

## THE PERCEPTION OF AN ACADEMIC ABOUT BREASTFEEDING MATERNAL IN THE FIRST HOUR: EXPERIENCE REPORT

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**Abstract:** Breastfeeding is the offer of milk from the mother to the baby, which must occur exclusively until the first six months of life, with numerous benefits for the mother-child binomial. Its initiation is recommended in the first hour of life, regardless of the mode of delivery, despite being a reality for only 2 out of 5 children. This work therefore has the purpose of reporting and reflecting on the assistance to parturients and newborns during normal delivery, focusing on the early initiation of breastfeeding, during the first hour of life. Being an experience report from the curricular internships of the Bachelor of Nursing in the SUS (Unified Health System) ward of a small hospital. The pregnant woman, black, multi-pregnant with 36 weeks and 2 days, was admitted by the SAMU with a complaint of pain in the lower abdomen and bleeding, and technical care and interventions were carried out soon after the baby's birth, giving priority to humanized care and health promotion, including early initiation of breastfeeding. It is known the close relationship, the early initiation of Breastfeeding and the success of its continuity, which can reduce the risk of mortality, enhancing the benefits of Breastfeeding. It is concluded that the promotion and protection of Breastfeeding is a personal and professional responsibility of health professionals. It is pointed out that the nursing team was more concerned with meeting technical requirements than the humanization of care. It is also noticed the importance of discussing the importance of starting Breastfeeding while still in graduation, in addition to professional training and continuing education so that there is quality care in health services.

**Keywords:** Breastfeeding; Maternal and Child Health Services; Obstetric Nursing; Health promotion.

## INTRODUCTION

Breastfeeding is the supply of milk from the mother to the baby, directly from the breast or milked up to two years of age or more, and must occur exclusively during the first six months, and may continue until the first two years, in a complementary way. (BRAZIL, 2009).

Among the benefits of Breastfeeding are: the possibility of nourishing the baby with a complete food that is available, practical, economical and at the correct temperature; protect against infections and allergies, positively influencing teething, speech and child development. In addition to the advantages for the mother, father and family, as it promotes bonds and affective bonds, reduces the risk of hemorrhage and postpartum infections, breast and ovarian cancer, it is a natural method of family planning (BRAZIL, 2007).

According to the Brazilian Society of Pediatrics (2022), it is recommended that breastfeeding begin in the first hour of life, as soon as possible, if the clinical condition of the mother and baby allows it, regardless of the mode of delivery, normal or cesarean section. The first hour of the baby's life, called the golden hour, is extremely important for the development of breastfeeding, bringing benefits to the baby and the mother through skin-to-skin contact (SBP, 2020).

It is known that around 78 million newborns (three out of every five babies) are not breastfed in the first hour of life, generating a higher risk of infant mortality and disease development, in addition to the risk of maintaining breastfeeding ( UNICEF, 2018).

According to the "Ten Steps to Successful Breastfeeding" by the Ministry of Health (BRAZIL, 2017), there must be responsibility for helping mothers to start breastfeeding in the first half hour of life, placing the baby for

at least one hour in skin-to-skin contact.

Since this work aims to report the experience of an academic regarding the assistance to the parturient and the newborn during normal delivery, focusing on the early initiation of breastfeeding, during the first hour of life, in addition to reflection on the theme.

## **METHODOLOGY**

The methodology in this work is the experience report, which according to Daltro (2019), is a “own scientific product”, which legitimizes the experience as a scientific phenomenon based on the narrative. The context of this experience report is the curricular internships of the core of Nursing Care for Women and Newborns and Nursing Care for Children and Adolescents, referring to the seventh period of the Bachelor of Nursing course at the Federal Institute of Paraná Campus Palmas, which took place during the months of November, December 2021 and February, March 2022, in the practical fields of Collective Health: Basic Health Unit, Women’s Clinic, Children’s Clinic and in the hospital area, in the small hospital in the municipality, where academics provided assistance in the public ward, which serves through the Unified Health System (SUS).

The description of the experience starts from the participation and observation of assistance to a parturient woman during labor at the Obstetric Center of the SUS (Unified Health System) ward of the municipal hospital.

## **RESULTS**

The pregnant woman, black, smoker, multi-pregnant, pregnant 2 of 36 weeks and 2 days, was admitted to the Obstetric Center of the small hospital, brought by the mobile emergency care service (SAMU), without the presence of a companion, with the complaint

vaginal bleeding, pain in the lower abdomen and contractions.

The digital examination, carried out by the technical nursing team, revealed a 10 cm dilation, with no recording of uterine dynamics and no partogram being used. Rapid HIV/AIDS, Syphilis, Hepatitis B, Hepatitis C and COVID-19 tests were performed by the nursing team. After contacting the obstetrician by telephone, an amniotomy was performed, which resulted in an accelerated evolution of labor.

Since the admission of the pregnant woman, she was withdrawn, ashamed, introverted and impotent, not expressing visually and verbally the pain of labor. There was a prohibition on the presence of a companion, on food intake and water intake, the obligation to remain in a lithotomic position and the impossibility of moving and using non-pharmacological methods for pain relief, performing the Kristeller maneuver, the premature cutting of the umbilical cord and early separation of the newborn from the mother, and there was no stimulus and incentive on the part of the team for the early initiation of breastfeeding, even in the first hour of the newborn’s life.

Faced with the impossibility of acting during labor and in view of reckless and “standardized” interventions, direct assistance was provided only in the immediate puerperium, a period between the first and tenth day postpartum (FIOCRUZ, 2021), even in the delivery room, in stimulating and assisting breastfeeding in the first hour of the newborn’s life.

## **DISCUSSION**

Early initiation of breastfeeding, which must occur within the first hour of life, is an effective strategy and intervention to establish exclusive breastfeeding (NSIAH-ASAMOA, 2020) and is an essential factor for the child’s healthy growth and development

(HERGESSEL, 2018).

The main benefits of early initiation of breastfeeding are the importance of the first days after childbirth, which are essential for successful breastfeeding (BRAZIL, 2009), the relationship with the reduced risk of neonatal mortality, as it is estimated that one fifth of all neonatal deaths could be prevented through early initiation of breastfeeding within the first hour of life (KHAN, 2015; NSIAH-ASAMOA, 2020).

In addition to maternal benefits, such as strengthening the bond between the mother-child binomial, it reduces the risk of infection and postpartum hemorrhage due to the release of oxytocin, which increases uterine activity and stimulates the letdown of breast milk (KHAN, 2015).

There was a greater concern among the nursing team to intervene and take care of the baby, such as checking weight, height, head circumference, administration of vitamin K, through early cutting of the umbilical cord, which must only be performed after 1 to 3 minutes after birth (WHO, 2014) and early separation of the baby from the mother, which discourages skin-to-skin contact and initiation of breastfeeding in the first hour of life.

It is observed in practice how assistance during labor and care for the newborn are full of technical interventions that could be postponed, due to the healthy clinical condition of the newborn, and must have as priorities the humanization of assistance and

health promotion, through stimulation of skin-to-skin contact and breastfeeding in the golden hour.

Thus, it was up to the academic to encourage and guide breastfeeding in the first hour of life, being of great importance the theoretical basis regarding the theme arising from theoretical classes, participation in research, extension and innovation activities and proximity and personal affinity.

## CONCLUSION

It is concluded that the protection and promotion of Breastfeeding is the professional and social responsibility of the team of health professionals, therefore, it is of great value that it be stimulated even in the first hour of the newborn's life.

It was observed that the nursing team was more concerned about meeting technical requirements than the humanization of care, through non-pharmacological methods for pain relief and promotion of breastfeeding in the first hour of life.

In addition, the importance of discussing the theme of promoting breastfeeding in the first hour of life during graduation is perceived, so that academics have active and reflective participation based on scientific literature in fields of practice. It is important that it be a topic in professional training and continuing education activities, so that there is quality care in Brazilian public health services.

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