



## NURSES' PERCEPTION ABOUT THE TITLING PROCESS OF HOSPITAL AMIGO DA CRIANÇA

Julliani Quevedo da Rosa\*

Diana Cecagno\*\*

Susana Cecagno\*\*\*

Juliana Marques Weykamp Tavares\*\*\*\*

Marilu Correa Soares\*\*\*\*\*

### ABSTRACT

**Objective:** to describe the nurses' perception about the implementation of the titling process of Hospital Amigo da Criança of a Teaching Hospital in southern Brazil. **Method:** it is a research with a descriptive and exploratory qualitative approach. The data collection was carried out through semi-structured interviews with 14 nurses who work in the Maternal-Infant Unit of the Teaching Hospital of the Federal University of Pelotas and the data were analyzed according to Minayo's Operative proposal. **Results:** the nurses feel co-responsible, even not participating in some phases of the process, they emphasize that the process is difficult, there is weakness in the engagement of the multidisciplinary team, as well as in institutional encouragement. They highlighted that encouraging breastfeeding, skin-to-skin contact, breastfeeding in the 1<sup>st</sup> hour of life and rooming-in are the actions that enhance the process, relying on the use of a nipple/pacifier and the number of cesarean deliveries performed in the institution. **Conclusion:** most nurses declare themselves participative and active in the search for the title of Hospital Amigo da Criança, even though they do not participate in all phases of the process and proposed activities. The results presented may provide subsidies to managers and health professionals in the construction of actions to ensure that more hospitals reach the title and "IHAC".

**Keywords:** Breast feeding. Nurses. Maternal and Child Health.

### INTRODUCTION

The Iniciativa Hospital Amigo da Criança (IHAC) aims to contribute to ensure the practical promotion of breastfeeding and prevention of early weaning, through the mobilization of professionals from health institutions<sup>(1)</sup>.

Since 1979, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have been fighting to guarantee breastfeeding. The meeting "Breastfeeding in the 1990s: A Global Initiative" discussed strategies to promote, to protect and to support breastfeeding, resulting in the "Innocenti Declaration" adopted by the 12 participating countries, including Brazil. Aiming at optimizing maternal and child health and nutrition, this Declaration established that all women are oriented and trained to practice exclusive breastfeeding from birth to the 6th month of the child's life<sup>(2)</sup>.

In Brazil, the title Hospital Amigo da Criança (HAC) is granted by the Ministry of Health (MH) to public and to private institutions that meet the current criteria for acquiring the title established by Ordinance No. 1153, of May 22, 2014, among them the "Ten Steps to Successful Breastfeeding", skin-to-skin contact and breastfeeding within the first hour of birth, recommended by WHO and UNICEF<sup>(3)</sup>.

Being born in a maternity hospital belonging to a HAC means being granted the guarantee, among others, of the right to receive breastfeeding, in accordance with the global strategy recommended by the WHO and UNICEF<sup>(2)</sup>. Also, the fact of being born in a HAC reduces the chance of undergoing interventions soon after delivery, such as aspiration of the airways, use of inhaled oxygen and an incubator. One in every four births in Brazil occurs in HAC, about 725,000 per year, in the 324 certified hospitals. There is also a

\*Nurse. Universidade Federal de Pelotas

\*\*Nurse. PhD in Nursing. Faculdade de Enfermagem. Universidade Federal de Pelotas.

\*\*\*Nurse. PhD in Science and Health. Hospital Escola da Universidade Federal de Pelotas.

\*\*\*\*Nurse. PhD in Nursing.

\*\*\*\*\*Nurse. PhD in Nursing. Faculdade de Enfermagem. Universidade Federal de Pelotas.

difference in breastfeeding indicators between HAC and hospitals that do not have the title, that is, the average duration of exclusive breastfeeding for children born in a HAC is 60.2 days, against 48.1 days for children who they were not born in hospitals with this degree<sup>(2)</sup>.

In this context, it is understood that nurses have an important contribution to achieving the HAC title. This is because, the leader of the nursing team, who stays in the institution 24 hours a day, can articulate with the other members of the health team by promoting discussions, informing and joining efforts to achieve the collective objective.

When seeking scientific production about the process to obtain the HAC title, there was a scarcity of publications that assess the implementation process, from the perspective of the nurse, which can characterize a knowledge gap, in addition to making this study an important contribution to the health area, in particular, to nursing. Among the main difficulties described in the literature are the low value of professionals, the non-involvement of professionals in the work process, lack of time, work overload and demands without proper guidance, which generates professional dissatisfaction and illness<sup>(4,5,6)</sup>.

It is known that the implementation of new practices is not a simple task, as it presents itself as a challenge to be faced by professionals and managers<sup>(7)</sup>. In this context, nurses can play a key role, as leaders of their teams and professionals who embrace strategies such as continuing education for the qualification of care.

It is believed that this study can contribute to the reflection on how the HAC titration process has been constituted, according to the criteria recommended by the MH. In addition, it will be able to help in the recognition of the strengths and weaknesses of the process, making it possible to visualize strategies that help in obtaining the aforementioned title.

Given the context presented, this study aims to describe the perception of nurses about the process of implementing the title of Hospital Amigo da Criança of a Teaching Hospital in southern Brazil.

## METHODOLOGY

It is a qualitative<sup>(8)</sup>, descriptive and exploratory research carried out in the maternal-infant unit (MIU) of the Teaching Hospital of the Federal University of Pelotas, Brazilian Company of Hospital Services (HE/UFPel/EBSERH), which is in the process of claiming the title of HAC, between January and February 2019, with 14 nurses, deliberately chosen, who work in the unit. As an inclusion criterion, it was established that nurses had been working in that unit for at least six months. The exclusion criteria are being on sick leave or vacation. There was no refusal to participate in the research.

The data collection was carried out through a semi-structured interview in a MIU room, guaranteeing privacy to the participants during their working hours. The interview began after reading, acknowledging and signing the Informed Consent Form, with one copy being interviewed and the other being a researcher. To maintain anonymity, the participants were identified with the letter E, followed by Arabic numerals corresponding to the order in which the interviews were conducted.

The interview questions sought to capture the nurses' perception about their engagement in implementing the required title, knowledge about the legislation on the criteria and requirements, strengths and weaknesses in the process of implementing the steps of the IHAC. The interviews were conducted by one of the researchers, with an average duration of 15 minutes, being recorded and then transcribed in full by the same so that the data could be organized for further analysis.

The data were organized and analyzed following the operative proposal of Minayo<sup>(8)</sup>, namely: pre-analysis; exploration of the material; treatment and interpretation of results. The following themes emerged from the analysis: Involvement of nurses in the context of qualification in Iniciativa Hospital Amigo da Criança; potentials and weaknesses perceived by nurses regarding the implementation of the steps of the IHAC.

To carry out this research, the ethical principles were ensured in accordance with Resolutions n° 466/2012 and n° 510/2016<sup>(9,10)</sup>. The research project received a favorable

opinion from the Research Ethics Committee (CEP) of the Faculty of Nursing at the Federal University of Pelotas (FEN/UFPEL), with number 3,093,370 CAAE-04254018.4.0000.5316.6.

## RESULTS AND DISCUSSION

As characteristics of the 14 respondents, 13 are female and one male, aged between 29 and 52 years-old, the length of professional experience ranged from four to 30 years. With regard to working time at the institution, the variation was from one year and three months to 10 years and the time working in the maternity hospital ranged from one year and three months to four years.

In the theme that refers to the **Involvement of nurses in the context of qualification in the Baby-Friendly Hospital Initiative**, when asked about how they feel involved in the qualification process at the IHAC, the nurses answered:

As nurses, we look for this degree, trying to establish exclusive breastfeeding practices, not using a pacifier in the guidelines, with breastfeeding in the first hour of life [...]. (E1)

I see myself as co-responsible. I think that much of the degree process, the success of this project, depends on the nursing people for the question of encouraging breastfeeding, encouraging good practices with the newborn, encouraging in not using a pacifier, a nipple. (E3)

I see myself as a fundamental part, because from what I know of the title Hospital Amigo da Criança, we as nurses, who are closer to the mothers, help in this breastfeeding process. (E6)

I think that we participate and we are one of the key parts for the hospital to really be able to reach the point of obtaining degrees and accreditation. Because we are on the front line, so we are also able to articulate among the other teams, the medical team, other people who assist the woman and the baby in the immediate postpartum period. (E13)

Most of the nurses interviewed declared themselves to be participative and active in the HAC titling process, citing as their main reason the encouragement of breastfeeding and other good practices recommended by the MH. These results are supported by the literature review that highlights the importance of training the team to

act and get involved in the process in order to ensure safe breastfeeding and change in professional practices<sup>(1)</sup>. Corroborating, authors claim that nursing was responsible for the guidelines given to puerperal women, in a Municipal Hospital and Maternity School located in the North Zone of São Paulo, about rooming-in and issues related to breastfeeding<sup>(11)</sup>.

In contrast, some statements highlight the fragility of training and engagement of the multidisciplinary team, as well as the need for all professionals to be willing to collaborate in the activities developed so that the hospital meets the necessary criteria and earns the title of Hospital Amigo da Criança.

I think there is still a lot to be done from the rest of the team. [...] It seems like that, just us; I think we feel a little lonely. (E1)

I think all professionals have a lot to contribute to this. So all professionals must be trained for this degree to be achieved by the hospital. But sometimes the professional lacks motivation, it's not just nursing, the doctor too, because sometimes doctors come and say: "I wasn't guided...", or this or that, and he is part of the institution, he also does part of this process to achieve, right? All professionals have to undergo training. [...] So it's not just the nursing team. (E7)

A study carried out at the Regional Maternal and Child Hospital in the State of Maranhão points out that successful breastfeeding, guaranteed by the engagement of professionals, is linked to continuous and systematic training on the practice of breastfeeding, not only in terms of winning the title, but also in maintaining the same. The practice of constant updating of professionals can ensure successful breastfeeding, preventing early weaning<sup>(12)</sup>. Still, a study carried out in five maternity hospitals of the Rede Mãe Paranaense Program in the municipalities of the 17th Regional Health of the State of Paraná found that for the most part, the performance of permanent education activities was not ideal, since they did not offer training to professionals and that this is a necessary condition to guarantee quality care<sup>(13)</sup>.

When asked whether they participate in the planning of activities developed for the hospital to earn the title of Hospital Amigo da Criança, 10 of the 14 professionals interviewed expressed

that they did not actively participate in the planning, as can be seen in the reports of the participants:

No, I don't participate. [...] So far I have not been invited, that's right... To participate in some planning. (E2)

I think this issue of the institution could be stronger, holding indicators, chasing indicators, you know? [...] I think we could have more meetings to plan these activities to implement the criteria... It could be more focused on that, and often we plan and as I told you there are no indicators, we don't know if the planning was successful or not. But like that, I don't feel so participative, as I told you, I feel co-responsible, so I do my part, I try to do it, but in these matters of planning activities, I don't feel so participative. (E3)

No, no... We were informed, and from that we act, right? (E4)

It can be seen in the nurses' testimonies that the process that has been taking place in the institution is still relatively distant from the care practice of nurses, which hinders the involvement of health teams. The engagement of professionals depends on knowledge of the process as a whole, since many of the needs can only be addressed through direct assistance with the mother-infant binomial.

A study carried out in a university hospital accredited with the title of friend of the child emphasizes that the engagement of the nursing team, especially the nurse is a differential and determining factor to guarantee the title and to consolidate the right to breastfeed in the newborn's first hour of life. Furthermore, the professional as a health educator can resolve doubts, demystify myths, beliefs and taboos about breastfeeding, and, through their practice, increase maternal self-confidence<sup>(14)</sup>.

Another factor that can be observed in the interviewees' testimonies is the fact that they recognize the importance of participatory planning, based on the monitoring and analysis of care quality indicators that express work practices. It is understood that the improvement of shared management is essential, with the participation of an empowered and proactive care nurse, aimed at the continuous improvement of care processes, together with the institution's management team.

In this sense, the indicators are tools that express the result of care, and make it possible to assess whether care goals were achieved, in addition to collaborating in signaling improvements in work practices that converge to patient-centered care, supporting the planning and taking of decision<sup>(15)</sup>.

Although nurses feel co-responsible in the process that aims to achieve the title of HAC, there is a weakness in the Institutional incentive for them to be able to achieve not only their capacities as clinical nurses, but also managerial activities provided for in the daily practice of nurses. In addition to institutional encouragement, it is understood that there is a need for a personal motivation for nurses to seek to approach the activities and actions developed in the institution and that reflect on the improvement of the quality of care provided to the service user.

Still, it is important to emphasize that the role of leader is intrinsic to the nurse and he/she needs to motivate, to encourage, to train and also to monitor/evaluate that the criteria are implemented. These actions can have a direct influence on care for both the mother and the baby, and thus, the co-responsibility of the nurse in the process becomes essential for the inclusion of professionals to be effective, which includes expanding their role in the planning and execution of the activities proposed by the Institution. In this scenario, the leadership competence of the nurse in the team is evoked, based on a study that pointed out the difficulty that this professional has to exercise management and care practice at the same time, even recognizing that leadership is the art of influencing people in order to achieve a common goal<sup>(16)</sup>.

As a counterpoint, the Institution needs to do its part, providing conditions for everyone in the team to feel included in the processes and motivated to participate, taking co-responsibility<sup>(16)</sup>.

It is understood that it is necessary for the Institutions to organize systematic meetings with all professionals involved and who provide direct care to the mother-infant dyad, so that they get involved in the process for titling HAC, in addition to encouraging them to have a as standardized and necessary for the qualification.

As for the nurses' perception of the current context of the Hospital Amigo da Criança titling process, some research participants emphasized that the process is not considered easy, as can be seen below.

I think it is not an easy process. [...] I don't think it's easy at all, I think it's a big challenge for the health teams. (E1)

The personal commitment of each one, to believe, to do, [...] To believe in breastfeeding, to work in breastfeeding also aiming at the title. [...] I think you have to work towards the title as if an evaluator would come here tomorrow. Not everyone thinks that way. (E5)

The question of whether the professional is dedicating himself. [...] The mentality of professionals we sometimes cannot change. It is the question of the professional being engaged with this, believing in breastfeeding, being willing every time he or she is at the bedside to see something wrong, correct or guide. This for me is the difficulty. (E7)

The professionals in relation to having all that willingness, to be helping the mother in the first days, in the breastfeeding process. (E8)

Human resource, especially the professional who has more time on the road, who already has some inherent practices that he is often unable to open, open the range and understand that things can be different, right. [...]. Professionals with more experience, used to a practice, sometimes this ends up making it difficult even if new experiences, new practices are inserted. (E13)

Nurses emphasize the difficulty of involving themselves and the team, changing their behavior and attitude towards the breastfeeding process so that the hospital can be qualified as a friend of the child. This corroborates the results of a study that demonstrates the importance of monitoring and measuring the adherence of professionals to good breastfeeding practices, recommended by national and international bodies. This measurement can show difficulties to be remedied and the feedback provides opportunities for the implementation of necessary changes, ensuring protection for maternal and child health<sup>(12)</sup>.

In addition to the above, other factors were also mentioned as hindering the process of implementing the IHAC, among which cultural issues and the guidelines provided during

prenatal care deserve to be highlighted, as observed in the following statements:

The question of weak milk, you know?-And work on culture first. And then I see that it's not just a local issue, that at the other hospital where I worked, this was the same difficulty, it's weak milk, it's the use of a pacifier. [...] "I can't rock the baby too much because he's going to take it out", Wow! We know that the closer the baby is to the mother, the more she will release oxytocin, the easier it will be to decide on the milk. So I think this is all making it difficult, you know? So I think that if we want to change, it's really a cultural issue, it's been there from the beginning and maybe, I would be more daring to say, that this type of situation should already be discussed in schools, it's not enough just in prenatal care, it's a general change. (E11)

Sometimes I really miss us not having more time to stay at the bedside chatting with them, because you spend a quick visit, in a little while there's something else, and another, and another... And then you could dedicate more time, but sometimes in practice you can't, so I would put it like this. (E6)

I think sometimes the issue of prenatal care. The lack of prenatal guidance focuses a lot on that period of pregnancy alone. [...] Many don't even know that they have the right to skin-to-skin, that they have to breastfeed within the first hour. So I think that this is missing, the issue of prenatal guidance, which would empower them much more to request this care with their children. (E3)

Among the issues highlighted in the testimonies, family culture and beliefs exert an important influence on the practice of breastfeeding, especially exclusive breastfeeding in the first six months of age. These results coincide with those pointed out in a study that showed that the knowledge of mothers, myths and popular beliefs are negative factors that influence the act of breastfeeding<sup>(1)</sup>. These issues need to be identified and worked on from prenatal care, with technical-scientific knowledge, dialogue, increased maternal self-esteem and family involvement. It is possible to deconstruct the myths that hinder the practice of breastfeeding by demonstrating the benefits of breastfeeding, both for the mother and for the child.

In this sense, it is necessary that health institutions invest in strategies that seek to

sensitize professionals about breastfeeding, not only professionals who work in maternity hospitals, but also those who are part of Primary Care (*Atenção Básica* - AB). In AB, during prenatal care, health professionals believe in the benefits of breastfeeding and encourage women to breastfeed, they will be more apt to build actions in favor of changing habits and practices that discourage breastfeeding.

Given the above, it is believed important that institutions consider the possibility of enabling all professionals involved to be included in the activities proposed by the IHAC, to engage, to motivate and to exercise their function with security and empowerment. In addition, they provide a welcoming environment capable of offering individualized care in the care of both mothers and babies, ensuring that breastfeeding occurs as recommended by the responsible bodies.

The Theme Potentials and Weaknesses perceived by nurses about the implementation of the steps of the IHAC grouped the reports of nurses on the criteria for enabling the IHAC at HE/UFPel/EBSERH.

When asked about the criteria with the greatest potential for application in the institution, most participants cited the encouragement of breastfeeding, skin-to-skin contact, breastfeeding in the 1<sup>st</sup> hour of life and rooming-in, as established by Ordinance No. 1,153, of 22 of May 2014<sup>(3)</sup>.

The issue of good practices with the newborn, we try the issue of breastfeeding, [...] In the criterion of breastfeeding, rooming-in, good practices with newborns, including from birth, skin the skin, breastfeeding in the first hour, we have progressed a lot in relation to this. (E3)

Guidelines on breastfeeding, specifically, rooming-in. (E4)

I think breastfeeding is something that we touch a lot, about encouraging breastfeeding. (E7)

For us, encouraging breastfeeding in the first hour, right? This we already do. We just can't do it if, of course, there is a problem with the mother or the child, right? But this one is one of the easiest ones we've been applying. (E10)

The question of accommodation, I think we have been trying to do it. We have been trying hard to encourage breastfeeding; I think these are very positive points for the team. (E11)

I observe, it's the opportune clamping that they've been doing and that's also one of the criteria, understand? And skin-to-skin contact. (E12)

The factors pointed out by the participants of this research make it possible to affirm that they are aware of the importance of these, which are considered essential for the realization of breastfeeding by several authors<sup>(1,2,11,13,14, 16)</sup>.

A cross-sectional study<sup>(17)</sup> carried out in an obstetric center of a university hospital in southern Brazil pointed out that skin-to-skin contact is a simple action that exerts a positive influence and favors the beginning of early breastfeeding. This study also points out that the earlier the skin-to-skin contact, the easier the extra-uterine adaptation and regulation of vital signs will be. Concomitantly, other studies<sup>(1,11,13,14)</sup> emphasize the early practice of breastfeeding as fundamental for its success and, the greater the involvement of professionals with the mother, the greater the chances of this happening.

The use of a nipple/pacifier and a bottle was mentioned as the most fragile criteria for implementation in the Institution, as shown in the following statements:

We have a lot of these devices here, nipples, pacifiers, baby bottles. (E3)

There is still the difficulty that many mothers use the nipple, they also use the silicone nipple, the other nipple to form the breast, despite the guidelines. (E4)

Here we see a lot the use of pacifiers. (E6)

There is always someone who brings a pacifier, a nipple. So the mother, the godmother, comes with the trousseau, I have a lot of difficulty when I see that [...]. So it's cultural, the people here in the city always bring it, so that makes it difficult. (E9)

I see the issue of pacifier use as an issue that makes it very difficult, because it is a very cultural issue; babies already come with a pacifier. And the mothers believe that it makes breastfeeding easier, so they confuse a lot too, sometimes they use the silicone nipple, we know that it is not recommended either, and they believe it is good. [...]. So I see that one of the situations that make the most difficult is still the use of the beak. (E11)

There is unanimity among professionals about the importance of disusing pacifiers and

bottles, as well as how the use of these artifacts can negatively interfere in both early breastfeeding and exclusive breastfeeding, as recommended. This concern of professional nurses is based on the document<sup>(3)</sup> on the "Ten Steps to Successful Breastfeeding", whose nine step is written "Do not offer pacifiers, nipples or bottles to the baby". Associated with the other steps, measures are considered whose purpose is to raise awareness of mothers, family members and professionals about the importance of exclusive breastfeeding up to the first 6 months of life, and then for as long as possible.

However, a randomized clinical trial study, involving 132 mothers of healthy full-term newborns from a Child-Friendly public maternity hospital, whose objective was to assess whether the duration of exclusive early breastfeeding is influenced by the use of a pacifier from the 15th day onwards of life, concluded that the use of pacifiers did not interfere in the rates of exclusive breastfeeding at 3 months. The same study states that the use of pacifiers had a negative influence on the rate of exclusive breastfeeding at 6 months, and the mothers who offered the pacifier were those who were experiencing some type of difficulty in breastfeeding or were unmotivated to breastfeed<sup>(18)</sup>.

Given the above, it is considered essential that the guidelines related to Step 9, of the "Ten Steps to Successful Breastfeeding", be reinforced in institutions, aiming to strengthen the knowledge of mothers and their support network, in an attempt to alleviate the damage caused by the spread of the culture of using pacifiers. As a possible strategy to warn about the damage caused by this practice, one can think of using posters distributed in the corridors and wards of maternal and child care units, seeking to reach all service users and their companions.

Another complicating factor reported by the participants in this study was the performance of cesarean deliveries, as can be seen below.

There are still a large number of cesarean sections, and sometimes we question them. (E1)

The difficulty is this, when it comes to the woman to give birth by cesarean delivery. Because like that, there are not always people available to make this skin-to-skin contact, got it? It's something that

we're trying to move forward in relation to this. (E12)

We sometimes have to fight to get hold of some. As an example, the issue of breastfeeding in the first hour of life, especially in situations of surgical births, that our biggest difficulty today is this, that the baby is breastfed in the first hour. Either because of staff problems within the block or because of maternal complications that we really can't get the child to stay with the mother in the first hour of life. (E13)

Regarding the mode of delivery, the nurses interviewed in this study emphasize that there is still a high number of births via surgical delivery. According to a cross-sectional study<sup>(19)</sup>, with data from 9,987 records from the Information System on Live Births (SINASC), in Brazil, the cesarean rate reaches 56%, contradicting what the WHO recommends that it is 15 %.

Similarly, another study points out that cesarean delivery performed in an uncontrolled manner interferes negatively with breastfeeding, which is impaired from the first hour of life, and, going further, contributes to the early interruption of breastfeeding<sup>(20)</sup>.

Undeniably, it is understood that the professional attitude has direct implications in the process of birth and breastfeeding; therefore, it is up to professionals and health institutions to encourage healthier care practices based on the recommendations of the MH, ensuring adequate care, in the context of this study for both mother and baby. This can be possible through constant updating, dialogue and changing the care model to ensure a positive experience of both the parturition and the breastfeeding process.

It is understood to be a priority that the Institution aware of the number of cesarean deliveries performed, assess the reasons that are causing this procedure and invest in training for professionals in the operating room, as they provide direct assistance to the mother and baby in the cases of surgical deliveries, is a strategy to achieve greater success in complying with Step 4 established by the IHAC.

This study was limited by the fact that it was carried out only in one of the maternity hospitals in the city, thus, it is suggested to expand it to other maternity hospitals.

## FINAL CONSIDERATIONS

In this study, the perception of nurses about the process of implementing the title of Hospital Amigo da Criança of a Teaching Hospital in southern Brazil is that it is far from care practice, requiring investments in training and greater involvement and engagement among members of the health teams.

With regard to the qualification process, the participation of nurses is still incipient, despite their knowledge of the legislation that governs this initiative.

In addition, the above panorama allows us to identify the potentials, highlighting breastfeeding, skin-to-skin contact, breastfeeding in the 1st hour of life and rooming-in, and

weaknesses such as the use of a nipple/pacifier and bottle, both related to the IHAC titling process. With the results presented, it is intended to provide subsidies for managers and professionals in the area in order to raise resources that redirect actions, adapting them to what is recommended by the official bodies, in order to ensure that more hospitals reach the title and IHAC. It is suggested that the institution where the study was carried out, as well as the others that are claiming the degree, invest in the qualification of professionals involved in the care of the mother-infant dyad, with the objective of bringing professionals closer to the process, favoring that everyone has the same conduct that is required for clearance.

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## PERCEPÇÃO DE ENFERMEIROS ACERCA DO PROCESSO DE TITULAÇÃO HOSPITAL AMIGO DA CRIANÇA

### RESUMO

**Objetivo:** descrever a percepção dos enfermeiros acerca do processo de implantação da titulação de Hospital Amigo da Criança de um hospital escola do Sul do Brasil. **Método:** pesquisa com abordagem qualitativa descritiva e exploratória. A coleta de dados foi realizada por meio de entrevista semiestruturada com 14 enfermeiros que trabalham na Unidade Materno-infantil do Hospital Escola da Universidade Federal de Pelotas e os dados foram analisados segundo a proposta Operativa de Minayo. **Resultados:** os enfermeiros se sentem corresponsáveis, mesmo não participando de algumas fases do processo. Enfatizam que o processo é difícil, existe fragilidade no engajamento da equipe multidisciplinar, bem como no incentivo institucional. Destacaram que o incentivo ao aleitamento materno, o contato pele a pele, amamentação na 1ª hora de vida e o alojamento conjunto são as ações que potencializam o processo, contrapondo com o uso de bico/chupeta e o número de partos cesáreos realizados na instituição. **Conclusão:** a maioria dos enfermeiros declara-se participativa e atuante na busca pelo título de Hospital Amigo da Criança, mesmo não participando de todas as fases do processo e das atividades propostas. Os resultados apresentados poderão fornecer subsídios aos gestores e profissionais de saúde na construção de ações para garantir que mais hospitais alcancem a titulação e IHAC.

**Palavras-chave:** Aleitamento materno. Enfermeiros. Saúde Materno-Infantil.

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## PERCEPCIÓN DE ENFERMEROS SOBRE EL PROCESO DE TITULACIÓN HOSPITAL AMIGO DEL NIÑO

### RESUMEN

**Objetivo:** describir la percepción de los enfermeros sobre el proceso de implantación de la titulación de Hospital Amigo del Niño (IHAN) de un hospital escuela del Sur de Brasil. **Método:** investigación con abordaje cualitativo descriptivo y exploratorio. La recolección de datos fue realizada por medio de entrevista semiestructurada con 14 enfermeros que trabajan en una Unidad Materno-infantil del Hospital Escuela de la Universidad Federal de Pelotas y los datos fueron analizados según la propuesta Operativa de Minayo. **Resultados:** los enfermeros se sienten corresponsables, aunque no participen de algunas fases del proceso. Señalan que el proceso es difícil, existe fragilidad en el compromiso del equipo multidisciplinario, así como en el fomento institucional. Destacaron que el estímulo a la lactancia materna, el contacto piel a piel, lactancia en la 1ª hora de vida y el alojamiento conjunto son las acciones que potencian el proceso, contraponiendo con el uso de boquilla/chupete y el número de partos cesáreos realizados en la institución. **Conclusión:** la mayoría de los enfermeros se declara participativa y actuante en la búsqueda del título de Hospital Amigo del Niño, aunque no participen en todas las fases del proceso y de las actividades propuestas. Los resultados presentados podrán proporcionar colaboraciones a los gestores y profesionales de salud en la construcción de acciones para garantizar que más hospitales logren la titulación e IHAN.

**Palabras clave:** Lactancia Materna. Enfermeros. Salud Materno-Infantil.

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**Corresponding authorspondencia:** Diana Cecagno. Rua Professor Araújo, 538, Centro - Pelotas. Rio Grande do Sul. Brasil E-mail: [cecagno@gmail.com](mailto:cecagno@gmail.com) Fone (53) 99972-7011

**Submitted:** 21/04/2020

**Accepted:** 09/08/2021