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PERCEPTION OF MOTHERS ON BREASTFEEDING IN THE CONTEXT OF NEONATAL HOSPITALIZATION

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ABSTRACT

Not all children in the neonatal intensive care unit can be breastfed by their mothers within the first few hours or days of life. The objective of this study was to know the perception of the puerperae in relation to breastfeeding their children hospitalized in neonatal intensive care units, and the feelings experienced. Descriptive, cross-sectional, qualitative study, carried out from March to April 2016 with mothers assisted at a human milk bank. Data were collected through interviews that were recorded and later transcribed verbatim. The analysis of the data identified three thematic categories: The importance of breastfeeding for the hospitalized baby; The importance of milking in the milk bank; and Feelings experienced by the mother when seeing the hospitalized child. Mothers realized the importance and benefits of breastfeeding and milking. However, with the child's hospitalization, they presented various feelings regarding the neonate's health, such as fear, suffering, anguish, insecurity and faith.

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INTRODUCTION

Neonatal intensive care unit (ICU) is a therapeutic environment with high-tech devices indicated for the treatment of severely ill newborns. In this setting are included the critically ill or highly vulnerable newborns in need of continuous multiprofessional care (Octavian *et al.*, 2015; Brasil, 2012a). According to the World Health Organization (WHO), about 15 million preterm babies are born every year in the world, meaning that more than one in ten births requires intensive care. However, not all premature newborns require intensive care. This depends on their clinical state (WHO, 2012). In addition, the number of hospitalizations in neonatal ICUs due to low birth weight, respiratory dysfunctions, malformations, among other clinical situations that predispose the newborn to specialized treatments for survival is considerably high (Cartaxol *et al.*, 2014).

Among the important devices used for recovery of a neonate with prolonged hospitalization in neonatal ICU, it is important to mention breastfeeding (BF). This is extremely important because it favors weight gain, is free of contamination, promotes immunological protection and stimulates affective bonding between mother and child, contributing to the reestablishment of the neonate's health in a timely manner (Brasil, 2015). Breastfeeding can prevent an average of 13% of deaths among under-five children caused by diarrhea and respiratory diseases. In fact, it has been scientifically proven that there is no technological strategy that surpasses the protection power of breastmilk, especially when this is exclusively offered, without any other complement, from the first hour until the sixth month of life of the child (Brasil, 2013). However, in the case of neonates hospitalized in neonatal intensive care units, restrictions may make it difficult

to implement and maintain BF, since not all of these children can be breastfed by their mothers in the first hours or days of life. In many cases, they have physiological/pathological conditions that restrict them from receiving breast milk (Brasil, 2013). Under normal conditions, mothers feel satisfaction in breastfeeding their children (Maciel *et al.*, 2014). However, in the context of prematurity and neonatal ICU hospitalization, with its several devices, lights, and specialized professionals, mothers feel fear and insecurity when they see their children in this situation and, at the same time, impotence before the impossibility of breastfeeding them (Amando *et al.*, 2016). In some cases, mothers do not produce breast milk in the first postpartum days due to psychological aspects and clinical immaturity of the newborn, who is unable of suctioning to stimulate milk production. The extraction of breast milk in this cases is done through milking, with the aim of stimulating milk production and avoiding problems such as breast engorgement and mastitis (Brasil, 2013).

It is valid to point out that mothers of children who need special care in neonatal ICU experience univocal situations related to BF. They consider the use of the gastric tube as an inconvenient factor for the child, causing him trouble to suck, and for the woman to breastfeed (Paiva *et al.*, 2013). Yet, due to clinical conditions and the hospital environment, breastfeeding neonates in neonatal intensive care units is somehow complex and challenging for all involved in this process: mothers may feel uncomfortable dealing with these small and clinically fragile babies, leading them to think that they are incapable of breastfeeding their babies (Rodrigues *et al.*, 2013). In such situations, in order to minimize the difficulties, it is recommended that mothers receive guidance regarding BF, its importance and techniques so as to avoid the decrease or even a lack of milk production. This should trigger an interest on the part of the puerperal mother in taking on the responsibility for breastfeeding the newborn child during hospitalization and, later at home, more confidently, boosting a feeling of motherhood (Siebel *et al.*, 2014). Considering the need to know the reality lived by mothers regarding BF practices to neonates in neonatal ICUs, the aim of the present study was to know the perception of puerperae in relation to breastfeeding their children hospitalized in neonatal ICU, and the feelings they experienced.

MATERIALS AND METHODS

Type of Study

This is a descriptive cross-sectional study of qualitative nature performed with mothers attended at the Human Milk Bank (HMB) of the Maternal and Child Regional Hospital (MCRH) in the municipality of Imperatriz, in the countryside of Maranhão, Northeastern Brazil. The neonatal ICU of the MCRH has a total of 38 beds and is a regional reference in care for newborns who need special care, with material and human resources for this purpose.

Participants

The sample was selected for convenience and included ten women over 18 years of age whose children were hospitalized at the neonatal intensive care unit of the MCRH and who attended the HMB at this hospital for milking, in order to feed their children. Patients under 18 years of age or with any sort

of mental disorder that made communication with the researchers difficult were excluded.

Data collection

The survey took place from March to April 2016, and the setting for the interview was the BLH. For characterization of participants, individual interviews with closed questions about socioeconomic and obstetric data were conducted. Questions about BF and milking were also addressed, regarding if they had received guidance on the matter. In addition, a guiding question was asked to identify the feelings of the mothers towards breastfeeding of their child hospitalized in the neonatal ICU: "How important is BF for your child hospitalized in the neonatal ICU and what feelings do you have about this situation?".

Data analysis

The mothers' responses were digitally recorded and later transcribed verbatim. To respect the right to anonymity, mothers are identified by a codename related to the name of flowers. After analysis and transcription of the speeches, the content was characterized as proposed by Bardin (2011), allowing to identify thematic categories.

Ethical aspects

The present research followed the ethical precepts and was approved by the Research Ethics Committee of the Federal University of Maranhão under Opinion n° 1.548.731, in accordance with the NHC resolution 466/12 (Brasil, 2012b).

RESULTS AND DISCUSSION

Characterization of puerperal women

The interviewees were between 19 and 35 years old, had attended up to high school (50%), were married (50%), and 60% declared themselves as brown skinned. Regarding the obstetric situation, the majority had received prenatal care (90%), 50% had attended up to six consultations, 20% had received guidance on the importance of BF during prenatal care, and 60% resided outside the municipality where the maternity site of the study is located. The data showed that the mothers were in full fertile age. Maternal age and level of education may influence the mother's decision whether or not to breastfeed. The lower the age, as well as the level of education, of mothers, the more difficulties and inexperience they will have in the process of caring for and breastfeeding their child. The support from the family and from the health team is essential for the success of such a practice, which underscores the importance of stable union or marriage, which are also important sources of support for the puerperae (Silva *et al.*, 2013). Almost all women (90%) had received prenatal care, which represents a relevant finding. Prenatal follow-up should consist of at least six consultations, interspersed between doctors and nurses, which are of great importance for the monitoring of fetal development, verification of maternal health, and transfer of fundamental information in the gestation and post-partum, including guidelines on BF, which must be passed on since prenatal care, and may contribute to maintaining the child's overall health (Brasil, 2012c). The thematic categories identified were: "Maternal perception of breastfeeding the child";

"The Importance of milking in the milk bank"; "Feelings experienced when seeing the child in the neonatal intensive care unit".

Maternal perception about breastfeeding the child

The interviewees were aware of the importance and advantages that BF can bring to the newborn:

The baby gets healthier, healthier and stronger to avoid getting sick. It has vitamins, protection that the mother passes to the child, to avoid getting sick. (Bromeliad). He will be healthier, will develop better, become smarter, because it has vitamins, antibodies, water and other things, right? (Camellia). It's important right? (silence)... For the mom and the baby, he develops faster and gets better faster. There is no need for other food to him, only my milk. (Rose). Because it is healthier, it has vitamins and other important things, defenses, water, so that he can get out of the ICU. (Gardenia)

As Bromeliad says, a child gets sick less frequently when breastfed. The United Nations Children's Fund (UNICEF) points out that breastfed infants get less often sick and are much more nurtured than those who eat other food before 6 months of life, as Rosa mentioned. (UNICEF, 2016). Children breastfed exclusively with breast milk until the sixth month of life were 2.6 times less likely to have diarrhea when compared to children who were not exclusively breastfed until the sixth month (Santos *et al.*, 2016). Camelia says that her son will be smarter if breastfed. A 30-year Brazilian study developed with 3,500 newborns that sought to associate breastfeeding with the Intelligence Quotient (IQ) in adulthood resulted in the fact that children who were breastfed for more than 1 year had higher IQs, higher level of education and income than those who did not do so (Victoria *et al.*, 2015). Furthermore, studies have shown that the milk of mothers of preterm newborns contains higher amounts of calories and fat, proteins, sodium and vitamins of complexes A and E, than that of mothers of full-term newborns. This endorses the importance of BF for the recovery of babies admitted to neonatal intensive care units (Brasil, 2013).

Besides the nutritional importance of breast milk, the women reported the importance of BF for the affective bond between mother and child:

[...] The child also becomes more attached to the mother, it increases the bond between the mother and the child. (Amaryllis)

[...] And it is important for mother and child because it increases the contact between the two. (Gardenia)

Becoming a mother can be considered a female accomplishment. In this context of motherhood, breastfeeding is an important link between the newborn and the mother (Azevedo *et al.*, 2013). The words of Amaryllis and Gardenia are corroborated by a research carried out in Divinópolis (MG) also showing, through the interviewees' discourses, that there is a maternal recognition that BF is an action that enhances in the link between the mother/child binomial, stressing the importance of early contact of the newborn with the mother (Almeida *et al.*, 2012). They were still asked if they had been informed about breastfeeding during pregnancy, and they were hesitant to answer this question:

[...] *Hmm* (silence for a moment). I do not know how to respond, because they have not told me yet [...] or during prenatal care. (Lotus flower)

[...] I don't know. (Carnation)

Guidelines on BF should be given during the prenatal period by the professional, nurse or doctor that follows-up the pregnant woman. However, this recommendation from the Ministry of Health was in contradiction with what two interviewees said, i.e. that they had not been advised about BF in the prenatal period, and therefore they did not know how to answer the question addressed to them (Brasil, 2012a). Data similar to those of Lotus Flower were found in a study carried out with puerperae in a pediatric outpatient clinic in the countryside of São Paulo; after discourse analysis, some puerperae reported not having received information about BF. This is noteworthy, since there are several public policies at the various levels of attention focused on the support and protection of BF (Cruz *et al.*, 2015).

This is a delicate issue and one that cannot be neglected. These uncertainties and lack of knowledge about the subject may lead to early weaning, which will not be healthy for the newborn, especially if this is premature. Research carried out in São Paulo showed that there was a high percentage of weaning among the interviewees, which had been motivated by lack of information and myths that should be passed on and deconstructed during prenatal, postpartum or childcare visits (Rocci and Fernandes, 2014). As a hospital accredited to the Baby-Friendly Hospital Initiative (BFHI), which aims to mobilize employees to change their behaviors and routines responsible for high pre-weaning rates, the MCRH plays the role of promoting, protecting and supporting BF among its patients, becoming important also in the construction of knowledge of the puerperae, who reported not being fully aware of such subject (UNICEF, 2016).

The Importance of milking in the milk bank

When asked if they had received guidelines regarding milk extraction by milking, the answer was yes in the case of all women. They were aware of the importance of milking to increase and maintain milk production:

[...] It will increase the production of milk, because my son is not able to suck now, then the breast may dry. (Rose)

[...] It is important to stimulate the production of milk, because my child cannot suck yet, and also serves to give milk to other children. (Gardenia)

[...] It is to increase my milk, for when my son leaves, for me to have milk, since he is not sucking directly in my chest, right, there is the risk of drying. (Sunflower)

The milking of the breast consists in the act of emptying the lactiferous sinuses, which can be done manually or with the aid of hand or electric pumps. It is of extreme importance in cases of women who have their children hospitalized in neonatal ICUs after birth, because in some cases the newborn is not able to perform suction in the first few hours or days after delivery. Furthermore, it is known that, according to the physiology of lactation, milk production is related to the frequency of breast milk release (WHO, 2016; SBP, 2016). The HMB and the MCRH health team work together so that mothers are aware of the importance of milking and of the

correct technique of milking, starting it as soon as the patient is re-established after delivery, and is able to proceed to milking. Decreased production happens when there is no breast stimulation by sucking or milking, which is essential in the process of increasing milk production (Paiva *et al.*, 2013). Milking is also important because it can help feed other babies in neonatal intensive care units. In the HMB, the collected milk is submitted to analysis and pasteurization, to be subsequently offered to hospitalized newborns.

The mothers also mentioned the importance of providing their milk to be donated to other hospitalized children:

[...] It will help my son and other mothers who cannot breastfeed for some reason, sometimes because of some illness or remedy that she is taking. (Rose)

[...] Milking is important to donate to other babies and mine, the babies who are in the neonatal intensive care unit. (Dahlia)

[...] It is important to increase milk, and to help other children and my son, who also needs it, to get well and develop to get out of the ICU. (Hortencia)

Such speeches are endorsed by the WHO, which points to breastmilk as a source of necessary and essential nutrients for the child's development, such as vitamins, water, fat, proteins and as a protective factor for some infections such as otitis, diarrhea, due to the presence of white blood cells and antibodies (SBP, 2016). Breastfeeding donation campaigns are carried out annually by the Ministry of Health, precisely thinking of these neonates hospitalized in neonatal ICUs, so that they are not fed with artificial milk. Donating breast milk in sufficient quantity to meet the need for all babies (SBP, 2016) is very important, as mothers report on the importance of donation-related milking.

Feelings experienced when seeing the newborn in the neonatal intensive care unit

Most women are overwhelmed with feelings of fear of losing their child and some even cry when it comes to this subject:

[...] I feel a lot of agony, I leave there devastated, crying. I was afraid she would die. (Bromeliad)

[...] It hurt a lot to see her like that (cry). But I have faith that she will get better. I've already cried a lot of times seeing her, but I have faith in God. (Camellia)

The environment of the neonatal ICU is very peculiar and requires a great deal of specialized care, with several equipment and machines that serve as life support for the newborns, but that also become frightening, especially for those who are not accustomed to the environment (Otaviano *et al.*, 2015).

A feeling of sadness was expressed by some mothers for not being able to breastfeed:

[...] I feel sad because I not able to give the breast directly, I wanted to breastfeed, I am very sad. (Carnation)

[...] I get very sad, sometimes I even think he will die, I cannot breastfeed that is the worst, I think he would recover faster, but they told me he cannot suck yet. (Sunflower)

[...] I feel bad not to have her there in the bed, not to breastfeed, I think she takes longer to recover because she is not sucking on my own breast. (Hortencia)

Regarding the feeling of sadness pointed out by some mothers related to the fact that their children were not breastfed. In a study carried out in the countryside of São Paulo, the participants referred more frequently to feelings considered positive, such as happiness in raising a child for the first time, always pointing to importance for the recovery of the newborn (Cruz *et al.*, 2015).

The use of several catheters and devices was a factor that generated a feeling of insecurity in one of the mothers:

[...] Oh dear, it's so bad, I want to cry, to see him with those hoses on him, he's so small (crying). (Gardenia)

Gardenia's discourse is corroborated by a study carried out in João Pessoa (PE), where the interviewees reported anguish before the ICU environment with its several interconnected devices, such as catheters, probes and infusion pumps, that are used to assure the survival of the neonate (Cartaxol *et al.*, 2014). Negative feelings, such as fear and insecurity, may also appear, but faith overcomes this situation. Spirituality, regardless of belief or religion, emerges as intermediary in the health-disease process. This was evident in the speeches of some participants, who reported hope in the recovery of the newborn and faith in God more often as a form of consolation:

[...] It hurt a lot to see her like that (cry). But I have faith that she will be better soon, she will recover so that we can go home and I will take care of her there. (Camellia)

[...] I have hope of him getting well, of him recovering, he is recovering. (Dahlia)

[...] I cry every day (face down). I hope he gets better now. (Lotus flower)

[...] I get very sad, sometimes I even think he's going to die [...]. But I have faith in God and I know he'll be all right and we'll go home soon. (Sunflower)

The feelings experienced when seeing their child hospitalized in the neonatal ICU are the most varied, considering that the baby is in organic instability and under the care of a specialized team, using several devices interconnected at the same time (Cartaxol *et al.*, 2014). In the present study the feelings mentioned were: agony, suffering, fear, insecurity, sadness, hope and faith. As described by Camellia, Dahlia, Lotus Flower and Sunflower, a study carried out in Maringá (PR) reported a faith-based support for coping with recurrent distress when the newborn was admitted to the neonatal ICU, while God was always associated with the feeling recovery (Oliveira *et al.*, 2015). The hosting of the health team is great importance for mothers who have their children hospitalized in neonatal ICUs; these professionals should offer support and encouragement to the family. Mothers feel uncomfortable in dealing with health professionals who do not have a dialogue about their child's recovery, which brings discomfort, distress and uncertainty (Wernet *et al.*, 2015). It is paramount that the nursing team, especially nurses, have a commitment to these parents, empowering them about the baby's health, clarifying their doubts, giving emotional support, always seeking to understand their emotional state, particularly of the mother who spends more time with the child (Frello *et al.*, 2012).

Conclusion

Mothers understand the importance of breastfeeding, both in relation to nutritional and immunological benefits, and in the recognition of the affective value it can provide between mother and child. They also understand the relevance of milking in relation to the maintenance of milk production, as well as the importance of donating breast milk to the human milk bank, taking advantage of the opportunity of milking for donation. However, these women feel insecure and frightened about their child's health, which can interfere with their care. These feelings have proven also to lead to a decrease in the continuity of milk production in the breasts. Nursing, as health promoter, as well as other professions involved, should support these mothers, as well as the family members, enabling them to care for their newborns, for them to leave as soon as possible to their homes. Professionals should always try to understand the feelings expressed by these women, providing emotional support, supporting, encouraging and promoting, whenever possible, breastfeeding, since this is paramount in the recovery of the baby.

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