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The importance of breastfeeding in maternal health care: breastfeeding care in different scenarios

La importancia de la lactancia en el cuidado de la salud materna: el cuidado de la lactancia en diferentes escenarios

A importância do enfermeiro na assistência ao aleitamento materno: os cuidados na amamentação nos diferentes cenários

ABSTRACT

Objective: The objective of the study is to demonstrate and analyze the importance of the nurse in breastfeeding assistance. **Method:** This is a systematic review of literature from the analysis of scientific outputs published in the period 2013 to 2020, researched in the databases: Lilacs, SciELO, BDENF and MEDLINE indexed in the Virtual Health Library (VHL). **Abstract:** The nurse should strive to assist the puerperals immediately to ensure success in the breastfeeding process, teaching the correct handle and thus preventing mastitis and mammary traumas, since they are the most observed interurrences in the first days of adaptation of breastfeeding. **Conclusion:** In short, the nursing professional has scientific and critical knowledge about breastfeeding. In this way, they must face the different scenarios guaranteeing breastfeeding.

DESCRIPTORS: Breastfeeding; Breastfeeding; Health education; Maternal and child health; Nursing care and newborn.

RESUMEN

Objetivo: El objetivo del estudio es demostrar y analizar la importancia de la enfermera en la asistencia a la lactancia. **Método:** Se trata de una revisión sistemática de la literatura a partir del análisis de la producción científica publicada en el período de 2013 a 2020, investigada en las bases de datos: Lilacs, SciELO, BDENF y MEDLINE indizadas en la Biblioteca Virtual en Salud (BVS). **Resumen:** La enfermera debe esforzarse por ayudar a las mujeres puerperas en el plazo inmediato para asegurar el éxito en el proceso de lactancia, enseñando el manejo correcto y previniendo así la mastitis y los traumas mamarios, ya que son las interurrencias más observadas en los primeros días de adaptación de la lactancia. **Conclusión:** En resumen, el profesional de la enfermería tiene un conocimiento científico y crítico sobre la lactancia materna. Por lo tanto, deben enfrentar los diferentes escenarios que garantizan la lactancia materna.

DESCRIPTORES: Lactancia materna; Lactancia materna; Educación sanitaria; Salud maternoinfantil; Cuidados de enfermería y cuidado del recién nacido.

RESUMO

Objetivo: O objetivo do estudo é demonstrar e analisar a importância do enfermeiro na assistência ao aleitamento materno. **Método:** Trata-se de uma revisão sistemática de literatura a partir da análise de produções científicas publicadas no período de 2013 a 2020, pesquisadas nas bases de dados: Lilacs, SciELO, BDENF e MEDLINE indexadas na Biblioteca Virtual em Saúde (BVS). **Resumo:** O enfermeiro deve se empenhar em auxiliar as puérperas no imediato para garantir o êxito no processo de aleitar, ensinando a pega correta e assim prevenindo a mastites e traumas mamilares, já que são as intercorrências mais observadas nos primeiros dias de adaptação do aleitamento materno. **Conclusão:** Em suma, o profissional de enfermagem possuem conhecimento científico e crítico a acerca do aleitamento materno. Dessa forma, devem enfrentar os diferentes cenários garantindo o aleitamento materno.

DESCRIPTORIOS: Aleitamento Materno; Amamentação; Educação em Saúde; Saúde Materno-Infantil; Cuidados de Enfermagem e Recém-Nascido.

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INTRODUCTION

Nursing professionals who work in primary care need to focus primarily on encouraging exclusive breastfeeding during the first six months of the newborn's life, establishing bonding and mother and baby contact, as this practice is well publicized through public policies and there is no doubt about the benefits of breastfeeding and breast milk for the child. The magnitude of the act of breastfeeding is well defined, as an ideal practice for the health of the puerperal woman, in addition to being fundamental to child nutrition, leading to the correct growth and healthy development of the child.⁽¹³⁾

Over the past 30 years, positive advances in exclusive breastfeeding (EBF) have been observed in Brazil, a factor associated with scientific advances and policies to encourage practice during prenatal and immediate puerperium. However, despite this progress, the reality is still far below that expected by the World Health Organization (WHO) regarding EBF during the first six months of life and the continuation of breastfeeding during the first years. It has to be said that puerperal women in the face of their bad experiences in relation to experiences already passed through the pregnancy-puerperal cycle feel discouraged by the practice or by inexperience. This

situation demonstrates the importance of educational measures, which, despite being effective, must be given opportunities, seeking to contribute to the evolution of the current scenario.⁽¹⁶⁾

The main obstacles to breastfeeding are due to the beliefs and myths that took root in society, mainly about milk production. Also due to breast complications that may arise, for example at the beginning of breastfeeding, and they occur with prevalence, nipple trauma and breast engorgement. Thus, if any puerperal woman is experienced or inexperienced, she may present difficulties in the breastfeeding process. Thus, it is essential that the nurse is empathetic to gain the confidence of the puerperal woman, and be able to identify any complications early, so as to avoid the discouragement of breastfeeding.^(1,15)

In view of this, it was necessary to research about the importance of nursing in guidance on breastfeeding, considering that nurses are the professionals who maintain greater contact with women during the pregnancy-puerperal cycle, enabling adequate assistance and support for lactation, which may be one of the main difficulties faced by mothers. Therefore, the aim of the study is to demonstrate and analyze the importance of nurses in breastfeeding assistance in different settings.

METHOD

It is characterized as a systematic bibliographic review of a descriptive character, with the purpose of grouping and analyzing scientific productions published in full in Portuguese and English in the period from 2013 to 2020. The data survey was carried out from February to August of 2020. The descriptors used and found in the Health Science Descriptors (DeCS) were: "Breastfeeding"; "Breastfeeding"; "Health education"; "Maternal and Child Health"; "Nursing Care" and "Newborn". As for Boolean operators used in the search, they were: "and" and "or", with the following research being carried out: "Breastfeeding and Nursing Care"; "Breastfeeding or Nursing Care"; "Health Education and Nursing Care"; "Health Education or Nursing Care"; "Maternal and Child Health and Nursing Care"; "Maternal and Child Health or Nursing Care" and "Newborn and Nursing Care".

The eligible databases accessed in the research were: Latin American and Caribbean Literature in Health Sciences (Lilacs), Scientific Electronic Library Online (SciELO) and BDENF and MEDLINE indexed in the Virtual Health Library (VHL).

The consultation sample was established based on the following determining criteria: bibliographic review

articles, conceptual articles and relevant bibliographies. Regarding the inclusion criteria and data collection in the aforementioned databases, descriptive articles, analytical articles, conceptual and conclusive articles that addressed breastfeeding difficulties were selected. Regarding the exclusion criteria, there were publications that did not fit within the defined period of time, those that did not bring conclusive data about the theme and that did not present relevance and concepts necessary for the study.

For the construction and design of the study within the discussion, the obstacles in breastfeeding and the contribution of nursing care were subdivided into experiences of the puerperal woman in view of the different scenarios that the nurse must act: The first breastfeeding and the correct handling of the baby; The supply of breast milk on demand; Strategies for performing manual milking and clinical management in the face of breast complications.

RESULTS

In view of the collection of the study databases, a total of 110 potential pu-

blications were found, of which 56 were excluded due to duplicates. Therefore, a detailed analysis of 54 remaining studies was carried out, through the reading of abstracts and titles, 38 of which, due to justification, did not fit the criteria of legibility for inclusion, remaining a total of 16 publications at the end of the analysis and, meeting the established criteria, they constituted this review (Figure 01).

DISCUSSION

The obstacles in breastfeeding and the contribution of nursing care

When encountering a nursing mother in difficulty to breastfeed, health professionals do not always highlight the favorable points of this situation, or they may not be able to contextualize it so that the information is understood, taking into account cultural, economic and social diversity, making it essential that it be carried out. an adaptation of language, seeking an effective understanding on the part of mothers and thus not harming the process of breastfeeding.⁽²⁾

When finding a nursing mother in difficulty to breastfeed, health professionals do not always highlight the

favorable points of this situation, or perhaps they are unable to contextualize it so that the information is understood, taking into account cultural, economic and social diversity; making it essential to adapt the language, seeking an effective understanding on the part of the mothers and thus not jeopardizing the breastfeeding process.⁽¹²⁾

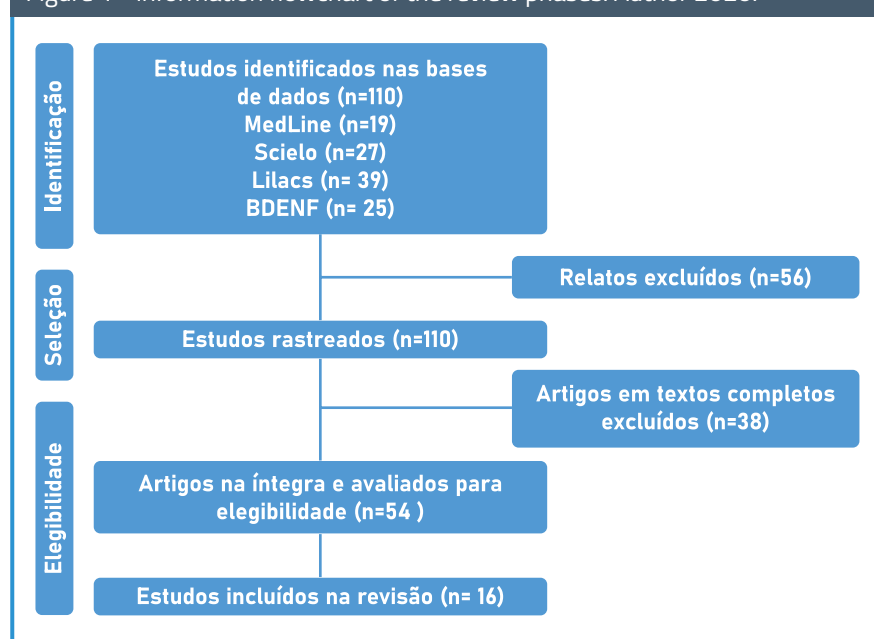
The first feeding and the correct baby grip

At the end of the delivery, the newborn should be placed under the parturient's breast in the first minutes for the beginning of the first contact outside the uterus, so that the baby and the mother build the emotional bond of the son and mother, thus establishing the practice breastfeeding and foster care. In this way, the baby's skin-to-skin contact with his mother indistinctly leads to finding her nipple, which results in the first feeding, which can last for almost an hour. Throughout this process, it is possible that the pediatrician also performs the evaluation of the Apgar scale, and even medications are administered, if necessary.⁽⁴⁾

At birth, the NB already presents the suction reflex immediately, however the handle must be performed correctly so that the feeding is satisfactory and satisfies the hunger. In addition, performing the correct handle also has the purpose of preventing the development of lesions in the breast of the puerperal woman, as these complications make the process even more difficult, and in several situations, it is the main reason for interrupting breastfeeding.⁽⁸⁾

Breastfeeding is the most natural act in the world, however the first feeding may not be so easy. There is a need for an adaptation and recognition process for the puerperal woman and for the newborn. The nursing mother should be instructed on the importance of taking time for this practice, leaving aside any activity or concern aside, thus being comfortable and focused on the baby and the action of breastfeeding, so that it is a pleasant moment for both. Ano-

Figure 1 - Information flowchart of the review phases. Author 2020.



ther subject that should be highlighted is colostrum, a fluid rich in proteins and antibodies, responsible for benefiting the baby's immunity, and should be used as a motivation tool for persistence in the face of barriers.⁽⁵⁾

The comfort and the correct positioning will provide more security for the mother to meet the necessary criteria for a good grip. The baby's cheek should acquire a round shape and there should be no clicking noise during suction, the lips should be turned outwards involving the entire lower part of the areola and the chin in contact with the breast of the nursing mother, with which it is possible to perceive the movement baby's jaw and ear. The breastfeeding only ends when the baby spontaneously releases the mother's breast, or to interrupt the little finger must be placed between the child's beak and mouth, when she starts to suck the finger, the breast must be removed gently.⁽⁶⁾

The supply of breast milk on free demand

Free demand is conceptualized as the supply of breast milk without predetermined times and for an indefinite period of time, until the child spontaneously releases the breast. Exclusive breastfeeding on demand stimulates continuous milk production and meets all nutritional and emotional needs until the baby is six months old. Free demand is a very important mechanism of self-regulation, helping the baby to learn to identify satiety and adjusting its gastrointestinal tract, as well as favoring the bond between mother and child. If the baby is healthy, gaining weight and height normally, there is no need to wake him up to breastfeed.⁽¹¹⁾

In exclusive breastfeeding on demand, the removal of the baby's contact with the mother's breast should be harmonious and not painful and not even discounted. Normally, newborns in EBF breastfeed eight to twelve times a day, this frequency can be misinterpreted as evidence of hunger, weak or insufficient milk, especially in unsafe primiparous women or women who have low self-esteem, causing pre-

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mature and inopportune introduction of formulas. The nurse always needs to raise the awareness of nursing mothers for situations such as very short and very long feedings, warning about the correct technique and intervening and correcting whenever they demand it.⁽¹⁵⁾

Strategies for performing manual milking

Manual milking is a process that must be performed with care, as the breast of the lactating women is fragile and susceptible to the development of trauma, when the technique is performed improperly. The nurse must explain the need for manual milking when there is engorgement of the breasts, which makes sucking impossible on the part of the baby and can cause injury to the breasts, the action will empty and make the breast soft, facilitating the holding. In cases of premature infants admitted to the Intensive Care Unit (ICU), the newborn will not be able to suck and with milking it will be possible to offer breast milk, favoring his recovery.⁽⁹⁾

Milking is also a resource used to ensure continuity in breastfeeding, for women who need for some reason to be absent or after the end of the period of maternity leave they need to return to their work routine. There are also situations in which milking acts to aid and stimulate the increase in milk production, and the adoption of this resource is justified.⁽⁵⁾

The options for expressing breast milk can be made manually through massages or with electric or manual breast pumps, which requires technique and practice. The massage has the purpose of stimulating the milk to flow, and the fingers must compress the ducts in all areas of the breast, in the retro areolar direction. It is necessary to inform the woman that the first time may not be successful, as the milk will not come out easily. Preferably, milking should be performed by hand, as it is less traumatic, less painful and has less risk of contamination, with the benefit of being done whenever necessary.⁽¹⁵⁾

Clinical management in the face of breast complications

The correct execution of breastfeeding techniques has the purpose of preventing breast problems, however it does not guarantee that the nursing mother cannot develop them. Thus, it is essential that health professionals are attentive to early identify the occurrence of any complication in the puerperal breasts and be able to intervene properly, in order not to leave these nursing mothers unmotivated with the practice.⁽⁷⁾

In the breastfeeding process, some complications can occur, the most prevalent being breast engorgement and nipple trauma. Traumas are associated with positioning failures, incorrect grip, insufficient suction, unsatisfactory hygiene of the nipple-areolar region and the inappropriate use of the milking technique, either by electric pumps or manually. The nursing professional should investigate the causes and develop resolutive measures, such as the morning bath or at dusk for a period of 15 minutes, pass breast milk before and after breastfeeding in the areolar region and leave the areola available to start breastfeeding. In case of any serious complication, suspend breastfeeding on that breast and seek comprehensive assistance.⁽¹⁾

The occurrence of breast engorgement is triggered by vascular and lymphatic congestion of the breast, accumulation of milk causing breast stasis and edema of the portions of the parenchyma. These situations, which lead to distention of the breast tissues, can be physiological or pathological, both require treatment and strict attention to avoid complications. In the case of maximum tension and excessive turgency, the breasts will become extremely painful and red, with a feverish presentation in the woman, making it difficult to perform the breastfeeding due to the difficulty of fluidity of the milk. This process is more common between the third and the fifth day, with the possibility of restricting the retro areolar region, or expanding to the entire breast.⁽³⁾

The guidelines for preventing breast engorgement are: the early initiation of breastfeeding, preferably soon after de-

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livery, with the adoption of the correct handle and free demand, avoiding pacifiers and bottles. For the treatment, manual milking must be implemented, which must be started by the areola in case of breast stasis before breastfeeding, so that the breast softness allows the correct grip. The importance of breastfeeding on demand must be encouraged and reinforced, the benefits of massaging the breasts to decrease the viscosity of the milk and stimulate the ejection reflex, the use of analgesics/anti-inflammatories (ibuprofen and paracetamol), when necessary and under prescription, in addition to the use of adequate support and bras to keep the breasts in an appropriate position.⁽⁵⁾

Mastitis is an inflammation of the mammary glands that affects the mammary ducts, especially during breastfeeding, and is also called puerperal mastitis. The breasts are formed by a series of channels through which the milk is extracted, they are the mammary ducts or lactiferous ducts. Mastitis occurs commonly in the first weeks of breastfeeding, and can be triggered at any stage during milk production, this condition can prevent the act from occurring. There are two types of Mastitis, Infectious and Obstructive. In the infectious type, it is caused by the penetration and proliferation of bacteria arranged on the woman's skin or in the baby's mouth. In the second, the inflammation of the nipples can result from the accumulation of milk, either by not emptying the breast or by excessive milk production.⁽⁶⁾

The guideline for preventing mastitis is the proper emptying of the breasts to avoid stasis, either by sucking the breast, through breastfeeding, which must be maintained in the term baby, or by manual milking. Treatment with specific systemic antibiotic therapy for 10 to 14 days according to medical prescription is performed in cases of infection. Maternal rest, analgesics and/or non-steroidal anti-inflammatory drugs, adequate bras and increased fluid intake are recommended. Emotional support is of great importance and, if there is no improvement after 48

hours, the possibility of breast abscess and the need for a drainage procedure should be investigated.⁽¹⁴⁾

CONCLUSION

Nursing professionals have scientific and critical knowledge about breastfeed-

ing. Thus, they must face the different scenarios by being discerned and putting their knowledge about breastfeeding care into practice. Thus, offering assistance to puerperal women in breaking beliefs and myths surrounding milk production and breastfeeding, and also assistance with breast complications.

It is worth mentioning that any puerperal woman can present difficulties in the breastfeeding process. Thus, it is essential that nurses are empathetic in order to gain their confidence, and be able to identify early on the occurrence of any complication, intervening appropriately, in order to avoid demotivating the practice. ■

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