

SELF-EFFECTIVENESS IN BREAST-FEEDING BETWEEN MOTHERS OF PREMATURE BABIES

Autoeficácia em amamentar entre mães de bebês prematuros

Autoeficiencia en la alimentación materna entre madres de bebés prematuros

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ABSTRACT

Objective: to evaluate breastfeeding self-efficacy among mothers of premature babies. **Methods:** a descriptive cross-sectional study with a quantitative approach, carried out at the Maternity Hospital of the city of Quixadá, from September to October 2017. The sample consisted of 20 mothers approached in the rooming-in through an interview to apply the form containing data. sociodemographic and obstetric and the Breastfeeding Self-Efficacy Scale - Short-Form. Results are presented by tables. **Results:** all mothers showed high self-efficacy in breastfeeding. The lowest scoring items among women were: “I always breastfeed my baby on one breast and then move to the other” and “I can always breastfeed even if my baby is crying”. **Conclusion:** it is perceived the importance of nurses in their performance throughout the puerperal pregnancy cycle in order to maintain maternal confidence, as well as focus on aspects that may interfere with it.

Descriptors: Breast feeding; Self efficacy; Infant, premature; Postpartum period; Nursing.

RESUMO

Objetivo: avaliar a autoeficácia em amamentar entre mães de bebês prematuros. **Métodos:** estudo descritivo, transversal, com abordagem quantitativa, realizado no Hospital Maternidade do município de Quixadá no período de setembro a outubro de 2017. A amostra foi composta por 20 puérperas abordadas no alojamento conjunto por meio de uma entrevista para aplicação do formulário contendo dados sociodemográficos e obstétricos e a escala *Breastfeeding Self-Efficacy Scale - Short-Form*. Os resultados apresentados por meio de tabelas. **Resultados:** todas as mães apresentaram elevada autoeficácia em amamentar. Os itens da escala de menores pontuações entre as mulheres foram: “Eu sempre amamento meu bebê em um peito e depois mudo para o outro” e “Eu sempre posso amamentar mesmo se o meu bebê

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estiver chorando”. **Conclusão:** percebe-se a importância do enfermeiro na atuação durante todo o ciclo gravídico puerperal no intuito de manter a confiança materna, bem como focar em aspectos que possam interferir na mesma.

Descritores: Aleitamento materno; Autoeficácia; Recém-nascido prematuro; Período pós-parto; Enfermagem.

RESUMEN

Objetivo: evaluar la autoeficacia de la lactancia materna en madres de bebés prematuros. **Métodos:** un estudio descriptivo de corte transversal con enfoque cuantitativo, realizado en el Hospital de maternidad de la ciudad de Quixadá, de septiembre a octubre de 2017. La muestra estuvo compuesta por 20 madres abordadas en la habitación a través de una entrevista para aplicar el formulario que contiene los datos. Sociodemográfico y obstétrico y la escala de autoeficacia de la lactancia materna - Forma corta. Los resultados se presentan por tablas. **Resultados:** todas las madres mostraron una alta autoeficacia en la lactancia materna. Los puntos de puntuación más bajos entre las mujeres fueron: “Siempre amamanto a mi bebé en un pecho y luego me muevo al otro” y “Siempre puedo amamantar aunque mi bebé esté llorando”. **Conclusión:** se percibe la importancia de las enfermeras en su desempeño a lo largo del ciclo del embarazo puerperal para mantener la confianza materna, así como para centrarse en los aspectos que pueden interferir con ella.

Descriptores: Lactancia materna; Autoeficacia; Recien nacido prematuro; Periodo posparto; Enfermería.

INTRODUCTION

Prematurity includes all live newborns with less than 37 full weeks of gestation counted from the first day of the last menstrual cycle.¹ This event contributes to high rates of neonatal morbidity and mortality, causing damage and sequelae that are difficult to measure in newborns.²

However, with the collaboration of major technological advances in the field of neonatology, the results demonstrate an increase in the survival rate of these preterm infants.³ A major challenge in caring for preterm infants is early and prolonged separation of the mother and child, which causes problems for bonding and breastfeeding due to the long hospitalization time.⁴

Faced with prematurity, the multidisciplinary team has the responsibility of ensuring access to specialized care needed for humanized care of the newborn at risk and for bringing mother and baby together as soon as possible. As it may be, she may be in a fragile emotional condition that often has repercussions in terms of fear and difficulties caring for her baby.⁵

This proximity is important for the strengthening of the affective bond, as well as for stimulating the breast sucking reflex, indispensable for the development of breastfeeding. Thus, it is essential that the nursing staff act in a qualified and humane manner to encourage the mother in this challenge.⁵

Obstacles to breastfeeding are numerous, but in general the suggestions to give up breastfeeding are based on myths and misinformation, even among women with higher socioeconomic status, which reaffirms the importance of guidance and interventions by health professionals in

supporting the nursing mother. The advance of public health policies in encouraging breastfeeding is increasingly evident.⁶

In this context, one of the aspects that can positively influence the onset of breastfeeding is maternal self-efficacy, which is characterized by woman's confidence or expectation regarding her knowledge and skills to successfully breastfeed her baby. Thus, the higher the mother's self-efficacy, the faster the onset and duration of breastfeeding may be.⁷

A study that aimed to determine factors related to exclusive breastfeeding time indicated that self-efficacy in breastfeeding is a protective factor for the maintenance of EBF ($p = 0.046$).⁸

A study conducted in the Central Sertão do Ceará, which involved 172 lactating adolescents, found that adolescent mothers showed high self-efficacy in breastfeeding, thus evidencing a new knowledge regarding this specific public, which is considered vulnerable to this practice.⁹ Therefore, it is evident that this aspect is an important factor in terms of repercussion for breastfeeding.

The interest in the theme arose from care experiences, in which there was some insecurity of mothers of premature babies related to breastfeeding. It was also possible to verify the gap of scientific productions related to the theme with this specific public. Given this, the following question arose: “What is the self-efficacy in breastfeeding of mothers of premature babies?”

Thus, the relevance of the research presented here is based on the fact that knowledge of the self-efficacy in breastfeeding of mothers of premature babies will support health professionals in developing strategies aimed at promoting breastfeeding and reducing early weaning among this target group. Therefore, the aim of the study was to evaluate breastfeeding self-efficacy among mothers of premature babies.

METHODS

This is a descriptive, cross-sectional study with a quantitative approach developed at the Shared Accommodation (AC) of the Reference Maternity Hospital for the *Rede Cegonha* (Stork Network) of the city of Quixadá-CE in September and October 2017. This institution serves a population of 11 municipalities in the Central Sertão of Ceará region and has a human milk bank and the title of child-friendly hospital.

The study sample consisted of puerperal women admitted to the CA of the institution mentioned above. Inclusion criteria were: puerperal women in the immediate postpartum period (period between the first and tenth day after delivery), accompanied by their babies and who were breastfeeding. And as exclusion criteria: mothers with contraindication to breastfeed and whose children were born with a disability that made breastfeeding difficult.

The number of deliveries performed by the health facility during the same period of the previous year was based on the data provided by the institution, which indicated that

there were an average of 159 deliveries in September and October 2016. The variable “breastfeeding prevalence” was considered, estimating a prevalence of exclusive breastfeeding (EBF) in children under six months at 41%.¹⁰ The confidence level employed was 95.0% and a sampling error of 5.0%. For the sample calculation the formula for finite populations was used.

After these calculations the sample size was found to be 79. However, due to the specificity of the sample and the inclusion and exclusion criteria, the final sample was 20 lactating women. Sample selection occurred by consecutive sampling in which the first patient is randomly selected, then consecutively admitted patients are selected until the required sample size is reached where the entire accessible population is listed over a period of time.¹¹

The puerperal women were approached during hospitalization at the AC and were invited to participate in the research and those who agreed to participate signed the Informed Consent Form (ICF). For women under 18 years of age, the consent form was shared with the guardian and they signed the consent form.

Initially, an interview was conducted, using the form for data collection containing sociodemographic and obstetric information and information on the current pregnancy. Subsequently, it was applied to Breastfeeding Self-Efficacy Scale - Short Form (BSES-SF), which evaluated the self-efficacy in breastfeeding of women.

BSES-SF is an instrument that seeks to measure the self-efficacy of mothers in terms of their ability to breastfeed. This is a 14-item Likert scale where response pattern ranges from 1 (strongly disagree) to 5 (strongly agree). Each mother, when answering the scale, can choose only one of the five options mentioned. Thus, the total scale scores could range from 14 to 70 points. Therefore, after the sum of the scores, the women were classified as follows: low efficacy: 14 to 32 points; medium efficacy: 33 to 51 points and high efficacy: 52 to 70 points.¹²

The variable on the child’s diet was classified according to the Ministry of Health: exclusive breastfeeding, predominant breastfeeding, breastfeeding, supplemented breastfeeding, mixed breastfeeding.¹³

Data were analyzed using Epi Info version 7.1.5. Exploratory data analysis consisted of absolute and relative frequencies, means and standard deviations. Results were presented in tables and discussed according to the relevant literature.

The research complied with the Resolution 466/2012 of the National Health Council, approved on 08/09/2017, by the Research Ethics Committee (CEP) of the Catholic University Center of Quixadá under opinion No. 2.210.276.

The sample consisted of 20 mothers who had recently given birth to premature babies, whose ages ranged from 14 to 39 years, with an average of 22 years (SD ± 7.1). Table 1 presents the sociodemographic characterization of postpartum women.

Table 01 - Distribution of postpartum women according to sociodemographic data. Central Sertão Maternity Hospital, Quixadá, CE, Brazil, 2017

Variables	n ^o	%
Marital status		
Married / stable union	10	50
Single	10	50
Education (years of schooling)		
Up to 8 years	3	15
9-12 years	4	20
Greater than 12 years	13	65
Occupation		
Farmer	16	80
Housewife	3	15
Others	1	5
Income		
Less than 01 minimum wage *	11	55
01-02 minimum wages	9	45

* The minimum wage during the study period in Brazil was R \$ 937.00.
 Source: Authors.

Regarding obstetric data, regarding parity, 12 (60%) women were primiparous and eight multiparous (40%). Of the multiparous women, seven had previously breastfed. None of the mothers had a previous history of prematurity.

Prenatal care was unanimous among women, and 12 (60%) reported cesarean delivery. When asked about the child’s diet, 16 (80%) mothers reported being on EBF and four on mixed or partial EB.

In this study we observed that all women have high self-efficacy in breastfeeding (20; 100%), as they had scores between 52 and 70 points. In order to identify in which area mothers need to improve their self-efficacy in breastfeeding, Table 02 shows the lowest score items of women in BSES-SF.

Table 02 - Distribution of the lowest self-efficacy items in BSES-SF. Central Sertão Maternity Hospital, Quixadá, CE, Brazil, 2017

Items	Agree		Fully agree		Agree sometimes	
	nº	%	nº	%	nº	%
6. I can Always breastfeed even when my baby is crying	10	50	3	15	7	35
11. I always breastfeed my baby with one breast and afterwards I switch to the other	7	35	6	30	7	35

Source: Authors.

To assess where women presented higher self-efficacy Table 03 was elaborated.

Table 03 - Distribution of the highest self-efficacy items in BSES-SF. Central Sertão Maternity Hospital, Quixadá, CE, Brazil, 2017

Items	Agree		Fully agree	
	nº	%	nº	%
1. I always feel when my baby is breastfeeding enough.	4	20	14	70
3. I always feed my baby without using milk powder as a supplement.	5	25	14	70
7. I always feel like continuing to breastfeed.	5	25	15	75
8. I can always breastfeed comfortably in front of people in my family.	3	15	17	85
9. I am always satisfied with my breastfeeding experience.	6	30	14	70
14. I always know when my baby has finished feeding.	-	-	20	100

Source: authors.

DISCUSSION

Half of the women involved in the research were married, indicating a higher chance of presenting high self-efficacy in breastfeeding compared to single women. It is known that the presence of a partner is an important ally, both in the exercise of maternity and lactation, and can provide valuable help to women during this period. Therefore, strategies that seek to link the father to the breastfeeding process should be encouraged to improve breastfeeding rates.¹⁴⁻¹⁵

Regarding education, there was a predominance of more than 12 years of study. It is assumed that higher education may positively influence breastfeeding longer, perhaps because of greater access to information about the advantages of breastfeeding.¹⁶

Regarding occupation, the data revealed that most of the women were farmers. Thus, it is noteworthy that mothers who work outside the home can become a risk factor for early weaning.¹⁷

Regarding monthly family income, there was a prevalence of income lower than one minimum wage. Thus, the lower the income, the earlier the interruption of EBF, which compromises breastfeeding.¹⁸

Corroborating with a study conducted in a public maternity hospital in the state of Piauí, which involved 21 mothers, a high level of self-efficacy in breastfeeding was evidenced despite the low family income of the participants, which may suggest appropriate and effective guidance in the care of these women.¹⁹

Regarding obstetric history, a high number of women with previous breastfeeding experience was found to be a positive finding. Studies with adolescent mothers who had previous breastfeeding experience, found that they had a high level of self-efficacy in breastfeeding, which meets the pillars of the self-efficacy theory, identifying it as a vicarious experience.⁹

An important finding in this study was that all mothers attended prenatal consultations, which favors self-efficacy and breastfeeding practice, as this monitoring benefits the preparation of the mother and family members for breastfeeding. Thus, prenatal care contributes to the success of breastfeeding, as it is a time when women should be informed about the benefits of this practice, the disadvantages of using other breastfeeding milks and techniques, in order to increase the mother's ability and confidence.¹⁶

Regarding the type of delivery, there was a predominance of cesarean section among the mothers studied. Surveys conducted in Brazilian capitals also indicate that cesarean section rates jumped from 38% of all births in 2000 to 54% in 2011, and there are several reasons for this increase, but some are still unknown. This percentage is believed to be related to the risk profile of pregnant women and the magnitude of prematurity.¹⁹

These findings differ from research conducted with 50 women assisted in the urban area of the interior of Ceará. The study found that vaginal delivery is positively related to breastfeeding self-efficacy.²⁰

Mothers with high self-efficacy in breastfeeding were identified, corroborating research that also involved mothers of premature babies. Mothers reaffirm that they face breastfeeding just as they overcome daily challenges.¹⁹

A study involving 41 postpartum women admitted to the CA of a public maternity hospital in the city of Quixadá showed that the same interviewees had high self-efficacy in breastfeeding.²¹ In a study that applied BSES-SF with 100 postpartum women in a large private hospital, located in an upscale neighborhood of the city of São Paulo also pointed to the absence of mothers with low breastfeeding effectiveness.⁶

Thus, it is clear that although mothers are receiving their premature baby, they manifest high levels of self-efficacy in breastfeeding, a result similar to mothers of full-term babies.

When asked about the type of diet of the child, most mothers were practicing EBF, which is satisfactory and consistent with the findings of high self-efficacy in breastfeeding. Thus, it appears that self-efficacy in breastfeeding is a contributing factor to the maintenance of EBF.

Regarding the item in which mothers had the lowest score, it was mentioned "I can always breastfeed even if my baby is crying". This doubt is always common among women, it can be said that crying is difficult to interpret in terms of newborns' communication, which can cause anxiety and maternal insecurity, generating doubts about their ability to care for their child.¹⁶

Another item that also had a low score was breast rotation during breastfeeding. There is a need to intensify the orientation of women during prenatal care, as this rotation is of paramount importance for the effective process of breastfeeding, avoiding breast problems such as engorgement and mastitis and providing the newborn with all constituents of the breast milk.^{16,21}

The item that had the highest score was identification when the baby finished breastfeeding. These findings can be corroborated by another study conducted in the Central Sertão do Ceará, which showed that teenage mothers also had high self-efficacy in breastfeeding, presenting better levels of confidence in the technical domain.⁹

CONCLUSION

We observed that all mothers had high self-efficacy in breastfeeding, corroborating the predominance of mothers in EBF, showing that the confidence aspect is a prime factor for the maintenance of breastfeeding.

Mothers had lower self-efficacy scores on items related to alternating breasts during breastfeeding and being able to breastfeed even if the baby is crying. The highest scores were related to breastfeeding in front of people and knowing when the baby finished feeding.

The importance of nurses in their performance throughout the puerperal pregnancy cycle is apparent in order to maintain maternal confidence, as well as to focus on aspects that may interfere with it. Knowing that self-efficacy is modifiable, nurses need to be monitored throughout the breastfeeding process, as breastfeeding can be interrupted through negative external and internal influences.

This study had a limited sample due to the specific public, and it was not possible to perform statistical tests to associate the variables with the outcome. Therefore, other studies should be conducted with this public in order to explore these relationships so that health professionals can develop strategies aimed at promoting breastfeeding among this public.

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