

LEVEL OF KNOWLEDGE OF NURSING MOTHERS ABOUT THE PRACTICE OF EXCLUSIVE BREASTFEEDING

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Abstract: Goal: To assess the level of knowledge of nursing mothers about the practice of Exclusive Breastfeeding (EBF) and causes of early weaning in private institutions in the Federal District. **Methods:** The people who participated in the research: 102 nursing mothers with a mean age of (mean 31.13 ± 5.22), who answered a questionnaire consisting of 11 questions. **Results:** All mothers knew about EBF, but 73.79% did not perform it, and only 17.47% had been guided by a health professional regarding EBF, 46% of nursing mothers did not breastfeed their children. **Conclusion:** The practice of breastfeeding undoubtedly presents achievements and advances. However, the number of early weaning is significant, as can be seen in the practice of breastfeeding, low rate of mothers who underwent EBF, and mothers oriented about the practice of EBF.

Keywords: Speech Therapy, Breastfeeding, Child Malnutrition.

INTRODUCTION

Breastfeeding is a stage of the female reproductive process that results in benefits for the health of the mother and child involved in this process, with positive repercussions for society.¹ When opting for the practice, the mother, in addition to providing the best food to her child, transmits important sensations such as affection and reception.²

Breast milk, due to its characteristics and properties, is fundamental for the physical, functional and mental development of the baby, as it contains all the vitamins, minerals, fats and sugars necessary and appropriate for the first months of human life², in addition to its composition being especially for the child's fragile stomach, easy to digest and protects from diseases such as diarrhea, pneumonia, infections and allergies in general.

Studies have shown that the baby's contact with the breast and the stimulation of

breastfeeding in the first hour after delivery, favors the success of breastfeeding, prolonging its time and reducing the risk of abandonment of children. Breast milk does not flow fully until a few days after the baby is born. In the first few days, the mother produces colostrum, which is a substance, thick and yellow, full of antibodies and proteins, which will feed and function as her first vaccine.³

In addition, suction is one of the functions of the stomatognathic system essential for the correct growth and development of the skull, promoting the adequate stimulus for the growth of the jaw, teeth and facial muscles, thus preventing dental malocclusion and also contributing to other benefits avoiding problems. in speech.^{1,4}

Breast milk as an exclusive food for the first six months of a child's life is recommended, and can be offered as a supplement for up to two years of life. However, WHO data reveal that in Brazil the average period of breastfeeding has been less than two months, well below the minimum recommended period. And this data is more noticeable in the strata of the population whose income is lower. The difficulties faced by public health and the propagation of myths and untruths in this area are attributed to⁵.

According to UNICEF⁶ malnutrition or malnutrition has been directly or indirectly responsible for 60% of the nearly 11 million annual deaths of children under five years of age. It is estimated that about 13% could have been avoided with the correct guidance regarding exclusive breastfeeding of babies in the first 6 months of life.

In order to increase breastfeeding rates in Brazil, the National Program for the Incentive of Exclusive Breastfeeding (AME) was started in 1981, with the aim of improving indicators related to the supply and distribution of milk to newborns.

With the objective of raising awareness

among the population, the Ministry of Health organizes annually, in August, the World Breastfeeding Week, which, according to research, has resulted in an increase in the average duration of breastfeeding in the country, which increase from 296 days in 1999 to 342 days in 2008. In capital cities and the Federal District, the duration of the EBF was 24 days in 1999, and in 2008, it became 54 days⁵.

At the international level, the milestone was the approval, in 1981, at the 34th World Health Assembly of the WHO, of the International Code of Marketing of Breast Milk Substitutes, and the creation of the International Network in Defense of the Right to Breastfeed (IBFAN). In 1986, at the 39th World Health Assembly (WHA) of the WHO, policies became more focused and the prohibition of the free and subsidized supply of breastmilk substitutes was instituted and declared that the use of milks called “segment milks” was established. ” was unnecessary⁷.

In this process, the Brazilian Ministry of Health, concerned with the high rates of early weaning, evidenced in the scientific results carried out in the country, started investments in programs and policies aimed at encouraging breastfeeding. In the early 1980s, the National Breastfeeding Incentive Program was launched.⁸

In 1994, the 47th World Health Assembly resolved to end free and subsidized milk supplies throughout the health system. The beginning of the third millennium was marked by the approval at the 54th World Health Assembly of the Brazilian recommendation of exclusive breastfeeding for six months⁹.

Despite the numerous benefits of breastfeeding, there was a marked decrease in this practice, even taking into account the increase in its prevalence in the last two decades compared to the 1960s-70s. To continue recovering this culture, health

professionals have to combine the practice of Clinical Lactation Management, in its multiple nuances, with a set of other skills for managing public policies, of a sociocultural nature.¹⁰

To wean is defined as the introduction of any type of food into the diet of a child who, until then, was exclusively breastfed. Consequently, the weaning period is the period between the introduction of a new food and the complete cessation of breastfeeding.¹⁰

The main factors related to weaning are: age, low socioeconomic and educational level of the mother, family structure, maternal work, whether domestic or outside the home, perception of the female body, the mother's intention to breastfeed, since the beginning of prenatal care, the lack of encouragement from the spouse and relatives, and the absence of support given in the daily life of the nursing mother¹¹.

Trained health professionals can disseminate this information and promote exclusive breastfeeding for the first six months of the baby's life. These agents must clarify the benefits and make nursing mothers aware of the great advantages of breastfeeding, as well as support the difficulties that arise during the breastfeeding process.¹²

However, there is still a long way to go to reach the numbers recommended by the WHO. It is believed that official information disseminated by popular media is still the best instrument to reach nursing mothers and their families. It is necessary to affirm the benefits of breastfeeding until the first year of life as well as exclusive breastfeeding until the first 6 months of the baby's life.¹³

Since the beginning of the 1990s, speech therapists started working in Baby-Friendly Hospitals in Brazil with a comprehensive work proposal, however, their participation as members of the interdisciplinary team in the daily routine of maternity, in the Neonatology

unit (ICU Neo), intermediate care, rooming-in, Human Milk Bank, Kangaroo Method), is still very low to this day.¹¹

As caregivers, health professionals must know how to listen, understand and respect the family. Apprehend the meanings of problems and their consequences for her. The professional must try to understand the factors that change the family's daily life so that he can help them in the active adaptation to this context and reinforce the importance of participating in the child's treatment.¹¹

For speech therapy performance from this perspective, it is essential to reflect on current practice, which, in general, is still guided by the traditional model, whose focus is the disease and curative intervention, based on the biological reference of the health/disease process.¹¹

It is necessary to search for a more comprehensive model of care, including the perspective of the dialogic model, in which educational practices seek to know and insert mothers/babies and their families as agents of transformation of their own reality, using dialogue as an important instrument of empowerment of subjects, considering their life habits and sociocultural values, enabling the reception of their anxieties¹¹.

The justification for carrying out the research is given as early weaning affects the growth and development of the child, which may impact the primary health care process and the individual's general health conditions. Growth monitoring makes it possible to alert health professionals and the community to the insidious and chronic forms of child malnutrition.

Considering that exclusive breastfeeding (EBF) in the first 6 months of life has a great contribution to reduce infant and maternal morbidity and mortality, this study aims to assess the level of knowledge of nursing mothers about the practice of EBF and causes

of early weaning, in private institutions in the Federal District.

MATERIAIS AND METHODS

The study was approved by the Research Ethics Committee of the Centro Universitário do Distrito Federal (UDF), process number: CAAE 69636217.9.0000.5650.

A total of 102 nursing mothers between 18 and 41 years of age (mean 31.13 ± 5.22) who were admitted to pediatric clinics of the private health network, from January to October 2016, had no complications during childbirth or postpartum period. Childbirth, and after their consent and clarification about the research, they answered the questionnaire applied by the researchers.

Inclusion criteria: nursing mothers aged 25 to 30 years, healthy, who agreed to participate in the research, and who signed the free and informed consent form,

Exclusion criteria: nursing mothers with infectious diseases, cytomegalovirus, HIV, HTLV 1 and 2; with some psychological disorder that may interfere with breastfeeding; used any illicit drug during pregnancy and/or breastfeeding.

DATA COLLECTION

A questionnaire composed of 11 questions was applied, 10 of which were objective with multiple choice answers and 01 subjective, individually to each mother, the questions addressed the knowledge that each mother had about exclusive breastfeeding until the first six months of the child's life. Data were analyzed using descriptive, qualitative and quantitative statistics.

RESULTS

Regarding age, it was observed that most mothers are aged between 30 and 34 years old, corresponding to approximately 32.35% of the total. Then, 28.43% of the mothers

participating in the research are aged between 25 and 29 years old, 21.57% from 35 to 39 years old, 11.76 from 20 to 25 years old and only 5.88% from 40 to 45 years old. 50% of mothers were younger or older than 31.50 years. About 25% of mothers are between 20 and 27 years old, 25% between 27 and 31.5 years old, 25% between 31.5 and 35 years old and 25% between 35 and 41 years old (Table 1).

MARITAL STATUS

All mothers participating in the survey who responded about their marital status are married. Analysis of the marital status of the mothers participating in the research (Table 2).

SCHOOLING DEGREE

It was observed that most mothers have higher education, being about 77.23% of the total. Then, approximately 22.77% of the mothers stated that they had completed high school (Table 3).

PREGNANCY NUMBER

Predominantly in the study, 52.43% of the mothers interviewed were their first pregnancy, 46.60% a second pregnancy, 0.97% a third or more (Table 4).

NUMBER OF PRENATAL CONSULTATIONS

Most mothers had 13 consultations or more, that is, about 38.24% of the total. Then, approximately 36.27% of the mothers said they had 7 to 9 consultations, 25.49% had 10 to 12 consultations and no mother said they had less than 7 consultations (Table 5).

TYPE OF DELIVERY

About 80.58% performed cesarean delivery (Table 6)

FULFILLMENT OF AME (EXCLUSIVE BREASTFEEDING)

All participating mothers had already been oriented about EBF. It was observed that approximately 73.79% of the mothers did not perform exclusive breastfeeding, being performed only in 26.21% (Table 7).

KNOWLEDGE ABOUT THE ADVANTAGES OF AME

All mothers participating in the research already had knowledge about the advantages of exclusive breastfeeding (Table 8). The distribution regarding the advantages of exclusive breastfeeding that the mothers mentioned in an open question during their participation in the research (Table 9). The most cited advantages were the prevention of the development of allergies and infections, which were mentioned by about 67.96% and 61.17% of the mothers, respectively. Then they cite the establishment of a bond between the mother and the baby, prevention of dental, oral or respiratory problems and the reduction of the risk of developing diabetes, being cited by 39.81%, 33.98% and 28.16% of mothers during the survey, respectively.

Among the advantages with little significant expression, the decrease in mortality and the risk of sudden death was mentioned by approximately 23.30% of the mothers. All other advantages were cited by less than 20% of mothers.

SOURCE OF INFORMATION REGARDING THE IMPORTANCE OF AME

Among the health professionals mentioned, doctors and nurses were the most cited among mothers, corresponding to approximately 96.11% and 93.20% of the responses, respectively. Then, the speech therapist with about 17.47% of the answers and the nursing assistant with 15.53% (Table 10).

Age	Frequency	%
20 a 24	12	11,76
25 a 29	29	28,43
30 a 34	33	32,35
35 a 39	22	21,57
40 a 44	6	5,88
Total	102	100,00

Note: 0 missed/ignored observation.

Table 1. Frequency distribution of maternal age in complete years.

Marital status	Frequency	%
Single	0	0,00
Married	102	100,00
Separate	0	0,00
Divorced	0	0,00
Total	102	100,00

Table 2. Marital Status Frequency Distribution.

Level of schooling	Frequency	%
Elementary School	0	0,00
High school	23	22,77
University education	78	77,23
Total	101	100,00

Table 3. Frequency distribution of education level.

Pregnancy	Frequency	%
1 ^a	54	52,43
2 ^a	48	46,60
3 ^a	1	0,97
4 ^a	0	0,00
5 ^a	0	0,00
6 ^a	0	0,00
Total	103	100,00

Table 4. Frequency distribution of the number of pregnancy.

Number of Inquiries	Frequency	%
None	0	0,00
1 a 3	0	0,00
4 a 6	0	0,00
7 a 9	37	36,27
10 a 12	26	25,49
13 or more	39	38,24
Total	102	100,00

Table 5. Frequency distribution of the number of prenatal consultations.

Type of Delivery	Frequency	%
Normal	20	19,42
Caesarean	83	80,58
Total	103	100,00

Table 6. Frequency distribution of type of delivery.

Fulfilment	Frequency	%
The person performed	27	26,21
The person did not perform	76	73,79
Total	103	100,00

Table 7. Distribution of EBF frequencies.

Has knowledge	Frequency	%
Yes	102	100,00
No	0	0,00
Total	102	100,00

Table 8. Distribution of frequencies of knowledge about the advantages of AME.

Advantage	Frequency	%
Decreased mortality and risk of sudden death	24	23,30
Decreased risk of developing cancer	10	9,71
Decreased risk of developing diabetes	29	28,16
Establishing a bond between mother and baby	41	39,81
Strengthening the immune system and preventing disease	12	11,65
Ensuring good nutrition	13	12,62
Ensuring proper baby development	8	7,77
Preventing dental, oral or respiratory problems	35	33,98
Preventing the development of allergies	70	67,96
Preventing the development of hypertension	16	15,53
Prevention of the development of infections	63	61,17

Table 9. Distribution of frequencies of the cited AME advantages.

Information source	Frequency	%
Doctor	99	96,11%
Nurse	96	93,20%
Speech therapist	18	17,47%
Nursing assistant	16	15,53%
Others	0	0%

Table 10. Distribution of frequencies of the source of information regarding the importance of EBF.

No other health professional was mentioned by the mothers as a source of information about the importance of EBF.

TIME OF AME

It is observed that 46.60% of the mothers did not complete a month of EBF. Then, 23.30% of the mothers underwent one month, 17.48% seven months or more, 8.74% six months, only two mothers (1.94%) two months and only two mothers (1.94%) performed EBF for four months. (Table 11).

REASON FOR NOT PERFORMING THE AME

Among the reasons why mothers did not perform EBF, there are difficulties in latching and sucking in 40.78%, then absence of milk was mentioned by 22.33%, "others" by 12.62%, mastitis by 6.80%, family support by 2.91% and only two mothers (1.94%) mentioned work (Table 12). Other reasons were mentioned, such as: problems with weight loss or low weight, which was mentioned by 8 mothers (61.54%). Then, moniliasis was mentioned by 3 mothers (23.08%), low milk production by 2 mothers (15.38%), difficulty in breastfeeding by only 1 mother (7.69%) and use of formula by only 1 mothers (7.69%) (Table 13).

DISCUSSION

The study carried out by Carrascoza, Costa-Júnior and Moraes (2000)¹¹ states that younger nursing mothers breastfed their infants for a shorter time, which differs from the results observed in our study, where mothers who underwent EBF (44.44%) were aged between 25 and 29 years.

These results are far below the recommended by the WHO, which suggests a minimum time of six months of exclusive breastfeeding.

As for the level of education and family structure, all mothers participating in

the research were married. Most mothers (77.23%) had higher education. There was a similarity in the distribution of EBF time between mothers with high school and higher education, however, it was possible to notice that the EBF time among mothers with higher education was shorter. Contrary to what you say Carrascoza, Costa-Júnior and Moraes (2000)¹¹, we observed that mothers with a higher level of education breastfed for less time, even though they were married and with encouragement from their spouse.

When comparing the EBF performance variables with the number of prenatal consultations, we noticed that the greater the number of prenatal consultations, the shorter the breastfeeding time.

All mothers had 7 consultations or more, since in Brazil the Ministry of Health recommends that at least 6 consultations be carried out so that the mother can guarantee quality prenatal care, it can be said that all mothers participating in the research followed the recommendation and ensured a good follow-up during their pregnancies.

Regarding the type of delivery, when the time of EBF was compared, the nursing mothers who underwent normal delivery breastfed their infants for a longer time, while those who underwent cesarean section breastfed for a shorter time.

Despite the nursing mothers' knowledge about the importance of EB and its duration, there was a large percentage that did not perform for the time recommended by the WHO due to the infant's difficulty in latching and sucking, even with participation in all prenatal consultations, this suggests that the support / guidance regarding the infant's latching / sucking in the immediate postnatal period was insufficient and this topic could be addressed in prenatal consultations¹⁴.

AME time	Frequency	%
< what a month	48	46,60%
1 month	24	23,30%
2 months	2	1,94%
3 months	0	0%
Four months	2	1,94%
5 months	0	0%
6 months	9	8,74%
7 months or more	18	17,48%
Total	103	100%

Table 11. Distribution of time frequencies in complete months of EBF.

Reason for not performing	Frequency	%
Work	2	1,94
Others	13	12,62
Mastitis	7	6,80
Lack of guidance	0	0,00
Difficulty gripping and sucking	42	40,78
Absence of milk	23	22,33
Family support	3	2,91

Table 12. Frequency distribution of the reason for not performing EBF.

Reasons	Frequency	%
low milk production	2	15,38
difficulty breastfeeding	1	7,69
Moniliasis	3	23,08
Problems with weight loss or underweight	8	61,54
Use of formula	1	7,69

Table 13. Distribution of frequencies of the reason for not performing EBF listed as “others”.

CONCLUSION

All nursing mothers who participated in the research reported having knowledge about EBF. About 70% of nursing mothers breastfed for less than 1 month while only 26% breastfed their infants for 6 months or more.

The main reason for not performing EBF was the difficulty in latching/sucking (40.78%) followed by the absence of milk (22.33%) and other factors that encompass, mainly problems with weight loss or low weight and moniliasis.

Some factors interfered with the time of EBF, such as the level of education, the time of EBF among nursing mothers with higher education was shorter than mothers who had a high school level. The nursing mothers who underwent EBF for less than 1 full month were higher as the number of prenatal consultations increased.

The longest EBF time was observed in infants who were born by vaginal delivery, while infants born by cesarean section were EBF for 2 months or less (80%).

This work highlighted the importance of encouraging EB and related issues, but it is important to note that further research, with an even greater number of nursing mothers, is necessary in order to guide public policy actions and strategies relevant to EB.

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