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Interfering Factors of the Breastfeeding Process in Children Bearing Various Health Needs: Contributions to Nursing

Fatores que Interferem no Processo de Aleitamento Materno de Crianças com Necessidades de Saúde Variadas: Contribuições Para A Enfermagem

Factores que Interfieren en el Procedimiento de Lactancia Materna de Niños con Necesidades de Salud Variadas: Contribuciones para la Enfermería

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ABSTRACT

Objective: The study's purpose has been to analyze the factors that influence the breastfeeding process of children followed-up in a referral ambulatory according to the woman-mother's viewpoint. **Methods:** It is a descriptive study with a qualitative approach, which was approved by the Research Ethics Committee under the Legal Opinion No. 1370267. This research was carried out in a University Hospital from the *Rio de Janeiro* State, having as participants 30 women whose children had up to 24 months of life and were breastfed. Data collection took place from March to April 2016, through form-guided semi-structured interviews. **Results:** According to the women-mothers' viewpoint, the following was perceived as positive factors: affective bond and breastfeeding knowledge; and as negative factors: having issues to breastfeed, socio-affective problems and pathology of the child. **Conclusions:** Therefore, it was verified that all women-mothers have received orientation at some point, furthermore, regarding those who reported negative factors, not all of them have interrupted the breastfeeding process, and some even have overcome difficulties and kept breastfeeding their children.

Descriptors: Children's health, pediatric nursing, breastfeeding.

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RESUMO

Objetivo: Analisar os fatores que influenciaram o processo de aleitamento materno de crianças acompanhadas em ambulatório de referência na visão da mulher-mãe. **Método:** Estudo descritivo com abordagem qualitativa, aprovada pelo Comitê de Ética em Pesquisa, parecer nº 1370267. Realizado em um Hospital Universitário do Estado do Rio de Janeiro, com 30 mulheres-mães de crianças que vivenciaram o processo de amamentação, cujos filhos tinham até 24 meses. Os dados foram coletados de março a abril de 2016, por entrevista semiestruturada guiada por formulário. **Resultados:** Nos relatos das mulheres-mães apreendeu-se como fatores positivos: vínculo afetivo e conhecimentos sobre amamentação, e como negativos: problemas com a amamentação, problemas socioafetivos e patologia da criança. **Conclusões:** Foi constatado que todas as mulheres-mães foram orientadas em algum momento, e as que relataram fatores negativos, nem todas interromperam o processo de aleitamento, algumas superaram as dificuldades e deram continuidade.

Descritores: Saúde da criança, Enfermagem Pediátrica, Aleitamento materno.

RESUMEN

Objetivo: Analizar los factores que influenciaron el proceso de lactancia materna de niños acompañados en ambulatorio de referencia en la visión de la mujer madre. **Método:** Estudio descriptivo con abordaje cualitativo, aprobada por el Comité de Ética en Investigación, opinión nº 1370267. Realizado en un Hospital Universitario del Estado de Río de Janeiro, con 30 mujeres madres de niños que vivenciaron el proceso de lactancia, cuyos hijos tenían hasta 24 meses. Los datos fueron recolectados de marzo a abril de 2016, por entrevista semiestructurada guiada por formulario. **Resultados:** En los relatos de las mujeres madres se aprehendió como factores positivos: vínculo afectivo y conocimientos sobre lactancia, y como negativos: problemas con la lactancia, problemas socio-patológicos y patología del niño. **Conclusión:** Se constató que todas las mujeres madres fueron orientadas en algún momento, y las que relataron factores negativos, no todas interrumpieron el proceso de lactancia, algunas superaron las dificultades y dieron continuidad.

Descriptores: Salud del niño, Enfermería Pediátrica, Lactancia materna.

INTRODUCTION

Childhood is the crucial period in which much of the child's potential is developed, and breastfeeding is the wisest and most natural strategy for enhancing the child's attachment, protection and nurturing, and is the most economical and effective way intervention in reducing child morbidity and mortality.[1]

The World Health Organization (WHO) and the Ministry of Health recommend exclusive breastfeeding for six months and supplemented up to two years or more. There are no advantages of starting complementary foods before six months. Scientific evidence points to the importance of breastfeeding for the child, and the existence of Breastfeeding (BF) programs and policies, however, the rates in Brazil are still below recommended levels and the health professional plays a key role in bringing about a change of this table.[1,2]

A research carried out in Brazil indicates an improvement in the rates of breastfeeding in the first hour of life of the newborn from 2006 to 2009, and it was verified that in 677% of the children analyzed in the first hour of life, when in 2006 this percentage was 43%, in a sample of children under 60 months. It is believed that this difference can be explained, as a function of the 2009 research analyze the information in children under 1 year of age, and for reflecting the most recent situation of this practice in Brazilian maternity hospitals.[3]

The II Survey addressing the Prevalence of Breastfeeding in the Brazilian Capitals and Federal District, showed that the prevalence of Exclusive Breastfeeding (EBF) in infants under 6 months was 41.0% in the Brazilian capitals and Federal District. The median duration of the EBF was 1.8 months and the median duration of the BF was 11.2 months in the Brazilian capitals and the Federal District. The study also found that the use of baby bottle (58.4%) and pacifier (42.6%) was frequent for all children less than 12 months old. The use of baby bottle was more frequent in the Southeast region (63.8%) and less frequent in the North region (50.0%).[3]

It is the competence of the health professional to be prepared to assist the mother-child binomial in the breastfeeding process, from the first prenatal visit to the breastfeeding process itself. The health professional must understand the BF process in all its contexts, so that the mother and child can be assisted in the best possible way, making available their attention to supporting the mother in this process, as well as informing her about the importance of the practice of breastfeeding.[1,2]

It is essential for the proper evaluation and orientation of these practices that professionals have continuing education, maintaining their adequate and up-to-date knowledge about breastfeeding and feeding the child. Then providing, in quantity and quality, adequate food to meet the nutritional needs defined by the child's growth and development.[4]

Studies show that breastfeeding rates in Brazil have improved and show that the trend in breastfeeding practice has been increasing progressively and gradually for a number of years, but when analyzed according to the international goals of the New York Summit, modest advances, showing that there is still room for improvement. The meeting was committed to the fact that by the year 2000, all mothers were able to keep their children exclusively breastfed until the age of six months.[5]

Healthy eating begins with breastfeeding, which alone can adequately nourish the child in the first 6 months of life.6 It should be borne in mind that breastfeeding depends on variable factors that can influence positively or negatively in your process. Among them, some relate to the mother; others refer to the child and the environment. Some of these factors are as follows: maternal age and maternal attitude towards breastfeeding, family and partner support, sociocultural factors, maternal work beyond the usual

conditions of the family's life.[7,8]

A study showed that the younger maternal age is related to the shorter duration of breastfeeding, perhaps due to some obstacles, such as low schooling, low income, besides the difficulties of the own age and the problems with the self-image, these obstacles end up doing with that they achieve a lower breastfeeding index. Higher education mothers tend to breastfeed for prolonged periods when compared to mothers who do not have the same education, which can be justified due to the greater access to information about breastfeeding.[8]

> *Early weaning is influenced by variables that affect early weaning or the extent of breastfeeding and can be divided into five categories: a) demographic variables: type of delivery, maternal age, paternal presence in the family structure, number of children, experience with breastfeeding; b) socioeconomic variables: family income, maternal and paternal schooling, type of work of the head of the family; c) variables associated with prenatal care: guidance on breastfeeding desire to breastfeed; d) variables related to immediate postnatal care: joint housing, health professionals' help, initial difficulties; e) variables related to late postnatal care (post-discharge): maternal stress and anxiety, mother and baby medication use, early introduction of food.*[8;2]

When planning health care, one must consider the needs of the user and the health services available in the network, which must be prepared to deal with these demands, and in this case seeking to promote the women-mothers' autonomy. Knowing the health needs of users is essential to improving care.[9]

Nowadays, with the wide variety of health needs of the population and the emergence of technological advances, we can observe greater ease of professionals in improving health care, in addition to the emergence of new techniques and technologies that contribute to a better quality of life and, in some cases, even for survival. Generating with this, children who are coming from these technological advances, and this directly reflects in the decline of infant mortality rates recorded in recent times, and in contrast, there is an increase in chronic diseases in childhood.[10]

In the United States of America, this group of children was named by the Maternal and Child Health Bureau as Children with Special Health Care Needs (CSHCN). This term has been adopted in the international literature to refer to children at high risk for presenting or who already have chronic, physical, developmental, behavioral or emotional conditions and who need health services, in addition to those required by children in general. In Brazil, Cabral brings the CSHCN concept whose child's life came amid the contributions of technological advances, which require special health care.[11]

We can already observe the existence of the relationship between the epidemiological profile of children in Brazil and the increase in the number of children coming from the technological advances in the health area. Emerging then a population group with different and new demands of health care.[11] Bringing a question to think about, after all, breastfeeding is an important part of child growth and development, and the mothers of children will need the support and guidance of trained health professionals.

Currently, there are already projects and programs to encourage the BF, but there are still challenges for health teams to achieve their goals. And one of them is the lack of motivation of the health professionals in understanding the reality in which this woman is inserted and the reasons why these women stop breastfeeding their children. Consequently, there are difficulties in working together with them, in an attempt to empower these mothers so that they can intercede in the aspects that lead them to make such a decision.

After all the health professional will be accompanying this woman-mother throughout the breastfeeding process, and the correct and up-to-date knowledge of this is essential for proper assessment and guidance. Encouragement and support for BF should occur from prenatal care until after discharge. Health professionals should be prepared to follow the breastfeeding process and guide both the pregnant woman and her family, as the breastfeeding process is strongly influenced, the mother needs constant encouragement and support, not only the support of health services and professionals is of great value, like those of their families, so that successful breastfeeding is possible.[1]

The motivation of this research is based on the need of the health professionals to understand the real reasons why these women-mothers end up interrupting or interfering in the process of MA. With this, it is desired to highlight the importance of MA and to act in the best way with this woman, thus promoting the health of both child and mother.

Assessing the factors that influence the breastfeeding process of children followed-up in a referral ambulatory of a University Hospital from the Rio de Janeiro State, according to the woman-mother's viewpoint.

METHODS

It is a descriptive study with a qualitative approach. Qualitative research is concerned with individuals and their environments in their complexities without limits or control imposed by the researcher. Thus: "It is based on the premise that knowledge about individuals is possible only with the description of human experience as it is lived and as it is defined by its own actors."[15]

The study was performed at the pediatric ambulatory of a University Hospital from the *Rio de Janeiro* State. The study participants were 30 women who experienced the breastfeeding process, whose children were up to 24

months of age and were users of the University Hospital. The Inclusion criterion was to have children up to 24 months of life, assisted by the University Hospital, and being breastfeeding or have breastfed these children.

In order to ensure compliance with ethical and legal issues, the study was submitted to the Brazil Platform in accordance with the Resolution No. 466/2012 that addresses the Directives and Norms Regulating Research on Human Beings of the National Health Council. It was approved without reservations by the Research Ethics Committee from the *Universidade Federal do Estado do Rio de Janeiro* under the Legal Opinion No. 1370267 and the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Assessment] No. 50618715.0.0000.5285

According to the Directives and Norms Regulating Human Research, of the National Health Council before the interviews, the participants' free and informed consent was obtained. The risks were minimal due to the inconvenience of questioning personal experiences related to breastfeeding. The participant was assured not to answer any questions that made her feel uncomfortable. The confidentiality and anonymity of the data collected were ensured.

One limitation of the research was the refusal of 5 women-mothers to participate in the study, either because of lack of interest or because of concern about the time of the appointment or waiting time.

Data collection took place over the period from March to April 2016. It was carried out in the form of a semi-structured interview, guided by a form, containing 3 parts: 1st) with identification of the participating woman (age, marital status, income in minimum wage and number of people in the family, pregnant/going to/abortion, type of delivery, prenatal, guidelines on breastfeeding); 2nd) identification of the child (birth date, age at date of interview, diagnosis); 3rd) open question: "What factors influenced/influence your child's breastfeeding?"

The identification data of the woman-mother and the child were synthesized and organized in the form of tables for a better presentation of the same.

The data obtained by the open question were analyzed through the thematic analysis. Initially, the material collected in the interviews was read twice. Subsequently, the organization and presentation of the results were carried out, with a single category and two subcategories formed.[13]

RESULTS AND DISCUSSION

The study consisted of 30 women-mothers, average age of 26 years old, where the minimum age was 15 years old and the maximum was 37 years old. Still regarding the 30 women-mothers, 46.6% had completed high school and 20% had completed elementary school, and most of them were either married or living with partners (33% and 27%, respectively), also 33.3% had a job. The average household income was 2.6 wages, with a minimum of 1 and a maximum of 5 wages. They lived with an average of 3.9 people, with a minimum of 2 and a maximum of 6 people in the same space.

Considering the obstetric history, 96.7% performed the delivery of their children in the university hospital, all of them underwent prenatal care, with a minimum of 4 and a maximum of 25 visits. In the majority of cases, they performed normal delivery (56.6%).

During the questions about the orientation on breastfeeding in prenatal, maternity and hospital discharge, the most cited professional was the physician, followed by the nurse and the speech-language pathologist. There were occasional reports that there were no guidelines on breastfeeding, 19.8% of women-mothers were not advised at hospital discharge, followed by 9.9% in prenatal care and 3.3% in maternity care.

Concerning the children and their varied health needs, the mean age of the children in months was 7.2 months, with a minimum of 1 and a maximum of 24 months of age. The most frequent diagnoses, health needs during the study were: congenital syphilis (16.6%), followed by toxoplasmosis (6.7%), bulging fontanelle (6.7%) and short lingual frenulum and cryptorchia (6.7%).

The data obtained from the participants' speeches during the open interview question were analyzed through Minayo's thematic analysis.15 Therefore, 14 thematic units were identified, which were recorded in 5 grouping (affective bond, breastfeeding knowledge, socio-affective problems, having issues to breastfeed and pathology of the child), and synthesized in a single analytical category (factors that favored breastfeeding), which was divided into two subcategories (positive factors and negative factors).

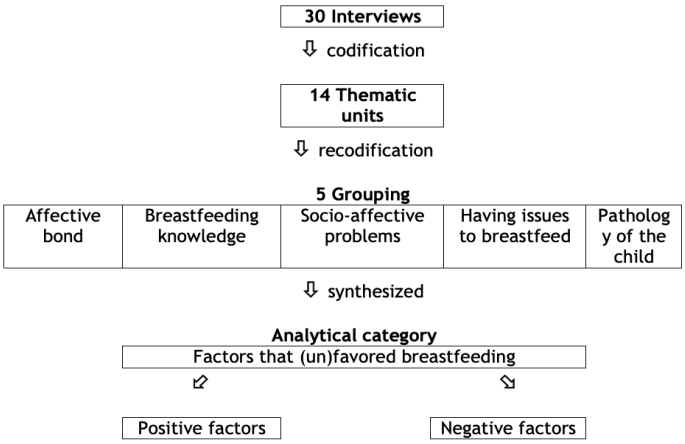


Figure 1: Flowchart of the performed analysis.

Table 1: Factors that have influenced breastfeeding.

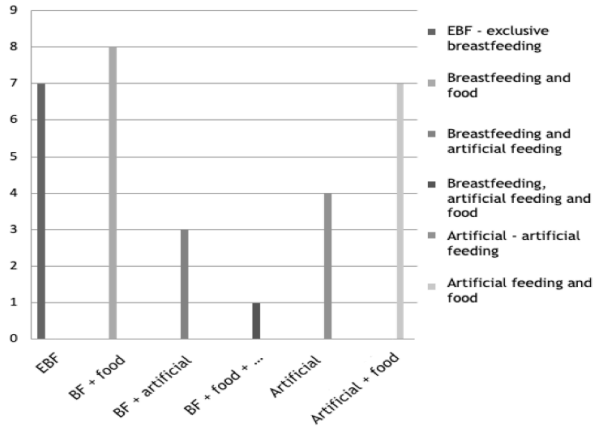
Positive factors that have influenced breastfeeding		
Grouping	**Thematic units**	**Frequency**
Affective bond	Affective bond	P1; P2; P4; P7; P9; P10; P13; P14; P23; P28; P30
Breastfeeding knowledge	Importance	P5; P8; P11; P14; P15; P18; P25; P26; P28; P29
	Healthy	P3; P7; P9; P10; P13; P28; P29
	Adequate fixing	P19; P24; P27
	Immunity	P1; P2; P3; P4; P13
	Outlays with milk	P2
Negative factors that have influenced breastfeeding		
Grouping	**Thematic units**	**Frequency**
Having issues to breastfeed/puerperal woman breasts/using baby bottle and inadequate fixing	Abscess	P8
	Fissures	P12; P15; P21; P29
	Pain	P9; P21; P29
	Clogged milk ducts	P15; P21; P22
	Little amount of milk	P6; P12;
	Delayed milk production	P16; P23
	Inadequate fixing	P12; P29
	Using baby bottle	P8; P15; P16; P27
Socio-affective problems	Getting back to work/study	P17; P23; P24; P30
	Fatiguing	P13; P20; P30
	Baby cry	P16
Pathology of the child	Pathology of the child	P22

Source: data collection at a University Hospital in the *Rio de Janeiro* State over the period from March to April 2016.
Note: P - participant.

Breast milk is essential for the health of children, since it is a complete food, with protective factors against infections common to childhood, free of contamination and perfectly adapted to the body and metabolism of the child. Furthermore, the act of breastfeeding is important for the affective relations between mother and child.[1,14]

A healthy infant diet starts in the mother's breast, breastfeeding alone can adequately supply nutritional needs in the first 6 months of life, and it is not beneficial to add other foods before, but it is necessary to add adequate the age after 6 months to meet the needs of the child.[1,2] Throughout this study, a high rate of children who were still breastfeeding (62.7%) was evidenced, whether alone or combined with other foods and/or artificial feeding.

Chart 1: Type of feeding offered by the mothers to their babies by the interview time.



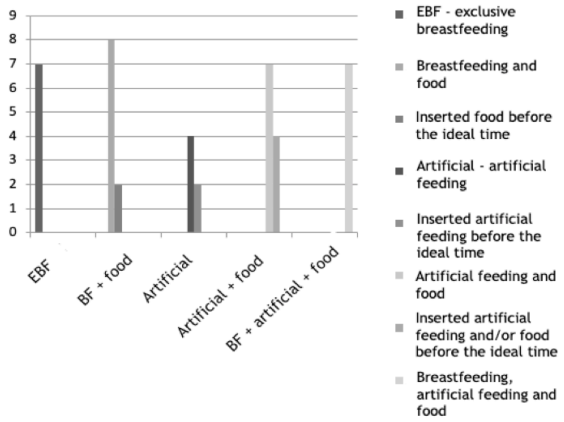
Source: data collection at a University Hospital in the *Rio de Janeiro* State over the period from March to April 2016.
Note: EBF - exclusive breastfeeding.

Studies scientifically prove the superiority of breast milk over the milk of other species. Studies carried out in Brazil show that children under one year of age who were not breastfed or who received another type of milk together with their milk were at high risk of death from diarrhea and respiratory disease when compared to children of the same age fed exclusively through the breast. And it also shows that protection decreased rapidly with advancing age, probably due to the reduction of breast milk intake in older children, substituted by complementary foods.[1,14]

According to basic care No. 23: infant nutrition, breastfeeding, and complementary feeding, there are no advantages in initiating complementary feeding before six months, even if there may be losses to the child's health. Noting that the early introduction of other foods is associated with a higher rate of episodes of diarrhea; greater number of hospitalizations due to respiratory disease; in addition to the risk of malnutrition if the introduced foods are not nutritionally equivalent to or higher than the mother's milk, for example when the artificial milk is introduced and it is prepared in a very diluted form, causing less absorption of important nutrients from the milk, such as iron and zinc, and consequently a shorter duration of breastfeeding.[1]

During the present study, it was found that 26.4% of women-mothers introduced other artificial foods and/or breastfeeding, before the time considered ideal by the WHO of six months of life.

Chart 2: Types of feeding offered before the ideal time established by the World Health Organization.



Source: data collection at a University Hospital in the *Rio de Janeiro* State.
Note: EBF - exclusive breastfeeding.
BF - breastfeeding.
Artificial- artificial feeding.

Analytical category: Factors that (un)favored breastfeeding

Knowing the importance and benefits of breastfeeding for the health of the child and the women-mothers, and assuming that breastfeeding is built from the biological and

social aspects, it must be considered that the mother is part of an environment where several factors may interfere in order for the act of breastfeeding to be practiced successfully and for adequate duration or not.[15] Therefore, it is made explicit the need of the health professionals to know what these factors are so that they can work them in the best way with these women-mothers, empowering them to make decisions about breastfeeding their children.

Positive Factors

Affective bond

Studies demonstrate the importance and direct link between breastfeeding and the affective bond of the mother-child binomial. The act of breastfeeding is where the first bond between mother and baby is established, it is the child's time to "know" the mother and feel cared for and protected, bringing benefits to her growth and development.[16]

Breastfeeding is very good; it is where the mother has more connection with the baby and the two feel good. (participant 1)

Breastfeeding, even if there were no oxytocin production, would in itself determine an affective mother-child bond [...] Physical contact has a close relationship with the development of love. For the child, the physical contact, in addition to being very pleasant, enables her to reach her full potential more fully, in other words, to allow her to have more self-confidence, higher self-esteem, more happiness, more health, more intelligence, etc.[16; 69-70]

Breastfeeding knowledge

As mentioned above, the woman-mother, when encouraged by health professionals about breastfeeding, will be able to differentiate the right and wrong factors in regards to the BF process of her child, such as: knowing how to differentiate between an appropriate and an inadequate fixing; knowing its nipple-areolar complex; knowing the stages of milk; knowing the ideal time for exclusive breastfeeding; among other things.

Human milk, by virtue of its anti-infective properties, protects the children against different infections from the first days of life. Studies show the benefit and risk relationships among children who are and are not breastfed. In these studies, there is evidence that human milk, in addition to decreasing the number of episodes of diarrhea, shortens the disease period when it occurs and reduces the risk of dehydration.[14,17]

I did not know enough about it, but I went to breastfeeding lectures and learned about the benefits and that milk is important until the sixth month. (participant 25)

I think it is much healthier to breastfeed, and in relation to health, even to us it is good, besides being practical. (participant 9)
She got my breast well, I did not feel pain, I had no problems. (participant 27)

The correct and up-to-date knowledge about infant feeding is essential... human milk meets the needs of infants perfectly, being much more than a set of nutrients, a living, and dynamic food because it contains substances with protective activities and immunomodulators. It not only provides protection against infections and allergies but also stimulates the development of the immune system.[4;19]

Negative Factors

Having issues to breastfeed/puerperal woman breasts/ using baby bottle and inadequate fixing:

At five months I had to stop because I had an abscess in the breast, I had drainage, and with that, I had to stop breastfeeding. (participant 8)
At first, it was a difficult process, because of the pain, it hurts, I had to wear ointments on my breast. (participant 29)
I stayed here for two days after the birth to try to get her fixing nicely on my breast, when I went home keep trying, but it got sored, my milk got stuck (clogged), then I did quit and gave her a baby bottle. (participant 15)
He would not fix adequately on my breast, picking up the beak of my breast. (participant 29)

Socio-affective problems

After five months I had to go back to work and due to work schedules I started giving juice, baby food, and artificial milk. (participant 23)
It's fatiguing, I had to stop doing things or stop what I was doing to go breastfeeding my baby. (participant 30)
When I got back home, he still suckled in my breast, it was difficult, first-time mother, then I started breastfeeding and supplementing, but he cried too much, then I ended up giving a food complement. (participant 16)

Pathology of the child

Due to a heart disease, he was very tired, and it made me nervous. (participant 22)

Breastfeeding depends on factors that can influence it either positively or negatively. Among them, some are related to the mother, such as her attitude towards the breastfeeding; others are related to children and the environment, such as their birth conditions and the postpartum period. There are also circumstantial factors, such as maternal labor, pre and postpartum guidelines, and the family living conditions.[7]

According to França et al.,15 these factors and others, such as prenatal orientations, hospital approach, (shared shelter and kangaroo-mother) and postpartum support, they all may interfere towards both woman-mother's decision and breastfeeding duration.[15]

All those factors and the way in which women-mothers go through them, might influence in either a favorable or unfavorable way, moreover, in the mother's decision-making process regarding the breastfeeding practice, and may or may not lead to early interruption of this process.

CONCLUSIONS

The results and data discussion have shown that the proposed goal was achieved. Based on the reports, it was verified that of the thirty interviewees only one has correlated the child's health needs with breastfeeding disadvantage, in other words, the mothers-women did not consider the pathology of the child as an impediment to breastfeeding.

It was evidenced that of the mothers who reported unfavorable and/or negative factors, not all interrupted the breastfeeding process, some of them overcame the difficulties and continued the process. So, the importance of orientation is shown through the participants' statements. This shows the relevance of this study to the health area and, especially, to nursing since it is the profession that has more access to this woman-mother. Thus, there is a need for continuous education and up-to-date knowledge.

Hence, it is of the utmost importance that the women feel assisted in their doubts and difficulties, so that they feel empowered and confident with their position as a mother in the face of her child's needs.

During the study, it was noticed that the majority of mothers were oriented and encouraged in relation to breastfeeding, which can be explained by the fact that it was carried out in an institution with incentive and orientation projects for breastfeeding. Nevertheless, it may be noted that there are still gaps, showing that there is still room for orientation improvement towards the women-mothers.

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