

Childbirth Influence Towards the Weaning During Puerperium Period

Influência do Parto Sobre o Desmame No Puerpério

Influencia en el Parto Destete en el Puerpério

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ABSTRACT

Objective: The study's purpose has been to analyze the childbirth influence towards the weaning during puerperium period. **Methods:** It is an observational, descriptive, and cross-sectional study with a quantitative approach. The study was carried out in a maternity hospital from the Caxias city, Maranhão State. **Results:** The majority of puerperal women were multiparous that reached the number of consultations recommended by the Health Ministry during prenatal care; a little more than half (55.9%) had vaginal delivery and the majority (71.0%) performed the breastfeeding over the first hour postpartum, which has favored adherence to the exclusive breastfeeding, then reflecting positively towards the health of both woman and child. **Conclusion:** The identification of the factors associated with the interruption of breastfeeding during the prenatal consultation, as well as during the puerperium period due to the type of delivery, contributes with the planning of actions and policies in order to improve the rates of early weaning event.

Descriptors: Childbirth, Weaning, Puerperium Period.

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RESUMO

Objetivo: Analisar a influência do parto sobre o desmame no puerpério. **Métodos:** Trata-se de um estudo observacional, descritivo, transversal, de caráter quantitativo. A realização do estudo ocorreu em uma maternidade do município de Caxias-Maranhão. **Resultados:** a maioria das puérperas eram multíparas, que atingiram o número de consultas recomendadas pelo Ministério da Saúde durante pré-natal, pouco mais da metade (55,9%) tiveram parto vaginal e a grande maioria (71,0%) realizaram a amamentação na primeira hora pós-parto, o que tem favorecido a adesão ao AME refletindo positivamente sobre a saúde da mulher e da criança. **Conclusão:** a identificação dos fatores associados á interrupção do aleitamento materno durante a consulta pré-natal, assim como, no puerpério, decorrentes do tipo de parto, contribui com planejamento de ações e políticas no sentido de melhorar os índices de desmame precoce.

Descritores: Parto, Desmame, Puerpério.

RESUMEN

Objetivo: Analizar la influencia de la luz en el destete después del parto. **Métodos:** Se realizó un corte transversal, de carácter cuantitativo observacional, descriptivo. La conclusión del estudio se llevó a cabo en un hospital de maternidad en la ciudad de Caxias, Maranhão. **Resultados:** La mayoría de las madres eran multíparas, que alcanzó el número de visitas recomendado por el Ministerio de Salud durante el prenatal, poco más de la mitad (55,9%) fueron por vía vaginal y la gran mayoría (71,0%) fueron sometidos la lactancia materna en la primera hora después del parto, lo que ha favorecido unirse a la AME que refleja positivamente en la salud de las mujeres y los niños. **Conclusión:** La identificación de los factores asociados con el cese de la lactancia materna durante las visitas prenatales, así como en el período post-parto, debido al tipo de parto, ayuda con la planificación de acciones y políticas para mejorar las tasas de destete precoz.

Descriptor: Entrega, Destete, Puerpério.

INTRODUCTION

The breastfeeding has many benefits, however, this remains a challenge, since the index in the different Brazilian regions remains below that stipulated by the World Health Organization (WHO) and Health Ministry that determines 100% until the sixth month of life.¹

The Exclusive Breastfeeding (EB) practice aims to guarantee the quality of newborn feeding, as it is a safe and economical way of feeding, besides promoting the affective bond between mother and baby. Numerous factors can influence this practice, as identified in the present study, among them the use of artificial nozzles, such as pacifiers and bottle feeding.²

Breastfeeding corresponds to a phase of great significance for both the mother and the child. Breastfeeding comprises a natural practice of bonding, protection and nutrition for the child, as well as being considered an effective and economic form of intervention in the reduction and control of both infant morbidity and mortality.³

Breastmilk is an ideal, complete, contamination-free food, adapted to the child's metabolism and rich in nutrients, which provides the body with the same protective factors

against numerous diseases, as well as strengthening the mother-child bond, enabling children Healthy growth and development.⁴

The EB is recommended until the first six months of life of the child and after that period breastfeeding is recommended supplemented up to two years or more, thus ensuring a nutritious diet and consequently a better quality of life.⁵

The breastfeeding practice and its duration can be influenced by multifactorial factors,⁶ among which we can highlight problems related to delivery care, such as those born with cesarean delivery, low birth weight, lack of orientation to breastfeeding in the hospital and care given to the infant, they all increased the incidence of early weaning.⁷

The childbirth type has an influence on the puerperal period affecting the relationship of the dyad and compromising the achievement of breastfeeding.⁸ Normal childbrith favors immediate mother-child contact, stimulates milk excreta and the affective bond, then being considered a positive factor for breastfeeding. Caesarean or surgical delivery requires a longer time to establish the contact between the binomial, in addition to the care of the mother and the child being indicated as one of the causes for both the late onset of breastfeeding and the early cessation of breastfeeding, since it requires of a longer period for the mother-child interaction due to incision and the effects of postpartum anesthesia.^{8,9,10}

In order to stimulate exclusive breastfeeding the WHO recommends that soon after the birth still in the delivery room the first feeding should be offered to the child, if it is not possible to breastfeed it should be breastfed for the first six hours of life.¹¹ The initiative to breastfeed in the first hour of extrauterine life has been related to a longer period of maintenance of exclusive breastfeeding and followed the duration of breastfeeding in the following six months, favoring more effectively the prevention of infant mortality in children under five years.¹²

Hence, the knowledge about the interfering factors in the practice of breastfeeding due to the childbirth type is of utmost importance in order to elaborate effective actions aimed at the promotion, protection, support to breastfeeding and reduction of the rates of early weaning. Thus, this study aims to analyze the childbirth influence towards the weaning during puerperium period.

METHODS

It is an observational, descriptive, and cross-sectional study with a quantitative approach. The study was carried out in a maternity hospital in the Caxias city, Maranhão State. The Maternity is the only maternal public hospital in the city, then being considered a referral unit for 15 municipalities in the regional perimeter and 47 municipalities in the perimeter of the macro-region.

The study was carried out in the *Caxias* city, *Maranhão* State, where the mother was a child of up to two months old, being over 18 years old and accepted for project participation.

From the use of the descriptors 158 puerperal women were selected, according to the inclusion criteria. Nevertheless, 43 were not found during the period of data collection, 19 moved from the municipality of residence, 01 did not agree to participate in the study and 2 did not participate because the newborns died after childbirth. Thus, 93 puerperal women participated of this research.

The data were typed in double entry, validated and analyzed using EpiInfo software (version 3.5.3) in Portuguese. The results were presented through frequency calculations of the main study variables. It should be noted that the study followed the recommendations of the National Health Council, and also was approved by the Ethics Committee in Research from the *Universidade Estadual do Maranhão* through the Legal Opinion No. 809.354 / 2014.

RESULTS AND DISCUSSION

The analysis of socio-demographic characteristics (**Table 01**) showed a predominance of the age group from 21 to 25 years old, brown skin color, single, catholic with complete secondary education, having as occupation being a housewife and income superior to one minimum wage.

Table 1 – Participants’ characterization according to the socio-demographic variables.

Socio-demographic variables	n	%
Age group		
18 to 20 years old	19	20.4
21 to 25 years old	31	33.3
26 to 30 years old	29	31.2
31 to 35 years old	10	10.7
36 to 40 years old	03	3.3
≥41 years old	01	1.1
Ethnic group		
White	05	5.4
Black	37	39.8
Brown	51	54.8
Marital status		
Married	46	49.5
Single	02	2.1
Divorced	00	0.0
Others		
Religion		
Catholic	17	18.3
Protestant	09	9.7
No religion		
Schooling		
Incomplete Elementary School	08	8.7
Complete Elementary School	19	20.4
Incomplete High School	27	29.0
Complete High School	10	10.7

Incomplete College	03	3.2
Complete College		
Occupation		
Attendant	35	37.7
Housewife	10	10.7
Farmer	04	4.3
Autonomous	05	5.5
Saleswoman	07	7.5
Student	03	3.2
Washerwoman	10	10.7
Made	16	17.2
Others		
Family income		
Less than one minimum wage	30	32.2
One minimum wage	35	37.7
More than one minimum wage		
TOTAL	93	100.0

With regards to the participants’ gestational history (**Table 02**), it is possible to observe data related to the number of births, abortions, prenatal care, consultations, and the beginning of the same. The information provided in the following table makes it possible to identify that the majority of puerperal women are multiparous, who performed the prenatal care, completing the number of consultations recommended by the Health Ministry, starting within the recommended period, in other words, the first trimester of gestation

This prior analysis shows compliance with the recommendations proposed nationally, which can positively interfere with adherence to exclusive breastfeeding, directly affecting the health of the woman and the child, contributing to the success of breastfeeding and reducing the incidence of early weaning

Table 2 – Participants’ characterization according to the gestational history.

Gestational history	n	%
Previous childbirth		
Primiparous	38	40.9
Multiparous	55	59.1
Abortions		
Yes	22	23.7
No	71	76.3
Performed prenatal care		
Yes	88	94.6
No	05	5.4
Number of consultations during prenatal care		
≥12	13	14.0
9 to 11	10	10.7
5 to 8	56	60.3
1 to 4	14	15.0
Beginning of the consultations during pregnancy		
1 st trimester	32	34.4
After the 1 st trimester		
TOTAL	93	100.0

Table 3 characterizes puerperal women according to the childbirth type, pregnancy-related pathologies and postpartum conditions, such as their postpartum status, allowing the child to see characteristics of the newborn, such as sex and situations such as the breastfeeding onset.

Table 3 – Participants' characterization according to the maternal variables

Childbirth characteristics	n	%
Childbirth type		
Normal	52	55.9
Cesarean	41	44.1
Pathologies during pregnancy		
Yes	06	6.5
No	87	93.5
It was the childbirth type that you wanted during the prenatal care?		
Yes	59	63.4
No	34	36.6
How are you felling after the childbirth?		
Good	78	83.9
Not felling good	15	16.1
Newborn's sex		
Female	40	43.0
Male	53	57.0
Breastfed within the first hour		
Yes	66	71.0
No	27	29.0
TOTAL	93	100.0

Table 04 aims to present pertinent considerations to the knowledge of the mothers about breastfeeding, we observed that the participants reported having obtained guidelines on breastfeeding during pregnancy, nonetheless, the results approximate the quantitative of mothers who did not receive information.

The mothers considered it important to breastfeed, then not presenting difficulties for their accomplishment. Nonetheless, there was an early introduction of food, where the type of delivery was indicated as a factor to interrupt exclusive breastfeeding by 26.9% of the members of this research.

Table 4 – Assessment of the participants' knowledge with regards to breastfeeding.

Knowledge with regards to breastfeeding	n	%
Have you received any guidance about breastfeeding during pregnancy?		
Yes	45	48.4
No	48	51.6
Do you consider important to breastfeed?		
Yes	92	98.9
No	00	0.0
Did not know how to answer	01	1.1
Do you have difficulties to breastfeed?		
Yes	11	11.8
No	82	88.2
Has there been any introduction of food?		
Yes	46	49.5

Yes	46	49.5
No	47	50.5
Has the childbirth type influenced regarding the breastfeeding interruption?		
Yes	25	26.9
No	68	73.1
TOTAL	93	100.0

As we can observe in spite of the significant advantages of EB, data point to its low prevalence, as can be observed in the survey carried out in the Brazilian capitals and the Distrito Federal in 2008, in which it was detected that the EB index in children under six months was 41.0%. The median duration of EB was 1.8 months and the median duration of breastfeeding was 341.6 days.¹³

Concerning the age group, 53.7% of the mothers were aged up to 25, characterizing a group of young women. Studies have found similar results. In one, an average age of 25.7 years was found. In the other, 76.5% of the mothers were between 20 and 29 years old. This is relevant, since the maternal age is a risk factor for early weaning.¹⁴

Regarding the marital status, schooling and family income, it was observed that 49.5% of the puerperas were single; 29.0% have completed secondary education and 28.0% have incomplete primary education; and 62.3% have income of up to one minimum wage. A study shows that younger mothers tend to breastfeed for less time, mostly due to low educational level, low income and the fact that they are not married, characterizing the study women as a risk group for early weaning.¹⁵

A study carried out in *Cuiabá-MG* also found an association between the low level of education of the mother and the interruption of exclusive breastfeeding in children less than 120 days and 180 days, concluding that the highest level of maternal education seems to be a good predictor of success of the practice of exclusive breastfeeding.¹⁶ Other variables more prevalent in postpartum women were, as follows: brown color (54.8%), catholic (72.0%) and non-use of either alcohol or drugs during pregnancy (91.4%).

Considering the gestational history (**Table 02**), 59.1% of the women were multiparous. Multiparity can be considered a protective factor for breastfeeding, as well as prenatal care. A study conducted in *Feira de Santana, Bahia* State, found that primiparous mothers are 41.0% more likely to discontinue breastfeeding in the first month than multiparous mothers.⁷

Observing the prenatal care (**Table 02**), 94.6% reported having performed prenatal care; 60.3% had between 5 and 8 antenatal visits and 65.6% of the women started prenatal care until the third month of gestation (1st trimester). The number of consultations performed is in accordance with the recommendations of the Health Ministry, which establishes a minimum of six consultations, preferably 1 in the first trimester, 2 in the second and 3 in the third trimester of pregnancy.¹⁷ Compliance of normalization helps in a greater knowledge of pregnant women about the importance of exclusive breastfeeding in the first six months of life.¹⁸

Table 03 displays characteristics of the birth of study participants, in which prevalence of normal birth (55.9%) is observed. However, despite the fact that the majority of women gave birth vaginally, the number of cesarean deliveries was still large, corresponding to 44.1%. Considering the breastfeeding in the first hour of life, 71.0% reported having breastfeeding and 29.0% did not.

Researches about this matter have shown that cesarean procedure is the risk factor most associated with the late onset of breastfeeding and that it reduces the prevalence of breastfeeding in the first hour of life, mainly due to anesthesia and post-operative, which delay the contact between mother and child.^{10,19,20,21,22} This fact has, as a consequence, most of the time, early weaning.²³

Some authors believe that behavioral factors also have a strong influence on this relationship, since they are based on the assumption that mothers submitted to cesarean sections would have a lower predisposition to breastfeed. This hypothesis is reinforced in a meta-analysis, which states that the higher risk of non-breastfeeding was found only for elective cesarean procedures.²⁴

Studies point out that adequate guidance on breastfeeding directly influences the adoption of this practice, then avoiding early weaning.^{25,26} Nevertheless, despite the high frequency of prenatal care, 51.6% of the mothers (n=48) reported Have not received any information about breastfeeding, as can be seen in **Table 04**.

Still, it should be highlighted that the lack of information did not interfere with the knowledge of the importance of breastfeeding, because 98.9% of the interviewees reported that they considered the practice important (**Table 4**).

The study states that mothers generally have a notion of the advantages of breastfeeding. However, breastfeeding does not have enough milk, milk is weak, children do not want to breastfeed, among others, they interfere with breastfeeding and lead to early weaning.^{25,27} Therefore, it is imperative that primary health care professionals be able to guide pregnant women, since breastfeeding involves specific beliefs, myths, cultures and experiences that may interfere with this practice.²⁸

It is also worth noting that even 44.1% of the mothers had cesarean delivery and this is a risk factor for early weaning, 73.1% affirm that the type of delivery did not influence the interruption of breastfeeding (**Table 04**).

Data show that even if the supplementation of breast milk with non-nutritive liquids is unnecessary, 36.6% of the newborns consumed water and 25.8%, teas. Studies show that the early introduction of water occurs because it is a culturally widespread practice because mothers believe that the fluids are necessary to the child due to thirst, adopting, especially in summer, to prevent dehydration. It is known, though, that in infants the introduction of water or tea in the diet leads to a reduction in the total consumption of breast milk, which can culminate in weaning or a decrease in milk supply.²⁹

The disinformation of the participants regarding the introduction of water and tea in the child's diet consists of the justification presented in the early introduction of these liquids, however, the mother's milk is a complete food that provides water, being able to maintain the child's hydration and act as protective factor against common childhood infections.³⁰

The data from the present study are indicative of the need for a competent and persistent work of awareness and clarification among mothers by a multidisciplinary prenatal team, which will lead mothers to become more aware of the importance of breastfeeding for the health of their children. Prior knowledge of the factors associated with interruption of EB can facilitate the planning of local actions and policies in order to improve breastfeeding rates, aiming to reduce infant morbidity and mortality, since most of the factors identified in this study are amenable to intervention.

It is necessary the development of permanent actions of health education in order that they favor the acquisition of knowledge on the part of the same ones and the subjects related to the puerperium period, then promoting the incentive and greater adhesion to the breastfeeding. Faced with this and the actions developed, it is expected to achieve the lower incidence of weaning in the postpartum period, increasing the quality of life of the mother and baby.

The practice of EB or predominant in the first four to six months of life is associated with greater weight gain, compared to the intake of other milks, reinforcing in this perspective the importance of effective actions aimed at "combating" the main causes of early weaning, in order to reduce the high prevalence of breastfeeding abandonment in the first months of life and to provide adequate development during this period.³¹

In Brazil, there is an increasing and high prevalence of cesarean delivery, while at national level it was 55.7%,³² in this study was 61.1%. The condition may expose the mother and the newborn to unfavorable situations and it is also evidenced as one of the adverse factors for breastfeeding in the first hour of life.³³

Considering also that maternal and child health is one of the millennium goals for reducing infant mortality and morbidity, it is suggested that the promotion of breastfeeding be done effectively, taking into account the particularities of the binomial; making the family and the professionals aware of their importance in this process; allowing a more careful assessment of the indication, type and volume of the food supplement, based on the recommendations of the *Iniciativa Hospital Amigo da Criança (IHAC)* [Baby Friendly Hospital Initiative]; orienting the choice of the childbirth type, since the cesarean procedure was associated with the use of supplement.³⁴

The factor that may contribute to the promotion of breastfeeding in the delivery room and skin-to-skin contact is normal birth, possibly because it is a procedure that does not

offer barriers to breastfeeding in the first hour of life when compared to cesarean procedure.³⁵

A systematic review on this topic pointed to cesarean section as the main risk factor for not breastfeeding in the first hour of life. Low maternal education, low family income, maternal age less than 25 years and absence of prenatal consultations were also reported as factors associated with the late initiation of breastfeeding by at least 2 of the 18 studies evaluated.¹⁹

The first limitation with regard to cesarean delivery concerns the mother's ability to touch the newborn if the arms are restricted during surgery. Another aspect concerns analgesia, which can cause disorganized behavior in the baby and impairment in the spontaneous search for the breast after delivery.³⁶ Nevertheless, it should be noted that cesarean delivery should not be seen as a contraindication to breastfeeding in the room once it provides additional benefits to the mother, such as the production of oxytocin, which reduces puerperal bleeding and accelerates uterine involution.³⁷

A survey of 673 puerperal women showed that the late onset of breastfeeding was significantly higher among mothers who did not perform prenatal care (79.2%), who underwent cesarean procedure (70%). Given this scenario, cesarean was the risk factor most strongly associated with late initiation of breastfeeding.²⁰ Cesarean delivery presents as an obstacle to the initiation of breastfeeding in the first hour of life, given the need for postoperative care that interferes and increases the time for the first contact between mother and child.

Although caesarean section increases the risk of maternal death, puerperal infections and prematurity, the proportion of births in this way has increased and is of concern worldwide.³⁸

The results of this study suggest that factors related to prenatal care and childbirth, both are those that exert a greater influence on the timely initiation of breastfeeding. Although the continuity of breastfeeding is dependent on a complex network of social and cultural determinants, in hospital deliveries the initiation of breastfeeding at birth would be strongly dependent on the practices instituted by motherhood.¹⁰ Considering the vulnerability of mothers in the immediate postpartum period, the health unit is responsible for promoting timely breastfeeding and good practices for the care of women and the newborn.³⁹

Among the potentially effective actions to promote the initiation of breastfeeding in the first hour of life is the reduction of elective cesarean sections. In this scenario, it should be pointed out that besides this measure being important for the promotion of breastfeeding, these are actions to qualify prenatal care and delivery in the perspective of integrality and humanization of care and that for their potential to promote health and Reduce maternal and infant morbidity and mortality, should be considered priorities in the definition of public policies aimed at the health of women and children.²⁰

This study suggests the importance of prenatal care as an opportune moment to inform pregnant women about

skin-to-skin contact and breastfeeding in the delivery room. Furthermore, the stimulus to normal birth is highlighted. Nonetheless, the need to adopt measures that prioritize skin-to-skin contact and breastfeeding in the delivery room, such as the reduction or postponement of interventions in postpartum care, in addition to the training and awareness of the health team about the importance of these practices. Longitudinal studies may clarify in greater depth the questions not yet elucidated on the subject, as well as the evaluated follow-up of the implementation of policies on the subject.³⁵

In *São Paulo*, when checking the relationship between breastfeeding and the type of delivery, there was a considerable difference in the time of breastfeeding after the first period of delivery (0-30 days), in which women who had normal delivery demonstrated greater possibilities in order to continue exclusively breastfeeding their children, while those who had cesarean delivery had increased risks for early weaning.⁴⁰ In contrast, in other studies, the childbirth type did not prove to be a significant variable for exclusive breastfeeding during the first months of life.^{5, 26}

CONCLUSIONS

It is understood that the determinants that influence the success of breastfeeding are innumerable and complex in approach. In this way, to increase the knowledge about the factors that interfere in the breastfeeding, can improve the subsidies for the interference in the actions of promotion in this sense. Prior knowledge of the factors associated with the interruption of exclusive breastfeeding in the puerperium period due to the childbirth type, which may facilitate the planning of local actions and policies in order to improve early weaning rates, aiming to reduce infant morbidity and mortality.

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