

Assistance of the Nursing Team in Relation to Breastfeeding: A Literature Review

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Abstract

Breastfeeding is much more than nourishing the child. It is a process that stimulates interaction and bond between mother and child. It promotes nutrition, defends against infections, aids in cognitive and emotional development and generates long-term health. The nursing professional is the one who spends most of the time with the puerperal woman, it is he who will advise on the technique and assist in clarifying doubts. The objective of this article was to demonstrate the importance of the assistance of the nursing team in breastfeeding. This is a literature review, through a survey with electronic data such as Virtual Health Library - Bireme, between 2010 and 2020, books, magazines, data published by the Ministry of Health in Portuguese. The results obtained highlight the importance of the team in breastfeeding and the need for the professionals' commitment to promote and support the practice.

The nursing professional needs to develop sensitivity, empathy and have a humanistic attitude towards patients, so a bond of trust is formed and consequently the woman will feel more secure and guided when deciding on breastfeeding.

Keywords: *Breastfeeding; Nursing Team; Health Promotion; Breast Milk*

Introduction

Breastfeeding is the supply of milk directly from the breast to the infant and can be received in several different ways, either directly from the breast, through the bottle, with the use of a cup, among other ways, where the most important thing is that the baby receives breast milk essential for your growth and health [1]. There are numerous factors in existence that demonstrate that breast milk is beneficial for babies; provides protection against infections, fewer premature deaths occur among breastfed children, decreases childhood obesity, strengthens immunity, promotes emotional bond between mother and child. In addition to being a complete food for children in their first six months of life [2].

With technological advances, several products have been created that contribute to the reduction of malnutrition, these products can now contribute to the reduction of gastrointestinal problems; such as allergic problems, reflux and digestive deficiencies. However, these changes led to decreased breastfeeding and the predominance of artificial breastfeeding [3].

Despite the existence of numerous scientific evidences in relation to the superiority of breast milk over other types of milk and being a topic widely addressed, there is still a need for great work on the part of health teams, as it is noted that there are a number low number of women who breastfeed their children as recommended by the recommendations and the number of cases of early weaning is still high. Thus, the situation of breastfeeding is still far from that recommended by the World Health Organization (WHO). This often occurs due to the mother's lack of knowledge about the importance of exclusive breastfeeding for a longer period of time in the infant's life [4].

With science proving the superiority of exclusive breastfeeding in the feeding of young children and despite great efforts by several national and international agencies, the prevalence of breastfeeding is quite far from that recommended. However, the health professional has a fundamental role in the reversal of this scenario, but for that he needs to be prepared because however perfect and professional he is in the technique related to lactation, he will only be successful if the professional has a holistic look around the woman answered. In other words, this view must value and recognize women as the main protagonist in breastfeeding, inserting active listening, encouragement and empowerment [5].

For the success of breastfeeding to occur, it is essential to encourage and promote it during the gestational period, more precisely in the prenatal period, where the pregnant woman has the opportunity to receive group and individual guidance on breast milk, breasts, breastfeeding practices as well as discussing advantages, disadvantages, doubts, controversial issues and myths related to breastfeeding [6].

Successful breastfeeding depends much more on the mother’s desire and willingness to breastfeed, on having satisfaction in the act and on the quality of the support systems available than anything else. For this reason, the assistance of health teams in the postpartum period becomes extremely important to increase the chances of success and satisfaction among mothers [7].

Objective of the Study

The objective of this work was to demonstrate the importance of the nursing team in relation to breastfeeding so that the puerperal woman is well informed about the steps of the procedure and its importance, support and nursing assistance during pregnancy and also after delivery are essential. so that the woman can offer the best for her children. The specific objectives were: the importance of the nursing team, prenatal care, discussing breastfeeding practices and types, as well as the correct handle.

Materials and Methods

It was carried out through a literature review. The searches were carried out with a survey of electronic databases such as the Virtual Health Library - Bireme between 2010 and 2020 in books, magazines, data published by and the Ministry of Health in Portuguese. The descriptors used were: Breastfeeding, Nursing staff, Health promotion, Breastfeeding and Breast milk. In all, 16 articles were found, 9 of which were excluded because they did not meet the inclusion criteria. Only 7 of the researched articles were incorporated for the development of the study, as they met the inclusion criterion on the assistance of the nursing team in relation to breastfeeding, according to table 1. This method allowed to select articles, which were read according to the title and summary, followed by the analysis of each one to verify if it was within the objective. For this study, the following guiding question was raised: What is the role of the nursing team in promoting and supporting breastfeeding? Knowing intimately the role of the nursing team, it is possible to comprehend the difficulties of mothers during breastfeeding more comprehensively.

Article	Article name	Article authors and year	Nursing team assistance
1	Breastfeeding: family influence and the role of health professionals.	Prates LA., <i>et al.</i> 2014	The nursing team must bring the family closer to the actions that involve breastfeeding, so that they come to know the experiences of this practice and need to implement actions that can promote it, protect it and support it.
2	Health Education in prenatal care to strengthen breastfeeding.	Pereira GOM., <i>et al.</i> 2010	The success of breastfeeding is associated with educational programs of different natures and the appreciation of the culture related to this social practice.
3	Guidelines of health professionals on breastfeeding: the puerperal perspective.	Batista M.R., <i>et al.</i> 2017	For breastfeeding it is necessary to work with participatory education, providing the joint construction of meaningful knowledge.

4	Nurses' performance in the clinical management of breastfeeding: strategies for breastfeeding.	Costa EFG., <i>et al.</i> 2018	Support in the clinical management of breastfeeding: a care perspective; technical-practical support for clinical breastfeeding management; and the clinical management of breastfeeding based on nurses' guidance.
5	The importance of nursing care in breastfeeding	Carvalho JKM., <i>et al.</i> 2011	It is up to duly trained health professionals to guide and support mothers who suffer from some type of intercurrent in breastfeeding so that there is a lower rate of weaning caused by factors that can be prevented.
6	Guidelines on breastfeeding in prenatal care: an integrative review.	Fired MÖ., <i>et al.</i> 2010	Health actions and new strategies aimed at breastfeeding in prenatal care must be proposed, increased and incorporated by health professionals.
7	Information system to support systematization of Nursing Assistance.	Malucelli A., <i>et al.</i> 2010	It is extremely important the participation of nursing professionals in the construction of an information system.

Table 1: Profile of studies relevant to the topic.

Results and Discussion

The importance of the nursing team

Human milk is an ideal and balanced food that has several nutrients with important immunological and psychological advantages in reducing infant mortality. Breastfeeding not only provides nutrients, but also promotes the emotional bond with the mother, protection and complete support for the baby. In addition to being an effective way to save and reduce child morbidity and mortality, it is capable of promoting comprehensive health for the newborn [8].

The puerperal women who have experienced breastfeeding before and have been successful with the practice, are the same who will continue the breastfeeding process. As a result, special monitoring by the nursing team along with the puerperal women is essential to enable them to continue breastfeeding, since those who report negative and frustrating aspects previously, are probably the ones who will not be able to continue with breastfeeding, that is, they will introduce artificial milk and other foods early [1].

The nursing professional needs to have basic knowledge inherent to breastfeeding, where it promotes support and encouragement for the mother during prenatal care, in addition it is important to have an active listening without prejudice where this professional can listen to the pregnant woman and discuss her fears, insecurities, taboos, doubts and responsibilities [9].

It is necessary to take into account cultural, social and psycho-emotional aspects, the professional must know how to act differently in each situation, because each being is individual and unique, so it is necessary to have a holistic view to understand the difficulty of each one, not only passing the techniques, but also listening to the stories and experiences, solving doubts and creating a bond of trust and security [10].

The role of the nurse is essential for the promotion, protection and support of breastfeeding to occur. Emotional support from the professional is a determining factor for when obstacles arise in the process, the pregnant woman may have someone to trust and overcome difficulties. More than talking it is necessary to listen, look in the eyes, pay close attention to body language, if you are comfortable or need to talk about something. In order to inhibit the professional-woman barrier, a bond must be established and for that to happen it is important to have an active listening, where the patient can feel free to comment on what she feels like and consequently get familiarized with the team, this will do all the difference at the time of an orientation or when she has some difficulty [11].

Since the nursing professional is the one who most closely monitors the pregnant woman during the prenatal and postpartum period, she who should prepare her for breastfeeding so that it is as calm as possible, avoiding possible future complications [12].

Nurses have a crucial role as a health educator, however they need to create a plan composed of objectives and goals to be met, which may contain dynamics, lectures, home visits, creation of groups of pregnant women and other activities to support their guidance. These dynamics can be based on the complications that may occur in the breastfeeding process in order to clarify doubts and solve them [13].

The activities in which several pregnant women participate promotes the interaction between them and brings learning about being a mother, generating and giving birth, as the exchange of experience enables the notion and vision of herself within the collective, with this anxiety decreases in relation to the future and the changes to come [14].

Therefore, it is up to the nurse to have clinical rationality, knowledge and skill when offering care to pregnant women, where it is possible to use the Nursing Care Systematization (SAE). The SAE must have a holistic focus since the data collection, so that all the patient's needs are met, in addition to damage prevention, it promotes a more appropriate planning for each case as it is based and regulated by COFEN Resolution nº 358/2009 [15].

The presence of the family is an essential part of the puerperal life, because in addition to being a new phase in her life, many are experiencing breastfeeding for the first time. Therefore, the nursing team not only provides care to the mother, but also to family members, who in turn can collaborate with breastfeeding or limit learning. It is known that all support is very important for women in this very intense moment of their life, with this the maintenance of breastfeeding is usually done with the support of their families so that it is established effectively and that it has continuity. External aspects greatly influence adherence to breastfeeding, but the family has the power to encourage or discourage the mother from making this decision. Many women who are already determined not to breastfeed after childbirth because they are fragile and change their mind because of others who influenced her [1].

Prenatal

Breastfeeding is a natural act, but it can and must be learned, and this is part of the incentive and information provided by health professionals, which should encourage and support mothers in adhering to exclusive breastfeeding until at least 6 months of age.

The mother who receives information about the benefits of breastfeeding, the disadvantages of using artificial milk, knows the correct breastfeeding technique and the baby's prenatal position will be the mother who is likely to be successful in breastfeeding. The woman needs to be prepared with correct information and questioning doubts about pregnancy, childbirth and the puerperium, only then will she feel safer to face this period, because lack of information generates fear, frustration and concern [16].

Prenatal care is where women are able to do the necessary tests to find out if everything is going well with pregnancy, if the fetus is growing, if the mother is not suffering from hypertension, gestational diabetes, updated vaccinations, in short, at least six prenatal consultations are necessary, ideally starting in the first three months of pregnancy [17].

If the pregnant woman discovers the pregnancy in the first trimester, she will have more time to consult with the health team, with this, she will obtain more information, spend more time with the team and consequently strengthen the professional-patient bond. The pregnant woman will also have more time to associate the past information, because after discovering the pregnancy she becomes a mother and all the support she receives will be great for acceptance [18].

All information provided during prenatal care is extremely important for better adherence to breastfeeding, as the mother feels more secure and prepared. The desire to breastfeed is already inserted in her daily life and the pregnant woman will have autonomy to know if

it is really necessary. However, the information given during childbirth and the puerperium will tell whether she will adhere to breastfeeding or not, it is where she will put the teachings into practice and doubts, but minor ones, will be more easily overcome [19].

According to the Ministry of Health, there are ten steps to the success of breastfeeding, among them are: Having a written standard on breastfeeding and the entire team knowing and practicing this standard; Train and enable the entire team to follow these rules; guide all pregnant women about the benefits of breastfeeding; show mothers the need to breastfeed in the first hour of life; show the best way to breastfeed and how to maintain lactation; advise on exclusive breastfeeding and not needing to give other types of food; always leave the two in the same environment practicing joint accommodation; Encourage breastfeeding without restriction; not giving pacifiers and other artificial teats; encourage the formation of support groups to answer questions.

The internet today has become the most used means of communication and research by people, first there is the search for information at home and if there are still doubts, a professional is sought. To have access to the content anybody can do it with the greatest ease, so it becomes an easy way to spread the wrong information. In the act of despair the puerperal woman seeks information about breastfeeding on the internet and this content is true in her life [18].

It is necessary that the information be clarified in the consultation, with a qualified and trained professional on the subject so that the process is not interrupted, breastfeeding has to be mentioned from the first consultation, if this does not happen the mother will look for information from other sources and these may not be as reliable [20].

Breastfeeding practices

Techniques passed in theory such as the correct grip and positioning of the baby should be passed on after delivery. The educated mother will not have so much difficulty in putting it into practice, however, uncertainty, fear and insecurity become normal in the first feedings, uncertainty arises if the technique is correct, the fear that the nipple trauma will occur and the insecurity of being or not managing to feed his son. The first thing that the nursing professional must go through is that the mother's comfort must be paramount, no part of the body must be overloaded, the feet must be supported, the spine must be in a comfortable position, the arms supported, if necessary using cushions for assistance, comfort is essential because each feeding lasts an average of thirty to forty minutes (this time is an estimate, with the passage of breastfeeding the baby and the nursing mother will determine the time) [21].

The breast is prepared for breastfeeding since pregnancy with the help of hormones, the most important of which are estrogen and progesterone, one responsible for the branching of the lactiferous ducts and the other for the formation of the lobules. After the birth and expulsion of the placenta, prolactin is released, and milk production begins there, after which if it is stimulated as soon as possible, the best for the mother and baby. Most of the milk is produced while the baby is breastfeeding. The first few days it is normal for milk to not be large, after a few days the breasts will start to produce more [5].

The grip should be corrected, because doing wrong with the time the nipples become sore and cracks can appear where great discomfort occurs, so it is necessary to leave the nipples very dry after breastfeeding, and remind them that there is no need to pass any type of ointment, only the milk itself after feedings, then always dry well and it is necessary to change the breast pads when they are very wet.

The correct grip does not depend on the size and shape of the nipple, because a mother with an inverted nipple can usually feed her child, since the portion the baby takes is 1/3 of the breast to be able to suck. Positioning is very important, it is he who will interfere with how much the child is sucking breast milk, the correct position is for the mother to turn the baby's entire body towards the breast, not just the head. With the dominated practices it will be easier to adhere, because the pain frightens many inexperienced mothers and feeling fear while breastfeeding is not ideal. That is why it is so important the presence of nursing professionals to assist and show that performing the right way there will be no pain or discomfort. Technical engagement is necessary so that any doubts can be clarified [22].

According to the Ministry of Health’s definitions, there are five classifications for breastfeeding [5].

Exclusive Breastfeeding	When the child receives only breast milk, directly from the breast or expressed, or human milk from another source, without other liquids or solids, with the exception of drops or syrups containing vitamins, oral rehydration salts, mineral supplements or medications.
Predominant breastfeeding	When the child receives, in addition to breastfeeding, water or water-based drinks (sweet water, teas, infusions), fruit juices.
Breastfeeding	When the child receives breast milk (directly from the breast or expressed), regardless of whether or not he receives other foods.
Complemented breastfeeding	When the child receives, in addition to breastfeeding, any solid or semi-solid food for the purpose of complementing it and not replacing it. In this category the child may receive, in addition to breast milk, another type of milk, but this is not considered a complementary food.
Mixed or partial breastfeeding	When the child receives mixed or partial breast milk and other types of milk.

Table 2: Classifications for breastfeeding.

Source: Basic care notebook, Ministry of Health, 2015.

Breastfeeding according to the Ministry of Health must be exclusive until the sixth month and complemented until the age of two or more. There is no need to start introducing food before six months.

Conclusion

It was possible to verify that there is an extreme need for the guidance of a nursing professional to encourage breastfeeding, especially when the woman has not yet experienced the breastfeeding experience, but also for those who have already breastfed and it was not a pleasant experience. The ideal would be that during pregnancy she already expresses the desire to breastfeed and for this the role of the nursing team is essential, which is the professional who most accompanies the pregnant woman throughout pregnancy.

During pregnancy, the professional will have the opportunity to address the topic with guidance, lectures and other forms of incentives that are decisive for women to adhere to breastfeeding.

For that, the professionals must master the subject with skill and experience, to clarify doubts and to guide on the practice with arguments that convince the pregnant woman at the time of the decision, thus promoting a stronger and deeper professional-patient bond based on help and trust.

The professional’s emotional support comes as a decisive factor to establish a bond with the pregnant woman, at that moment he needs to be able to promote active listening, look in the eyes, demonstrate empathy and knowledge so that the guidance is strengthened in confidence.

The nursing team should use the family as collaborators who also encourage and influence the decision to breastfeed, whenever possible to assist the pregnant woman with the family member together so that they can discuss in the same language, the family being an encourager of breastfeeding, as in she will be the one who will support the puerperal woman.

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