

The image of breastfeeding: contribution for the clinical handling of breastfeeding

A imagem do aleitamento materno: contribuição para o manejo clínico da amamentação

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RESUMO

Objetiva-se compreender o significado das mulheres sobre amamentação a partir da própria imagem fotográfica. Estudo fenomenológico relacionados com a Teoria dos Valores de Max Scheler com dez puérperas de uma maternidade pública do município de Niterói, Rio de Janeiro. A coleta de dados foi por meio de imagem das mulheres enquanto amamentavam na sala de parto e no alojamento conjunto utilizando-se máquina fotográfica profissional. As fotografias eram utilizadas como dispositivo para recordar os momentos de amamentação durante a realização de entrevistas semiestruturadas, e submetidas a análise de conteúdo na modalidade temática. A existência da ideia de amamentação da mulher lembra os problemas sentidos no processo de amamentação e os profissionais de saúde com o fornecimento do apoio para o sucesso da amamentação. Conclui-se que se deve ser promovida a integralidade do cuidado das mulheres no ciclo da gravidez puerperal, resultando na satisfação em relação ao suporte e manejo clínico da amamentação.

Palavras-chave: Aleitamento materno; Imagem corporal; Atenção à saúde; Enfermagem.

ABSTRACT

The objective is to understand the meaning of women about breastfeeding from the photographic own image. Phenomenological study related to the Theory of Values of Max Scheler with ten puerperas of a public maternity of the municipality of Niterói, Rio de Janeiro. The data were collected through the image of the women while they were breastfeeding in the delivery room and in the joint accommodation using a professional camera. The photographs were used as a device to remember the moments of breastfeeding during semi-structured interviews and submitted to content analysis in the thematic modality. The existence of the idea of breastfeeding women recalls the problems felt in the breastfeeding process and health professionals by providing support for the success of such practice. It is concluded that the integral care of women in the puerperal pregnancy cycle should be promoted, resulting in satisfaction with the support and clinical management of breastfeeding.

Keywords: Breast feeding; Body image; Health care; Nursing.

NOTA

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INTRODUCTION

The World Health Organization recommends exclusive breastfeeding for the first six months of life, and continued breastfeeding with adequate and safe complementary feeding for two years or more, ⁽¹⁻⁴⁾ being fundamental to physical well-being, cognitive development and child survival. Highlight should be given to the fact that exclusive breastfeeding up to six months of age could prevent more than 800,000 deaths of children worldwide each year. ⁽¹⁾

In Brazil, breastfeeding and infant mortality have been subjects of study and subsidized in 1981 the creation of the National Breastfeeding Incentive Program, considered a milestone for maternal and child health, and as such a priority in the Country. ⁽⁵⁾ In order to achieve the objectives of reducing infant mortality, this Program has been organized on several fronts, namely: Breastfeeding Incentive in Basic Care - Rede Amamenta Brasil; Initiative Child Friendly Hospital and Kangaroo Method in hospital care; Brazilian Network of Human Milk Banks; Legal protection through the Brazilian Standard of Food Marketing for Infants; Social Mobilization Actions through campaigns and partnerships; Monitoring of breastfeeding actions and practices and, in recent years, implementation of the Basic Breastfeeding Initiative ⁽⁶⁾

Thus, the country has advanced strategies to promote, support and protect breastfeeding in order to achieve physical well-being and full child development, making it necessary to apply mechanisms for maternal and child healthcare, especially the clinical practice management of breastfeeding, understood as actions and care for the establishment of breastfeeding, milk production, treatment and prevention of injuries. This management results from an approach to the breastfeeding process, according to the clinical competences and technical skills of the professionals involved, not limited to the guidelines related to breastfeeding, but covering a set of techniques involving the understanding of physiology, anatomy, psychology and communication techniques. ⁽⁶⁾ It should be emphasized that breastfeeding promotion should begin in the prenatal period, with essential information for the woman and her family, and it is up to the health professional to highlight the importance of breastfeeding women regarding the advantages of breastfeeding, ⁽⁷⁾ the physiology of lactation, the difficulties that may arise and providing strategies to prevent and overcome them with a view to the success of breastfeeding.

However, it is necessary to look at breastfeeding strategies focused on nursing women, such as photographs, as a process of health education for breastfeeding, because when looking at a photograph, it is important to value the leap between the moment at which the object was clicked and the present moment in which the

image is contemplated, although the photographed occasion is capable of containing the before and after. In this way, breastfeeding photographs allow reflections about the woman's self-image about breastfeeding and caring for her child, as well as revealing the context related to breastfeeding. Thus, the study established the following guiding question: What is the significance of women when they are photographed at the time of breastfeeding?

Thus, the study aimed to understand the meaning of women about breastfeeding from pictures of themselves.

METHOD

A qualitative study with a phenomenological approach with a contribution in the theory of values, ⁽⁹⁾ carried out in a maternity in the city of Niterói, Metropolitan Region II of the State of Rio de Janeiro. It was performed with ten (10) hospitalized puerperae in the Joint Accommodation (CA) sector of this hospital unit, chosen in a simple randomized manner, using the first hospitalization of the day in the CA and then we used the selection by odd numbers of hospitalization, as measured that the following inclusion criteria were met: being over eighteen years of age; normal labor; have performed the rapid anti-HIV diagnostic test and obtained a negative result; and criterion of exclusion: to be experiencing health disorders that prevent breastfeeding. Participants were identified as Puerperas and received a sequential alphanumeric code (P1, P2, ... P10) to ensure the confidentiality and anonymity of the respective testimony.

Initially, the collection of pictures of the women while they were breastfeeding was performed in the delivery room and in the joint accommodation, using a professional camera by the researcher herself. The photographs were used as a device to remember the moments of breastfeeding during the open interview with the following guiding question: "Tell me, how do you perceive the breastfeeding experience from your breastfeeding pictures?"

The meeting with the puerperas took place in two moments, one still in the hospitalization sector where she was informed about the whole process of the research and the accomplishment of the photographic process and another in the woman's home to carry out the interview, by means of previous telephone contact and scheduling. In these meetings, each puerpera received their own photos from the moment they breast-fed and then the interview was conducted with the purpose of promoting a moment similar to the technique of self-confrontation. ⁽¹⁰⁾ This concept was developed in studies about the context of work, which highlights the possibility of relating what people experienced in past tense and what they refer to be doing in the present. ⁽¹⁰⁾ Thus, from the dialogues provoked during the interview,

this method allowed for an active movement of the participant, facilitating processes of reflection. In the case of this study, processes related to the experience of breastfeeding during childbirth and birth.

The statements were collected from August to November of 2016 by means of digital devices, with the consent of the participants and later transcribed in full, to be submitted to content analysis in the thematic modality, ⁽¹¹⁾ using the recording unit from the thematic as a strategy of organization of the collected material, emerging the following units: Offer of support to breastfeeding; support for women; guidelines during the process of initiation of lactation; monitoring the well-being of the mother and baby; and the woman's perception of the support received. These registry units supported the construction of the following thematic category: The value of breastfeeding support expressed by the image of overcoming.

The research was approved by the Research Ethics Committee of the Antônio Pedro University Hospital, under protocol n° 1.440.716 / 2016, according to Resolution No. 466/2012 of the National Health Council, and all the participants signed the Informed Consent Form.

RESULTS

The value of breastfeeding support expressed by the image of overcoming

In reviewing the picture of them breastfeeding their babies, each participant recalled the difficulties they felt during the breastfeeding process, the support they received from the health professionals, their care to ensure the success of breastfeeding through the valorisation of the clinical management of breastfeeding, thus helping to overcome the obstacles that could prevent her from breastfeeding, according to the following statements:

'I was getting distressed because he was not able to catch the nipple, because it was very large, he had to take vitamin complements, I was sad, because my son was agonized because of the complement. Nowadays my baby sucks a lot in my chest, I had a lot of help in the maternity to learn how to breastfeed' (P1).

"Because I had no confidence in myself, I was not having confidence. I was afraid. Oh, what if I forget to make her burp? Will she choke? It was a bit difficult, but I had the help of the girls [the nurses]" (P5).

"Yes, the help in the maternity was magnificent, because it is the time that is only mine and hers, there is no other person who can intervene in that moment. It's the time when she looks at me. Now she's laughing, sucking, it's beautiful, because she keeps looking, caressing me, and sleeps in the chest" (P7).

"Nurses in the maternity ward give support. Then the moment I felt him take it, I felt such great relief. Well,

it's so good that your son's first sensation is there in your breasts. I was afraid of not having milk and he would go to the bottle soon, to get somebody else's milk. They took it, they helped me when it came, and then he took it and sucked it there, I said: It's mine. It was great" (P8).

"It was a difficult time, wasn't it? It was a time if I hadn't had the support of my husband, the support of my family and of the maternity ward, I would have given up. And since I wanted to breastfeed a lot, I was able to breastfeed, right? But it was very complicated. Then, when I look at the photo, I remember that period of adaptation, right? This period of the beginning of breastfeeding" (P10).

The clinical handling of breastfeeding represents a value expressed by women from the analyzed images. The difficulties of the puerpera to guarantee that the process of the lactation is successful passed through the recognition of the value of the health team. This integrated care and support to breastfeeding carried out by health professionals expresses in the participants' statements the overcoming of difficulties and satisfaction in breastfeeding their children, according to the following statements:

"Being a mother for the first time, let's say, it was magical for me. To feel a little creature like that, sucking you, you breastfeeding like that, giving strength to him, that's why I smiled, because when he could not catch, I was a little distressed, when he sucked I said: 'there, it's working, thank God', because I intend to breastfeed him for six months, I had support" (P1).

"Everything comes in the mind. Because when she was born, she did not suckle so much, she sucked in a little bit. Then, when she arrived to take the picture, there I was kind of like that, kind of worried, but with support it went very well" (P3).

"The support of the maternity ward was the best thing in the world for me, Julia sucking for the first time, because the first time I breastfed, it was difficult, then it was much better, calmer, not afraid to let her fall from the bed, was very beautiful" (P4).

"It was the first breastfeeding, was not it? Because I was there, in that moment, I thought I would have that impact with it, of nursing him. So the girls were super attentive to me, gave me all the support, they patiently helped me" (P6).

"When he [the baby], does not know how to suck right, then we get nervous, there you have help, support, right? I did not sleep and neither did he [the baby], it is a period of adaptation, the body is tired, the mind is tired but then it passed" (P9).

DISCUSSION

It is observed that the social movements in favor



of the rescue of the breastfeeding have resulted in the change of the praxis of the health professionals in the maternities. In this context, these professionals, especially nurses, should guarantee safety and comfort to the woman / nurse, with the purpose of the vital value related to the dimension of the woman's well-being,⁽⁹⁾ besides interventions in the clinical management of breastfeeding, promotion, protection and support, so as to orientate, assisting in the handle and in the correct position to breastfeed and prevent breast complications. Thus, these actions are linked to the vital value of breastfeeding, guaranteeing the well-being of the women.⁽⁹⁾ Therefore, maternity must provide adequate conditions for breastfeeding and its management, since it is a habit that must be started in the delivery room, especially in the first hour of life, and having their continuity in the joint housing. These practices, when observed, have been successful, being a form of correction of some problems that can interfere in the establishment of the breastfeeding, and in the well-being of the woman.

Incentives, promotion and support actions to breastfeeding should occur in all the actions of the professionals during prenatal, pre-delivery, birth, immunization and return to consult of the puerperium. Therefore, it is essential that the health team be available for the welcoming of the mothers and babies, for sensitive listening and clarification of doubts and afflictions, encouraging the exchange of experiences and making, whenever necessary, a unique assessment of each case⁽¹³⁾. It should be considered that the health worker's support for women is of vital value,⁽⁹⁾ because it transcends the care that is essential for women, because it contributes to overcoming obstacles related to the practice of breastfeeding.

In the current scenario of breastfeeding, the advice of health professionals is of fundamental importance to help overcome the pre-established difficulties. This advice should occur at different times, as mentioned above, but the information and guidance should also extend to the family support network, as a mother who does not breastfeed, easily loses confidence in herself and becomes susceptible to early weaning, face to the pressure of relatives and acquaintances, in addition to passing on this anguish to other nursing mothers, even when she is a health professional, because she is also subject to the same family, social and emotional pressures. Therefore, it is necessary to intervene equally with all, since professional counseling comes to reinforce the self-esteem and the confidence in the ability to breastfeed.⁽¹³⁾ Since the values coming to the support of the breastfeeding are based on the capacity of the professional in provide necessary assistance to ensure their safety and well-being related to the ongoing breastfeeding process, enhancing

women's confidence in their existential capacity for the physiological process of breastfeeding.

The Guidelines on how to place the baby to breastfeed, including on demand, are values understood as advantages and benefits for the breastfeeding process, and health professionals should be able to perceive, from the understanding of women, the values that emerge from this act. Nurses have a clear perception of the vital value⁽⁹⁾ of breastfeeding, recognizing that breastfeeding support provides them with a practice of overcoming obstacles, as well as preventing fissures, engorgement and breast mastitis. In addition, in their speeches they reveal values linked to well-being and affectivity, as well as greater security to breastfeed in free-flowing situations whenever possible.⁽¹⁴⁾

Breastfeeding can be a difficult task for many women, because in addition to all difficulties with clinical management, there is still the anxiety generated by the fact that they feel like they are "wasting time" when breastfeeding. In this situation, support is essential. The women who were interviewed during the puerperal period revealed the need for the presence of another person to help, clarify and accompany them. Therefore, family members and significant people should act as sources of help, and health professionals, especially nurses and pediatricians, as sources of information.⁽¹⁵⁾ By giving them support, they assist with an integrated care, focusing on the insecurities and difficulties in a practice often unknown to them, but which must be faced and overcome for the success of breastfeeding, and guaranteeing vital values, within the hierarchy of the theory of values.

In this sense, maternal confidence in breastfeeding is built on four types of information, among them: previous successful personal experience in the breastfeeding period, memory of experienced moments that stimulate breastfeeding; the fact that they receive guidance and support from close people who encourage the practice of breastfeeding;⁽¹⁶⁾ These are essential aspects for the promotion, protection and support of breastfeeding because they contribute to the increase of the exclusive breastfeeding rates up to the six months of breastfeeding, and to complement until the two years of age, favoring the reduction of infant mortality, as emphasized in this study.

However, the physical and emotional fatigue of women can compromise the success of breastfeeding. It is attributed to this context their own body tired from childbirth, and the insecurity that leads to emotional exhaustion, both factors that can affect the dairy production. In this sense, it is necessary for women to feel safe and supported by health professionals, be they nurses, pediatricians, nutritionists, etc., in addition to the family support that is essential and contributes to the conti-

nunity of integrated care for women in the breastfeeding process,⁽¹⁷⁾ such support being necessary to encourage women to overcome barriers to satisfactory breastfeeding. Because, with the support, the health professional allows the guarantee of the vital value⁽⁹⁾ for the woman for the success of breastfeeding.

The handling of lactation, with adequate positioning of the baby and the nipple-areolar region handle,⁽¹⁸⁾ generates an effective feeding and prevents the appearance of complications in breastfeeding. There are several problems that women face during lactation, such as breast engorgement, nipple fissures, low milk production and breast infections, all of which result from inadequate emptying of the breasts. Thus, during prenatal care, the health professional should support the pregnant women, listening to them and clarifying their doubts and concerns, thus favoring the exchange of experiences. Guidance should also address the interference of artificial feeding and the use of bottles and artificial nipples in breastfeeding, and the importance of the practice of free demand and proper management of breastfeeding. These practices have an impact on the prevalence of exclusive breastfeeding and on the satisfaction of pregnant women and mothers with the support received to breastfeed.⁽¹⁹⁾ These practices should be linked to the safe breastfeeding experience process, with the provision of information and support by the nursing professional health, with the focus on ensuring the vital value of women and the newborn through their well-being.⁽⁹⁾

As for the manual extraction of breast milk, it is a procedure that requires a quiet, comfortable environment that allows a more adequate and facilitative practice by preventing interferences and external interruptions. The dedication and support of the health team is critical to the success of breastfeeding and to prevent the complications of inappropriate practice such as trauma, breast engorgement and mastitis occurring in the early days of the puerperium. It is important that nurses know these difficulties and intervene so that lactation is successful,

since the difficulties faced by women in the lactating process can be predictive of weaning,⁽¹⁸⁾ ensuring safety and well-being during the process of breastfeeding.

Thus, the photographic images of the women corroborated an act of overcoming the practice of breastfeeding, aiming at their well-being in their biological, psychological and social spheres, related to the vital value⁽⁹⁾ of the woman and that of the child with the production of breast milk leading to their full development.

CONCLUSION

Regarding the clinical management of breastfeeding, in relation to the support of health professionals, the photographic images of women also brought to the fore their care in supporting them in the face of the difficulties of breastfeeding, helping to overcome obstacles, thus favoring care with a focus on integrality, in order to translate the satisfaction of each one regarding the care of these professionals. This care is centered on the vital value of the woman and the newborn, related to their well-being for the success of breastfeeding.

From this perspective, there is a greater need to integrate the basic health network with the hospital network, so that the woman is assisted according to a care line whose focus is on the promotion, protection and support of breastfeeding, and ensuring the well-being of the women by providing the necessary support and information for the practice.

Thus, the integral care of women in the pregnancy-puerperal cycle should be promoted with the satisfaction of the support and clinical management of breastfeeding, thus preventing future complications arising from an inappropriate practice and contributing to the full growth and development of the child.

The need for studies about breastfeeding, interconnecting the theory of values and photography is highlighted, because there is a lack of studies that interrelate this dimension of research.

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