Defining characteristics and factors related to nursing diagnosis in ineffective breastfeeding

Definición de características y factores relacionados con el diagnóstico de enfermería en lactancia ineficaz
Características definidoras e fatores relacionados ao diagnóstico de enfermagem na amamentação ineficaz

ABSTRACT

Objective: To know the defining characteristics and factors related to the Nursing Diagnosis - Ineffective breastfeeding, among nursing mothers attended at a primary health care unit. Method: The present study is descriptive and exploratory in nature with a qualitative approach, conducted with 20 mothers over the age of 18, with children up to 6 (six) months of age, accompanied by teams from the Family Health Strategy in the city of Fortaleza . Result: We observed that among the 20 participants, 12 had ineffective breastfeeding. Conclusion: It is noticed that the nursing diagnosis Ineffective breastfeeding is excessively present in nursing consultations, revealing the importance of guidance on breastfeeding in prenatal care offered by health professionals and especially, in the Brazilian reality, by family health teams.
DESCRIPTORS: Breastfeeding; Nursing diagnosis; Family Health.

RESUMEN

Objetivo: Conocer las características definitorias y factores relacionados con el Diagnóstico de Enfermería - Lactancia materna ineficaz, entre las madres lactantes atendidas en una unidad de atención primaria de salud. Método: El presente estudio es de carácter descriptivo y exploratorio con abordaje cualitativo, realizado con 20 madres mayores de 18 años, con hijos hasta los 6 (seis) meses de edad, acompañadas por equipos de la Estrategia Salud de la Familia en la ciudad de Fortaleza. . Resultado: Observamos que entre los 20 participantes, 12 tuvieron lactancia materna ineficaz. Conclusión: Se advierte que el diagnóstico de enfermería Lactancia materna ineficaz está excesivamente presente en las consultas de enfermería, revelando la importancia de la orientación sobre lactancia materna en el cuidado prenatal ofrecida por los profesionales de la salud y especialmente, en la realidad brasileña, por los equipos de salud familiar.
DESCRIPTORES: Lactancia Materna; Diagnóstico de enfermería; Salud familiar.

RESUMO

Objetivo: Conhecer as características definidoras e os fatores relacionados ao Diagnóstico de Enfermagem - Amamentação ineficaz, entre nutrizes atendidas em uma unidade de atenção básica de saúde. Método: O presente estudo é de natureza descritiva e exploratória com abordagem qualitativa, realizado com 20 mães com idade acima de 18 anos, com filhos de até 6 (seis) meses de idade, acompanhadas por equipes da Estratégia Saúde da Família no município de Fortaleza. Resultado: Observamos que dentre as 20 participantes, 12 apresentaram amamentação ineficaz. Conclusão: Percebe-se que o diagnóstico de enfermagem Amamentação ineficaz é excessivamente presente nas consultas de enfermagem, revelando a importância da orientação sobre amamentação no pré-natal ofertada pelos profissionais da saúde e em especial, na realidade brasileira, pelas equipes de saúde da família.
DESCRITORES: Aleitamento Materno; Diagnóstico de enfermagem; Saúde da família.

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INTRODUCTION

Breast milk is considered the main food for the baby, up to the sixth month of life and a great nutritional ally for the development of the child's immune system, as they have defense cells that will act against infections. In addition, breastfeeding strengthens the bond between mother and child and reduces the risk of breast cancer in breastfeeding women. Among other benefits of breast milk are: prevention of anemia and risks of allergy, gastrointestinal disorders are reduced and helps in the healthy development of the child. [1]

During prenatal and childcare consultations, instructions on exclusive breastfeeding are essential, with health education practices. It is essential that nursing mothers are incentives to initiate and / or continue the breastfeeding process while still in the delivery room, establishing a mother-child bond. Therefore, health professionals need to be trained to guide the pregnant woman, from the prenatal to the puerperal period, in order to prevent problems in the breastfeeding process. [2]

However, it is known that changes are still necessary in health practices, with regard to the promotion, support and protection of breastfeeding, and it is essential to develop new actions, focused on health education. In this sense, nursing has a fundamental role in the development of strategies to promote breastfeeding, especially active listening. Therefore, breastfeeding should be seen as a pleasurable practice that forms family bonds, providing adequate care for the baby and the woman. [2,3]

In this context, it is known that the nurse has the competence to guide the breastfeeding mother about exclusive breastfeeding, and to assist in the breastfeeding process, always respecting the daily and family history of the mother-child binomial. Therefore, it is up to the nurse to have science and technical skills to meet the needs of nursing mothers, through the systematization of nursing care (Sistematização da Assistência de Enfermagem - SAE) which, according to the classification of the North American Nursing Diagnosis Association (NANDA), represents an appropriate option, as it provides more individualized care, according to the needs of the client. This instrument is listed in five stages, being the investigation, the nursing diagnosis, the planning, the implementation and the evaluation. [4]

Among the diagnoses associated with breastfeeding, NANDA identifies the diagnosis "ineffective breastfeeding" and defines it as "difficulty in offering breast milk, which can compromise the nutritional status of the infant or child". [5]

Thus, the objective was to answer the following question: what are the defining characteristics and factors related to the Nursing Diagnosis - Ineffective breastfeeding, among nursing mothers attended at a primary health care unit?

METHOD

This is a descriptive study with a qualitative approach carried out with 20 mothers over the age of 18, who have children up to 6 (six) months of age, accompanied by teams from the Family Health Strategy (FHS) in an Care Unit Primary Health (Unidade de Atenção Primária a Saúde - UAPS), belonging to the Regional Executive Secretariat V, located in the city of Fortaleza.

The approach was carried out individually in the waiting room, at random, as the nursing mothers attended childcare consultations and vaccination. Inclusion criteria were established for mothers over the age of 18, who had children up to six months; and mothers who did not breastfeed their children or who expressed the desire not to participate in the research were excluded. For those who agreed to participate in the research, the free and informed consent form (ICF) was delivered, which was signed by them, respecting resolution 466/12 of the National Health Council.

The data were collected between the months of October and November 2016, using an own instrument divided into four parts: Characterization of the participant; Obstetric characteristics; Recent pregnancy; and finally, the related factors

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(RF) and defining characteristics (DC) of the nursing diagnosis (ND) for ineffective breastfeeding.

The analysis was carried out in Microsoft Office Excel 2013, in which socioeconomic and obstetric characteristics, NE, RF and DC were analyzed.

The research was approved by the Research Ethics Committee (Comitê de Ética em Pesquisa - CEP) of the School of Public Health of Ceará (ESP / CE), under the number 1.764.

RESULTS

The data obtained were organized in tables and analyzed based on inferential statistics.

TABLE 1: Sociodemographic profile of nursing mothers attended at a Primary Health Care Unit in Fortaleza, October and November 2016.

Variáveis		N	%
Idade	18-20 anos	2	10
	21-30 anos	13	65
	31-40 anos	5	25
	Acima de 40 anos	0	0
Estado civil	Casada	6	30
	União consensual	12	60
	Solteira	2	10
Ocupação	Estuda	6	30
	Trabalha fora de casa	11	55
	Atividades do lar	3	15
Renda familiar	Até 1 salário mínimo	10	50
	1-2 salários mínimos	8	40
	3 salários mínimos ou mais	2	10

Source: Data collection

TABLE 2: Obstetric profile of nursing mothers attended at a Primary Health Care Unit in Fortaleza, October and November 2016.

Variáveis		N	%
Número de filhos	1	10	50
	2	8	40
	3 ou mais	2	10
Número de abortos	0	17	85
	1	3	15
	2	0	0
	3 ou mais	0	0
Gestação recente		N	%
Tipo de parto	Normal	9	45
	Cesariana	11	55
Idade gestacional	< 37 semanas	6	30
	Entre 37 e 42 semanas	14	70
	> 42 semanas	0	0

Source: Data collection

In table 1, which characterizes the participants in terms of sociodemographic aspects, the age of the interviewees ranged from 18 to 40 years, with a predominance of nursing mothers aged between 21 and 30 years, totaling 13 participants (65%), followed by nursing mothers of high reproductive age, from 31 to 40 years, in which there is a risk of complications, adding up to five participants (25%).

The predominant marital status was consensual union (60%), followed by married (30%) and single (10%). With regard to occupation, 55% of the women interviewed were within the formal job market, 15% were students and 30% performed household activities. 50% of the interviewees stated that the predominant family income is up to a minimum wage.

In the obstetric characterization of the participants in table 2, most of the interviewees were primiparous, adding up to 10 sample participants (50%), followed by eight secondary women (40%) and two multiparous women (10%). Of the 20 participants, only 3 (15%) have a history of abortion.

As for the recent pregnancy, it was found that of the interviewees, 11 mothers (55%) had delivery due to surgical intervention and that 14 (70%) had full term pregnancies, between 37 and 42 weeks of gestational age.

Still on the characterization of recent pregnancies, all mothers performed prenatal care, with a difference between 3 and 8 consultations, with 7 (seven) consultations prevailing for 30% of the sample. And the 20 (100%) stated that they received guidance on the breastfeeding process from the health professional during these consultations.

Still according to the recent pregnancy, of the 20 participants, only five (25%) stated that the pregnancy was planned. We also noticed that all respondents breastfed their children and that most of them remain breastfeeding, with only three (15%) having interrupted breastfeeding. Of the 20 interviewees, seven (35%) said that there was some type of breast complication during the breastfeeding process, where five (25%) had engorged breasts and two (10%) had breast cleft. Regarding the prevalence of the nursing diagnosis,

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we observed that among the 20 participants, 12 presented ineffective breastfeeding, representing 60% of the sample.

According to Table 3, the factors most prevalent in this nursing diagnosis were "Maternal pain" and "Maternal fatigue", each corresponding to 12 participants (60%) of the sample, followed by "Supplementary feeding with artificial nipple" and "Use of the pacifier", each with 11 participants (55%) in the sample.

Table 4 lists the Defining Characteristics of the Nursing Diagnosis "Ineffective breastfeeding", revealing that the most prevalent ones were: "Persistence of sore nipples" among 60% of the sample; "Perceived inadequate milk supply" that was evidenced in 50% of the participants, followed by "Infant cries/presents restlessness during/after breastfeeding", with 40% of the interviewees.

DISCUSSION

Characterization of nursing mothers and factors that interfere with effective breastfeeding

In this study it was identified that the majority of nursing mothers (65%) are predominantly young adults, totaling 13 participants, aged between 21 and 30 years, characterized as a group that presents a lower age-related obstetric risk, which can lead to few complications during the child's first months of life. This is the profile expected in low-risk prenatal care, since the main objective of this care for pregnant women is to monitor and prevent complications. [6]

About 18 women (90%) live with their partners or husbands, a situation that can reflect positively in the postpartum period and in the first months of the infant's life. The study [7], concluded that paternal support for breastfeeding success is of great importance and that such support can trigger favorable influences on the child's development.

Regarding family income, the predominance was of families up to 1 minimum wage, totaling 10 participants. The low family income interferes with the family's possibilities of providing care to the infant. This factor acts on housing and nutritional conditions, causing growth deficit. [8]

The fact that mothers work outside the home causes breastfeeding to be supplemented with the use of a bottle or even stopped. In Brazil, the Federal Constitution of 1988, article 7, item XVIII, this license, usually in the private service, is four months, which can interfere in the process of EBF, which determines, according to WHO that the child should be breastfed only with milk maternal until the sixth month of life.

In this research, there was a predominance of primiparity, corresponding to 10 participants (50%). In a similar study [9], carried out in Fortaleza-CE, with 95 nursing mothers, 46,8% were primiparous. De Oliveira et al. (2017), state that primiparity is a risk factor for early weaning due to lack of previous experience.

Of the 20 interviewed nursing mothers, seven (35%) of them had at least one type of breast complication at some time during the breastfeeding process. The most frequently found were nipple fissures (2 mothers) and breast engorgement (5 mothers), which is culturally called "cobbled milk". They point out that these complications are common in the breastfeeding process and are related to

TABLE 3: Factors related to ineffective breastfeeding among nursing mothers attended at a Primary Health Care Unit in Fortaleza, October and November 2016.

Fatores relacionados	N	%
Alimentações suplementares com bico artificial	11	55
Ansiedade materna	6	30
Conhecimento insuficiente dos pais sobre a importância/técnica da amamentação	1	5
Dor materna	12	60
Fadiga materna	12	60
Interrupção na amamentação	3	15
Licença maternidade curta	3	15
Oportunidade insuficiente para sugar a mama	6	30
Prematuridade	6	30
Reflexo de sucção do lactente insatisfatório	6	30
Uso da chupeta	11	55

Source: Data collection

TABLE 4: Defining characteristics of ineffective breastfeeding among nursing mothers attended at a Primary Health Care Unit in Fortaleza, October and November 2016.

CARACTERÍSTICAS DEFINIDORAS	N	%
Ausência de ganho de peso do lactente	1	5
Ausência de resposta a medidas de conforto	7	35
Esvaziamento insuficiente de cada mama	7	35
Incapacidade do lactente de apreender a região areolar-mamilar corretamente	2	10
Lactente chora/apresenta inquietação durante/após amamentação	8	40
Persistência de mamilos doloridos após a primeira semana de amamentação	12	60
Sucção na mama não sustentada	6	30
Suprimento de leite inadequado percebido	10	50

Source: Data collection

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the child's poor positioning and unsatisfactory nipple attachment. [10,11]

The role of the nurse in breastfeeding and the importance of breastfeeding

We must also emphasize the importance of guiding health professionals about these possibilities, as the nursing mother, in face of these situations, may be anxious due to the difficulty found in establishing breastfeeding.

According to the data obtained, 12 nursing mothers (60%) presented the nursing diagnosis Ineffective breastfeeding, a number considered high for the criteria of the Ministry of Health. To establish the nursing diagnosis, at least one related factor was considered together with at least , a defining characteristic. Regarding the high rate of ineffective breastfeeding, it may be related to the deficiency in prenatal consultations. Even though 100% of the interviewed mothers attended at least three consultations and affirmed receiving guidance on breastfeeding, it is noted that there is a lack of information and/or feedback provided by the health professional who conducts this consultation.

The prenatal consultation is the main source of information about breastfeeding, when the trained professional carries out educational activities in order to promote health and the bond between the mother and child. The prenatal nursing consultation is recognized as a welcoming space that allows dialogue, allowing free expression of doubts, feelings and experiences, establishing a bond between nurses and pregnant women, carrying out educational actions necessary for the transmission of essential guidelines and it is in prenatal care that the woman must be prepared to be successful in breastfeeding. [12]

One of the main focuses of comprehensive child health care is the encouragement of breastfeeding, due to the countless advantages that it offers. The benefits of breastfeeding for children have been related to decreased rates of diarrhea, respiratory tract infections and lower mortality from these diseases in breastfed children when compared to non-breastfed children. [13]

At the frequency of the nursing diagnosis ineffective breastfeeding, it was evidenced that 37,5% of the interviewees presented the nursing diagnosis, and that the most frequent defining characteristics were "Dis-continuity of breast sucking"; and "Insufficient emptying of each breast due to breastfeeding". The most frequent related factors were "Unsatisfactory infant suction reflex" and "Family does not offer support". [14]

CONCLUSION

Despite all the knowledge about the benefits of exclusive breastfeeding, the rates are still well below what is desired. It is important for the professional to carry out an educational approach with mothers, aiming at promoting breastfeeding, explaining sociocultural factors that influence its discontinuity, alerting to the benefits, both for the baby and for the mother. These approaches can be done individually, as well as collectively, in a waiting room or in support groups.

It is noticed that the nursing diagnosis Ineffective breastfeeding is excessively present in nursing consultations, revealing the importance of guidance on breastfeeding in prenatal care offered by health professionals and especially, in the Brazilian reality, by family health teams. ■

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