

Breastfeeding in primary health care: weaknesses and potentialities of nursing care

Aleitamento materno na atenção primária à saúde: fragilidades e potencialidades dos cuidados de enfermagem
Lactancia materna en atención primaria de salud: debilidades y potencialidades de los cuidados de enfermería

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Abstract

Objective: To identify the weaknesses and potentialities of nursing care for breastfeeding in Primary Health Care (PHC). **Methods:** A qualitative study developed through workshops held in September 2021 with 43 nursing professionals. **Results:** Two categories emerged: "Weaknesses of breastfeeding nursing care in PHC" and "Potentialities of breastfeeding nursing care in PHC". Weaknesses permeate the discourse, which is often not in line with the reality of the postpartum period, lack of theoretical and practical knowledge, cultural influences, short maternity and paternity leave, shortage of professionals, absence of meetings, inappropriate physical space, limited time for care, failure to address the issue and lack of training. Presented as potentialities are the availability of professionals for guidance in different environments, the work of community health agents, the existence of the Women's, Children's and Adolescents' Health Center, the Municipal Breastfeeding Support Network, the use of technology and encouraging the participation of partners from prenatal to postpartum. **Conclusion:** It is necessary to consider the weaknesses identified in order to develop improvement actions focused on increasing breastfeeding indices. As for the strengths, they reflect successful practices that can support and guide other nursing services.

Descriptors: Breastfeeding; Maternal and Child Health; Nursing Care; Primary Health Care; Health Promotion.

Whats is already known on this?

Breastfeeding is a determinant of health, but in Brazil the indices are lower than the recommended. Nursing care in PHC can contribute to improving these indices.

What this study adds?

A view beyond the benefits, complications and triggers of weaning. It identifies weaknesses and potentialities in breastfeeding nursing care and provides reflections for professional advancement.

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Resumo

Objetivo: Identificar as fragilidades e potencialidades dos cuidados de enfermagem em aleitamento materno na Atenção Primária à Saúde (APS). **Métodos:** Estudo qualitativo, desenvolvido por meio de oficinas realizadas em setembro de 2021 com 43 profissionais de enfermagem. **Resultados:** Emergiram duas categorias: “Fragilidades dos cuidados de enfermagem em aleitamento materno na APS” e “Potencialidades dos cuidados de enfermagem em aleitamento materno na APS”. Fragilidades permeiam o discurso que muitas vezes não condiz com a realidade do pós-parto, do desconhecimento teórico-prático, influências culturais, curto período de licença maternidade e paternidade, déficit de profissionais, ausência de reuniões, espaço físico inapropriado, tempo escasso para atendimentos, não abordagem da temática e escassez de treinamentos. São potencialidades a disponibilidade dos profissionais para orientações em diferentes ambientes, atuação dos agentes comunitários de saúde, existência do Centro de Saúde da Mulher, da Criança e do Adolescente, da Rede Municipal de Apoio ao Aleitamento Materno, uso de tecnologias e incentivo à participação do(da) companheiro(a) do pré-natal ao pós-parto. **Conclusão:** Torna-se necessário considerar as fragilidades identificadas para o desenvolvimento de ações de melhorias com foco no aumento dos índices de aleitamento materno. Quanto às potencialidades, refletem-se práticas bem-sucedidas, que podem subsidiar e direcionar outros serviços de enfermagem.

Descritores: Aleitamento Materno; Saúde Materno-Infantil; Cuidados de Enfermagem; Atenção Primária à Saúde; Promoção da Saúde.

Resumen

Objetivo: Identificar debilidades y potencialidades de los cuidados de enfermería a la lactancia materna en la Atención Primaria de Salud (APS). **Método:** Estudio cualitativo desarrollado a través de talleres realizados en septiembre/2021 con 43 profesionales de enfermería. **Resultados:** Surgieron dos categorías: “Debilidades de los cuidados de enfermería a la lactancia materna en APS” y “Potencialidades de los cuidados de enfermería a la lactancia materna en APS”. Las debilidades impregnan el discurso, que a menudo no se ajustan a la realidad del puerperio, falta de conocimientos teóricos y prácticos, influencias culturales, licencias maternidad y paternidad cortas, escasez de profesionales, falta de reuniones, espacio físico inadecuado, tiempo limitado para las citas, falta de abordaje del tema y falta de formación. Hay potencialidades en la disponibilidad de profesionales para orientación en diferentes ambientes, trabajo de los agentes comunitarios de salud, existencia del Centro de Salud de la Mujer, Niño y Adolescente, Red Municipal de Apoyo a la Lactancia Materna, tecnologías e incentivo a la participación de las parejas del prenatal al postnatal. **Conclusión:** Hay debilidades identificadas para desarrollar acciones de mejora enfocadas a aumentar las tasas de lactancia materna. Sobre fortalezas, reflejan prácticas exitosas que pueden subsidiar y orientar otros servicios de lactancia.

Descriptor: Lactancia Materna; Salud Materno-Infantil; Atención de Enfermería; Atención Primaria de Salud; Promoción de la Salud.

INTRODUCTION

The population's main access to the Unified Health System (“SUS”) is through Primary Health Care (PHC), by means of strategic preventive actions within a defined territory, with a view to minimizing problems that could result in complications and hospitalizations.⁽¹⁻²⁾

By 2030, 17 Sustainable Development Goals (SDG) have been proposed, which are strongly related to actions developed in PHC. In this context, it is emphasized that breastfeeding can contribute to achieving these goals, as it reduces maternal and child morbidity and mortality and malnutrition, as well as improving child neurodevelopment and being accessible to children, regardless of their social class and the economic level of the country in which they live.⁽²⁻⁶⁾

The consequences of not breastfeeding are global and are related to economic and public health problems, given that the costs generated by not breastfeeding are between 257 and 341 billion dollars a year, with the prospect of 693,622 lives lost.⁽⁷⁾

The goal proposed by the World Health Organization (WHO) for the year 2030 is to achieve 70% of exclusive breastfeeding (EBF) among children under six months.⁽⁸⁾ Although the benefits of this practice have been widely proven for maternal and child health in the short and long term, in Brazil, EBF rates are lower than recommended, according to a nationwide survey carried out between 2019 and 2020, which showed an EBF prevalence of 45.8%.⁽⁹⁾

In this context, PHC is an essential strategy,⁽²⁾ since it is the level of health care where actions to support, protect and promote breastfeeding are prioritized.⁽¹⁰⁾ It should be noted that nurses play a substantial role in these actions.⁽¹¹⁾ This professional can enhance the service offered to women in PHC, as they work from prenatal to postpartum and carry out educational activities inherent to their role, often being the only health professional who provides information on breastfeeding to women.⁽¹²⁾ In view of the above, the aim is to identify the weaknesses and potentialities of nursing care in breastfeeding in PHC.

METHODS

This article comes from the Master's thesis entitled “Protocolo de Enfermagem para o Manejo Clínico do Aleitamento Materno na Atenção Primária à Saúde” (“Nursing Protocol for the Clinical Management of

Breastfeeding in Primary Health Care”, in free translation), linked to the Postgraduate Program in Health Care Practice at the *Universidade Federal do Paraná* (UFPR). This is a qualitative study with a descriptive and exploratory approach, which followed the guidelines of the Consolidated criteria for reporting qualitative research (COREQ) of the Enhancing the Quality and Transparency of Health Research (EQUATOR) network.⁽¹³⁾

The research setting was the PHC of a municipality located in the metropolitan region of Curitiba-PR, which was selected because it has a Municipal Breastfeeding Support Network (“REMAAM”). Of the 43 nursing professionals taking part, 27 were nurses, six were nursing technicians and 10 were nursing assistants. The inclusion criteria were: being a municipal civil servant; being a nursing assistant of the 11 Family Health Strategy Units (FHSU) or the Women’s, Children’s and Adolescents’ Health Center; and being a nursing technician or assistant of the 11 FHSU or the Women’s, Children’s and Adolescents’ Health Center who participates in the actions and meetings promoted by REMAAM.

Data was collected through three workshops held in September 2021, each lasting 180 minutes. The development of the workshops followed the assumptions of group dynamics workshops in the health field.⁽¹⁴⁾ At the beginning, a self-completion questionnaire was made available to characterize the sociodemographic, professional and academic profile of the participants. Afterwards, the researcher began the discussion with the following guiding question: What are the potentialities and weaknesses of nursing professionals in breastfeeding care in PHC?

In addition to recording the workshops on an audio device for later analysis of the speeches, descriptive and reflective notes were recorded with the support of two previously trained undergraduate nursing students, who are part of the Human Care Studies, Research and Extension Center at UFPR.

For the analysis of the discourses, the data was initially organized and prepared, followed by reading of the data, analysis using the coding method, use of the coding process to generate a description of the categories for analysis, representation of the categories and description in the narrative, and interpretation of the data.⁽¹⁵⁾

The analysis using the coding method and the processing of the qualitative data relied on the use of the IRAMUTEQ® software (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*), which allows for five types of textual analysis, with classification analysis using Reinert’s method being used in this study.⁽¹⁶⁾

From the segments classified by the software, two categories emerged: “Weaknesses of breastfeeding nursing care in PHC” and “Potentialities of breastfeeding nursing care in PHC”.

The study was approved by the Research Ethics Committee (CEP) of the Health Sciences Sector of UFPR on March 3, 2021, with registration number CAAE 42590621.3.0000.0102 and Opinion No. 4.571.310.

RESULTS

Of the 43 participants, 41 are women and two are men, with an average age of 39, the youngest being 24 and the oldest 55. In terms of education, 12 had a technical degree, four had a technical degree and an incomplete undergraduate degree, four had an undergraduate degree, 22 had a postgraduate degree and one had a master’s degree. The length of time working in the service varied from 15 days to 10 years, and the length of time working in the profession varied from nine months to 30 years. With regard to updates on the subject of breastfeeding, there was little mention of this by the professionals, most of whom mentioned taking part in qualifications, training and events offered by the service itself.

Weaknesses of breastfeeding nursing care in PHC

Participants talk about breastfeeding in ways that often don’t match the reality of the postpartum period. After arriving home, puerperal women feel insecure, have doubts and face interferences related to breastfeeding, even those who are trained in the health area and have already worked with breastfeeding.

[...] at the time of the orientation, they’ll say it’s all wonderful, the folder looks like this, breastfeed! [...] when you get home, it’s like there’s no manual [...] (Part. 10)

[...] I graduated and started working in a maternity hospital, seven months in I was basically doing breastfeeding counseling, I got pregnant and [...] my nipple burst [...] (Part. 12)

Professionals are unaware of the theoretical-practical relationship for effective guidance on breastfeeding, as well as the internal flows and services available in the municipality, in some cases referring users to other levels of care, exempting themselves from their responsibilities as part of the PHC team.

[...] at the Unit we are a breast milk depot, so we donate breast milk [...] the girls from the network know a bit and they have been contacting us when there are mothers in the Units who want to donate breast milk [...] (Part. 5)

[...] I don't know if anything has changed [...] what is recommended today I honestly don't know, [...] how long can you leave breast milk frozen? It's thawed, how long afterwards can I consume this breast milk? [...]. I didn't know that on Thursdays someone would come to my unit to collect donated breast milk. If I know a mother who wants to donate breast milk, I tell her to call the Women's and Children's Unit. [...] (Part. 12)

In the setting under study, there is a community of Haitians, highlighting the importance of the nursing team acting based on scientific evidence and providing adequate guidance to the families of the mothers, since cultural differences have an impact on the breastfeeding rates of this population.

[...] In the case of Haitian women, we can't get it through their heads that they have to breastfeed, they even come to the unit with their breasts bandaged and asking for infant formula, it's very difficult, they can't speak Portuguese [...] (Part. 13)

[...] I find it difficult to work with breastfeeding, especially in these cases where we are now with a lot of foreigners, the culture for us is complicated [...] (Part. 42)

They also point to the influence of patients' short maternity and paternity leave as a hindrance to maintaining breastfeeding, as well as the fact that families routinely consider it to be the municipality's role to supply infant formula as a substitute for breast milk.

[...] you can't start storing breast milk from the moment you go to work, it has to be 10 to 15 days before, you have to see how the mother is going to offer the breast milk, if it's in a little cup, if it's in a bottle [...] (Part. 4)

[...] when the mothers go back to work, sometimes they already say that the baby needs infant formula [...], they don't consider that they can extract the milk and save it to give to the baby after they go back to work, usually in childcare we advise them [...] (Part. 22)

The nursing professionals listed administrative and managerial weaknesses, such as a shortage of human resources, lack of team meetings, unsuitable physical space in the FHSU to provide care, limited time for care, indifference and failure to address the issue by professionals who do not take part in REMAAM actions (known as non-sentinels), scarcity of training and updates on breastfeeding for all PHC professionals, deviation of professionals who take part in REMAAM (sentinels) from their jobs to meet the demands of nursing mothers and infants referred by the team itself.

[...] the sentinels have a lot of difficulty in the Units with professionals who are not sentinels, they [...], don't feel responsible for guiding [...] (Part. 5)

[...] one of the difficulties is the lack of training, [...] lack of nursing professionals, [...] as we're not having team meetings [...] it's complicated [...] (Part. 12)

[...] it's really complicated to take a professional from the network out of the sector, for example, he's there in the pharmacy and at that moment we have to take him out of the sector to do the orientation [...] (Part. 38)

[...] I think the main difficulty is the lack of time and a suitable place to attend all the units. [...] (Part. 39)

Potentialities of breastfeeding nursing care in PHC

Potentialities were the availability of nursing professionals for guidance in different environments of the FHSU, in addition to the work of Community Health Agents (CHA), the existence of the Women's, Children's and Adolescents' Health Center and REMAAM.

[...] at postpartum visits [...] we guide the environment, I also usually guide in the screening room, [...] in the vaccination room [...], yesterday I was approached [...] in the pharmacy [...] (Part. 2)

[...] we were able to do nursing work in the waiting room at the PHC, [...] I always ask if everything is OK, if the mother is managing to breastfeed [...] (Part. 5)

[...] I think the very fact that we do nursing consultations and the existence of the Women's and Children's Unit is a potentiality. [...] (Part. 9)

[...] I think that the CHAs are a potential asset, they're very important for the Unit, because they do this gathering [...] (Part. 21)

The use of technology, such as the WhatsApp® application, is considered a potentiality, as it contributes to the support and promotion of breastfeeding through the establishment of online pregnant women's groups, the sharing of guidance videos and remote consultations.

[...] it's important to put pregnant women on WhatsApp®, the Units can provide guidance, they can pass on information [...] (Part. 5)

[...] the WhatsApp® group for pregnant women is very important, because it's a way of maintaining the bond and the guidelines, I send drawings, [...] videos, [...] I'm always sending to the WhatsApp® group the guidelines that I would give in the pregnant women's groups. [...] (Part. 39)

Encouragement by the nursing team for the pregnant woman's partner to take part in prenatal care and guidance groups is seen as a potential benefit.

[...] On the day of the pregnancy groups, we managed to reserve the afternoon for a doctor to accompany us. We called the pregnant women's companions, so we were able to provide the afternoon leave [...] (Part. 4)

[...] we do the partner's prenatal care [...], we schedule the insertion of the pregnant woman and at the second appointment, we call the partner together [...] (Part. 13)

[...] at the clinic, when the mother goes with the father [...] to the postpartum appointment [...] I take him with me, [...] so I ask him to come to the appointment with me [...] (Part. 14)

DISCUSSION

In the region of the Americas, the majority of nursing professionals are women, representing 89% of the total, which is in line with the findings of this study.⁽¹⁷⁾ The majority of REMAAM members are nursing technicians and assistants, who represent more than two million professionals in Brazil.⁽¹⁸⁾

A study which sought to identify the knowledge and analyze the process of guidance given to puerperal women about breastfeeding found that 40.6% of puerperal women were not given any guidance on breastfeeding during prenatal care; and of those who did receive guidance, 32% was given by a nurse, and only 11.5% was given in PHC.⁽¹⁹⁾ The fragmentation of health services offer and the lack of training of professionals are factors that are associated with the failure of breastfeeding.⁽²⁰⁾ On the other hand, monitoring the puerperal woman during the period of adaptation to breastfeeding allows nurses to reduce maternal insecurity, identify difficulties and propose interventions in line with the mother's expectations, thus contributing to the success of breastfeeding.⁽²¹⁾

It can be seen that in the research scenario, nurses' role in establishing, monitoring and maintaining breastfeeding is timid, with some of them being exempt from responsibility for these actions, resulting in the nursing team outsourcing acts that are the sole responsibility of nurses. In this sense, fragmented care weakens nursing assistance,⁽²²⁾ reflecting on user safety and the quality of the care offered.⁽²³⁾

Cultural differences can interfere with the actions promoted in PHC. In view of this, it is necessary to approach, dialog and understand the cultural aspects of health service users, in order to get to know their singularities and enable the creation of a bond. Facilitators of this process include the use of non-verbal communication strategies, guidance technologies, home visits, joint actions between health professionals, managers and other services in the network, and even the incorporation of immigrants themselves into the role of CHA.⁽²⁴⁻²⁵⁾

On returning to work, discussions about anticipating breastfeeding management should be held during consultations, group activities, lectures and workshops, as this will equip and prepare mothers to extract, store and transport breast milk properly. The current legislation on maternity leave is an obstacle to maintaining breastfeeding, even in companies that are part of the Citizen Company Program, considering that after six months the child goes through a period of adaptation until the introduction of food is fully introduced.⁽²⁶⁾

The weaknesses of breastfeeding care in PHC permeate the different nursing work processes, which are assisting, administering, teaching, researching and participating politically.⁽²⁷⁾ Fragmented care, with fragile knowledge, skills and attitudes in relation to this issue, inadequate physical space to care for patients, a shortage of materials essential for care, lack of systematization of nursing care, without instruments and work techniques in place, are conditions that are not in line with the precepts of nursing as a science and with what is expected for the implementation of comprehensive care.⁽²⁸⁾

It is considered as a potentiality of breastfeeding nursing care in PHC to give pregnant women awaiting in the waiting room the opportunity to share technically and scientifically based guidelines, exchange experiences, clarify doubts and strengthen the bond with the team through listening and dialog.⁽²⁹⁻³⁰⁾

The timely implementation of postpartum home visits is a highlight of the comprehensive care offered by PHC, as it is an extension of care at the family level and protects breastfeeding, as it allows the team to intervene and instrumentalize the puerperal woman in the face of the challenges inherent in this process.^(10,31-32) The development of lectures, workshops and groups for pregnant women are also considered potentialities, as they are actions that promote breastfeeding self-efficacy, reduce related complications and increase the chances of success of this practice.⁽³²⁻³⁴⁾

By considering the work of the CHA, the existence of the Women's, Children's and Adolescents' Health Center and the REMAAM as potentialities, the nursing team encourages us to reflect on the perspective that these are resources in which the nurse is not the protagonist. In this sense, it is clear that nurses refer breastfeeding demands for assessment and management by nursing assistants and/or technicians who are part of REMAAM, or else they refer the mothers to a specialized service. The hypothesis thus emerges that other professionals and specialized services absorb the demand for care suppressed by PHC nurses.

A study that aimed to specify the breastfeeding problems encountered in the postpartum period and the effect of interventions related to these problems, recommends that managers expand the scope of services offered to the population and qualify guidance and conduct in the face of breastfeeding-related problems.⁽³²⁾ One strategy for expanding services is to use digital media to promote self-care and extend access to information.⁽³⁵⁾ Nurses are key to this process, in order to promote breastfeeding and improve indicators.⁽³⁶⁾ To do this, they need to have knowledge of the subject and the potential to identify the needs of the population.⁽³⁷⁾

Internet-based education used by health professionals during prenatal care and after childbirth is associated with higher rates of breastfeeding, as well as facilitating user follow-up.⁽³⁸⁻³⁹⁾ A study shows the influence of virtual breastfeeding support groups on breastfeeding women, which promote the exchange of experiences, sharing of information and promotion of maternal autonomy.⁽⁴⁰⁾ The health team can also benefit from the use of the internet, as meetings, sending information and educational materials to clarify doubts, such as illustrations, videos and links, can also be carried out digitally.⁽³⁵⁾

Another potential identified is the greater integration of the partner in the care offered in PHC, which contributes to breaking the paradigm that they are an adjunct to the breastfeeding process.⁽⁴¹⁾ Research shows that valuing partners in educational activities developed by nurses results in greater

security and closeness to the wives. In addition, mothers report greater involvement from their partner in breastfeeding care after taking part in meetings and home visits carried out by nurses.⁽⁴²⁾

Improving the current *modus operandi* of nursing care requires greater professional qualification, empowerment and autonomy. The strategic work of nursing assistants and technicians can increase the population's access to PHC services, as they have the most contact with the public during appointments. Reception is an opportune moment for greater resolution, which makes it possible to direct the population according to established processes and workflows.^(36,43)

Despite the implementation of the Amamenta Brasil Network, the breastfeeding care offered by PHC is still fragmented, without a professional who is responsible for offering guidance or clarifying doubts, putting into practice everything that was discussed during prenatal care, who is the reference for monitoring the new mother, the child and their support network after arriving at home, who manages complications as soon as they occur and guarantees the necessary access and comprehensive care, assuming the reference for effective breastfeeding monitoring.⁽⁴⁴⁾

In the quest to increase breastfeeding indices, it is recommended that nurses accompany women from pregnancy to the postpartum period and get closer to the mother's context, monitoring and planning the return to work, including the family in the lactation process, considering the culture, valuing the difficulties and beliefs presented by mothers, which may or may not be favorable to breastfeeding, being attentive and available to identify early conditions that encourage and discourage breastfeeding.⁽⁴⁴⁾

A limitation of this study is the number of participants, which makes it possible to issue considerations specific to the field of research. However, the article contributes to the development of improvements in the PHC under study, as well as stimulating initiatives in favor of nursing care.

CONCLUSION

Weaknesses pointed out in this study include incongruent discourse among professionals regarding the reality of postpartum, lack of theoretical and practical knowledge, the need for specific care to reduce cultural differences and the impact of the short period of maternity and paternity leave on breastfeeding indices, as well as administrative and managerial issues related to the work process at the FHSU, which indirectly weaken the nursing care offered. It is necessary to consider these weaknesses in order to strategically develop improvement actions, with a view to improving the nursing care provided and offering better working conditions for these professionals, with a focus on increasing breastfeeding indices.

The potentialities are related to the availability of nursing professionals for guidance in different environments of the FHSU, the use of technology and encouraging the participation of the partner from prenatal to postpartum, as well as strengthening nursing care through the work of the CHA, the existence of the Women's, Children's and Adolescents Health Center and REMAAM. These potentialities reflect successful practices that can support and guide other nursing services.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Zanlorenzi GB, Wall ML. Contributed to data collection: Zanlorenzi GB. Contributed to the analysis and/or interpretation of data: Zanlorenzi GB. Contributed to article writing or critical review: Zanlorenzi GB, Wall ML, Silva MVRS, Santos BP. Final approval of the version to be published: Zanlorenzi GB, Wall ML, Silva MVRS, Santos BP, Varjão JAS, Azevedo EMOS, Ogradowski KRP.

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