

Challenges presented by primiparas in the breastfeeding process

RESUMO | Objetivo: Descrever as principais dificuldades encontradas por primíparas diante do processo de amamentação. Método: Trata-se de um estudo descritivo, prospectivo e com abordagem qualitativa, realizado na Unidade Básica de Saúde da Sacramento, em Belém no estado do Pará, nos meses de julho e agosto de 2019. Participaram primíparas lactantes, independente se amamentam de forma exclusiva ou não, sem contraindicações na amamentação, acompanhadas de seu recém-nascido (RN), único, nascido a termo, sem malformações. Resultados: As principais dificuldades apontadas pelas participantes relacionadas a amamentação neste estudo foram: Presença de fissura mamilar, pouco produção de leite e má pega. Conclusão: O auxílio à primípara lactante no processo de amamentação, pode evitar as intercorrências mamárias, bem como poderá auxiliar a resolvê-las quando estas já estiverem instaladas. É indispensável que o enfermeiro seja agente de mudanças, que saiba ofertar o suporte necessário para a continuidade da amamentação.

Palavras-chaves: Aleitamento Materno; Enfermagem; Desmame; Enfermagem Materno-Infantil;

ABSTRACT | Objective: To describe the main difficulties encountered by primiparas in the breastfeeding process. Method: This is a descriptive, prospective study with a qualitative approach, carried out at the Sacramento Basic Health Unit, in Belém, Pará, in the months of July and August 2019. Breastfeeding primiparous women participated, regardless of whether they breastfed exclusively or not, without contraindications to breastfeeding, accompanied by her newborn (NB), single, born at term, without malformations. Results: The main difficulties mentioned by the participants related to breastfeeding in this study were: Presence of cracked nipples, little milk production and poor attachment. Conclusion: Helping primipara lactating in the breastfeeding process can prevent breast complications, as well as help to resolve them when they are already installed. It is essential that nurses are agents of change, that they know how to offer the necessary support for the continuity of breastfeeding.

Keywords: Breastfeeding; Nursing; Weaning; Maternal and Child Nursing;

RESUMEN | Objetivo: Describir las principales dificultades que encuentran las primíparas en el proceso de lactancia. Método: Se trata de un estudio descriptivo, prospectivo con abordaje cualitativo, realizado en la Unidad Básica de Salud Sacramento, en Belém, Pará, en los meses de julio y agosto de 2019. Exclusivo o no, sin contraindicaciones para la lactancia materna, acompañada de su recién nacido. (NB), soltero, nacido a término, sin malformaciones. Resultados: Las principales dificultades mencionadas por las participantes relacionadas con la lactancia materna en este estudio fueron: Presencia de pezones agrietados, poca producción de leche y mal agarre. Conclusión: Ayudar a primipara lactando en el proceso de lactancia puede prevenir complicaciones mamarias, así como ayudar a resolverlas cuando ya están instaladas. Es fundamental que las enfermeras sean agentes de cambio, que sepan ofrecer el apoyo necesario para la continuidad de la lactancia materna.

Palabras claves: Lactancia Materna; Enfermería; Destete; Enfermería Materno-infantil.

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INTRODUCTION

Many women, even if they are informed about the importance of breastfeeding, do not breastfeed because they face difficulties, especially in the first days postpartum, or are not successful in continuing breastfeeding due to specific problems of breastfeeding, such as: trauma breasts (engorgement, nipple pain, mastitis, etc.), inverted nipples, beliefs (such as “weak milk”), incorrect grip, pain, discomfort, among others.¹

In addition, the first pregnancy, low adherence to prenatal consultations; or even the absence of the partner's presence tend to favor early interruption of

breastfeeding.²

However, we know that breast milk is the most suitable food for newborns and infants as an exclusive food until the first six months of life, and thereafter being offered as a complement until two years old or older.³

The superiority of breast milk over milk from other species is proven, as it is the food that indisputably gathers all the ideal nutritional characteristics, in addition to developing biological and psychological advantages and other factors that help in the healthy growth and development of the NB, and may even reduce the number of deaths in children under 5 years from preventable causes, so that no other strategy achieves this result. Also emphasizing its immunological and anti-infective advantages and its attribution in the prevention of future diseases, as well as the economic benefits arising from the lower cost.⁴

Breastfeeding is not only a form of nutrition for infants, but also a form of bonding, affection and protection, as well as an important ally in reducing child morbidity and mortality, by preventing diarrhea, respiratory infections and reducing allergenic risks, especially when breastfeeding is exclusive for up to 6 months, as recommended by the World Health Organization (WHO) and the Ministry of Health (MH). In the long term, the breastfeeding process reduces the risk of developing hypertension, high cholesterol, diabetes, obesity, as well as contributing to a better cognitive development and the child's oral cavity. For the mother, breastfeeding can provide disease prevention, such as reducing the prevalence of breast cancer, and also acting as a contraceptive method, provided that breastfeeding is exclusive; and among other numerous privileges that it can provide.⁴

Even in the current context, at a time of infection by the new coronavirus (COVID-19) there is a constant con-

cern whether mothers infected with the disease can transmit the disease to their babies or young children, which can be a difficulty in continuing the process of breast-feeding. WHO recommends that mothers infected or suspected of being infected by the new coronavirus (COVID-19) be encouraged to initiate or continue breastfeeding, as they should be advised that the benefits of breastfeeding significantly outweigh the potential risks of transmission.⁵

Access to information and lack of knowledge on the subject influence both the decision to breastfeed and its duration, and multiple adversities result in maternal vulnerability, favoring early weaning. However, it is worth noting that the social aspects present in the daily life of the nursing mother also influence the breastfeeding process.⁶

Therefore, this study brings the following guiding question: What are the main difficulties faced by primiparas during breastfeeding?

Therefore, and in accordance with this context, this study aims to describe the challenges presented by primiparous women who breastfeed, pointing out their main difficulties during the breastfeeding process.

METHOD

This is a descriptive, exploratory study with a qualitative approach, carried out at the Basic Health Unit (UBS) of Sacramento, in Belém, Pará.

Twenty primiparous lactating women who were being treated at the UBS, accompanied by their newborn (NB) born at term, single, in exclusive or complementary breastfeeding, participated in this study.

Primiparous women were included in this study, regardless of age, accompanied by their newborn (NB), single, born at term, without malformations and without contraindications to breastfeeding, regardless of exclusive breastfeeding or not, and who agreed

to participate in the research. Women who have already gone through the breastfeeding process in previous pregnancies, minors without monitoring by a guardian, with breast malformations or presence of nodules or any surgical procedure that influences milk production, or who are not in a physical or mental condition to participate from the survey were excluded.

The collection was carried out from July to August of 2019. After checking the inclusion criteria, the women were invited to participate in the research and after acceptance, they were presented with the Informed Consent Form (ICF). After reading and signing it, data collection began with an instrument formulated by the researcher, containing questions about the socio-demographic profile of the participants; and an open question "What difficulties did you have during breastfeeding?" where the answers were recorded in order to obtain greater accuracy of the experiences reported.

The data collected regarding the sociodemographic profile were analyzed using simple descriptive statistics for a better understanding of the results. The analysis of subjective data was carried out through the content analysis of the responses, after the full transcription of the speeches obtained.

The term content analysis corresponds to a set of communication analysis techniques in order to obtain a description of the content of messages, indicators (quantitative or not), that allow the inference of knowledge related to production/reception conditions (inferred variables) of these messages; by systematic procedures and content description objectives.⁷

After full transcription of the speeches obtained, the classification of groups was carried out based on generic titles, of which the grouping was carried out due to the common characteristics of the interviews from data collection, in which the category "Dif-

difficulties in breastfeeding " is presented in this study.

In order to respect the confidentiality of the participants, their identity was preserved and they are identified as "Interviewee" in this work.

The project was submitted and approved to the Research Ethics Committee (CEP - Comitê de Ética e Pesquisa) of the Institute of Health Sciences of the Federal University of Pará under opinion nº 3.355.077/2019 and CAEE 09548519.9.0000.0018, and after consideration and authorization by the Belém Municipal Health Department (SESMA). The study meets the terms recommended in the National Health Council (CNS - Conselho Nacional de Saúde) resolution 466/2012.

RESULTS

Characterization of subjects

Twenty primiparous women participated in this research, as shown in table 1. The age range of the participants who composed the research was 16 to 38 years old, 17 of them aged between 19 and 29 years old. As for the level of education, most interviewees have completed high school and half of the participants are in paid activities. And in relation to marital status 12 of them claimed to be single.

The difficulties in breastfeeding

Most participants in this study reported that they had difficulties during the breastfeeding process, especially breast lesions. Among these, the main complication mentioned was the emergence of nipple fissure, as we can see in some of the interviewees' statements below:

My breast was soooo hurt and it was torture for me, it was time to breastfeed and I was already very sad, I would give the breast crying to him. (Interviewee 4)

My breast hurt right at the start,

because she was looking very, very hard for it. (Interviewee 20)

It is noticed, in the reports, the free demand pointed out as the cause of breast lesions. Thus, there is a need for guidance on the correct grip and positioning of the baby, as these are the main causes of the appearance of cracked nipples when performed inappropriately.

About this, the reports below reinforce the importance of providing information during the pregnancy-puerperal process.

In the maternity ward, I did not have information on how the baby should take it on... on my breast. [...] then my baby only grabbed the nipple. (Interviewee 4)

He couldn't take it and I had to keep taking it for him. Then my breast was shriveled up, I think because he didn't suck it, right? (Interviewee 19)

As seen in the reports presented, these women recognize that they did not have enough information about proper attachment, one of them understands and relates bad attachment with little milk and cracking, which is essential to reverse the complications. However, it is believed that the other interviewees who had these problems were also not informed about the breastfeeding technique, and could not even recognize what led to the particular difficulty. It is also understood that the correct grip is the fundamental basis for preventing various complications and that if it is not carried out effectively, it can trigger a cascade of physical and emotional adversities.

Problems related to the quantity, production and letdown of milk were mentioned, alone or in conjunction with other difficulties already described, such as poor attachment and nipple fissure, as we can see in the following statements:

It was in the first days that she was

Tabela 1– Description of the socioeconomic characteristics of the primiparous women participating in the research, at the Sacramento UBS, Belém-Pará, in July/August 2019.

Variable	Descrição	N
Age group	16 to 18 years	1
	19 to 29 years	17
	30 to 38 years	2
Education	Complete primary education	2
	Incomplete primary education	2
	Complete high school	9
	Incomplete high school	3
Occupation	Higher education	4
	Remunerated activity	10
	Students	5
Marital status	Housewives	3
	Unemployed	2
	Single	12
Marital status	Married	3
	Stable union	5
Total		20

Source: Data Collection Instrument, 2019.

born, I had no milk, not even a drop of milk (Interviewee 5).

Yes... It cracked my breast [...] and gave little milk too (Interviewee 7).

I had little milk and had a crack in my breast (Interviewee 11).

DISCUSSION

The results show that the main difficulties encountered by primiparae were: nipple trauma, poor attachment and problems related to the production and ejection of milk.

The nipple fissure or crack is a lesion of the epithelial tissue that covers the nipple. One study indicates that primiparous women had a higher frequency of nipple trauma (60.2%), which can be explained by inexperience or exposure of nipple-areolar tissue for the first time to the newborn. Nipple fissure has an incidence of approximately 80% in postpartum women. Nowadays, and the fact that nursing guidelines are little worked on this subject, has a certain responsibility for the emergence of fissures. Therefore, early diagnosis is essential to reduce this incidence. (8,9)

The use of the correct breastfeeding technique is the most effective practice in preventing changes in the integrity of the nipple-areolar region, if the nipple is only attached, there will be nipple fissure due to continued friction. (10)

The problems presented by the nursing mother in this study are related to the breastfeeding technique and the mother's position to breastfeed, factors that significantly influence the onset of exposed complications.

As described, the breastfeeding technique is important for the effective transfer of milk from the breast to the child, as well as for preventing pain and trauma to the nipples. In addition, treatment to correct installed problems is essential.



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To check if the grip is correct it is necessary to observe the suction, the baby needs to be taking long suctions, followed by pauses and small suctions, and the swallowing is also verified. The child must grasp not only the nipple but mainly all or most of the areola. The mother can be helped to take advantage of the search and grasp process by placing the nipple on the baby's cheek, letting him explore the breast with his tongue and open his mouth wide. Correct grip never hurts; if the mother reports pain, it is because the baby is not catching properly. (10,11)

About the delay in the letdown of the milk, a physiological process that, however, is understood to be unknown by them, it is called apojadura. This phenomenon only occurs on the third or fourth day after delivery, resulting from the action of hormones related to milk production. Although it seems small, the amount of milk is sufficient for the newborn in the first days of life, even if it is not yet sucking, from then on, milk production will depend on the emptying of the breast. (12)

The insufficiency in the guidelines related to breastfeeding was presented in a study that identified that 42,3% of the research participants were not instructed about breastfeeding during their prenatal care, 43,4% of the women were not instructed in relation to care with the breast and 56,4% were not instructed in the maternity hospital about the importance of breastfeeding the baby. (13)

It is essential that the health professional works to promote and protect breastfeeding, especially during prenatal care, as well as having knowledge about the clinical management of breastfeeding. Furthermore, the work of a multidisciplinary team is beneficial for the development of the bond with the pregnant/puerperal woman, so that later there is the development of self-efficacy for breastfeeding, reversing the situation of complications and encour-

raging the continuity of breastfeeding.

Authors¹⁴ expose the importance of providing breastfeeding to the baby in the first hour after birth, as skin-to-skin contact favors an emotional bond between mother and baby, stimulation of milk production, promoting the lactation process, among other benefits. And although health professionals still find it difficult to accept postpartum women regarding breastfeeding, it is valuable for nurses to take hold of various strategies to promote breastfeeding in the immediate postpartum period.

It is observed the need and importance of knowledge about aspects related to the practice of breastfeeding so that the mother and the child can experience breastfeeding effectively and pleasantly, receiving from the health professional all the necessary and appropriate guidance for their success.

It is also noteworthy that guidance on the management of breastfeeding should be given from the prenatal period, both in nursing consultations and in educational activities. It is also essential that the puerperal woman who has difficulty seek professional help in

the early days, so that breastfeeding can continue successfully.

CONCLUSION

The difficulties presented are preventable, as are the factors that contribute to their emergence. It is believed that it is due to failures in the care routines of local health services or the pregnant woman's difficulties in understanding the guidelines of health professionals during prenatal care. Given this, the importance of orientation is notorious, especially in view of primiparity.

These reports show the importance of the health team trained in basic units and maternity hospitals. Always up-to-date to act in the prevention and treatment of installed difficulties. It is important to guarantee access to nursing consultations at health units whenever the breastfeeding woman needs it, and especially when she is faced with doubts and/or difficulties in the practice of breastfeeding. As well as it is essential that the woman leaves the maternity hospital with breastfeeding accompa-

nied by the nurse and properly oriented as to the correct technique.

May this study serve as a subsidy for a more qualified care not only for the nursing team, but for the entire multidisciplinary team that will provide care to this nursing mother. The importance of training this team and investigating these difficulties in postpartum consultations and home visits is also highlighted, so that they are treated as soon as possible, thus avoiding weaning, early introduction of food and all the harm that can cause the child, as well as the suffering of this nursing mother who experiences these difficulties.

Helping the primiparous woman in the breastfeeding process can prevent breast complications, as well as help to resolve them when they are already installed. It is essential that the nurse is an agent of change, who knows how to offer support not only to problems related to the breasts, but also to offer support and emotional support, to help with the fear and anxiety that may be present and damaging during this period. 🐣

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