

NURSING INTERVENTIONS IN BREASTFEEDING AFTER SIX MONTHS

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ABSTRACT

Assistance in the lactating woman realizes the need for improvement and individualization of nursing care, and the use of a standardized language system favors the exchange of information and standardization of communication between nurses. The International Classification for Nursing Practice (ICNP®) is a technological tool for development on the world stage, which gives nurses more autonomy and systematically documents their care practice. This is a descriptive exploratory study developed with the goal of developing nursing interventions for breastfeeding after six months of life, based on the guidelines of the International Council of Nurses and the terms of the Model Seven axes of ICNP® version 2.0, supplemented with the literature. Combinations of terms resulted in 54 nursing interventions. We conclude that the ICNP® constitutes a great tool for the implementation of a unified language, in order to facilitate communication and improve the delivery of care to women who are breastfeeding.

Keywords: Terminology. Nursing Diagnosis. Nursing Records. Breastfeeding

INTRODUCTION

Breastfeeding prevents child mortality due to unique properties of breast milk, grouping components that protect against diarrhea, pneumonia, urinary and respiratory infections, reduced risk of allergies, reduces chance of obesity, among others. The advantages of breastfeeding for the child to his wife and family are diverse⁽¹⁻²⁾.

Breast milk is the ideal food for the baby, because it supplies all your nutritional needs up to the sixth month of life, in addition to promoting protection against disease. However, from that period, to complement the breast milk is necessary to bring the supply of energy, protein, vitamins and minerals. All food, solid or semi-solid foods offered to children, with the exception of milk, are defined as complementary foods⁽³⁻⁴⁾.

The importance of complementary feeding should be strengthened and the mother counseled about the many advantages of

breastfeeding for the baby after the six months of life and return to work. Up to two years of age, the properties of the milk are beneficial to the further development of the child⁽⁵⁾.

The decision to breastfeed the woman, whose role is to nurture your child and it is important that it be properly assisted and guided about their doubts and the benefits of this decision for her and the infant. The care for women developed by nurses is essential, since the inform her, guide her and support her, breastfeeding practice is promoted and therefore their health and child. And to fulfill this role nurses must have knowledge and skills to adequately guide the management of lactation^(1,4).

Nurses must build a relationship with a woman is answered, facing difficulties in breastfeeding management and thus can use technological options, as the main feature of the technology in nursing is not to generalize behaviors, but adjust them to situations of each and so that suitable care is individual⁽⁶⁾.

The nursing care can be defined as a process

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that is related to the cultural, technical, scientific, social, political, economic and psycho-spiritual quest and restoration of health through the promotion, treatment and rehabilitation of human wholeness. The nursing care is considered the essence of the profession, and comprises two distinct areas, with the development of techniques and procedures and subjective questions such as: creativity, sensitivity and intuition in the provision of care to another⁽⁷⁾.

The link between technology and care is intrinsic. The care technologies are conceptualized as procedures, techniques and knowledge used by nurses in the care process. Technology permeates the relationship between rationality and subjectivity, feelings, emotions and intuitions, turning reason and sensitivity instruments qualifiers of nursing care⁽⁸⁾.

Language is a technology that has the ability to delineate the clinical practice and present meaningful concepts for nursing, being the core of the common understanding of profession. Based on the need for improvement and individualization of nursing care in the health of women and children are necessary to use a system of unified language. The nursing knowledge is represented using a standardized language to describe nursing interventions and patient responses to health problems⁽⁹⁾.

Since the 70s the movement for the organization of classification systems has been improving and expanding and the end of the 80s, had been developed internationally some classification systems - the Taxonomy of Nursing Diagnoses NANDA International, the International Classification for Nursing Practice (ICNP®), Community Health System in Omaha, the Nursing Interventions Classification, the Nursing Outcomes Classification, among others⁽¹⁰⁾.

Given the existence of various classifications, in 2008, the World Health Organization (WHO) approved the ICNP® for inclusion in the Family of International Classifications WHO, recognizing that terminology for the field of nursing is essential to the standardization of the language, documentation of care and improvement of care⁽¹¹⁾.

ICNP® is an information technology that is still in development. Since its first publication in 1996, the ICNP® has been modified and enhanced through comments, observations and criticisms, stimulated by the CIE (International Council of Nurses), which included statements diagnoses, outcomes and nursing interventions on content classification, with multiple versions of publications⁽¹⁰⁻¹²⁾.

Communication between nurses and health professionals was facilitated by CIPE®, which is a functional terminology, an instrumental technology that promotes the standardization of documentation of care to the patient enables the planning of care and the analysis of results obtained through interventions nursing. The homogenization of language with terminology adopted worldwide aimed at improving the health care provided by nurses⁽¹³⁾.

Given the above, in order to contribute to the development and a universal language of nursing, in the care given to the mother and baby, during breastfeeding after six months of life, this study aims to develop nursing interventions for breastfeeding after six months of life.

METHODOLOGY

This is a descriptive exploratory study, which were covered in two steps, as described below: 1) Review of the literature published in the period 2000-2011, using the descriptor Breastfeeding, and data collection in July from September 2011 through manuals of the Ministry of Health, World Health Organization and scientific articles from the database scientific Electronic Library Online (SciELO). 2) Development of nursing interventions related to breastfeeding at six months of life using the terms of the Model Seven Axis of ICNP® recommended by the CIE, and literature. For the construction of nursing interventions is recommended to include a term axis Action and term target (can be any one of the axes, the axis except Judgment)⁽¹²⁾.

RESULTS AND DISCUSSION

Breast milk is largely responsible for the optimal growth of the child. The growth curve

shows patterns of breastfed higher than children who are not breastfed. Gains and weight loss, weight breastfed infants should be evaluated, as well as his stature, which identifies growth disorders or nutritional problems^(1, 14).

Even after the introduction of complementary foods, frequency of feedings should be maintained as such act as food supplements and not as substitutes for breastfeeding. Complementary foods should add the nutritional properties of breast milk and should be introduced after 4-6 months of a child's life. The early introduction of these foods can cause decreased intake of milk and also expose the child to infection^(2, 5).

Complementary feeding ideal is one that meets the nutritional needs of fats, proteins, minerals and vitamins. Foods such as canned goods, coffee, soft drinks and other flavored should not be included in the child's diet. The intake of vegetables and fruits need to be stimulated and the salt needs to be avoided. For breastfed children, meals should be offered three times a day and for those who are no longer breastfed five times a day, flexible hours⁽¹⁵⁻¹⁶⁾.

In cases of women who need to return to work, Brazil has legislation, formed by the 1988 Constitution and the Consolidation of Labor Laws (CLT) approved by Decree Law No. 5452 of May 1, 1943, which provides favorable conditions in respect to breastfeeding. However, mothers working outside the home can be a major barrier to breastfeeding, since its maintenance depends on several other factors such as the type of profession and their workload, the work environment and family support, among others. In this context, the role of nursing is to guide women lactating on conservation possibilities of breastfeeding, evaluating each situation and the reality in which the woman is inserted^(2, 14).

Among the various guidelines that the patient should receive, are then massage milking and maintenance of suction. It is important to explain about hand hygiene and utensils used, do not talk during milking and women understand that the higher was the emptying of the breast, the greater the volume of milk produced. Also, steer storage of expressed breast milk: at work, store milk in the

refrigerator for up to 12 hours or freeze for up to 15 days. The frozen milk should be heated in a double boiler off the heat to be given to the baby and can not be taken back to the freezer. By offering milk to the child, using spoon or cup, thus avoiding the loss of the use of artificial teats, feeding bottles like that, besides being a source of contamination, hinder and undermine breastfeeding child development^(1-2, 14, 17).

The interaction between the child and the mother should be evaluated and mother, encouraged and supported in the period of lactation, as it relates to the bond between her and the baby and understood in their desires and doubts⁽⁶⁻⁷⁾.

Due to all these questions raised about the importance of maintaining breastfeeding after six months and the introduction of new foods, elaborate nursing interventions based on the Model Seven Axis of ICNP® Version 2.0.

Nursing interventions in breastfeeding are intended to accomplish the nursing care for lactating women, as they are planned based on your needs, in order to provide appropriate assistance. In the construction of nursing interventions used 17 terms Axis Action and the terms that are not in the ICNP® Version 2.0 are underlined. The combination of terms allowed the construction of 54 interventions.

Nursing interventions developed in this study can be adopted by nurses and applied both in hospital and in primary care, in order to substantiate nursing care and promote the health of women and children.

NURSING INTERVENTIONS
<p>Evaluating breastfeeding; Evaluating the breasts of the mother; Evaluating the lactation; Evaluating the interaction between mother and baby; Evaluating the psychomotor development of the child; Evaluating the growth of the child; Evaluating the position of the mother and the baby during breastfeeding; Evaluating the timetables of breastfeeding; Evaluating the complementary feeding stuffs; Counseling the mother on her insecurities; Supporting the mother on breastfeeding; Talking with the Family about the advantages of breastfeeding until two years old; Demonstrating how to massage the breasts; Demonstrating how to extract the milk; Praising the mother for their efforts; Encouraging the mother to not stop breastfeeding; Encouraging the family to support the mother at breastfeeding; Encouraging the mother to verbalization of concerns and doubts about breastfeeding; Encouraging the mother to avoid the use of alcohol and tobacco during lactation; Encouraging the mother to take a rest; Teaching about the milk storage; Teaching about the heating of milk; Teaching the mother to have a balanced diet during lactation; Explaining to the mother that the volume of milk produced is proportional to the emptying of the breast; Explaining the importance of breastfeeding up to 2 years of life of the child; Explaining the importance of offering milk milked to the child in a little glass or spoon; Explaining that from 6 months old is necessary the complement breastfeeding; Explaining that the food supplement does not substitute the breastfeeding; Explaining the benefits of interaction between mother and child during breastfeeding; Explaining to the mother the signals of hunger and satiety of the child; Expressing milk when breast overfilled. Identifying the complications of breastfeeding; Instructing on how to extract the milk; Instructing how to massage the breasts; Instructing the mother on how to breastfeed with comfort and privacy; Massaging the breasts whenever necessary; Motivating the maintenance of breastfeeding after the introduction of complementary foods; Motivating to the mother breastfeed in various periods, including at night; Motivating the mother the maintenance of breastfeeding after the return to work; Motivating the mother to massage the breasts before breastfeeding and when they are too full; Motivating the mother to express the milk when very full breasts; Motivating the mother to use cotton bra, comfortable and suitable for breastfeeding; Offering milk milked to the child in a little glass or spoon; Listening carefully to the mother about difficulties and doubts on breastfeeding; Listening to complaints from the mother; Enhancing the care of the breasts; Strengthening the care with the nipples; Strengthening on the advantages of breastfeeding; Strengthening guidances on losses of use of artificial teats; Strengthening the guidance on how to make the baby eruct; Strengthening the guidance about the factors that promote or hinder the lactation; Strengthening the importance of the bond between mother and baby for child development; Supervising the mother to extract the milk; Supervising the mother to extract the milk; Supervising the massage on the teats.</p>

Table 1. Nursing Interventions for breastfeeding after six months of life according to ICNP version 2.0. Vitoria, 2011.

CONCLUSION

Front of the goal to build, based on the International Classification for Nursing Practice (ICNP®) version 2.0, the nursing interventions for breastfeeding after six months of life, this study resulted in 54 nursing interventions.

During this research, we can see the important role that nursing can develop with the mother and family during the period of breastfeeding, the nurse taking the role of guide and clarify the requirements relating to the promotion of continued breastfeeding up to two years of life the child.

The development of this reinforces the importance of using a standardized language among nurses to facilitate communication and improve the care of women during lactation. The ICNP®, internationally adopted methodological

tool for nursing practice, this standardization allowed in the language.

Version 2.0 includes new terms widely used in clinical care for women and children. However, some terms do not appear in this version. On the other hand, his language simple and easy to understand, favored the development of nursing interventions.

Note that the format of version 2.0 published in Portuguese in Brazil, has no index, and not organized alphabetically, which caused some difficulty in terms of location and design of interventions.

With the construction of this study, it is expected to motivate professionals to study the ICNP® and subsequently contribute to its development and improvement, developing subsets terminology specific to the different areas of nursing.

INTERVENÇÕES DE ENFERMAGEM NA AMAMENTAÇÃO APÓS SEIS MESES

RESUMO

Na assistência à mulher lactante percebe-se a necessidade de aperfeiçoamento e individualização do cuidado de enfermagem e a utilização de um sistema de linguagem uniformizada favorece a troca de informação e a padronização da comunicação entre os enfermeiros. A Classificação Internacional para a Prática de Enfermagem (CIPE®) é um instrumento tecnológico em desenvolvimento no cenário mundial, que permite ao enfermeiro mais autonomia e documentar sistematicamente sua prática assistencial. Trata-se de um estudo exploratório-descritivo desenvolvido com o objetivo de elaborar as intervenções de enfermagem para a amamentação após os seis meses de vida, tendo como base as diretrizes do Conselho Internacional de Enfermeiras e os termos do Modelo de Sete Eixos da CIPE® Versão 2.0, complementados com os da literatura da área. As combinações de termos resultaram em 54 intervenções de enfermagem. Conclui-se que a CIPE® constitui-se um ótimo instrumento para a implantação de uma linguagem unificada, a fim de facilitar a comunicação e aperfeiçoar a prestação de cuidados às mulheres lactantes.

Palavras-chave: Terminologia. Diagnóstico de Enfermagem. Registros de Enfermagem. Aleitamento Materno.

INTERVENCIONES DE ENFERMERÍA EN LA LACTANCIA MATERNA DESPUÉS DE SEIS MESES

RESUMEN

Asistencia en la mujer en período de lactancia se da cuenta de la necesidad de mejora y la individualización de los cuidados de enfermería y el uso de un sistema de lenguaje normalizado favorece el intercambio de información y la normalización de la comunicación entre las enfermeras. La Clasificación Internacional para la Práctica de Enfermería (CIPE®) es una herramienta tecnológica para el desarrollo en el escenario mundial, lo que permite a las enfermeras más autonomía y documentar sistemáticamente su práctica asistencial. Se trata de un estudio exploratorio descriptivo, desarrollado con el objetivo de desarrollar intervenciones de enfermería para la lactancia materna a los seis meses de vida, con base en las directrices del Consejo Internacional de Enfermeras y los términos del modelo de siete ejes de CIPE® Versión 2.0, complementado con la literatura. Las combinaciones de términos produjeron 54 intervenciones de enfermería. Llegamos a la conclusión de que la CIPE® constituye una gran herramienta para la implementación de un lenguaje unificado con el fin de facilitar la comunicación y mejorar la prestación de la atención a las mujeres que están amamantando.

Palabras clave: Terminología. Diagnóstico de Enfermería. Registros de Enfermería. Lactancia.

REFERENCES

1. Giugliani ERJ. O aleitamento materno na prática clínica.

J. pediatr. [Internet] 2000 [citado em 6 jul 2011]; 76(supl. 3): S239-52. Disponível em: www.jped.com.br/conteudo/00-76-s238/port.pdf.

2. Brasil. Ministério da Saúde. Saúde da criança: Nutrição infantil. Aleitamento Materno e Alimentação complementar. Caderno de Atenção Básica, n° 23. 1ª. ed. Brasília: MS; 2009.
3. Passanha A, Cervato-Mancuso AM, Silva MEMP. Elementos protetores do leite materno na prevenção de doenças gastrointestinais e respiratórias. Rev. bras. crescimento desenvolv. hum. [Internet] 2010 [citado em 27 set 2011]; 20(2): 251-60. Disponível em: http://www.revistasusp.sibi.usp.br/scielo.php?script=sci_arttext&pid=S0104-12822010000200017&lng=pt&nrm=iso
4. Brasil. Ministério da Saúde. Parto, aborto e puerpério: assistência humanizada à mulher. 1a. ed. Brasília: MS; 2001.
5. Monte CMG, Giugliani ERJ. Recomendações para alimentação complementar da criança em aleitamento materno. J. pediat. [Internet] 2004 [citado em 13 set 2011]; 80(supl. 5): S131- 41. Disponível em: www.scielo.br/pdf/jped/v80n5s0/v80n5s0a04.
6. Chaves MMN, Farias FCSA, Apostólico MR, Cubas MR, Egry EY. Amamentação: a prática do enfermeiro na perspectiva da Classificação Internacional da Prática de Enfermagem em Saúde Coletiva. Rev. Esc. Enferm. USP [Internet] 2011 [citado em 4 ago 2011]; 45(1): 199-205. Disponível em: <http://www.scielo.br/pdf/reeusp/v45n1/28.pdf>.
7. Santos LC, Ferrari AP, Tonete VLP. Contribuições da enfermagem para o sucesso do aleitamento materno na adolescência: revisão integrativa da literatura. Cienc Cuid Saude 2009; 8(4):691-8.
8. Koerich MS, Backes DS, Scortegagna HM, Wall ML, Veronese AM, Zeferino MT et al. Tecnologias de cuidado em saúde e enfermagem e suas perspectivas filosóficas. Texto contexto - enferm. [serial on the Internet]. 2006 [cited 2012 Aug 18]; 15(spe): 178-185. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072006000500022&lng=en. <http://dx.doi.org/10.1590/S0104-07072006000500022>.
9. Thoroddsen A, Ehnfors M, Ehrenberg A. Nursing Specialty Knowledge as Expressed by Standardized Nursing Languages. Int. j. nurs. terminol. classif. 2010 April-June; 21(2): 69-79.
10. Nóbrega MML, Garcia TR. Classificação Internacional para a Prática de Enfermagem: instrumental tecnológico para a prática profissional. Rev. bras. enferm. [Internet] 2009 set-out [citado em 4 ago 2011]; 62(5):758-61. Disponível em: www.scielo.br/pdf/reben/v62n5/19.pdf.
11. Cubas MR, Silva SH, Rosso M. Classificação Internacional para a Prática de Enfermagem (CIPE®): uma revisão de literatura. Rev. eletr. enferm. [Internet]. 2010 [citado em 15 ago 2011]; 12(1): 186-94. Disponível em: <http://www.fen.ufg.br/revista/v12/n1/v12n1a23.htm>.
12. CIPE Versão 2.0: Classificação Internacional para a Prática de Enfermagem. Comitê Internacional de Enfermeiros. Tradução Heimar de Fátima Marin. São Paulo: Algor; 2011.
13. Primo CC, Leite FMC, Amorim MHC, Sipioni RM, Santos SH. Uso da Classificação Internacional para as Práticas de Enfermagem na assistência a mulheres mastectomizadas. Acta Paul. Enferm. [Internet] 2010 [citado em 4 jul 2011]; 23(6): 803-10. Disponível em: www.scielo.br/pdf/apv/v23n6/14.pdf.
14. Issler H. O aleitamento materno no contexto atual. Políticas, práticas e bases científicas. São Paulo: Sarvier; 2008.
15. Dias MCAP, Freire LMS, Franceschini SCC. Recomendações para alimentação complementar de crianças menores de dois anos. Rev. Nutr. [Internet] 2010 [citado em 12 ago 2012]; 23(3):475-486. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S141552732010000300015&lang=pt
16. Heitor, SFD, Rodrigues LR, Santiago LB. Introdução de alimentos supérfluos no primeiro ano de vida e as repercussões nutricionais. Cienc Cuid Saude. [Internet] 2011 [citado em 12 ago 2012]; 10(3):430-6. Disponível em: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/11347/pdf>
17. Carvalho MR, Tamez RN. Amamentação: bases científicas para a prática profissional. Rio de Janeiro. Guanabara Koogan; 2002.

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