

A prática da amamentação: uma busca por conforto

Breastfeeding: a search for comfort

La práctica de la amamentación: una búsqueda por confort

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ABSTRACT

Objective: This study aimed to identify the strategies that mothers undertake while looking for comfort during the breastfeeding period. **Methods:** It is a qualitative research based on the Comfort Theory by Katharine Kolcaba. The Collective Subject Discourse Methodology for data collection, analysis, interpretation and organization has been used here. Twenty-four primiparous lactating women have participated. They were all over 18 years old, had between 30 to 90 days of postpartum period, and they either were breastfeeding or had breastfed their children over at least 30 days. **Results:** This study shows that women are exposed to various situations of (dis)comforts during the breastfeeding period. **Conclusion:** The breastfeeding practice represents physical and emotional efforts to women, who face both stressful and uncomfortable situations. While looking for breastfeeding comfort, the woman establishes strategies aiming to promote their comfort, although they do prioritize their child's welfare.

Descriptors: Breastfeeding, puerperium, women's health, maternal behavior.

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RESUMO

Objetivo: Este estudo teve como objetivo conhecer as estratégias que as nutrizes utilizam na busca por conforto durante a amamentação.

Método: Trata-se de uma pesquisa qualitativa, baseada na Teoria de Conforto de Kolcaba, na qual se empregou a estratégia entrevista para coleta de dados e a análise do Discurso do Sujeito Coletivo (DSC) para interpretação e organização dos dados. Participaram vinte e quatro nutrizes primíparas, maiores de 18 anos, com 30 a 90 dias pós-parto, que estavam amamentando ou que amamentaram os filhos por pelo menos 30 dias. **Resultados:** Este estudo mostra que a mulher está exposta a várias situações de (des)confortos durante a amamentação. **Conclusão:** A prática de amamentação representa esforço físico e emocional para a mulher, que enfrenta situações estressantes e desconfortáveis. Na busca por conforto, a nutriz estabelece estratégias que promovam seu conforto, priorizando, porém, o bem-estar do filho.

Descritores: Aleitamento materno. Puerpério. Saúde da mulher. Comportamento materno.

RESUMEN

Objetivo: Este estudio tuvo como objetivo conocer las estrategias que las nutrices utilizan en la búsqueda por comodidad durante la lactancia.

Método: Se trata de una investigación cualitativa, basada en la Teoría de Conforto de Kolcaba, en la que se empleó la estrategia entrevista para recolección de datos y el análisis del Discurso del Sujeto Colectivo (DSC) para interpretación y organización de los datos. Participaron veinticuatro nutriones primíparas, mayores de 18 años, con 30 a 90 días posparto, que estaban amamantando o que amamantaron a los hijos por lo menos 30 días. **Resultados:** Este estudio muestra que la mujer está expuesta a varias situaciones de (des) comodidades durante la lactancia. **Conclusión:** La práctica de lactancia representa un esfuerzo físico y emocional para la mujer, que enfrenta situaciones estresantes e incómodas. En la búsqueda por comodidad, la nutriz establece estrategias que promuevan su confort, priorizando, sin embargo, el bienestar del hijo.

Descriptor: Lactancia materna. puerperio. Salud de la mujer. Comportamiento materno.

INTRODUCTION

Maternity is classically understood as an element for the woman to construct another dimension of the feminine identity. In this process the woman may be marked by scars on her body. However, these marks are often symbolic in a subjective scope of experiences only, but they may be accompanied by perceptible physical or emotional pains and discomforts.¹

The woman has to cope with attempts to understand how her body reacts to the feelings and sensations she experiences during the different phases of her life,² one of which is the breastfeeding practice, in which they are faced with factors that can cause discomforts or dissatisfactions of any order, but that must be prevented with alternative measures and comfort promoters.

Women's different life experiences are conditioned on their insertion in the context in which they live, and these experiences influence their decisions about the continuity of breastfeeding and qualify their experience as a woman.³

In this perspective, in order to define the comfort of women, we are reminded of the importance of sensitivity with the body itself,⁴ since the presence of discomfort and suffering, due to the organic changes and dysfunctions occurring in the body, can only be perceived when they are related to body image, which is a mental representation of the body that covers all experiences, is the way our body appears to ourselves, consisting of a multifaceted and complex set of personal impressions.⁵ Therefore, it is possible to appropriate the idea of the body image and to articulate it with the fact that the "apprehension of sense or senses is done by the body, being a creative expression, and coming from different perspectives over the world"⁶ and this experience can cover how much the individual is able to identify comfort or discomfort in certain situations. Once the world is explored and experienced by the body.⁷

However, when we are involved in everyday activities we are not fully aware of our body, the physical body being in the background, usually ignored and unnoticed, being marked by the remote limits of effort. Nevertheless, when the body perceives itself injured, it becomes aware, but this perception is not always expressed. Thus, the perception by itself is a significant element to understand the expressions of the body in all dimensions.⁶

Comfort implies the search for intervention strategies to provide well-being to the individual; however, the degree of involvement of the subjects is directly related to the change in health behaviors and increased self-satisfaction.⁸⁻¹¹ Considering the aspects presented above, the study's objective has been to gain further understanding toward the strategies that the women use while looking for comfort during the breastfeeding period.

METHODS

This study used the qualitative approach, through which one can understand the representativeness of the human being in their social reality, and its historical and cultural variables,¹² then broadening the understanding of the study object.

The study was carried out in *Chapecó* city, *Santa Catarina* State, with the participation of 24 women, selected from the Declarations of Live Births available in the Epidemiological Surveillance Sector of the municipality, aged from 18 years old or older, primiparous, with gestation full term and single fetus, between 30 and 90 days postpartum, who were in practice of any type of breastfeeding or who had breastfed for at least 30 days. Data collection was performed at the woman's home. The number of participants was defined by the saturation of the data, based on the interviews analysis.

The initial interview question, considered the guiding question, was: "Tell me freely, how you perceive your body at the breastfeeding time." Following the interview, we sought to address the dimensions of (dis)comfort in the practice of breastfeeding.

Through the Collective Subject Discourse (CSD) construction technique, data were organized based on the Kolcaba's Comfort Theory assumptions, allowing a broader understanding of the comfort needs of women, based on their talk or testimony about the experience of the breastfeeding.

This study was carried out through the approval of Protocol No. 39259, the authorization of the Ethics Committee of the School of Nursing at *Universidade de São Paulo (EEUSP)*, on 19/06/2012, and the authorization of the Department of Health of the municipality of *Chapecó*. The protocols used in this research are in accordance with the Resolution No. 466/12 from the National Health Council/Health Ministry.¹³

RESULTS AND DISCUSSION

Through this study it was noticed that women express uncomfortable physical sensations, such as pain due to nipple injuries, fatigue, sleep deprivation, dissatisfaction of various natures during the practice of breastfeeding. Nevertheless, the women seek to adapt to the new routine of learn and develop strategies to minimize discomfort and overcome obstacles and difficulties in the breastfeeding process.

This complex experience that oscillates between the discomforts, in their different dimensions considered here, and the satisfaction of motherhood provoked by the practice of breastfeeding, can be understood by the CSDs derived from the information set of this study.

The breastfeeding practice: looking for comfort

The discourses of the women interviewed reveal that, especially at the beginning of the breastfeeding process, breastfeeding is set in a learning phase and that throughout the experience, the woman learns and adapts to the routine and her maternal role, taking into account the reality of the daily life of breastfeeding, consisting of a mixture of worries, uncertainties, pains, but also of learning and experimentation for the search for relief and well-being. The topic, Breastfeeding Practice, is composed of seven CSDs that are presented below:

CSD 1: breastfeeding is a novelty, the women of the study live and express that breastfeeding, especially in the initial phase, is full of great news and difficulties. Inexperience brings as a consequence fear and anxiety. Only with the experience of the practice of breastfeeding do the primiparous women realize what the daily routine and the process of breastfeeding are, which is often different from what she thought and planned as a woman, and this leads to a process of constant learning and adaptations.

It was a bit difficult, because I had no practice. It's news, especially to me, mom for the first time. At first we get kind of scared and afraid of when he sucks on the chest.

It's different from what we're planning. (Fragment of the CSD 1).

The cultural and social determinations imprinted on the life and body of the woman can define how she will recognize, perceive and act in the face of situations of motherhood and breastfeeding.¹⁴ In CSD 1, the realization that there is a great difference of the planned and the reality constructed during breastfeeding practice corroborate other studies on the topic.

Many women imagine that breastfeeding is a continuation of the natural process that takes place during pregnancy and childbirth. Like other studies,¹⁴ the results of this research also showed that women believe they will not find it difficult to breastfeed. However, in addition to an avalanche of new information, they have to develop new skills so they can breastfeed successfully.

The practice of breastfeeding places the woman in a situation different from what she is accustomed to, generates doubts and insecurities, making her more vulnerable to the events of breastfeeding and to her ability to breastfeed.¹⁶ The woman plans how the breastfeeding process will be, but this planning is not always effective, since only the experience of breastfeeding will allow us to know how it will be in practice.¹⁷ This thought was also expressed by the women in this study.

The daily experience of breastfeeding practice is an accumulated knowledge for the woman. These experiences, depending on what they mean to the woman, can be constituted as elements for a woman's decision to breastfeed or not.¹⁷

In CSD 2: breastfeeding is to live different sensations, women express that breastfeeding brings a diversity of feelings, which are still unknown to them. However, even though they do not know how to qualify what they feel, in this first experience, the reflection they make on the experience of breastfeeding is that it is part of their maternal experience, being 'normal' in their life process.

Breastfeeding is an experience that we have to go through. There are many different sensations that cannot be explained. It is a great rush of feelings. It is neither good nor bad, it is strange and different. (Fragment of the CSD 2).

Breastfeeding is part of the life of the woman who experiences motherhood.¹⁸ This recognition causes a reaction in the woman in order to understand that the object of her desire is to attend to the child needs, then prioritizing the child's well-being to the detriment of their own.¹⁹

Some of the most significant feelings are originated by the inexperience in the process of breastfeeding that generates in women the feeling of fear and insecurity. Some of these feelings are raised by the uncertainty of their ability to maintain lactation for the time needed for the child and

by the concern of not knowing if they are conducting and executing the practice of breastfeeding properly. This feeling is represented in the third discourse. CSD 3: the woman has worry and fear when breastfeeding, as shown in the following speech:

We worry 24 hours a day, is that right, I'm breastfeeding right. I get very nervous while my baby sucks; I'm afraid I will not know if I'm doing it right, and if I'm going to have milk up to when he needs it. (Fragment of the CSD 3).

The inexperience of the woman in the practice of breastfeeding generates difficulty in understanding the process in general. The doubts that arise from the situations experienced during the practice of breastfeeding leave the woman worried and insecure to meet the needs of the baby and realize their ability to produce breast milk.²⁰ Such thoughts were also expressed by the women in this study.

As could be seen in CSD 3, the women in this study demonstrate concern about their ability to maintain lactation as the baby needs it. This question could also be observed in a survey that evaluated the daily lives of women in breastfeeding practice,¹⁷ and the desire and insecurity were recorded in maintaining lactation capacity for the time the child wanted.

From the doubts that arise with each new situation experienced during the practice of breastfeeding, the woman is apprehending and acquiring experiences and skills in the management of breastfeeding. Studies have shown that, even when faced with many doubts about physical, social and cultural factors that may influence breastfeeding practices, women are usually able to perform breastfeeding.²

Women's learning about breastfeeding is commensurate with their involvement in the breastfeeding process and thus, the greater the comfort they experience. The greater the subject's involvement with the practice he is performing, the more quickly he will achieve comfort.²¹ Individuals have implied and explicit comfort needs that converge to strengthen and motivate performance in rehabilitation and learning to a new routine in their lives,²² especially as in the case of breastfeeding, where women find themselves in need of inserting this practice in their daily lives.

This is visible because motherhood and breastfeeding cause changes in the life and daily life of the woman, as explained in CSD 4: there is no routine for breastfeeding. The women in this study claim that their previous routine is suspended so that the baby's needs are met. For these women, the priority is fulfilling the baby's care needs.

My routine has been out of control lately, I do not have schedules. We do not have a routine, because during the day the baby has no time to breastfeed. When he wants to suckle I give, I do not have much routine or schedule. (Fragment of the CSD 4).

The relationship that women establish for breastfeeding moments are intertwined with objective factors such as feeding times and baby crying. Deodato²³ states that wanting to breastfeed and breastfeeding routines will be a new daily routine, since the woman will have to put the baby to suckle in the breast in order to stimulate the milk production whenever it is requested by him, and may not fit a pre-arranged schedule.

The prioritization of the child's needs, especially in the first months of post-birth, leads the mother to meet the child's demand without regard to her own needs. Thus, they are subject to muscular pains and unfavorable postures adopted during breastfeeding, either by the option or condition of the furniture they have, or by the actual process of learning, in which they look for trying, every day, positions that bring comfort to them and the baby, as well as seeking the identification of the appropriate environment in terms of lighting, noise and environmental reception.

In CSD 5: the pains and discomforts of poor posture when breastfeeding, mothers reveal that pain and discomfort in various parts of the body result from inadequate posture, that they recognize them as elements that cause imbalance of body comfort, such as shows the following speech:

Depending on where I sit, my back hurts. It hurts the calf and the neck. Sometimes the arm [hurts] to hold the baby and I feel tension in the shoulders as well. Sitting on the bed is not very comfortable for me, because there is no way to lean, and I get crooked. When I'm in pain, I cannot get my posture straight. Sometimes I breastfeed with crooked spine, and I do not care about the correct posture at that time. (Fragment of the CSD 5).

In the women's speech it was clear that they keep experimenting ways to accommodate themselves and varying positions to breastfeed. However, even if they do not find a position that alleviates pains and tensions, or because they do not realize the inadequate posture, they perform breastfeeding, reaping later consequences, such as the onset of pain. However, to obtain comfort in the physical context, if the physiological and homeostatic needs of an individual are not met, body comfort states are not reached.²⁴

In order to reduce the discomfort of the woman, which is generated by an inappropriate position adopted by the woman during the breastfeeding, the orientation should be not to overload any part of the body.²⁵ However, by the speeches, it is not noticed that the women were oriented about the posture for breastfeeding and especially for the adaptation of premises and furniture to provide them with greater comfort and safety for breastfeeding.

In this sense, it is worth mentioning that women express, even implicitly, that various parts of their body denounce the need for better accommodation. However, meeting the need of the child outweighs the maternal need. A study

that has resulted in the development of the 'Weighing Risks and Benefits' model¹⁷ exposes that women, by establishing breastfeeding as their priority, outweigh the risks or damages that may result from this practice.

The identification of bodily discomfort in the breastfeeding process seems to be highly significant for the woman, as found in CSD 6: women seek postures that bring comfort when breastfeeding, back pain and arms are especially perceived by the women. In this process, it is inferred that it is part of the woman's learning to seek solutions to this question and to experiment with new positions and artifacts to improve posture, such as the use of pillows and pillows, improvisation of support for her body, especially for the feet in order to maintain the child in height and position that allow to improve the posture and the positioning to breastfeed.

I could only breastfeed sitting in this chair, now I love it anywhere. During the day I love the sofa, to position myself I firmly support my back with a cushion. At night I use pillows on the bed. I already realized that it is better to have a straight posture, so I always put a cushion in my back because I like to feel comfortable. I usually use the cushion and put the baby on top to pry up, get closer and not get so arched. I lift the leg on the side that I'm breastfeeding, to let the baby stand a little higher. You have to be well, feel at ease, or your whole body starts to hurt. Comfortable is a posture in which the back does not hurt. (Fragment of the CSD 6).

When a woman feels that her body is at the edge of pain and discomfort, she tends to look for alternatives that may alleviate symptoms, even temporarily. Similar information was recorded in the study by Carrascoza *et al.*,¹⁹ which pointed out that the limits and possibilities felt and lived by women in the search for the practice of idealized breastfeeding are manifested on the basis of experiences in their own bodies, that women learn from the practice of breastfeeding strategies to alleviate possible discomforts. It is possible to say that the individual coping of each situation allows, in addition to the accumulation of experiences, to meet their comfort needs.²⁴

Therefore, physical comfort, for the mother who is breastfeeding, is a posture that does not generate pain, especially in the back. For the woman, the immediate experience of a non-painful posture strengthens the perception of physical comfort, since she is attending to one of her most emergent needs, regarding her possibility of exercising the practice of breastfeeding, after all, as herself says: "Comfortable is a posture in which the back does not hurt."

One of the important elements reported by women to breastfeeding is with regard to the environment, corroborated in CSD 7: calm and clear environment generates comfort in breastfeeding. In the women's discourses it was possible to

see that they experience various environments of the house in order to identify which one is the best for breastfeeding practice and that therefore can be considered within the dimension of environmental comfort.

If there is noise, he does not eat right. I always try to be in a quieter and calmer place. A quiet place, without much noise is more comfortable. Comfortable is where you can feel better. (Fragment of the CSD 7).

It is important to understand that comfort should be seen as a greater condition than just physical and environmental aspects, demanding the creation of a favorable environment that is "affectionate, warm, caring, loving and conducive to growth, relief, and well-being."²⁶ In this sense, other authors also agree that the adequate environment makes the woman well-being and benefits the transformation of her emotional environment, making her more calm and peaceful.^{13, 18, 27}

Therefore, it is understood that the environment in which the woman practices breastfeeding should be calm, welcoming, so that she can experience this experience by having pleasant sensations and staying with positive memories.²⁸

Hence, the women's claim in this study that "comfort is where you can feel better" is in line with the assumption that environmental comfort includes an environment in which the person feels comfortable, the smell and the noise must be pleasant so that the individual's comfort needs can be met.^{11,24}

CONCLUSION

At the beginning of the breastfeeding practice, the woman experiences this moment as a novelty. They realize that lack of experience makes them adopt inappropriate postures when they breastfeed their children. Likewise, they experience feelings of insecurity, fear and anxiety. These feelings leave her tense and, together with the urgent need to assist the child, provoke a set of (dis)comforts related to the physical, emotional and social contexts. The process of learning and adaptation regarding the breastfeeding itself and the manifestations of positive responses of the child, generate the opportunity to seek states of comfort such as relief and well-being, especially in the physical and environmental contexts. However, it is still unclear how women perceive - and are easily aware - the elements that can cause either physical or other discomforts in the daily breastfeeding practice.

Although the results of this study have shown that women look for comfort and direction in breastfeeding, it is possible to say that one of the limitations of the study was to investigate the women who maintained the breastfeeding process and it is not possible to recognize if other degrees or intensities discomfort, when present, can effectively lead to breastfeeding interruption. This fact may be sufficient motivation for the development of new research, along

with women who have stopped breastfeeding. Also, even though it was not the object of this study, it is understood the need to investigate more deeply the process of overcoming discomforts for the continuity of breastfeeding.

Finally, based on the results of this study, we cannot exempt ourselves from identifying elements that can cause discomfort to the woman, which leads to the need to propose solutions to minimize them, based on intervention proposals that promote the well-being of these women, impacting positively on the exercise of breastfeeding performed by them.



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