

## Knowledge of nurses about the clinical management of breastfeeding: knowledge and practices

O conhecimento do enfermeiro acerca do manejo clínico da amamentação: saberes e práticas

El conocimiento de los enfermeros sobre el manejo clínico de la lactancia materna: conocimientos y prácticas

Rosângela de Mattos Pereira;<sup>1</sup> Valdecyr Herdy Alves;<sup>2</sup> Diego Pereira Rodrigues;<sup>3</sup> Maria Bertilla Lutterbach Riker Branco;<sup>4</sup> Fernanda de Oliveira Lopes;<sup>5</sup> Márcia Vieira dos Santos<sup>6</sup>

### How to quote this article:

Pereira RM, Alves VH, Rodrigues DP, Branco MBLR, Lopes FO, Santos MV. O conhecimento do enfermeiro acerca do manejo clínico da amamentação: saberes e práticas. Rev Fun Care Online. 2019 jan/mar; 11(1): 80-87. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i1.80-87>

### ABSTRACT

**Objective:** To analyze the knowledge of nurses in carrying out the strategies for clinical management of breastfeeding. **Method:** A descriptive, exploratory qualitative study, with forty participants and seven nurses from public hospitals in the Metropolitan Region II of the State of Rio de Janeiro, interviewed based on a semi-structured interview, and the data collected subjected to content analysis in the thematic mode. In the analysis, we opted for the formation of thematic categories. **Results:** In the clinical management of breastfeeding shows the theoretical and scientific knowledge about breastfeeding by nurses, and are they facilitators of breastfeeding practice, intervening in injuries resulting from inappropriate practice of

- 1 Mestre em Saúde Maternoinfantil pela Faculdade de Medicina, Universidade Federal Fluminense. Enfermeira do Banco de Leite Humano do Hospital Universitário Antônio Pedro, Universidade Federal Fluminense. Membro do Grupo de pesquisa Maternidade, Saúde da Mulher e da Criança, Universidade Federal Fluminense (UFF). *E-mail:* rosangelademattos@yahoo.com.br.
- 2 Doutor em Enfermagem. Professor Titular do Departamento Maternoinfantil e Psiquiátrico da Escola de Enfermagem Aurora de Afonso Costa (EEAAC), Universidade Federal Fluminense (UFF). Líder do Grupo de pesquisa Maternidade, Saúde da Mulher e da Criança, da Universidade Federal Fluminense (UFF). *E-mail:* herdyalves@yahoo.com.br.
- 3 Mestre em Enfermagem pela Escola de Enfermagem Aurora de Afonso Costa, da Universidade Federal Fluminense. Membro do Grupo de Pesquisa Maternidade, Saúde da Mulher e da Criança, da Universidade Federal Fluminense (UFF). Vice-presidente da Associação Brasileira de Obstetras e Enfermeiros Obstetras do Estado do Rio de Janeiro (ABENFORJ). *E-mail:* diego.pereira.rodrigues@gmail.com.
- 4 Mestre em Saúde Maternoinfantil pela Faculdade de Medicina, Universidade Federal Fluminense. Enfermeira do Banco de Leite Humano do Hospital Universitário Antônio Pedro, da Universidade Federal Fluminense. Membro do Grupo de pesquisa Maternidade, Saúde da Mulher e da Criança, da Universidade Federal Fluminense (UFF). *E-mail:* bertillariker@yahoo.com.br.
- 5 Mestre em Saúde Coletiva pela Universidade Federal Fluminense. Nutricionista do Banco de Leite Humano do Hospital Universitário Antônio Pedro, da Universidade Federal Fluminense. *E-mail:* karufe\_21@hotmail.com.
- 6 Mestre em Saúde Maternoinfantil pela Universidade Federal Fluminense. Professora da Faculdade Novo Milênio. *E-mail:* giovannasoanno@gmail.com.

breastfeeding. **Conclusion:** It was noticed that nurses are empowered with competence and skills required to promote the health of women and children for the sake of successful breastfeeding.

**Descriptors:** Breast feeding, Women's health, Nursing.

## RESUMO

**Objetivo:** Analisar o conhecimento dos enfermeiros na realização das estratégias para o manejo clínico da amamentação. **Método:** Estudo descritivo, exploratório, qualitativo, sendo participantes 47 enfermeiros das maternidades públicas da Região Metropolitana II do Estado do Rio de Janeiro, entrevistados com base em um roteiro de entrevista semiestruturada, sendo os dados coletados submetidos à análise de conteúdo na modalidade temática. Na análise, optou-se pela formulação de categorias temáticas. **Resultados:** No manejo clínico do aleitamento materno, evidencia-se o conhecimento teórico e científico acerca da amamentação pelos enfermeiros, além de serem eles facilitadores da prática da amamentação, intervindo nos agravos resultantes da prática do aleitamento materno inadequado. **Conclusão:** Percebeu-se que os enfermeiros estão capacitados com competência e habilidades necessárias para favorecer a saúde da mulher e da criança em prol do sucesso da amamentação.

**Descritores:** Aleitamento materno, Saúde da mulher, Enfermagem.

## RESUMEN

**Objetivo:** Analizar el conocimiento de los profesionales de enfermería en la realización de las estrategias para el manejo clínico de la lactancia materna. **Método:** Descriptivo, exploratorio, cualitativo, siendo 47 participantes de enfermería de las maternidad públicas en la Región Metropolitana II en el estado de Río de Janeiro, los datos fueron recolectados por medio de entrevista semiestruturada, los datos recogidos se sometieron a análisis de contenido en modo temático. En el análisis, hemos decidido por la formulación de categorías temáticas. **Resultados:** El manejo clínico de la lactancia materna muestra los conocimientos teóricos y científicos sobre la lactancia materna por los profesionales de enfermería, además de ser facilitadores de la práctica de lá lactancia materna, intervenido en daños y perjuicios resultantes de la práctica de la lactancia materna inadecuada. **Conclusión:** Se observó que los profesionales de enfermería fueron capacitadas con conocimientos y habilidades necesarias para promover la salud de las mujeres y niños para el éxito de la lactancia materna.

**Descritores:** Lactancia materna, Salud de la mujer, Enfermería.

## INTRODUCTION

The actions recommended by the Brazilian Ministry of Health for promoting, protecting and supporting breastfeeding are important for the improvement of the health of the child, the mother, and the family. However, the breastfeeding global rates by the World Health Organization remains unchanged over the last decades, reinforced by the neglect of governments, which provide financial support only for breastfeeding promotion actions, thus disregarding the current child health policy in Brazil, which guarantees the promotion, protection, and support for breastfeeding.<sup>1</sup>

In the last decade, 37% of the infants born each year received exclusive breastfeeding for six months, showing that nurses must obtain new breastfeeding management skills to assist a mother shortly after the childbirth because breastfeeding is specific to each woman. Also, it is necessary for nurses to pay attention to the women's values about this practice.<sup>2</sup> Thus, as recommended by the Ministry of Health, exclusive breastfeeding should be performed until the child have six months or two years of age (as a complementary activity).<sup>1,3-5</sup>

Social activities in favor of stimulating breastfeeding have changed the health care professional's practice of breastfeeding clinical management so as to improve, in association with lactation, the child's quality of life throughout the mother's hospitalization, making the stimulation of breast suction viable and establishing breastfeeding.<sup>3</sup>

Maternity should provide adequate conditions for breastfeeding with breastfeeding clinical management. The practice of breastfeeding should begin immediately after childbirth and be continued during the rooming-in period as a way of observing and correcting some problems such as handholding errors, insufficient suction and maternal insecurity, which may interfere with the practice of breastfeeding.<sup>5,6</sup>

In this sense, the Breastfeeding Incentive Program, established by the Brazilian federal government in 1981, demands the health care professionals' training, media campaign stimulation, individualized breastfeeding counseling, production of educational material, formation of breastfeeding support groups, control of the artificial milk marketing, and the approval of laws to promote, protect and support breastfeeding, making it an important tool for the breastfeeding clinical management.<sup>1</sup> Thus, this policy is currently grouped in six major strategies: Encouragement of breastfeeding in Primary Care – “*Amamenta Brasil*” Network, Baby Friendly Hospital Initiative (BFHI) and Kangaroo Method in Hospital Care; Brazilian Network of Human Milk Banks; legal protection by the *Norma Brasileira de Comercialização de Alimentos para Lactentes* (NBCAL) [Brazilian Standard for Child Food Commercialization]; social actions by campaigns and partnerships; breastfeeding monitoring.<sup>7</sup>

In this context, the clinical management of breastfeeding in the hospital network complies with the “Ten Steps for a Successful Breastfeeding”, aiming to develop the health professionals' clinical skills towards women. The clinical management of breastfeeding allows it to contribute to the practice of breastfeeding, aiming at its instrumentalization in order to avoid interferences caused errors.

Thus, the objective of the study has been to analyze the nurses' knowledge about the implementation of strategies for breastfeeding clinical management.

## METHODS

This is a descriptive-exploratory study with a qualitative approach since no data were quantified. Instead, the phenomena associated with the nurses' knowledge about breastfeeding clinical management were identified.<sup>8</sup>

This research was approved under the Legal Opinion No. 190/2011 by the Research Ethics Committee from the Medicine School at *Hospital Universitário Antônio Pedro* (HUAP), which is linked to the *Universidade Federal Fluminense* (UFF). Moreover, the guidelines described in the Resolution No. 466/12 from the National Health Council were obeyed.

The study's research scenario were the following public maternity hospitals of the Metropolitan II region in the Rio de Janeiro State: *Hospital Universitário Antônio Pedro*; *Hospital Estadual Azevedo Lima*; *Maternidade Municipal Doutora Alzira Reis Vieira*; *Hospital da Mulher Gonçalves*; *Hospital Conde Modesto Leal*; *Hospital Municipal Desembargador Leal Junior*, and *Hospital Regional Darcy Vargas*.

The study participants were 47 nurses working in public maternity hospitals. The inclusion criteria were: nurses working in rooming-in rooms, obstetric centers, and assisting pregnant women. The exclusion criterion were the following: nurses on vacation, sick leave or maternity leave. All participants signed the Informed Consent Term, and their anonymity was assured by using an alphanumeric code (N1-N47) to refer to them. Scripted semi-structured interviews were used to collect data between June 2013 and June 2014.

The interviews were recorded in digital media, transcribed, and submitted to content analysis with the thematic modality approach, verifying the various meanings of a sentence by means of registration and construction units of thematic categories.<sup>9</sup> To achieve this goal, pieces of text were marked with different colors in Microsoft Word, which allowed it grouping the related registry units, resulting in an overview of them. After this process, the data was submitted to a "demonstration process". Ultimately, the meaningful coding units were regrouped by analyzing their frequency to produce the thematic categories.

This made it possible to discuss and establish the interviewees' opinions in order to achieve the study's objective. As a result, the following categories were found: 1) Breastfeeding clinical management towards the nursing women's knowledge and empowerment in breastfeeding practice; and 2) Breastfeeding clinical management actions for preventing injuries.

## RESULTS

### Breastfeeding clinical management towards the nursing women's knowledge and empowerment in breastfeeding practice

The concept of empowering a nursing woman and her family, giving them the power over the breastfeeding clinical management, is a way to make them more confident and independent in order to maintain the practice of breastfeeding after the hospital discharge according to the following statements:

*"I think she's going to feel happy! Fulfilled! When she puts the baby on her breast, she can satisfy the baby. She feels more like a woman. And she feels she's being important to that child. It's the most sublime moment for a woman when she can pick up her own child and feed him". (N22)*

*"Well, this 'mother and son' process is magic, it's the meeting: the pleasure of giving, of receiving and knowing. And when that doesn't happen, it causes frustration. Dealing with the problems, she feels anxiety, she sees other women breastfeeding and want to do it. (N36)*

The participants pointed out the need for clarifying the pregnant woman about the importance of breastfeeding since the beginning of the prenatal period:

*"For me, it begins way before the childbirth. It's the care for the breasts, sun exposure, the problem of not moisturizing to make that area more sensible. So, for me, it starts from the moment she knows she's pregnant". (N14)*

*"It's the mother's lack of preparation since the prenatal period, too. She must have orientation on breastfeeding and how the baby has to suck this breast. If he gets it well, he'll not hurt the mother's breast. So many mothers don't know how to put their baby on the breast to suck, so this causes pain". (N28)*

Breastfeeding guidance may have a positive impact on the success of this practice and on maternal and child health, and it is important that health professionals consider its inclusion in the daily practice with demonstrations of how to perform clinical management in care actions for the woman, her child, and her family. The following testimonials support these ideas:

*"I provide guidance. From the time they arrive here at the rooming-in room. Belly-to-belly position, it's a good position for her and is comfortable for the baby while she checks how she's holding him. That thing, the pouty lips, fish mouth, spontaneous demand". (N10)*

*"I tell her to put the weight of the breast in one hand and on the opposite side she does the massage, starting with circular movements in the most distal region of the nipple, generally with three fingers, spotting the painful points until the nipple region, if she can hear a song or be in the shower, not because of the temperature of the water, but because she is relaxed, and then she will see that at the beginning it will be more difficult but later she's going to feel the milk coming out. If the baby can suck on the other breast, it'll be easier! She doesn't have to press on the nipple always before, between the areola and the breast, so it begins to coming out, it's flowing, I tell them that the flow is different for each woman, For some, the milk comes out in jets, for others, it may come out drop by drop, but she never have to rub it, always toward the ribs. And for the other, the second one, it's usually easier, and don't keep insisting, do it a little with one breast, then change to the other one, and repeat."* (N47)

The difficulties of breastfeeding during the first hour after childbirth were identified by two nurses:

*"Well, the baby should be breastfeeding in the first hour of life. So, from this knowledge, this has happened in after some childbirths. The professionals who stay there guarantee that, because I don't witness childbirths anymore, but we know that some of them do that. The baby has to begin to suck in the childbirth room. Although we reinforce that it has a certain high risk, many are born healthy. And when the mother comes to us at the intensive care unit, we try to guide her, forwarding her the milk bank, in which also this family will get assistance"*. (N31)

*"It has to begin within the first few hours after natural childbirth. If it could start right away, which doesn't happen here, it would be great. Because here we have a big problem that is the issue of HIV testing, and the problem is related to the laboratory: the exam never arrives on time, the mother could still be anesthetized after a cesarean, it really gets complicated for her and the baby"*. (N35)

Skin-to-skin contact during the child's first hour of life was highlighted by two nurses, as follows:

*She's a child who, through breastfeeding, feels that the mother is there for her. (...) it's also linked to a matter of affection, bond, so that the child knows that while he's breastfeeding the mother is there for him, when it's exclusive. It's the child smelling the mother, being close to her"*. (N42)

*"The bond too, when he's smelling the mother, staying close to the mother, he feels more protected"*. (N44)

Providing other foods or liquids, especially in baby bottles, before breastfeeding may interfere with its establishment:

*"It discourages the baby to keep going and can harm the baby's intestine. The baby and his intestine are too premature to get anything other than breast milk"*. (N13)

*"It interferes a lot. First, I think it doesn't provide a skin-to-skin contact, I think it's fundamental at first. I think that if the baby's first suction was not on the nipple, it matters. There's the issue of being another milk with another taste, it's all different, so that it matters for sure"*. (N39)

Breastfeeding is the way to offer a complete and safe feeding for the newborn because breast milk has all the nutrients necessary for his physical, cognitive and immunological development, and it is absorbed more efficiently due to its bioavailability. In addition, it is recognized as the ideal food for both newborns, who will have a better quality of life, and premature infants, who will have better chances of survival. This can be seen in the following testimonials:

*"It's vital! Milk is life. It's because milk is the ideal food. The little baby can't receive any kind of food that confuses him! And it interferes with the exclusive breastfeeding. It's something 100% safe"*. (N1)

*"Oh! The baby, he has more resistance to infections. He has more possibilities for a better dentition development, for his entire development. He's much more likely to have a healthy childhood than a child fed on artificial milk"*. (N40)

Thus, nurses should provide care for nursing women regarding the practice of breastfeeding, contributing for it and favoring the children's healthy development.

## **Breastfeeding clinical management actions for preventing injuries**

Having the technical and scientific knowledge about the subject, nurses have recognized that they are professionals that facilitate breastfeeding, as explained in the following statements:

*"The clinical management of breastfeeding is when you see the breast, you see the expression, know how to milk, you guide according to what you identify, I mean. The procedures of teaching the puerperal woman, in other words, to deal with these issues"*. (N2)

*The professional has to know the anatomy and physiology of the breast. He has to know both of them, the technique of breastfeeding, how to hold the baby on the breast, the position on it. He has to identify the breast's conditions,*

*if the breast is turgid, if the breast is flaccid, if the nipple is flat or semi-flat, if it is inverted. It's necessary to know the breast". (N18)*

Two interviewees described how to facilitate the clinical management of breastfeeding beyond the knowledge about diagnosing this problem:

*"Receiving, intervening in what the patient's doing, right at the problem ,it's the management from orientation, intervention, milking guidance, massage, milk collection if she needs to stay away from that baby, if he's hospitalized, then to return to work and to solve practical day-to-day problems that may occur not only during breastfeeding, but when she goes home during breastfeeding, intervening in the difficulties that may occur during breastfeeding". (N27)*

*"Helping most of the mothers, at least here in the hospital, they have a difficulty in breastfeeding, so we help them to breastfeed the baby, to hold him. Finally, helping the mother to breastfeed her child in the best way, holding him so that he doesn't hurt the mother's breast, so that the baby can be breastfed, anyway, it's what I understand, you know". (N43)*

Other interviewees emphasized the importance of acting based on the women's knowledge about the subject, in order to prepare them for self-care, thus developing a humanized attention, as stated in the following statements:

*"First, we observe, and then if we have to correct something, suggest something, we do. The child has to be facing her, with all the nipple and areola inside the baby's mouth, trying to touch the cheek, in a belly-to-belly position. If by chance, it's already her second and third child, and she's already been successful in doing it, we do observe. Like I said, and if it's necessary, we suggest something, if don't, we congratulate her and move on". (N16)*

*"First I ask her to show me what she knows, how she does it. From that, I correct it or encourage it and ask her to continue. If I see what's wrong, bent position, or if the baby only got the nipple, I show that it's necessary to get more of the areola; I put the baby in a better position. Sometimes I put my hand behind her and show her. As if my hands were her hands, so she could see what she was doing". (N27).*

Breast problems caused by positioning the baby incorrectly, and by the lack of breast care, such as milking at home, offering milk on demand and not suspending the breastfeeding, were aspects of breastfeeding:

*"I speak of the importance, that there is not enough milk, I start talking about the six-month babies, that the mothers can't give something else to them, that there are many babies that come back here with some infection due to mothers giving them water, juice, because they think milk is not enough, that he's thirsty. I ask if she knows how to milk, if she remembers, so that she can't stop milking at home, that at first, she's going to nurse every 1 hour, every 2 hours, to pay attention, if she's being fed, if he's really sucking or not, look if he's swallowing it. And that's it, it's for stimulating her to keep breastfeeding". (N41)*

*"I think it's the lack of knowledge, I think it's the lack of guidance on how to manage it, that's the fact I think that it doesn't work right. It's the incorrect guidance; it's the lack of guidance from the beginning, from the prenatal. It's a guidance failure, because I think if the woman had that knowledge, she wouldn't get here with a chest like that, you know? That's because she needs help because sometimes she can't perform exclusive breastfeeding alone, and she should know she has to take it off if she's producing too much milk so that she's not going to have a hard, heavy, feverish breast for milking". (N45)*

The recognition of the emotional and psychological factors collaborate with the clinical management of breastfeeding, aiming at the nurse's support for hospitalized nursing women, as stated by two interviewees:

*"Look, maternal stress, lack of family guidance or support. The matter of drinking plenty of fluids, having a healthy diet, preferably, it's the increase of the liquid that is favoring milk production and also the milking matter, the more you take, the more you have". (N31)*

*"Breastfeeding wrongly, because there is a lot of mothers who like to change them all the time and doesn't wait for one breast to be empty before changing to the other. Because there're times for breastfeeding, the first time, the second time, that one kills the thirst, the other kills the hunger, so yes, I believe that the mother keeps changing breasts all the time and that only satisfies the baby's thirst, but the child's still hungry. She believes that it's not being... that he is still hungry, that she has no milk, and that her milk is weak, then she ends up making mistakes. (N39)*

Hence, the practice of breastfeeding allows it to identify the women's daily needs through the breastfeeding clinical management actions, contributing to a successful breastfeeding.

## DISCUSSION

Breastfeeding clinical management should occur at all stages of the pregnancy-puerperal cycle: prenatal period, childbirth and puerperium. Therefore, it is necessary for the woman to be guided so that she can breastfeed positively with lower risks of lactation complications.<sup>2</sup>

The breastfeeding advantages for the health of the woman and her child are numerous, especially when this practice is exclusively performed in the first six months of the child's life. Its successfulness rises feelings of deep attachment and achievement as a woman and mother.<sup>1,10</sup>

The definition of psychological empowerment as a feeling of greater control over one's life, experienced by individuals of various groups, is described in the formulation of health promotion strategies for the development of self-help and solidarity mechanisms.

The implementation of breastfeeding clinical management by nurses strengthen their conception of power and autonomy in breastfeeding and allows the woman to feel more like a woman by fulfilling her role nursing mother, strengthening her well-being and satisfaction of breastfeeding.

The interviewed nurses described that pregnant women need to know about the importance of breastfeeding, its advantages for them and their children, and about the guidance for the clinical management of breastfeeding from the beginning of prenatal care.<sup>10,11</sup> Another important factor is the woman's understanding of how to hold and position the child to accomplish the manual milk extraction, an understanding that may contribute decisively to the prevention of aggravations such as nipple pain, nipple fissures, and problems that can lead to an early weaning.<sup>2</sup>

The benefits of breastfeeding for the woman, her baby and her family, are well known, including nutritional values, immunological protection, postpartum recovery, mother-child bond, family bond, cognitive development and impact on the future health of the women and child. Furthermore, breastfeeding helps to protect the mother of some diseases such as type II diabetes, obesity, and breast and uterine neoplasia.<sup>12,13</sup>

The importance of the health professionals' work, among them nurses, towards the basic care for pregnant and nursing women have been described in recent years, emphasizing the need for training them in the clinical management of breastfeeding, considering the breastfeeding problems in the puerperium.<sup>13</sup>

It is important to understand that skin-to-skin contact as soon as possible after childbirth and breastfeeding on demand not only favor milk production but also improves the breastfeeding effectiveness and the establishes the mother-child affective bond.<sup>13</sup> Breastfeeding clinical management guidelines from nurses, in addition with care actions, also provide safety for the nursing woman and her relatives so that she continue the breastfeeding practice after hospital discharge.<sup>1</sup> Consequently, the mother can recognize possible difficulties, solve them

or seek professional help as soon as possible, considering that the demonstration of the breastfeeding clinical management by a professional promotes the understanding of positioning and holding the child correctly while breastfeeding him.

Nevertheless, skin-to-skin contact and breastfeeding are often hindered by lack of maternal conditions due to immediate postpartum aggravations such as uterine bleeding and hypertensive pregnancy. In addition, the newborn may be in an intensive care unit due to respiratory problems, cesarean childbirth, and lack of help in the childbirth room and rapid HIV testing.<sup>14</sup>

Skin-to-skin contact in the child's first hour of life also favors the formation of the mother-child bond, since stimulated breastfeeding can awaken and/or enhance the mother's affection towards her child, which is a unique experience for the mother.<sup>15</sup> Thus, it is extremely important to strengthen the bond between the mother and her child from the childbirth.

Health care professionals should be committed to the ten steps for breastfeeding successfully, and the nurses' statements showed this commitment, reducing complications associated with breastfeeding. One of the goals for successful breastfeeding is not to offer the newborn drink or food other than breast milk, unless there is a medical order (step six), and not to offer artificial nipples or pacifiers to breastfed children (step nine).<sup>7,16</sup>

It can be concluded that the interviewed nurses have technical and scientific knowledge about all stages of breastfeeding clinical management and the importance of breastfeeding for the health of mothers and their children. In this way, the interviewees undoubtedly confirm the role they play as facilitators of the empowerment of the nursing woman and her family. It is worth remembering that their personal and professional values can modify the care process, based on the biological, cultural and social aspects of breastfeeding, considering that the nurse is fully aware of the value of the breastfeeding bond value.

The difficulties of breastfeeding found by nursing women during the puerperium can be minimized through the health care professional's assistance applying the clinical management of breastfeeding as a facilitator of the breastfeeding process. It is essential to know the aspects that hinder or to facilitate the establishment or maintenance of breastfeeding.<sup>17</sup> In this way, following the recommendations from the National Breastfeeding Policy is a way for the health professional to develop such actions in order to make these women achieve success in the practice breastfeeding over the period recommended by the Health Ministry—six months for exclusive breastfeeding on demand, followed by least until two years for complementary feeding.<sup>7</sup>

Nurses play a relevant role because they are the professionals most closely related to nursing women and have an important role in health education programs. Yet, nurses trained in breastfeeding should carry out systematic plans of action to improve the management of this practice,<sup>1,18</sup> because the professional facilitator,

besides acquiring technical and scientific knowledge of breastfeeding, promotes the women's autonomy and allows them to understand the breastfeeding process to act when an intervention becomes necessary.<sup>7</sup>

In cases of engorgement, mastitis or nipple fissure, nurses should promote the nursing women's self-care by explaining, for example, how to perform the relief massage to facilitate the milk flow.<sup>19</sup> The nurse's role in the clinical management of breastfeeding encourages the promotion of self-care for breast problems, besides instructing about the appropriate way to hold and place the child during the practice of breastfeeding, thus avoiding problems.

Inadequate placement of the child, incorrect suction and insufficient emptying of the breasts are indicated as the main causes of lactic stasis and nipple pain, associated with the development of breast engorgement and mastitis, which can lead to the formation of breast abscess. These problems present debilitating symptoms such as hyperemia, edema, and pain in the breast tissue, fever, and malaise, which can reduce the milk supply for the child or prevent milking and, consequently, lead to an early weaning.<sup>1,20</sup>

Milk production is related to the hormonal responses from the release of the placenta after childbirth and stimulation of the periareolar region through manual sucking or milking, leading to the release of prolactin and oxytocin, hormones that regulate milk production and ejection, respectively. Oxytocin release can be activated through conditioned reflexes and emotional factors, such as the baby's crying, vision, self-confidence, and tranquility. On the other hand, stress, discomfort, and anxiety can contribute to its inhibition.<sup>20</sup>

Breastfeeding counseling involves the development of communication skills by health professionals for better efficiency in providing breastfeeding support, which implies welcoming, listening, empathetic decision-making, promoting the development of trust and supporting nursing women.

It was possible to verify by means of the study's results that nurses have the knowledge, clinical competence and professional abilities to successfully carry out breastfeeding counseling, enabling the prevention of health problems in nursing women.

## CONCLUSIONS

The research participants demonstrated theoretical and scientific knowledge about breastfeeding during all stages of this process, as well as the importance of breastfeeding for the health of women, children and family, valuing all aspects of breastfeeding.

Nurses become facilitators of the practice of breastfeeding for nursing mothers, empowering them to perform breastfeeding, and ensuring their values on the biological, cultural and social aspects of breastfeeding.

These health professionals promote the health of the woman and the child, serving as facilitators through counseling and guidance, especially in the aspects

that involve breastfeeding, such as the correct child's placement, and this favors the practice of breastfeeding without harming the woman, avoiding mammary complications and the early weaning. In addition, nurses have a sensitive and welcoming attitude towards nursing mothers, offering breastfeeding support, proving that they possess the knowledge, technical competence and skills necessary to ensure the success of breastfeeding, and preventing aggravations in nursing women.

Therefore, through their professional practice, nurses are facilitators for breastfeeding, supporting it and promoting it.

## REFERENCES

1. Souza RMP, Alves VH, Rodrigues DP, Branco MBLR, Lopes FO, Barbosa MTRS. Nursing strategies in the clinical management of breastfeeding: a descriptive and exploratory study. *Online braz j nurs [Periódico na Internet]*. 2013 [acesso em 2016 jun 10]. 14(1):51-61. Available at:[http://www.objnursing.uff.br/index.php/nursing/article/view/4612/pdf\\_367](http://www.objnursing.uff.br/index.php/nursing/article/view/4612/pdf_367)
2. Barreto CA, Silva LR, Christoffel MM. Aleitamento materno: a visão das puérperas. *Rev eletr enferm [Periódico na Internet]*. 2009 [acesso em 2016 jun 10]. 11(3): 605-11. Available at:[https://www.fen.ufg.br/fen\\_revista/v11/n3/pdf/v11n3a18.pdf](https://www.fen.ufg.br/fen_revista/v11/n3/pdf/v11n3a18.pdf)
3. Caminha MFC, Serva VBS, Arruda IKG, Filho MB. Aspectos históricos, científicos, socioeconômicos e institucionais do aleitamento materno. *Rev. Bras. Saude Mater. Infant [Periódico na Internet]*. 2010 [acesso em 2016 jun 10]. 10(1): 25-37. Available at:<http://www.scielo.br/pdf/rbsmi/v10n1/v10n1a03.pdf>
4. Gonçalves MRS, Cadete MMM. Aleitamento materno exclusivo e alimentação complementar entre menores de um ano em Ribeirão das Neves-MG. *Demetra [Periódico na Internet]*. 2015 [acesso em 2016 jun 10]. 10(1): 173-187. Available at:<http://www.e-publicacoes.uerj.br/index.php/demetra/article/view/13479/12223#.WRxc8mjyviU>
5. Silva RQ, Gubert MB. Qualidade das informações sobre aleitamento materno e alimentação complementar em sites brasileiros de profissionais de saúde disponíveis na internet. *Rev. Bras. Saude Mater. Infant [Periódico na Internet]*. 2010 [acesso em 2016 jun 10]. 10(3): 331-340. Available at:<http://www.scielo.br/pdf/rbsmi/v10n3/v10n3a06.pdf>
6. Vargas GSV, Alves VH, Rodrigues DP, Branco MBLR, Souza RMP, Guerra JV. Atuação dos profissionais de saúde da estratégia saúde da família: promoção da prática do aleitamento materno. *Rev Baiana Enferm [Periódico na Internet]*. 2016 [acesso em 2016 jun 10]. 30(2): 1-9. Available at:[https://portalseer.ufba.br/index.php/enfermagem/article/view/14848/pdf\\_32](https://portalseer.ufba.br/index.php/enfermagem/article/view/14848/pdf_32)
7. Baptista SS, Alves VH, Souza RMP, Rodrigues DP, Cruz MFN, Branco MBLR. Manejo clínico da amamentação: atuação do enfermeiro na unidade de terapia intensiva neonatal. *Rev Enferm UFSM [Periódico na Internet]*. 2015 [acesso em 2016 jun 10]. 5(1): 23-31. Available at:<https://periodicos.ufsm.br/reufsm/article/view/14687/pdf>
8. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 12ª ed. São Paulo: HUCITEC; 2010.
9. Bardin L. *Análise de conteúdo*. 4ª ed. Lisboa: Edições 70 LTDA; 2009.
10. Muller FS, Silva IA. Social representations about support for breastfeeding in a group of breastfeeding women. *Rev. Latinoam Enferm [Periódico na Internet]*. 2009 [acesso em 2016 jun 10]. 17(5): 651-657. Available at:<http://www.scielo.br/pdf/rlae/v17n5/09.pdf>
11. Paula AO, Sartori AL, Martins CA. Aleitamento materno: orientações, conhecimento e participação do pai nesse processo. *Rev. eletr enferm [Periódico na Internet]*. 2010; [acesso 2016 jun 15]. 12(3):464-70. Available at:<http://www.fen.ufg.br/revista/v12/n3/v12n3a07.htm>
12. Ministério da Saúde (BR). *Atenção ao pré-natal de baixo risco*. Brasília: 2012.
13. Machado MOF, Haas VJ, Stefanello J, Nakano AMS, Sponholz FG. Breastfeeding: knowledge and practice. *Rev Esc Enferm USP [Periódico na Internet]*. 2012 [acesso em 2016 jun 10]. 46(4): 809-815. Available at:[http://www.scielo.br/pdf/reeusp/v46n4/en\\_04.pdf](http://www.scielo.br/pdf/reeusp/v46n4/en_04.pdf)

14. Lopes FO, Oliveira MIC, Brito AS, Fonseca VM. Fatores associados ao uso de suplementos em recém-natos em alojamento conjunto no município do Rio de Janeiro, 2009. *Ciênc Saúde Coletiva*[Periódico na Internet]. 2013[acesso em 2016 jun 10].18(2): 431-439. Available at:<http://www.scielo.br/pdf/csc/v18n2/14.pdf>
15. Rosa R, Martins FE, Gasperi BL, Monticelli M, Siebert ERC, Martins NM. Mother and child: the first ties of closeness. *Esc Anna Nery Rev Enferm*[Periódico na Internet]. 2010 [acesso em 2016 jun 10]. 14(1):105-12. Available at: <http://www.scielo.br/pdf/ean/v14n1/v14n1a16.pdf>
16. Ministério da Saúde (BR). Iniciativa hospital amigo da criança: revista, atualizada e ampliada para o cuidado integrado. Módulo 3 - promovendo e incentivando a amamentação em um hospital amigo da criança. Brasília: 2009.
17. Costa ARC, Teodoro TN, Araújo MFM. Análise dos conhecimentos e da prática de profissionais de saúde na promoção e no apoio à amamentação: estudo de revisão. *Comum Ciênc Saúde*[Periódico na Internet]. 2009 [acesso em 2016 jun 10]. 20(1):55-64. Available at:[http://dominioprovisorio.tempsite.ws/pesquisa/revista/2009Vol20\\_1art06analisedoconhecimento.pdf](http://dominioprovisorio.tempsite.ws/pesquisa/revista/2009Vol20_1art06analisedoconhecimento.pdf)
18. Amorim MM, Andrade ER. Atuação do enfermeiro no PSF sobre o aleitamento materno. *Rev Perspectivas* [Periódico na Internet]. 2009 [acesso em 2016 jun 10]. 3(9): [1-8]. Available at:[http://www.perspectivasonline.com.br/ojs/index.php/revista\\_antiga/article/viewFile/349/260](http://www.perspectivasonline.com.br/ojs/index.php/revista_antiga/article/viewFile/349/260)
19. Machado MMT, Braga MQC, Galvão MMG. Problems with the puerperal breast revealed by HIV-infected mothers. *Rev Esc Enferm USP*[Periódico na Internet]. 2010 [acesso em 2016 jun 10]. 44(1):118-123. Available at:[http://www.scielo.br/pdf/reeusp/v44n1/en\\_a17v44n1.pdf](http://www.scielo.br/pdf/reeusp/v44n1/en_a17v44n1.pdf)
20. Tamez RN. *Enfermagem na uti neonatal: assistência ao recém-nascido de alto risco*. 5º ed. Rio de Janeiro: Guanabara Koogan; 2013.

Recebido em: 17/05/2017

Revisões requeridas: Não houve

Aprovado em: 12/07/2017

Publicado em: xx/01/2019

**Autor responsável pela correspondência:**

Diego Pereira Rodrigues

Rua Desembargador Leopoldo Muylaert, 307

Piratininga, Niterói, Brasil

CEP: 24.350-450

E-mail: [diego.pereira.rodrigues@gmail.com](mailto:diego.pereira.rodrigues@gmail.com)