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MATERNAL SUCKLING: DIFFICULTIES IN THE MEDIATE TIME AFTER CHILD BIRTH

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ABSTRACT

Breastfeeding is a valuable practice for the well-being of the mother and child binomial. In this way, the process of breastfeeding takes place in the mid-term puerperium and it is the nurse's experience that shows her the difficulties to breastfeed. Knowledge of the main problems faced by infants in this period benefits the incentive to exclusive breastfeeding, since they can be solved early. This study aimed to verify the difficulties found in breastfeeding in the 10 days postpartum of women residing in Imperatriz-Maranhão and attended by the Regional Maternal and Child Hospital (RMCH). This is a descriptive, exploratory and transversal study of a quantitative approach. The data were obtained by means of a questionnaire applied to 14 women who were adequate to the inclusion criteria. Data analysis was performed using descriptive statistics using the Excel® program (Microsoft, version 2010), and data presented in tables. With the study, 8 mothers (57,16%) were exclusively breastfeeding, 6 (42,88%) presented with breast engorgement and breast milk leak, 4 (28,16%) reported feeling quite sleep and hunger and 5 (35,74%) denied problems or complaints regarding their own health. Therefore, most of the study participants practiced exclusive breastfeeding, although a good part of them presented breast complications, such as: full and aching breast, milk leaking and a smaller amount presented with increased sleep and hunger symptoms. The relevance of this study to the health care network is the increase of support and guidance offered to puerperal women in the face of the difficulties still faced in the puerperium to promote the practice of exclusive breastfeeding

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INTRODUCTION

The reproductive experience between men and women is consolidated by pregnancy and childbirth. For the woman and her partner, these two moments are unique and special, with direct involvement between families and community, formalizing a valuable experience for all who participate in it (Strapasson; Nedel, 2010). The puerperium begins after the birth and ends when the woman returns to her pre-gravid physiology, around the sixth week postpartum.

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During this period, the organic and emotional transformations happen intensely, where the woman fulfills her responsibilities as: woman, mother, wife, infant and patient. Although she has previously experienced motherhood, she is now experiencing something new and unique (Silva *et al.,* 2009). The puerperium is divided into: immediate postpartum - two first hours postpartum; postpartum period from the second hour to the tenth postpartum day; late puerperium-tenth day to the forty-second postoperative day; remote puerperium-forty-second day to sixtieth day postpartum (Lara, 2008). According to Vieira *et al.* (2011), it is during this phase that breastfeeding is established, marked by emotions, relationships and behaviors that must rely on family support. The act of breastfeeding transposes the feminine biological spontaneity

and prescribes the persistence in overcoming the initial difficulties in order to support the breastfeeding effectively. To do this, we need to learn, understand the family and the health team that accompanies this woman. While the woman is learning to breastfeed, there are some difficulties that can destabilize her emotions. The two main facts that affect the emotional balance of the nursing mother are these: the experiences during gestation and, essentially, the adaptation to the puerperium. The postpartum woman needs to be in contact with the newborn so that the bond with the newborn is established. In this period, it is important the family's participation, preferably, of the spouse. Feelings influence lactation through various symptomatic factors, such as: social and psychological. Positive feelings increase calm, confidence, and maternal tranquility, and, proportionately, improve breastfeeding. However, fear, depression, tension, pain, fatigue and anxiety can lead to the failure of breastfeeding. Many women find themselves without or with reduced virtuosity in continuing breastfeeding, which increases their vulnerability and can make breastfeeding difficult (Brant; Affonso; Vargas, 2009).

The advantages of breast milk reach mother and child. In the child, it works as a protective barrier against gastrointestinal, respiratory and urinary infections. In addition, it prevents allergies and chronic diseases in adult life and increases the adaptation to other types of food. The benefits to mothers are: faster uterine involution, decreased chance of cancers, and a pleasurable sensation in the act of breastfeeding. In addition, it is a practical, free and safe method of feeding the child and, if practiced exclusively, generates natural contraception (Levy; Bértolo, 2008). Breast milk at the beginning of the infant's life is undoubtedly the complete food because it offers the ideal and total energy for the child's growth and development, since it contains water, lactose, protein, fat, vitamins, minerals and elements which prevent infections (Machado *et al.,* 2014). The recommendation of the World Health Organization (WHO) is for the child to complete six months of exclusive breastfeeding, and up to two years or more to add breast milk to complementary feeding, recommends three breastfeeding classifications: exclusive breastfeeding (SFA) (AMP) and breastfeeding (AM), the latter infers that the infant feeds on breast milk and other milks (Caminha *et al.,* 2014). Among the difficulties encountered in breastfeeding that contribute to its interruption are: flat or inverted and / or painful nipples, nipple fissures, breast engorgement, breast abscess, mastitis, twinning and weak suckling of the baby. If there is no guidance to the infant to overcome the difficulties, it may end up giving up breastfeeding due to suffering and anxiety (Parizzoto and Zorzi, 2008).

In Brazil, the early introduction of food into the child's diet is the main factor that favors weaning before six months. This is due to the scarce knowledge about the importance of breastfeeding, associated to the low level of maternal schooling (this is the most relevant variable according to studies) and, finally, the maternal insertion in the labor market. Already in the first months of the child's life, it is possible to perceive the frequency in the supply of teas and water, decreasing the appetite. In this way, the suction decreases, and, consequently, there is a lower production of breast milk. Teas are not nutritious and impair mining absorption f breast milk. Complementary foods, if inserted at an inadequate age, can cause: malnutrition, infectious processes, diarrhea and hypersensitivity, early weaning, chronic diseases, obesity, slowing of growth and eating habits with inadequate health preferences. This is worrying, since this phase of life is what shapes customs for adult life (Machado *et al.,* 2014). According to Rodrigues *et al*. (2011), the puerperal visit aims to verify the health of the puerperal and the newborn, encouraging breastfeeding and guiding the infants about this procedure, as well as providing information about child care, advising on family planning and observing the existing or possible risks to implement a safe and correct care plan. For the success of breastfeeding, it is necessary to understand the importance of family support, the socio-cultural aspect, the experience and the doubts of the infants. This may favor more specific, humanized and individualized care to prevent early cessation of breastfeeding. The purpose of this study is to identify the difficulties with breastfeeding encountered by women during the puerperium, to characterize the sociodemographic and economic profile of the sample, to investigate the occurrence of exclusive breastfeeding and to detect the main breast complications found in the postpartum period, as proposed by search.

METHODOLOGY

The present study was a descriptive, exploratory and transversal research of quantitative approach. According to Fontelles (2012), the descriptive research aims to: observe, record and describe the characteristics of the sample or population, without analyzing the appreciation of contents; then it is intended only to describe the fact itself and in what manner it occurs. The tools used to describe the results are: descriptive statistics and tabulation standards. The same author defines the exploratory research as a first contact between the researcher and the research, whose longing is for theoretical knowledge, being that the study can be done through bibliographical survey, interview, case study, visits to institutions, companies, websites, among others. For Aragão (2011), cross-sectional studies are those that show the situation of a population at a defined moment, that is, those that demonstrate the instantaneous reality. The same theoretical view on quantitative research is centered on the variables expressed in numerical data applied by statistics to facilitate classification and analysis. The inclusion criteria for participation in the research were: women aged 15-35 years, primiparous or multiparous, living in Imperatriz - MA and who agreed to sign the Informed Consent Term (ICT) for participation in the study. And as exclusion criteria: contraindication to breastfeeding, adolescents not accompanied by a legal representative and refusal to participate in the study. In this study, the study population consisted of 14 women attended in the postpartum of the Regional Maternal and Child Hospital (RMCH) located in the Municipality of Imperatriz - MA. The sample was selected from those that were adequate to the inclusion criteria and accepted to participate in the study during the month of November. The days of the interviews were on Tuesdays and Wednesdays (morning and afternoon), with the first contact in the infirmaries to collect sociodemographic characterization data and then the follow-up on a home visit to investigate the main problems found in the first 10 days of puerperium.

This study has as a theoretical and practical foundation the Extension Project "PROMOTION OF HUMANIZATION OF BIRTH AND BIRTH", carried out according to the shift and weekly period described above. The primary objective of the latter is the follow-up of parturients and puerperas to assist

them in their confusion and sadness. Another purpose of this initiative is the provision of a humanized and protective assistance, increasing the knowledge of academics about the area of women's health in the parturition and puerperium, as well as of the women participants, because they are directed educational activities for self-care and care the newborn.

The hospital mentioned for the field belongs to the public sector, with coverage to the Tocantina Region (15 municipalities), besides the service to the States of Pará and Tocantins; is a maternity specializing in high-risk prenatal, vaginal and / or cesarean delivery. Added to this is the fact that this hospital has the title of Baby Friendly Hospital, as it encourages the practice of breastfeeding. Firstly, the patients were informed about the research and how their participation would be. Then, the Free and Informed Consent Form was presented to them. Participants were informed about the study's objectives, risks and benefits and the right to safeguard confidentiality, anonymity, as well as the right to withdraw at any stage of the research. The project submitted to the Ethics Committee of the Federal University of Maranhão and approved under the number of opinion 940.948. The data were collected through a questionnaire, which was applied with the selected women. The interviews were initially performed with the postpartum women after postpartum stabilization, and the remaining questions were then completed in the follow-up at a home visit. The average duration of the instruments was 30 minutes.

The research was divided in two moments: sample selection in the hospital environment to identify sociodemographic and economic data, first contact with the study population, to recognize the profile of puerperal women; the second time consisted of a home visit, informed and consented to the application of the questionnaire on the issues related to breastfeeding and its problems, in the period that contemplates the midterm postpartum period. The applied instrument contained 12 questions to identify: socio-demographic and economic data, such as age, color, marital status, professional occupation, educational level and sanitation conditions of the public network. And at the home visit, we investigated: breastfeeding, breast and / or emotional problems, seeking help and the perception of the mothers with respect to one's own health.

From the collected data, the numbering and ordering of the questionnaires, the conference and tabulation of the socioeconomic data and the characterization of the study population were performed. Subsequently, the results were transformed into percentages and received representation in the form of tables with the use of Excel® (Microsoft, version 2010). As far as statistics are concerned, the data were organized by means of tables. The information obtained was analyzed and discussed in accordance with the theoretical framework that underlies the research.

RESULTS

Fourteen puerperal women, aged between 18 and 35 years old, were interviewed by the Mother and Child Hospital of Imperatriz - HRMI. Below, the data collected are described after reading the percentages of the tables. Regarding the socio-demographic and economic characterization, it was verified in Table 1 that (42,86%) of the puerperae are in the age range of 27-35 years old, with predominant brown color (85,71%), in a consensual union (57,26%), with incomplete secondary education (57,15%), monthly family income of 1 minimum wage (57,16%) and housing with basic sanitation (42,87%). Among the women surveyed, there was no age between 15-17 years old, white, illiteracy, study up to the 4th year and complete higher education, besides income less than 1 minimum wage.Table 2 shows that most of the women in the interviewed population offered to exclusively offer breast milk as a food source for the child (57,16%). They also reported problems with the breasts - full and painful breast (breast engorgement) and leaky milk (leakage of breast milk) with (42,88%) and increased somnolence and hunger symptoms (28,6%) during the postpartum period. For the breast problems or even altered symptoms faced by the infants, the majority did not seek any kind of help, whether it is hospital care, primary care and / or family care (50,02%). Regarding the distribution of the sample in relation to the perception of their health, the percentage of (35,74%) without problems / complaints was the most expressive. Among the puerperae, there was no supply of cow's milk or other milk, complication of mastitis in the breasts, little milk produced or no other breast problem, and there was no purulent secretion in the surgical incision or allergy to medication in the mid-term puerperium.

Table 1. Distribution of the study participants according to the sociodemographic and economic characteristics of the sample. Imperatriz, Maranhão, Brazil, 2014.

Variables	N	%
Age		
18-20	4	28,57
21-26	4	28,57
27-35	6	42,86
Color		
Brown	12	85,71
Black	2	14,29
Marital status		
Married	4	28,57
Consensus Union	9	64,28
Single	1	7,15
Activity / Occupation		
Attendant cafeteria	1	7,14
Hairdresser	1	7,14
Housewife	8	57,16
Student	2	14,28
Cashier	1	7,14
Saleswoman	1	7,14
Degree of education		
5th to 8th year	1	7,14
Incomplete high school	8	57,15
Complete high school	4	28,57
Incomplete Higher Education	1	7,14
Family income		
No income	2	14,28
Only family purse	1	7,14
1 minimum wage	8	57,16
More than 1 minimum wage	1	7,14
2 minimum wages	1	7,14
More than 2 minimum wages	1	7,14
Sanitation conditions (water, sewage, garbage collection) of the public network		
No	1	7,14
Has	6	42,87
Just water	2	14,28
Water and garbage collection	5	35,71

Source: survey data, 2014.

DISCUSSION

In this study, there was a superiority of women in the age range of 27 to 35 years, a finding similar to that of the study

Table 2. Home visit around the 10th day postpartum. Imperatriz, Maranhão, Brazil, 2014

Variables	N	%
What food do you give your baby?		
Breast milk	8	57,16
Breast milk and water	1	7,14
Breast milk and tea	2	14,28
Breast milk, tea and water	3	21,42
Do you have any of these problems?		
Full and aching breast and leaking milk	6	42,88
Full and aching breast, cobbled breast and leaking milk	2	14,28
Chest full and sore, bare breast, inflammation of the breast and milk that leaks	1	7,14
Crack in the beak of the chest, full and aching chest	1	7,14
Crack in the beak of the chest, full and aching chest and milk that leaks	2	14,28
Crack in the beak of the chest, full and aching chest, cobbled breast and milk that leaks	1	7,14
Crack in the beak of the chest, full and aching chest, cobble breast, milk that leaks	1	7,14
Do you have any of these problems, symptoms?		
Tired and sleepy	1	7,14
Tired, sleepy and hungry	1	7,14
Tired, sleepy, trouble sleeping and hungry	2	14,28
Difficulty sleeping and hunger	1	7,14
Hunger	1	7,14
Nervous, drowsy, hungry and pain in spots	1	7,14
Sleepy and pain in the points	2	14,28
Sleepy and hungry	4	28,6
Sleepy, hungry and pain in spots	1	7,14

(conclusion)

Variables	N	%
He presented some of the problems cited. What type of help did you try to solve the problem? Hospital		14,28
Mother	2	21,42
Health Center	3	7,14
Health post and mother in law	1	7,14
None	1	50,02
	7	
Distribution of puerperal women according to their perception of their own health		
Anemia, headache and low back pain	1	7,14
Anemia, headache, low back pain and pain in episiothoria	1	7,14
Anemia, headache, low back pain, episiorraphy pain, hyperthermia	1	7,14
Anemia, headache, low back pain, surgical incision pain, flu	1	7,14
Anemia, headache, pain in episiothoria and flu	1	7,14
Anemia, low back pain and pain in episiothoria	1	7,14
Anemia, low back pain and pain in the surgical incision	1	7,14
Headache and pain in the surgical incision	1	7,14
Headache, low back pain and pain in the surgical incision	1	7,14
No problems / Complaints	5	35,74

Source: survey data, 2014.

carried out in Pernambuco by Caminha *et al.* (2011), whose objective was to identify the frequency and duration of exclusive breastfeeding among professionals of a Family Health Program in the city of Recife, Pernambuco, Brazil. The sociodemographic profile of the selected women was predominantly brown (85, 71%), consensual union (64,28%) and no paid occupation (57,15%). These data are relatively similar to the percentages of the study by Aquino et al. (2009). The lowest level of schooling was incomplete high school (57,15%), differing from Santos et al. (2012), in which the level of schooling was the second full grade. The monthly income of 1 minimum salary up to more than 2 minimum salaries when added corresponds to (78,57%), a variable also chosen and described by Komarsson *et al.* (2008). Also on this subject, the article on "Sociodemographic profile of puerperal users of the Unified Health System" written by Rodrigues, Domingues and Nascimento (2011) was concerned with the same variables used in this study: age, educational level, marital status, profession / occupation, family income and color / race, excluding only the variable referring to the question of public network sanitation in this research. With respect to basic sanitation, it is pointed out that the implementation of water supply, sewage network and regular waste collection result in an improvement in the health of the population; (42,87%) of this sample has this type of service at their place of residence, and a parallel can be made with Prado and Miagostovich (2014), which affirm coverage rates of 41% in basic sanitation for households with a ½ salary income Minimum. We found low socioeconomic indices with majority (57,16%) surviving with 1 minimum wage per month. This aspect is included in the Human Development Index (HDI), an indicator that was elaborated by the United Nations to measure the quality of life of the people of the world and that is of paramount importance for health epidemiology, since it contextualizes it. In 2000, Maranhão had an HDI of 0.636 and this figure was equivalent to Gabon, an African country with a median HDI level, as stated by Silva; Panhoca, (2007); Carneiro *et al.* (2012). The sample selected shows that the profile found among women matches the national panorama, where the highest fertility age is between 20 and 30 years, and the union is stable as a majority for marital status. In addition, the index of women without occupation and family income of less than 2 minimum wages was very expressive, with unsatisfactory housing conditions for health preservation, and a low level of schooling. These aspects are justified insofar as the field hospital is recognized as a public and with a majority of the attendance to puerperal women who have few financial conditions, with no prospect for completion of secondary and higher education, and therefore, it is inferred that they are in

low professional qualification and consequently in lower level for insertion in positions and occupations. Rocci and Fernandes (2014) followed the women in their sample and identified their desire (100%) for breastfeeding. However, in a post-hospital interview, (30%) of them reported difficulties with breastfeeding, a context similar to the present study. This was confirmed by the rate of (57,16%) of the mothers who were exclusively breastfed, while the rest of the options, if totaled (42,84%), provided breast milk with more water and / or teas for the children , percentages also related by Machado et al. (2014). In addition to these authors, it is interesting to mention Fernandes and Lara (2006), in a private hospital, in the interior of the State of São Paulo, where they contacted the women who had recently given birth, and (100%) said they were breastfeeding, (95%) were practicing exclusive breastfeeding, similar to this study, where (100%) of the women were breastfeeding, but only the majority were exclusively breastfed. The most striking symptoms for puerperae in this period were drowsiness and hunger (28.6%). Tiredness, difficulty sleeping, and pain in the stitches were still revealed. The authors Strapasson and Nedel (2010) also conducted a study that addressed the meaning of motherhood taking into account the feelings experienced by women.

Breast complications are typical postpartum problems. The most prominent data in the responses of this research were full and aching chest (breast engorgement) and milk leaking (breast milk leak), followed by cracks in the beak of the breast. Sousa *et al.* (2012) carried out an integrative review of the literature based on data already published since the 1990s in the MEDLINE and LILAC databases and showed that 20% of the mothers had breast engorgement, a percentage lower than the one found in this study (42,88%). For the sample used by Castro et.al (2009), the percentage of breast engorgement of the puerperae was (28,3%) and the nipple fissures present in (7,6%), corroborating with the sequence revealed in this study. difficulties in breastfeeding after hospital discharge may interfere with the success of breastfeeding and decrease the rates of exclusive breastfeeding. Breast complications also become a psychological barrier for women to continue nurturing their children with breast milk alone. Among the data found in this research for problems with breasts is cited: full and aching breast, milk that leaks, cracks in the nipple, among other variables numbered in Table 2, and there is no correlation between the variables. For example, some puerperal women who responded with full and aching breasts also had breast milk, but others did not present these two problems simultaneously, which excludes any cause and effect relationship.

The data were grouped in order to systematize the answers to facilitate the understanding of the general public. Breastfeeding is a topic addressed by all professionals in the field of choice for this research. Pregnant women, parturients and puerperal women are advised about the importance of breastfeeding, the main breast problems and the behavior of these problems. Therefore, in this sample, 100% of the women were breastfeeding and the majority were exclusively breastfed. Have not complained about health problems. In addition, the extension project that allowed this research to flow, is concerned with health education addressing breastfeeding in general and care of the newborn in the postpartum period, increasing their knowledge about the puerperal period. The understanding of everything that has been mentioned facilitates the provision of assistance focused on the peculiarity of each woman, taking into account the social and psychological aspects of each one, in order to deal with breastfeeding in an individualized way.

Conclusion

It was found that the main problems encountered in relation to breastfeeding were: full and aching breast and milk that leaks, followed by cracks in the beak of the breast. During the interview, there was little knowledge about the subject and the correct behavior to solve these complications. It is necessary to take advantage of the perception experienced by the woman in the face of the difficulty found to offer a more peculiar assistance, taking into account the social and psychological aspects of each one, so that she feels confident and knows what to do to continue breastfeeding. The visit in the mid-term postpartum can contribute to solve these breast difficulties, as well as support the coping of emotional changes in postpartum and encourage the practice of exclusive breastfeeding. From this study, it is possible to seek artifices to solve the main breast complications that may strengthen early weaning. In addition, to enrich the performance of infants with regard to the diffusion of the practice of exclusive breastfeeding in the mid-term puerperium.

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