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RESEARCH

Lactação em mulheres com bebês prematuros: reconstruindo a assistência de enfermagem

The lactation in women with premature babies: reconstructing the nursing care

La lactación em mujeres con bebes prematuros: reconstruyendo la asistencia de enfermería

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ABSTRACT

Objective: understanding the strategies used by nurses in the Neonatal Intensive Care Unit of HUAP (University Hospital Antonio Pedro) in the clinical management of breastfeeding with mothers of newborn preterm. **Method:** a descriptive, exploratory and qualitative survey approved by the Ethics Committee in Research of the Faculty of Medicine of HUAP under Protocol: 0199.0.258.000-11, enabling the beginning of data collection conducted between June and August 2012 through semi-structured interviews with twenty-two (22) nurses working in that unit. **Results:** there was an insufficient knowledge and skills of the subjects to properly manage situations that may hinder a successful breastfeeding. Nurses must act as educators, responsible for managing the care, being also able defining strategies for success there in the process of breastfeeding. **Conclusion:** thus, the educational process of the nurse is essential for the promotion, protection and support of breastfeeding. **Descriptors:** breast feeding, human milk, women's health, nursing.

RESUMO

Objetivo: compreender as estratégias utilizadas pelos enfermeiros na Unidade de Terapia Intensiva Neonatal do HUAP, no manejo clínico da amamentação junto às mães de recém-nascidos pré-termo. **Método:** pesquisa descritiva, exploratória, qualitativa, aprovada pelo Comitê de Ética em Pesquisa da Faculdade de Medicina do HUAP sob o protocolo: 0199.0.258.000-11, viabilizando o início da coleta de dados realizada entre junho e agosto de 2012, mediante entrevista semiestruturada junto a vinte e dois (22) enfermeiros atuantes naquela Unidade. **Resultados:** verificou-se insuficiência de conhecimento e habilidade dos sujeitos para manejar adequadamente as situações que podem obstaculizar a amamentação bem sucedida. Os enfermeiros devem atuar como educadores, responsáveis pelo gerenciamento do cuidado, sendo também capazes de definir estratégias para que haja sucesso no processo de aleitamento materno. **Conclusão:** assim, o processo educativo do enfermeiro é essencial para a promoção, proteção e apoio do aleitamento materno. **Descritores:** aleitamento materno, leite humano, saúde da mulher, enfermagem.

RESUMEN

Objetivo: comprender las estrategias utilizadas por las enfermeras en la Unidad de Cuidados Intensivos Neonatal de HUAP (Hospital Universitario Antonio Pedro) en el manejo clínico de la lactancia junto a las madres de recién nacidos prematuros. **Método:** es una investigación descriptiva, exploratoria y cualitativa, aprobada por el Comité de Ética en Investigación de la Facultad de Medicina HUAP, en virtud del protocolo: 0199.0.258.000-11, lo que permite el inicio de la recogida de datos realizada entre junio y agosto de 2012, a través de entrevistas semi-estructuradas con veintidós (22) enfermeras que trabajan en esa unidad. **Resultados:** había una suficiencia de conocimientos y capacidad del sujeto para manejar adecuadamente las situaciones que pueden dificultar la lactancia materna exitosa. Las enfermeras deben actuar como educadores, responsables por la gestión de la atención, siendo además capaces de definir estrategias para el éxito allí en el proceso de la lactancia materna. **Conclusión:** por lo tanto, el proceso educativo de la enfermera es fundamental para la promoción, protección y apoyo de la lactancia materna. **Descriptor:** lactancia materna, leche humana, salud de la mujer, enfermería.

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INTRODUCTION

The practice of breastfeeding has been widely discussed not only in Brazil but in the world, and in his Manual of Breastfeeding, the Ministry of Health (MOH) says that breastfeeding is the wisest strategy to promote child health.¹ Herein, the topic has been widely publicized by scientific knowledge, and its benefits clearly described.² It is true that the creation of the Unified Health System (SUS) was an important milestone for the development of public health policies, yet breastfeeding was unfolding as a priority issue in Brazil, so much so that in 1981 the National Program for Encouraging Breastfeeding (PNIAM) was established, internationally recognized for its diversity action in the implementation of legislation and programs and strategies that promote, protect and support breastfeeding, standardized and implemented in all three spheres of UHS management: federal, state and municipal.³

According to scientific literature, breastfeeding of preterm infants is complex, however, it becomes possible to the extent that there is support and encouragement on the part of health professionals, whereas breast milk is extremely nutritious, is composed of proteins, sugars, fats, minerals and vitamins to protect children against various diseases such as bacterial infections of the gastrointestinal system, polio, allergies, obesity and certain metabolic disorders.^{4,5}

In fact, feeding a newborn is a complex process that requires the integrity of various components. Involves behavior, tactile responses, oral motor control motor function, physiological control and coordinating sucking, swallowing and breathing.¹ In the case of premature infants, breastfeeding is very important for their growth and development, emphasizing that the composition of milk these mothers of preterm infants preterm has a significant change from the milk produced by mothers of newborns at term, and for the survival of these children, breastfeeding is critical because the milk of mothers of preterm as described in the literature, presents a difference in the composition of protein - energy intake and immune constituents in relation to that produced by mothers of term newborns.⁶ Thus, promoting and supporting breastfeeding and maintain lactation with mothers of newborn premature preterm births guarantee to offer nursing mothers breast milk milked for your own child.

The World Health Organization (WHO) and the Ministry of Health recommend that breastfeeding is unique up to six months, and that from this age by two years, to be supplemented by appropriate nutrition to the age of the child. Thus, it is nurses to perform important role in this process and should adopt strategies for the prevalence of breastfeeding is increasing, among them the care of both mother and child, proposing interventions for effective lactation and strengthen the bond between them.⁷

It becomes necessary, therefore, in addition to considering the importance of breastfeeding and its incentive programs, exalting a woman breastfeeding, unique

experience, set in a historic moment consisting of several dimensions. In this sense, their feelings, values, beliefs, social and economic context among others, the decision to breastfeeding process are aspects to be considered to provide full development of the child.⁸

As the premature does not have the gastrointestinal system fully developed, along with inadequate control of sucking, swallowing and breathing, stimulation of the same lactation seems to be a major challenge for the health team.⁴ However, practitioners should be motivated to think of the benefits of human milk for preterm infants preterm and planning therapeutic actions aimed at helping them to receive breast milk. The mother must be constantly motivated to breastfeed their child and receive clear guidance on the importance of breastfeeding for the development of it, always remembering that family support at this time is particularly important in the mother-infant relationship.

Considering that the objective of the study was to understand the clinical management of breastfeeding performed by nurses in the Neonatal Intensive Care Unit (NICU) of the University Hospital Antonio Pedro (HUAP), it is pertinent to ask whether the strategy used by the professionals listed actually contributes to breastfeeding of premature babies.

METHOD

This is a descriptive and exploratory research, with a qualitative approach, since there was no intention of quantifying data,^{9,10} and, thus, identifying the phenomena that mirror the clinical management of breastfeeding, from the care provided by nurses in the NICU of the University Hospital Antonio Pedro (HUAP).

The research was approved by the Committee of Ethics and Research of the Faculty of Medicine HUAP, under the protocol: 0199.0.258.000-11 provided in accordance with Resolution 466/12 of the National Health Council (CNS).

Twenty (20) nurses were interviewed, and the technique used for data collection was the semi-structured interview, based on a script containing 32 questions, issues and theories supported in the clinical management of breastfeeding, allowing a wide field of interrogative that arise as we receive the information from the research subject. All respondents signed an informed consent form (ICF) confirming their participation in the research, as provided in the aforementioned Resolution of the CNS.

As the criterion for inclusion in the research, it was decided to interview only professionals who integrate the staff of the Hospital acted as nurses and as such, in view of the existence of professionals with a degree in nursing working as technicians. There were excluded those who refused to participate and those on vacation or leave for medical treatment.

The collected data were subjected to thematic analysis¹¹ identifying the quality of nursing care in the NICU of HUAP, whereas this Maternity, in the municipality of Niterói

(RJ), is a reference in assistance of high risk pregnancies and their fetuses servicing a large demand for spontaneous or induced preterm birth, and nurses provide care to women who have their infants hospitalized in the said Unit.

The data collection occurred from June to August 2012 and the participants had the identity kept confidential through the use of alpha- numeric code (E₁, E₂, E₃, ... E₂₀). The interviews were recorded on a digital device with authorization from their participants, transcribed by the researcher and deleted after its contents are validated by the respective respondents, supporting the literature which states that electronic recording the most reliable method to accurately reproduce the responses obtained in each question.¹²

After transcribing and validating the interviews, the material was subjected to thorough reading to facilitate the understanding and interpretation of the data that were then processed using qualitative thematic analysis in its various phases: pre-analysis, material exploration; treatment of results, inference and interpretation.¹¹ discourses of the interviewees rise to the emergence of thematic category entitled "*The clinical management of breastfeeding in the perspective of nurses from the neonatal ICU*"

RESULTS AND DISCUSSION

The subjects were aged between 30 and 55 years old, with a predominance of naturalness in the State of Rio de Janeiro. Regarding the time of service in the NICU, it corresponded to a period of 5 to 10 years.

When asked whether they had participated in some type of training or training on breastfeeding, all responded affirmatively. Clarified that the training occurred at the time in which HUAP sought to be accredited as Baby Friendly Hospital Initiative (BFHI), and one respondent reported having also performed training Friendly Primary Care Initiative on Breastfeeding (BFPCI), the Basic Unit health who had worked previously.

The clinical management of breastfeeding in the perspective of nurses from the neonatal ICU

Many health professionals today appear to be favorable to breastfeeding; however, to reinforce this idea, the Ministry of Health says that many mothers have become dissatisfied with the support received in relation to breastfeeding. This statement seems a consequence of discrepant or inaccurate arising from these professionals, whose lack of training may result in several breast complications may therefore prove to be predominant factors for early weaning, as the following statements about the significance of the clinical management of information breastfeeding:

With my words? The clinical management of breastfeeding is one way that we, health professionals, we can assist the mother, the woman (...) breastfeeding her baby. (E₁)

Clinical management of breastfeeding is the whole process of breastfeeding, everything. The early you teach the mother to breastfeed. (E₂)

Clinical management? So you asking me, offhand, I believe this is encouraging breastfeeding, the orientation of the mother how to breastfeed (...) the importance! (E₁₄)

Clinical management I know not! I'm not associating this phrase to something that I do. (E₁₀)

It is understood, therefore, that knowledge about position and correct handle to breastfeed, are extremely important factors in the success of breastfeeding. In this regard, the following are testimonies of the interviewees:

More or less we talked. The position of the mother, sometimes the mother is so far forward (hunched position) and gives back pain. We guide to support the back, place the baby facing her - belly to belly. It seems that everyone speaks: "belly to belly". Without pushing, you know, without forcing ... without forcing the head. If she does not put her head back (long). That there will have a better handle that will power grab most of the areola. Not only the nozzle, the nozzle to suck only going to hurt, it will hurt. That's all we try to steer this time. (E₂₀)

First the position, is not it? It is a more comfortable position to be able to do this. Try to bring the baby closer to her. Belly to belly, bringing the face to the breast; then she watched as the baby will take the breast. The baby will have to grab the areola to be able to make a good suction. (E₁₆)

We speak about the issue of accommodation baby in lap, lay belly to belly. It explains that the child has to take the areola more than she can, not only to keep picking at the nozzle, so it does not hurt the nozzle. The question of the position of the mother, she has to always be leaning, trying to comfort her. Basically, in relation to the handle, this is it. Usually I ask her to put the baby's belly with her belly, to see if the child is picking up not only the nipple but that whole part of the areola, and see how the child is sucking, because it cannot have air leakage there. So, I ask you to observe how the language is, is really sucking right, you're not only getting the tip, you're taking everything and suction is being satisfactory. (E₈)

Asked about what would be the main cause of pain in the nipple, most respondents replied that it was bad picks, no doubt. Following are statements about:

Pain in the nipple? I think it's the wrong handle, is not it? He just (...) when she only picks up the nozzle, is not it? Here hurts. (E₃)

I think it's the wrong latch-and the wrong expression to remove the breast milk. Often they squeeze the nipple thinking she has to push it there, as if coming out of the nipple milk only. So I guess this is the reason. (E₅)

It is inadequate breastfeeding. This is an inappropriate handling nipple, this business of getting pulling the nipple. Mostly, I think this poor latch. (E₇)

Regarding the low milk production, the majority of women present biological conditions to produce milk enough to meet the demand of their child. However, not emptying and/or inadequate emptying of the breasts, interfere with milk production.¹ Thus, any mother or child which limits emptying of the breasts, factor may cause a decrease in milk synthesis by mechanical and chemical inhibition. However, considering that the factors for low milk production may be the most diverse, it becomes necessary to know the detailed history of health nurse, so that you can assess each case. In this regard, the following are testimonies of the interviewees:

The non-suction. From experience we have, we can see that the more a child sugar, more milk she will produce little suction or introducing other foods, artificial milk. For me it helps to reduce production. (E₁₇)

I think that anxiety interferes a lot in this matter of low production, as well as in the ICU, the child takes the milk sugar. Not always is this mother is milking as it should take, because sometimes they go home and the child is hospitalized. They are geared up to search the database for milk and breast milk at home, but many do not. So the lack of suction and they are making the expression, and the withdrawal of milk. I think prejudice. [...] (E₁₄)

I think it's the mother's stress, anxiety! Firstly. And a bad direction. Sometimes separation Baby also already generates an anxiety even, this stress. But for me it causes are psychological. Firstly. It is the separation anxiety ... So, in my environment! I work on site, because they are children of the ICU. They produce less sure. First, those children do not suck; and they are anxious. Now, in an environment (...) (calm voice), rooming in, an environment that she is more likely to offer, I think the low production ... then I do not have a well formed opinion, no. But it is also psychological. Because if the woman ever pulled ... Never decreases the breast, had nothing to stop, I think it is psychological. (E₁₉)

Normally here we see that decreases. These children are premature as she will not soon ... breast sucking is done by simple gavage, it already has a weakness in the production, is not it? When you already have a production, you have just put the child in the womb; you already have this increase due to oxytocin, the whole thing hormone production. Here we go orients mother, sometimes the diet and 4ml, 3ml, 2ml. She 3 in 3 hours should be doing, even when you're not here, she should be doing at home milking to not decrease production. (E₉)

The deponents have confirmed that the main cause of breast engorgement is the insufficient emptying of the breasts, as noted in the following narratives:

The poor emptying of the breast. (E₁)

Is the lack of breastfeeding or milk extraction ... as well. When the child cannot go to the chest yet. If it is not well targeted to extract milk, even without a child is sucking, I think this is the biggest cause engorgement. (E₂)

I believe the mother is unable to empty the breast. Because at that time that suck up the volume, and she feels the weight. And she does not understand, because the baby is still beginning, still is adapting, sucking. And they sometimes do not understand the importance of emptying, even if the baby does not want more. She

does relief for her and feel the relief to be able to keep the nipple soft, soft areola, the baby can empty. (E₆)

Today is consensus the view that breast milk is particularly important in the nutrition of preterm infants. Nevertheless, in general, is low incidence of breastfeeding preterm infants, especially in neonatal units of risk and the correct clinical management of breastfeeding can contribute decisively to the nurse has more resources to meet the challenge that is becoming feasible to offer breast milk to newborn preterm.¹³

For the recommendations of the Ministry of Health regarding the clinical management are effective, the commitment of health professionals against aspects of breastfeeding is necessary, reinforcing the idea of the orientation of the mother in favor of healthy eating for the full growth and development Kids. However, access to the right information influences both the decision to breastfeed, as the duration of breastfeeding.

According to the Ministry of Health the way mother and baby during breastfeeding position, as well as holding the baby, are very important so that it can efficiently suck the milk from the breast without hurting nipples.¹ Thus, the position inadequate maternal and/or infant during breastfeeding, makes the correct positioning of the baby's mouth in relation to the nipple and areola, resulting in what is called the "poor latch" which, in turn, hinders the emptying of the breast, leading to decreased production of milk. Often inadequate to handle the baby does not gain weight despite expected to stay long time in the chest. This is because, in this situation, he is able to get the former milk but have difficulty removing the hind milk more caloric.¹

The assistance provided by professionals in the Neonatal Intensive Care Unit aims to maintain lactation and successful breastfeeding process as above; thus, the prevention and management of major problems regarding lactation, especially in that unit, where the woman/mother of premature experiences the inability to breastfeed her baby due to prematurity process. It is worth remembering that breast engorgement, nipple trauma, mastitis, among other problems, are sources of suffering for/mother who will, subsequently, initiate breastfeeding may determine early weaning.

Thus, the role of the health professional and technical guidance regarding breastfeeding, are extremely important to change the landscape of early weaning in Brazil, and go against the main component of mortality today, which is ignored by funding agencies. At this point, it is estimated that 38 % of deaths among children fewer than five years of age occur in the first four weeks of life, for which potential interventions were identified, with breastfeeding as intervention for which there is evidence of its indisputable efficacy and that, based on effectiveness studies proved to be feasible for large-scale implementation.¹³

But it should be emphasized that early weaning takes place, often the clinical condition of preterm infants, preterm delays the direct suction breast milk, prolonged hospitalization, maternal stress and lack of systematic routines that encourage breastfeeding. Even under these conditions, breastfeeding should be influenced and directed, according to the recommendations of national and international organizations.¹⁴

The Ministry of Health confirms that the most common pain during breastfeeding, because the result of nipple lesions by positioning and latch inadequate.¹ Avoiding such complications, the nurse must engage in the evaluation process of the breasts of these

mothers, whereas is needed critical observation at the time of feeding, in order to assess whether the position of mother and child and baby picks are favorable to effective suction that enables the extraction of milk without causing injury to the nipples. One should not, in this case, intervening only in the lesion already installed, but rather, the nurse should be able to use strategies to prevent these infections.

The knowledge of the difficulties is essential for the recognition of mothers and babies who require extra support in breastfeeding.¹⁵ Then, the main difficulties in breastfeeding are positioning and cracked, allowing the health professional involved with their scientific knowledge to provide this enjoyable time for both mother and baby.

By observing these explanations, it becomes easy to understand that the subjects emphasized in their speeches which is usually observed in his professional routine. Mothers of premature infants, due to separation from their children, often have insufficient emptying of the breasts, which hinders the continuation of milk production. For this reason, it is the responsibility of nurses to guide them and teach them the correct realization of milking so that you can keep milk production.

Breast engorgement is characterized by excessive tissue distention and consequent increase in the size of the breasts, with pain, local erythema, edema and breast flattened nipples that make it difficult to handle the newborn. The engorgement is a problem that can occur in the breastfeeding process, and is usually caused by delayed initiation of breastfeeding, for infrequent feedings, restricted duration, use of supplements and ineffective suckling baby.¹⁶

These factors can induce the woman to early weaning, and the physician must be aware of the real difficulties to implement breastfeeding, being essential to allow the woman put her experiences and experiments, because the act of breastfeeding is directly related to what she has already experienced.¹⁷ Therefore, it is essential to intervene to resolve this issue and stop these factors with practical measures in the clinical management of breastfeeding, and do not forget the manual emptying of the breasts of women, with the introduction of breast milk from other sources. Thus, the child experiencing their nutrition in full growth and development.¹⁸

The statements realize that breast engorgement appears as a common complication in women in the postpartum period, especially those who have their babies in the NICU. However, it is understood that it is possible to prevent such injuries, since nurses are trained to clinically evaluate the breasts and the complications that may arise during this period. In this sense, breastfeeding on demand, should preferably be initiated soon after birth, with proper technique, and no use of supplements (water, teas and other milks), are effective measures in preventing engorgement. Therefore, the nurse should influence the mother with adequate clinical and technical skills for the promotion of breastfeeding.¹

It is known that in the NICU due to the possible restriction of breastfeeding, women - mothers are driven to acquire such complications if the guidelines and evaluation of breasts are performed improperly. However, as a professional responsible for the care, the nurse must make a plan of conduct aimed at preventing these problems, since these mothers are separated from their babies which, in turn, interfere with the emptying of the breasts, conduct that should be observed while the babies are not able to perform the suction natural way, directly in the womb.

CONCLUSION

The activity of health education with patients is of utmost importance, considering that the nurse educator in particular can therefore inform the individual that is necessary in order to make it as independent as possible, making him feel be responsible for their own health.

But one must consider that the nurse has key role in helping complex breastfeeding, and that his intervention can help prevent problems with the breasts or the correct positioning of the baby to suckle, so that breastfeeding can spend the best possible, avoiding the need to introduce other foods or a possible early weaning.

However, this study focuses on the clinical management of breastfeeding in mothers of premature babies , which makes this activity even more complex professional, since most of these babies are unable, at first, directly suck the breast. So when this happens, it is essential to remain calm, be willing to sensitive and ready to observe the difficulties of the mother hears, making her understand the need to relax and be patient when you breastfeed her child, trying to overcome their difficulties early in order not to give up breastfeeding him.

You need to highlight the important role of nurses, especially among the nursing mothers because it is an occupation of extreme importance, which requires an understanding of this process as a way to evaluate and manage clinically not only the breasts of mothers, but the actual nursing mothers as a whole, including guiding them about the possibilities that the human milk bank offers, if necessary to resort to it.

It should be noted, finally, that the fact that there are few scientific publications on the subject, difficult to update professionals on the issues relating to breastfeeding premature. The dissemination of knowledge on the part of nurses, it is important to help improve the quality of care the lactating woman and her premature child, ensuring that nursing professionals the recognition and respect of society by the relevant departments exempting those who are under their care.

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