on their perception and knowledge, which directly interferes in this practice. Most women have only the instructions that are passed on by doctors, in which the main action of BF is the prevention of illnesses, in addition to these, some also know about immunological protection, nutritional value,

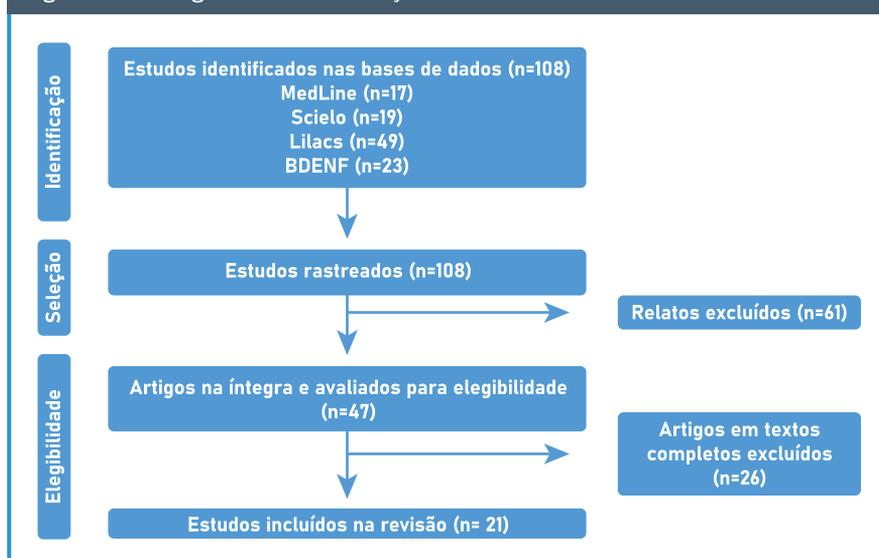
favoring the formation of the dental arch of the baby and its relevance to maternal health.⁽⁹⁾

It is possible to state that the benefits of breastfeeding are poorly understood in society. There is a deficit in communication and information transmission to mothers, so they do not value breastfeeding as they should. Some benefits of this practice that are hardly addressed are in relation to the strengthening of the mother-child bond, the reduction of family expenses with the child's food and the reduction of the risk of bleeding in the puerperal women.⁽⁵⁾

There are countless scientific findings that prove the supremacy of breast milk over others, mainly as a source of nutrition, defense against diseases by the transmission of antibodies and tenderness. The benefits for the newborn include prevention of infant mortality; reduced risk of allergies, hypertension, high cholesterol and diabetes mellitus; decreased chances of obesity; contribution to good cognitive development and formation of the oral cavity. For women, the advantages include prevention of breast, ovarian and uterine cancer, in addition to being considered an efficient contraceptive method. For the family and society, the incentive is financial, since infant milk formulas are costly.⁽¹⁰⁾

The first pregnancy fosters divergent feelings, causing fears and yearnings for the lack of experience, all of which contributes to the success and/or failure of the challenge that is the EBF. Motherhood for primiparous women is an arduous task, without a ready recipe, which requires maturity and balance to deal with the new and unexpected "being" mother, raising questions about the ability to raise a child, insecurity, lack of preparation and affliction with the act of breastfeeding. Thus, the support network for primiparous women should be initiated in the first prenatal consultations with professionals prepared and able

Figura 1- Fluxograma de informações das fases da revisão. Autora, 2020.



to stimulate EBF, as these will be the references of these women, which will arouse the desire for the act. ⁽¹¹⁾

Breastfeeding is praised by health professionals due to its biopsychosocial aspects considered as a natural act. Thus, it is essential that nurses identify with the nursing mother, all her difficulties, traditions and beliefs, in order to assimilate the entire lactation process experienced by her, and as a result she will be able to recognize the barriers that prevent BF, exercising her role effectively. ⁽¹²⁾

There is a lack in the approach of professionals with pregnant women in relation to EBF. In most cases, the nurse's incentive and support for breastfeeding is insufficient, and this circumstance makes the professional constantly evidence the use of inappropriate and outdated interventions, that is, the lack of continuing education of nurses. Also, most health professionals fail to provide assistance during the pregnancy- puerperal cycle, as they treat the process in a segregated way, when in fact it should be holistic care. During this period, it is quite unusual for women to receive care from the same establishment, however, in general, there are gaps that interfere with the referral and counter-referral system, which makes qualified care unfeasible. ^(13,14)

The woman is solely responsible for the decision to breastfeed, however this practice can be changed or influenced by several environmental factors. Among them, hospital management, medical disorders before and during pregnancy, complications during and after childbirth, support and encouragement of BF and family support stand out. ⁽¹⁵⁾

One of the main myths that permeate society about breast milk is the issue of "weak milk", this mistaken view is passed on by family generations and even by health professionals, who most often relate the child's crying to hunger, when it can usually be for a num-

ber of other reasons. The mother's milk is sufficient to support the baby, so it must be well guided by health professionals on the production and nutritional values of breast milk, in addition to the definition and differentiation of colostrum and breast milk. ⁽¹⁶⁾

There is also the belief of insufficient milk production, the mother relates this fact because she does not feel full breasts, or in the first days of the puerperium when production is limited. Due to lack of guidance, this woman experiences feelings of fear and fear with the child's growth and development and weight gain. In the face of despair and uncertainties about her milk volume, she opts for drastic measures and ends up introducing another food without the evaluation and instruction of a professional, which ends up interfering and compromising EBF and its benefits. ⁽⁹⁾

During the physiological course of breastfeeding, barriers and difficulties that interfere in this process may arise. Some of these complications can be prevented by the nurse, such as: babies with insufficient or weak suction, incorrect grip, breast engorgement, nipple pain, nipple fissures, mammary candidiasis, blocking of milk ducts, mastitis and breast abscesses. For prevention to be possible, the nurse must be trained in the lactation process and its complications, so that he is able to intervene in any situation. ⁽¹⁷⁾

EBF promotion programs have three major obstacles to be overcome in the 21st century: the first is how to maintain breastfeeding from birth to the sixth month. The second is how to intervene in the introduction of the ideal complementary feeding without interrupting breastfeeding after the sixth month of life, and last but not least, how to enable an adequate feeding for children of all population groups, without causing maladjustments in the breastfeeding experience of the general population. ⁽¹⁸⁾

The nurse must abandon the me-

chanistic method of work and adopt measures that contribute to a relationship of trust between professional and patient, making home visits to know the uniqueness of each patient and family interaction. From this experience, the professional is able to intervene in problems related to community health. Thus, it is worth emphasizing primary care as a strengthening link for EBF, through health education actions during the gestational period until the puerperal period. ⁽¹⁹⁾

The nurse's role is to guide the primiparous woman about the breastfeeding process and to establish an appropriate feeding scheme for the infant, as he is the holder of technical-scientific knowledge and has a critical-reflexive training, being able to intervene in problems that may arise during this process. The planning of your actions should be focused on health education, based on the nutritional value of breast milk, on the prevention of infections and reduction of mortality rates, on the transfer of maternal antibodies to the NB, on the emotional bond and the physiological benefits for both. ⁽⁹⁾

The art of breastfeeding must be a process of mutual learning between health professionals, the family and the community as a whole. It is worth mentioning that the family is the first support network that influences breastfeeding, however nurses must create a bond of trust since the first prenatal consultations, in order to be able to pass on knowledge and inspire the primiparous woman to report her doubts, fears and desires, so that it can intervene favorably and contribute positively to EBF. ⁽¹²⁾

The immediate puerperium is a crucial moment for the good result of breastfeeding, marked by facing its obstacles. ⁽⁶⁾ And during the puerperium the nurse must reinforce all the guidelines on BF that were passed on during prenatal care, in order to reduce obstacles

during breastfeeding. This professional should help the breastfeeding woman to put the baby in a comfortable position for both of them and to make a correct grip; emphasize the importance of early breastfeeding; to emphasize the harmful effects of the use of pacifiers and bottles and to guide the free demand for breastfeeding.⁽¹⁷⁾

Right after birth, the newborn should be placed immediately under the mother's breast in order to provide skin-to-skin contact and establish the mother-child bond through BF, this measure should not be done only in cases with medical contraindication. It is essential that the baby remains in skin-to-skin contact to invigorate the delivery and freely find the nipple instinctively, in order to perform the first feeding that can last 45 minutes or more, during this act the baby should not be disturbed and the end of the feeding must be spontaneous.⁽²⁰⁾

In free demand EBF, the sign of effectiveness of the action is when the infant moves away from the mother's breast without this act causing pain to the lactating woman. The nursing professional should alert the nursing mothers to situations such as very long or very short feedings, agitation and demonstration of dissatisfaction when the breastfeeding ends, as it can mean problems related to the management and breastfeeding technique, and should be corrected as soon as it is noticed.⁽²¹⁾

Manual or electric milking is a resource used to ensure continuity of

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breastfeeding in situations of need. Nursing professionals must pass on guidelines so that this technique is not performed exhaustively or under pressure, a recurring complaint is about free demand, which becomes complicated in this adaptation.⁽⁵⁾

At the beginning of breastfeeding, complications are common, with a higher prevalence of nipple trauma and breast engorgement. The nurse must detect its etiology and outline measures for its resolution, such as passing breast milk in the nipple-areolar region before and after breastfeeding; sunbathe the breasts for 15 minutes, in the morning between 8-10 am or after 4 pm; leave the areola flexible to start breastfeeding, preferably with the least bruised and / or painful nipple; and to finish feeding, suction must be stopped first. And in cases of engorgement and mastitis, seek ample care.⁽¹⁰⁾

CONCLUSION

The nurse is responsible for offering assistance throughout the pregnancy-puerperal period, being the professional with the greatest ability to encourage and intervene in EBF, especially in primiparous women. Through the planning of resources and strategies to adapt to this new stage that must be prepared and emphasized since the prenatal period. Thus, nursing has the role of health educators, with interaction, attention and dialogue with the mothers, clarifying doubts and difficulties. ■

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