



## CHARACTERIZATION OF PRACTICES AND KNOWLEDGE ABOUT BREASTFEEDING IN A CITY IN THE SOUTH OF MINAS GERAIS, BRAZIL

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### ABSTRACT

**Objective:** to characterize the practices and knowledge about exclusive breastfeeding in nursing mothers living in a city in the South of Minas Gerais, Brazil. **Method:** this is a cross-sectional and descriptive study, with a quantitative approach. **Results:** the sample consisted of 77 mothers of infants older than six months. It was found that 100% answered that they were aware that exclusive breastfeeding should occur until the sixth month of life. As for the understanding that breastfeeding reduces the incidence of diseases during childhood, 73 (94.8%) answered yes and 4 (5.2%) no. Regarding the knowledge that breast milk improves neuropsychomotor development and growth, 71 (94.8%) answered yes and 6 (7.8%) answered no. Most maintained breastfeeding until the sixth month, 50 (88%), while 27 (12%) weaned early. Among the reasons for early weaning, they mentioned the infant's refusal; weak or small amount of milk and the infant's difficulty in sucking. As for the complementation, there was the introduction of water; processed milks; teas; fruit juices; mashed or cut fruits; sweet or salty baby food; other types of milk; the same family meal; coffee; and soda. **Conclusion:** most participants know the benefits of breastfeeding and maintain it exclusively, but, for others, even with this understanding, complementation occurs and early weaning happens.

**Keywords:** Breastfeeding. Primary Health Care. Health Education. Child Health.

### INTRODUCTION

Breastfeeding (BF), above all, Exclusive Breastfeeding (EBF) must take place until the sixth month of life. Breast milk is considered the ideal food to promote healthy growth and development, exerts an important influence throughout life and favors sustainability and the reduction of social inequalities, with the potential to contribute to the achievement of several Sustainable Development Goals to be achieved by all UN Member States by the year 2030<sup>(1-2)</sup>.

Scientific evidence points to the importance of breastfeeding for the child, and also the existence of BF programs and policies. Nonetheless, despite all the evidence, in Brazil, the rates are still below recommended. Given

this scenario, the health professional has a key role in bringing about changes in this situation<sup>(2)</sup>. It is worth underlining that this professional follows-up the entire breastfeeding process, and correct and up-to-date knowledge is essential for the assessment, in addition to providing adequate guidance.

The act of breastfeeding is permeated by several myths and habits perpetuated in families, such as the use of foods considered to be human milk producers, massages and nipple care to avoid cracks, among others<sup>(1-3)</sup>. It is necessary to highlight that the complex nature of the EBF practice goes beyond the biological dimension, going through subjective paths that are mediated by social, cultural, political and economic aspects.

Accordingly, given the numerous aspects that

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involve this practice, the duration of EBF may have a shorter period, which is called “early weaning”. This occurs when the mother stops breastfeeding the baby before the age of six months. It is a process that is present in the evolution of a woman as a mother and also in the development of the child. It is important that this process happens naturally, at different ages. The mother is an active participant in the child’s preparation, allowing him/her to wean himself/herself.

Natural weaning strengthens the bond between the mother-child binomial, generates less stress for both, makes this change happen more smoothly, fulfilling the physiological, immunological and psychological needs of the child until he/she is ready. Conversely, abrupt weaning can have negative consequences both for the mother, leading to the emergence of breast engorgement, mastitis, depression and hormonal changes, as well as for the infant, generating a feeling of rejection, insecurity and even rebelliousness<sup>(1)</sup>.

There are several factors that can unfavorably contribute to the practice of exclusive breastfeeding. The presence of breast lesions, the use of silicone nozzles, absence from prenatal consultations, postpartum depression, paid work, incorrect hospital practices, as well as the woman’s level of education, are examples of these factors<sup>(1)</sup>. It is also noteworthy that primiparous pregnant women usually have difficulties related to breastfeeding, which may be linked to ineffective prenatal care and gaps in the process of guidance and in-hospital care, thus contributing to non-adherence to BF<sup>(1-3)</sup>.

In the year in which the study was performed, 3,340 live births were registered in the city, but these data do not only show women who give birth in the city, but also those who live in other nearby cities. It is reiterated that the city is located in the South of Minas Gerais and is responsible for the macro-region in health care.

It is understood that, regarding the guidance process on BF, educational actions aimed at pregnant and postpartum women demonstrate an increase in maternal self-efficacy for adherence to breastfeeding, with the health professional having a great importance in the transmission of information to mothers, in order to instrumentalize them and favor the act of breastfeeding<sup>(3)</sup>.

A study conducted in Brazil, with data taken from the National Health Survey, analyzed the trend of BF indicators over the last three decades. The results highlighted a significant increase in EBF in children under six months, between 1986 and 2006, raising the rate from 2.9% to 37.1% and remaining at 36.6% in 2013. The BF rate also showed an increase, being 44.8% in 1996 and 56.3% in 2006; however, there was a decline to 52.1% in 2013. This situation is worrying and reveals the importance of reviewing BF incentive policies and programs, in addition to strengthening existing ones, in order to further increase BF indicators in the country<sup>(4)</sup>.

Based on the results mentioned and seeking to know how the practice of EBF is being held in a city in the South of Minas Gerais, this investigation has the following inquiring questions: What is the knowledge of nursing mothers in relation to BF? Does early weaning happen? How does it happen?

Seeking to answer these questions, this study had the objective of characterizing the practices and knowledge about exclusive breastfeeding in nursing mothers living in a city in the South of Minas Gerais, Brazil.

## METHOD

This is a cross-sectional and descriptive study, with a quantitative approach<sup>(5-6)</sup>, developed in a city in the South of Minas Gerais. Study participants were 77 mothers. As inclusion criteria, the following were adopted: being mothers with children over six months of age, living in the city, and who took part in the 2016 National Immunization Campaign, the chosen moment for capturing the sample for this study, which was classified as convenience type.

All mothers agreed to participate in the research and signed the Free and Informed Consent Form. Data were collected during the National Immunization Campaign stages, from September to November 2016, in three Primary Health Care Units, located in the urban area of the city, through a Questionnaire. This instrument consisted of identification data of research participants; 17 objective questions, in which they should mark the answer they considered most consistent with their experience<sup>(7)</sup>.

Data collection took place as mentioned above, on the days of the immunization campaigns, and the participants were approached by the researchers before entering the vaccination room. The research objectives were explained to all of them, as well as the guarantee of anonymity; finally, they were given the decision whether or not to participate. After acceptance by each participant, the questionnaire was delivered, in which each collaborator read and answered the questions. There were no complications during data collection.

The data obtained by the instrument were entered into a Microsoft Excel 2010 Spreadsheet, in order to build the database and, later, the double entry technique was used, which consists of replicating the same data collection instrument at different times, so that the data can be compared, thus allowing to check possible flaws and identify inconsistencies that must be corrected, thus guaranteeing the quality and reliability of the typing process<sup>(6)</sup>.

The study followed Resolution 466 of 2012 of the National Health Council and was approved under Opinion nº 1.511.795, issued by the Federal University of Alfenas.

## RESULTS

Of the total number of participants (N=77), 38 (50%) of them had a child; 28 (36%) two children; 11 (14%) had three or more children. Regarding the intrapartum interval, 40 (100%)

mothers answered; and, of these, 30 (75%) indicated more than 2 years; and 10 (25%) between 1 and 2 years.

Regarding the breastfeeding of the previous child(ren) until the sixth month, 40 mothers answered; and, of these, 17 (43%) maintained exclusive breastfeeding until the sixth month; 13 (33%) mixed breastfeeding; 9 (22%) artificial feeding; and 1 (2%) does not remember. Regarding the current child, it was asked whether breastfeeding started soon after delivery, 77 mothers answered, and 68 (88%) indicated yes; 8 (10%) no; and 1 (2%) does not remember. As for current breastfeeding, 77 mothers answered, and 50 (88%) indicated that they maintain breastfeeding; and 27 (12%) no.

In Table 1, 54 (70.1%) answered that they received guidance on breastfeeding from a health professional; 22 (28.6%) said no; and 1 (1.3%) did not know how to answer. Conversely, 100% (n=77) of the sample answered that they were aware that exclusive breastfeeding should take place until the sixth month of life; and that this is important for the baby's development. Regarding the knowledge that breastfeeding reduces the incidence of diseases during childhood, 73 (94.8%) answered that they had knowledge; and 4 (5.2%) did not answer. As for the knowledge that breast milk improves the child's neuropsychomotor development and growth, 71 (92.2%) answered yes; and 6 (7.8%) answered no.

**Table 1.** Knowledge of the nursing mother about breastfeeding. City in the South of Minas Gerais, Brazil, 2016.

Knowledge of the nursing mother about breastfeeding			
Knowledge of the nursing mother about breastfeeding	Yes	No	Did not know how to answer
1. Did you receive, during pregnancy, or postpartum, breastfeeding guidance from a health professional?	54 (70.1%)	22 (28.6%)	1 (1.3%)
2. Did you know that infants must be exclusively breastfed for the first six months of life?	77 (100%)	0 (0%)	(-)
3. Do you think that exclusive breastfeeding for the first six months of a baby's life is important?	77 (100%)	0 (0%)	(-)
4. Did you know that breastfeeding decreases the incidence of diseases during childhood?	73 (94.8%)	4 (5.2%)	(-)
5. Did you know that breast milk improves the child's neuropsychomotor development and growth?	71 (92.2%)	6 (7.8%)	(-)

Source: Study data, 2016.

Regarding the knowledge and performance of breastfeeding techniques, 60 (78%) indicated that they knew the techniques; 10 (13%) indicated that they knew them, but did not perform them; and 7 (9%) did not know. Regarding the sounds made by the baby during

breastfeeding, it was found that 55 mothers (71%) identified such sounds; 21 (28%) did not identify them; and 1 (1%) did not know how to answer. As for the painful sensation during breastfeeding, it was identified that, of the 77 respondents, 53 (69%) indicated no pain; 22

(28%) felt pain; and 2 (3%) did not know how to answer.

Concerning the average time of each feeding, it was found that 43 (56%) reported twenty or more minutes, or until the breast is exhausted; for 13 (17%), ten minutes; for 13 (17%), fifteen

minutes; and for 8 (10%), five minutes. Regarding the interval between feedings, 27 (35%) reported three hours during the day; 24 (31%) two hours; 20 (26%) one hour or less; and 6 (8%) four hours or more.

**Table 2.** Knowledge of the nursing mother regarding the knowledge and performance of breastfeeding techniques. City in the South of Minas Gerais, Brazil, 2016.

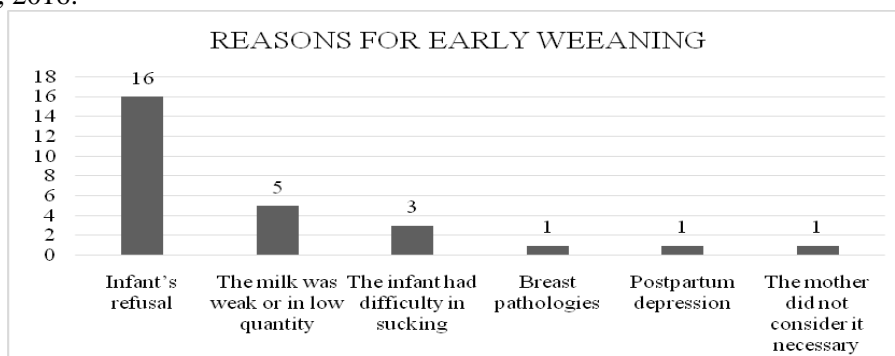
Knowledge of the nursing mother in relation to the knowledge and performance of the technique	Knowledge of the nursing mother in relation to the knowledge and performance of the technique			
	Yes	No	Did not know how to answer	
1. Has knowledge of the breastfeeding technique	70 (91%)	7 (9%)	(-)	
2. Identifies the emission of sounds produced by the baby during breastfeeding	55 (71%)	21 (28%)	1 (1%)	
3. Has a painful sensation during breastfeeding	22 (28%)	53 (69%)	2 (3%)	
4. Knowledge about the average time of each feeding	twenty or more minutes, or until the breast is exhausted 43 (56%)	ten minutes 13 (17%)	fifteen minutes 13 (17%)	five minutes 8 (10%)
5. Knowledge about the feeding interval	three hours 27 (35%)	two hours 24 (31%)	one hour or less 20 (26%)	four hours or more 6 (8%)

Source: Study data, 2016.

As for the reasons alleged by the nursing mothers for early weaning, as shown in Graph 1, 27 mothers answered; and, of these, 16 (59%) stated that the infant refused; five (18%) considered that the milk was weak or in low

quantity; three (11%) stated that the infant had difficulty in sucking. Other reasons were also mentioned by mothers, such as breast pathologies; postpartum depression; and did not consider it necessary, being 4%, respectively.

**Graph 1.** Reasons for early weaning pointed out by the study sample. City in the South of Minas Gerais, Brazil, 2016.

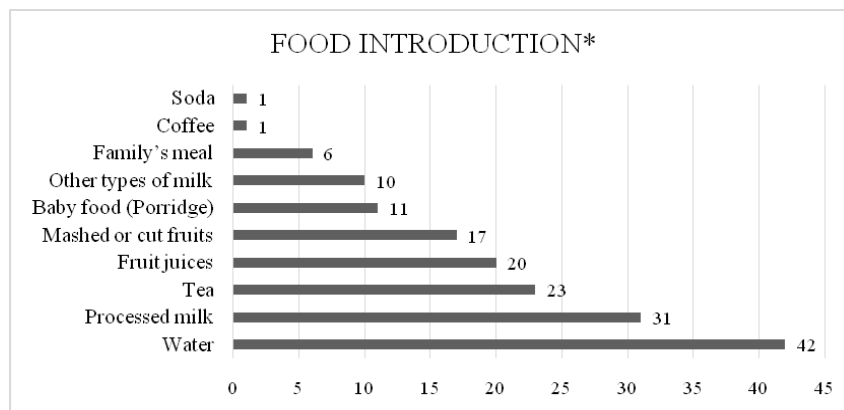


Source: Study data, 2016.

In Graph 2, regarding the introduction of foods before the child is six months old, of the 77 mothers, 42 offered water; 31 processed milks; 23 teas; 20 fruit juices; 17 mashed or cut

fruits; 11 sweet or salty baby food; 10 other types of milk; 6 offered the same meal as the family; and 1 offered coffee; and another offered soda.

**Graph 2.** Introduction of foods before the child is six months old. City in the South of Minas Gerais, Brazil, 2016.



Source: Study data, 2016.

\*There were mothers who indicated introducing more than one type of food.

## DISCUSSION

The results obtained show that 50 (88%) of the nursing mothers continued breastfeeding, but 27 (12%) weaned early. The data obtained indicate that 12% of the participants completed the supplementation before the sixth month of life, a fact that affects the maintenance of EBF and contributes to early weaning<sup>(7)</sup>.

Another fact that deserves to be highlighted refers to the participation of *primigravidae* women in the research, making up a total of 47% of the sample. It should be underlined that they need more guidance on the correct management of BF, since they are living their first experience.

The period considered ideal for the introduction of complementary foods is after six months; before this period, breast milk is able to supply all the child's nutritional needs. In addition, it is in the sixth month that the child develops reflexes necessary for swallowing, such as: the lingual reflex; he/she can see the food; he/she supports the head, facilitating the feeding offered by a spoon and the teeth start to erupt, which facilitates the chewing process<sup>(8-9)</sup>.

Just like breastfeeding, the balanced introduction of food in the child's new diet after six months is a great challenge for the health professional. He/she must be attentive to the needs of the child, mother and family, welcoming their questions, anxieties, difficulties and concerns.

Complementary food must provide sufficient amounts of water, fat, energy, protein, vitamins and minerals, but this whole new eating routine

must be guided and followed-up by a trained health professional<sup>(10)</sup>.

The unbalanced introduction of foods can lead to serious health problems, including impacts on adult life. The most common of them are malnutrition, anemia and obesity<sup>(11)</sup>.

Through this research, it was found that several foods were introduced before the age of six months, especially water and processed milk. The introduction of water suggests that mothers do not have the information that breast milk supplies all of the infant's water needs until the six months of age, i.e., it is only after six months that this substance needs to be offered<sup>(10,15)</sup>.

Maternal allegations for offering other liquids or foods were mainly cultural/educational reasons, such as insufficient milk or dry milk, or refusal and difficulty in sucking by the child. These findings are consistent with other studies in the pertinent literature, highlighting that maternal perception of low milk is one of the most common reasons alleged by mothers of full-term newborns for offering other foods before the baby is six months old<sup>(12-16)</sup>.

In addition, in some cases, the introduction of food, before six months, happens through the participation of the nursing mother in the labor market. The decision to have a professional career and the influence of unemployment on the family budget encourage women to start this introduction. Although there is protective legislation for women to breastfeed their child (ren) until the sixth month, the benefit is not met in all locations<sup>(13-15)</sup>.

Several studies show as the main justified causes for weaning in the first 15 days of life: reduced milk volume, weak milk and difficulty in providing an adequate amount of milk to the child. These factors are expressively associated with a higher risk of weaning and are pointed out as the responsible cause for the interruption of BF<sup>(16-20)</sup>.

The influence of the cultural factor must always be taken into account in breastfeeding guidance and promotion practices, with a view to empowering women in their capacity to breastfeed their children<sup>(21)</sup>. The report of low milk is a complex problem, crossing cultural, geographical and socioeconomic lines, i.e., mothers are influenced by their families as to whether or not they support breastfeeding<sup>(16-21)</sup>.

In this study, 91% of the surveyed mothers claimed to know breastfeeding techniques; however, 71% of them claimed that the infant emits characteristic sounds during breastfeeding. Only 28% said that sounds are not present.

When the baby takes the breast properly, a perfect seal is formed between the mouth and the breast, guaranteeing the formation of a vacuum, which is essential for the nipple and areola to remain inside the baby's mouth. During breastfeeding, the baby breathes through the nose, establishing the normal nasal breathing pattern. No sounds other than swallowing will be heard if the correct breastfeeding technique is performed, which shows that the percentages obtained are not consistent with the breastfeeding technique<sup>(6,9)</sup>.

Another fact that confronts the assertion of 91% of the surveyed mothers in knowing breastfeeding techniques is the fact that pain during breastfeeding is present in 28% of cases, thus indicating an error in the baby's latch during breastfeeding<sup>(6,9)</sup>.

In addition to the proper technique, it is important that breastfeeding occurs on demand, as the behavior of feeding frequently and at irregular times is something natural for infants. The time spent at each breast should also not be delimited, due to the fact that each baby has a different ability to suck the milk and, consequently, there is the need for variable time to empty the breast; this is an important characteristic to be achieved, during the feedings, because the most caloric milk, which

guarantees greater satiety, appears close to the time at which the breast is emptied<sup>(22-25)</sup>.

Early weaning shows the importance that should be attributed to information given by health professionals, especially physicians and nurses, to pregnant women. It is essential that doubts are clarified and that there are educational actions, in order to teach, support and encourage the nursing mother to perform and maintain the correct management of BF.

The support of health professionals should start as early as the first prenatal visit and continue to be offered to the nursing mother during the puerperium. It is essential that professionals have knowledge of the correct techniques, in addition to psychological support, with incentives, clarification of doubts, as well as conversations about the fears and anxieties of the nursing mother. The communication channel should also be tested, checking whether or not the nursing mother has understood the considerations and instructions about breastfeeding<sup>(23-25)</sup>.

Professionals must not only know the benefits of breastfeeding, but also master the management of complications that can be generated by breastfeeding, including: cracked nipples, mastitis and breast engorgement. Professionals need to keep up-to-date, prepared and qualified to help, thus making this phase of breastfeeding more comfortable and safer for both mother and baby<sup>(25)</sup>.

Through the study, it was found that partial or total weaning was justified by social reasons, above all, due to the lack of adequate guidance from a health professional, as already pointed out in the pertinent literature<sup>(21-25)</sup>. Professional support must be consistent to be able to positively influence the woman in breastfeeding efforts. Such support was not found by the primigravidae women who were part of this research, thus resulting in preventable early weaning.

Through this study, it was possible to note that exclusive breastfeeding still did not reach good rates in the surveyed city, due to the inclusion of complementary foods in the diet of babies under six months of age. This fact draws the attention of researchers, because the guidelines, which are carried out with nursing mothers regarding exclusive breastfeeding have not resulted in correct behaviors, or the language

used does not result in significant knowledge for this audience. The low number of nursing mothers included in this study was identified as a limitation.

Accordingly, further research is suggested, which address the necessary guidelines for the practice of breastfeeding and how this process should occur at all levels of the Health Care Network (HCN).

## CONCLUSION

The study revealed that most participants know the importance of BF and how its maintenance helps in the child's development and growth; but, for some of these mothers, the

complementation is started for educational/cultural reasons.

Faced with this scenario, the importance of teamwork and the need for health education activities should be highlighted, especially in a context in which exclusive breastfeeding is not prevalent.

It is hoped that the results of this research provide information necessary for better planning of actions aimed at encouraging EBF, with the implementation of strategies that support the encouragement of breastfeeding at all levels of the Health Care Network, with a view to promoting a quality care to the nursing mother, increasing the duration of EBF and, consequently, improving the quality of life of babies and their families.

## CARACTERIZAÇÃO DAS PRÁTICAS E CONHECIMENTOS SOBRE ALEITAMENTO MATERNO EM UM MUNICÍPIO DO SUL DE MINAS GERAIS, BRASIL

### RESUMO

**Objetivo:** caracterizar as práticas e o conhecimento sobre o aleitamento materno exclusivo em nutrízes residentes em um município do Sul de Minas Gerais, Brasil. **Método:** trata-se de um estudo transversal, descritivo e com abordagem quantitativa. **Resultados:** a amostra foi composta por 77 mães de lactentes com mais de seis meses. Verificou-se que 100% respondeu ter conhecimento de que a amamentação exclusiva deve ocorrer até o sexto mês de vida. Quanto à compreensão de que a amamentação diminui a incidência de doenças durante a infância, 73 (94,8%) responderam que sim e quatro (5,2%) não. Em relação a saber que o leite materno melhora o desenvolvimento neuropsicomotor e crescimento, 71 (94,8%) responderam sim e seis (7,8%) não. Mantiveram o aleitamento materno até o sexto mês 50 (88%) e 27 (12%) desmamaram precocemente. Dentre os motivos para o desmame precoce referiram a recusa do lactente; leite fraco ou em pouca quantidade e dificuldade de sucção do lactente. Quanto à complementação houve introdução de água; leites industrializados; chá; suco de frutas; frutas amassadas ou em pedaços; papinhas doces ou salgadas; outros tipos de leite; a mesma refeição da família; café e refrigerante. **Conclusão:** a maioria das participantes conhece os benefícios do aleitamento e o mantém de forma exclusiva, porém, para outras, mesmo tendo essa compreensão, a complementação ocorre e o desmame precoce acontece.

**Palavras-chave:** Aleitamento materno. Atenção primária à saúde. Educação para saúde. Saúde da criança.

## CARACTERIZACIÓN DE PRÁCTICAS Y CONOCIMIENTOS SOBRE LACTANCIA MATERNA EN UN MUNICIPIO DEL SUR DE MINAS GERAIS, BRASIL

### RESUMEN

**Objetivo:** caracterizar las prácticas y el conocimiento sobre la lactancia materna exclusiva en mujeres residentes en un municipio del Sur de Minas Gerais, Brasil. **Método:** se trata de un estudio transversal, descriptivo y con enfoque cuantitativo. **Resultados:** la muestra fue compuesta por 77 madres de lactantes con más de seis meses. Se verificó que el 100% respondió tener conocimiento de que la lactancia exclusiva debe ocurrir hasta el sexto mes de vida. En cuanto a la comprensión de que la lactancia disminuye la incidencia de enfermedades durante la infancia, 73 (94,8%) contestaron que sí y cuatro (5,2%) no. Respecto a saber que la leche materna mejora el desarrollo neuropsicomotor y crecimiento, 71 (94,8%) respondieron sí y seis (7,8%) no. Mantuvieron la lactancia materna hasta el sexto mes 50 (88%) y 27 (12%) destetaron precocemente. Entre los motivos para el destete precoz relataron el rechazo del lactante; leche débil o en baja cantidad y dificultad de succión del lactante. Con relación a la complementación hubo introducción de agua; leches industrializadas; té; jugo de frutas; frutas aplastadas o en pedazos; papillas dulces o saladas; otros tipos de leche; la misma comida de la familia; café y refresco. **Conclusión:** la mayoría de las participantes conoce los beneficios de la lactancia y la mantiene de forma exclusiva, pero para otras, aun teniendo esa comprensión, la complementación ocurre y el destete precoz ocurre.

**Palabras clave:** Lactancia materna. Atención primaria a la salud. Educación para la salud. Salud del niño..

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