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RESEARCH

Cuidado de enfermagem às puérperas soropositivas para o hiv diante da impossibilidade de amamentação natural

Nursing care postpartum women seropositive for hiv before the inability to natural breastfeeding

Mujeres en el posparto cuidado de enfermeria seropositivos para vih ante la imposibilidad de lactancia natural

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ABSTRACT

Objectives: to know the expertise of nurses in caring for postpartum women seropositive for HIV on breastfeeding; identify the interaction of nurses with women with HIV about the impossibility of breastfeeding. **Method:** this was a descriptive, exploratory and qualitative in nature, with twenty-three women in the rooming Antônio Pedro University Hospital (HUAP) through structured interviews and analyzed with the precepts of content analysis in thematic, after approval by the Ethics Committee of the HUAP, under nº 218.283. **Results:** the following categories emerged: disparities in the rooming guidelines: breastfeeding; interaction of nurses rooming with HIV seropositive postpartum women about the impossibility of breastfeeding. **Conclusion:** the need for guidance and awareness of women about their reasons and issues related to the inability to breastfeed. **Descriptors:** Breast feeding, HIV, Nursing, Orientation.

RESUMO

Objetivos: conhecer a experiência do enfermeiro no cuidado às puérperas soropositivas para o HIV a respeito da amamentação; identificar a interação do enfermeiro com as mulheres com HIV a respeito da impossibilidade de amamentação. **Método:** trata-se de uma pesquisa descritiva, exploratória, de natureza qualitativa, com sete enfermeiros atuantes no alojamento conjunto do Hospital Universitário Antônio Pedro (HUAP) mediante entrevista semiestruturada e analisado com os preceitos da análise de conteúdo na modalidade temática, após aprovação pelo Comitê de Ética do HUAP, sob nº 218.283. **Resultados:** emergiram as seguintes categorias: disparidades nas orientações no alojamento conjunto: a amamentação natural; interação dos enfermeiros do alojamento conjunto com as puérperas soropositivas para HIV a respeito da impossibilidade da amamentação. **Conclusão:** a necessidade de orientação e sensibilização da mulher quanto aos motivos e questões relativas à impossibilidade de amamentar. **Descritores:** Aleitamento materno, HIV, Enfermagem, Orientação.

RESUMEN

Objetivos: conocer la experiencia de las enfermeras en el cuidado de mujeres en el posparto seropositivos para el VIH en la lactancia materna; identificar la interacción de las enfermeras con las mujeres con VIH acerca de la imposibilidad de la lactancia materna. **Método:** de realizó un estudio descriptivo, exploratorio y cualitativo en la naturaleza, con siete enfermería en el alojamiento conjunto del Hospital Universitario Pedro Antônio (HUAP) mediante entrevistas estructuradas y analizadas con los preceptos de análisis de contenido en temática, después de la aprobación por el Comité de Ética de la HUAP, bajo el nº 218.283. **Resultados:** las siguientes categorías emergieron: las diferencias en las pautas de alojamiento conjunto: la lactancia materna; interacción de las enfermeras rooming con mujeres en el posparto seropositivos VIH acerca de la imposibilidad de la lactancia materna. **Conclusión:** la necesidad de orientación y el conocimiento de las mujeres acerca de sus motivos y temas relacionados con la incapacidad de amamantar. **Descriptores:** Lactancia materna, VHI, Enfermería, Orientación

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INTRODUCTION

The puerperium, period between the birth of the baby and your first two months of life, constitutes a phase of gravid cycle modifications in puerperal local and organic, systemic inherent in gestation, are returning to pre-pregnancy state.[1] Usually occurs without problems, being identified as puerperium physiological. However, when there is any change in physical, emotional and/or psychological, is considered pathological,[1,2] since this woman's immune system favors the depreciation of Defense cells of the organism and contributes to the occurrence of opportunistic infections, in addition to the risk of virus transmission to the fetus.[3]

HIV/Aids has become a global public health problem,[4] reaching women of reproductive age, extending the possibility of occurrence of mother-to-child transmission, which can occur from pregnancy and childbirth, the postpartum through breastfeeding.[5] However, this risk can be reduced by 70% Over the percentage with updated reference. It is preferred if the Experimental Program of STD/aids case, provided that it is ensured the use of antiretroviral therapy during the period of gestation until the puerperium, particularly to the newborn.[6] Breastfeeding represents an additional risk of 14 to 22% of infection with HIV to newborns, in this way in Brazil natural breastfeeding is not recommended. In these cases, the woman should always be oriented to respect, but also in relation to the care of the breasts and the inhibition of lactation.[7]

Recently the World Health Organization (WHO) pointed to HIV seropositive women breastfeed their newborns, since arguably have received anti-retroviral drugs during the abovementioned period. Still, in several countries, breastfeeding remains contraindicated being then held the inhibition of lactation following childbirth.[8] In Brazil, until the moment, following the recommendations of the Ministry of Health (MH), the contraindication of breastfeeding is pharmacologically inhibited.

The information on the inhibition of breastfeeding should be initiated during the prenatal period, reinforced during labour and, mainly, in the early days of puerperium, this is because the woman living with HIV must be discouraged breast-feeding. With regard to children exposed to vertical transmission of the virus, should be fed with formula and supplementary feeding, prepared appropriately to his age, or obtained in breastfeeding reference centres, as is the case of the human milk bank.[9]

For recent mothers HIV-positive for HIV can live the experience of breastfeeding inhibition with less trauma, it is necessary that the nursing professional promote guidance on mother-to-child transmission, highlighting reports concerning the use of antiretroviral drugs for pregnant women and newborn, aiming not only to clarify, but stimulate the use of prophylactic methods,[10] in addition to assure them the emotional support they need.[11]

In view of the above, this study had as its objectives: 1) meet the experience of nurses in care to HIV seropositive recent mothers about breastfeeding; 2) identify the nurse interaction with women with HIV about the impossibility of breastfeeding.

METHOD

It is descriptive, exploratory study with a qualitative approach, aiming at exposing the reality evidenced by facts and phenomena investigated. The survey was conducted after approval by the Research Ethics Committee of the University Hospital Antônio Pedro, Fluminense Federal University, under Protocol nº 254.060/13.

Study participants consisted of seven nurses acting of Set of University Hospital Antônio Pedro, located in the municipality of Niteroi, Rio de Janeiro, Brazil. The choice of the institution occurred because it is referenced by the Adjustment Center of beds in the State of Rio de Janeiro in the monitoring of high-risk pregnant women.

To determine the amount of participants and their inclusion in the study, the criteria were: being a nurse and work in Accommodation Set interacting with recent mothers with confirmed diagnosis of HIV infection.

Participants were identified by letter E, assigned to "*Nurse*" followed by an ordinal, according to the order of the interviews (i.e.: E1, E2 ... E7). All signed and received a copy of the Consent and Informed (CI), conditioned on their voluntary participation, and to be assured anonymity and the confidentiality of the information provided in accordance Resolution CNS-466/12.

The technique for data collection was the semi-structured interview, conducted on the basis of specific script. The data collection took place in the period from May to July 2013, with total privacy of the participants. The interviews took place in a room of HUAP ceded to that end. The interviews were recorded with prior authorisation of each participant, and validated by them later after being transcribed in full to ensure the veracity of what they had said.

The interview guide understood the characterization of the participants and questions concerning the perception about the performance of nursing care to HIV-positive mothers for HIV.

To analyze the data, we opted for the technique of content analysis, through thematic mode.[12] Content analysis is defined as a set of communications analysis techniques in order to obtain, for systematic procedures and objectives description of contents of messages, indicators (quantitative or not) that allow the interference of knowledge relating to conditions of production/reception (disallowed variables) of these messages. Is expressed in three phases: pre-analysis; exploration of the material; and processing of results. The first refers to the perusal of the material to synthesize the ideas for future operations, the second covers the exploration of the material, consisting essentially in

operations of encodings, decomposition or enumeration, in the light of previously established rules; and the third comprises a quantitative and qualitative analysis of the data, following the criterion of choice for the construction of categories.[12]

In the registration phase drive was used for the colorimetric technique of marking texts made in different colors in Microsoft Word®. The units that appeared more expressiveness, allowed the construction of the themes, namely: 1) *Disparities in the guidelines in rooming: breastfeeding; and 2) Interaction of nurses rooming with HIV-positive mothers for HIV on the impossibility of breastfeeding.*

RESULTS AND DISCUSSION

Characterization of the subject

Among the seven nurses, there was a predominance of higher age forty years. All had specialization course, especially in Obstetrics and Emergency, and length of service in the rooming sector over fifteen years of service.

Disparities in the guidelines at the lodge set: natural breastfeeding

The approach of nursing professionals along with recent mothers for HIV seropositive at rooming, permeates a cozy interaction, and when women are admitted in the maternity ward with this diagnosis, identified during the prenatal period, this interaction becomes more simplified, in particular concerning the deletion of breastfeeding, according to the reports the following:

> *They now come with intravenous medication, which they will do here, of preventive as xaropinho for babies. Then when they're born we have this contact. They now come with a certain guideline that will not breastfeed, and we only supports and gives such assistance.* (E3)

> *It gets, and the patient enough with her. There are Yes cases. When it comes to assistance and have to do something and go after emergency medications. The Pharmacy has something reserved.* (E5)

> *We caught it at the hospital. I think that's a more delicate issue. Until more generally, as I told you, the patients who come here,*

> *they have already been forwarded by a prenatal. It already is or sometimes long before the pre-natal, she already has this diagnosis. But these mothers, in particular, don't bother. I think so, that we had to have a greater interaction in this regard. This is how they see mothers who come from outside, that situation to win baby. Come with the syrup, come with the remedy for the baby, in that same protocol of the Ministry of health for mother HIV.* (E7)

How about the fact the recent mothers HIV-positive for HIV were in the same ward of rooming with other that do not have a diagnosis for the virus, and are stimulated to breastfeeding, respondents expressed discomfort about in their testimonials:

> *So we demand that's being compared to other recent mothers who have no problem at all. Everybody's looking for something, be very tactful about it and do not expose the patient. Although this Protocol not to breastfeed already exposes them by itself.*(E1)

> *The question (...) I think it's more curiosity from the other. We try to preserve the patient, on the other hand you will not breastfeed, you're not breastfeeding, because we encourage others to breastfeed. The question really is to preserve the patient.* (E6)

> *All situations are very delicate for us encourages very breastfeeding, more for these patients we have to act in a way contrary. They get together right, those who have recently given birth are all in the same ward. Get all the delicate situations.*(E7)

The nurses pointed resignation and understanding on the part of recent mothers HIV-positive for HIV about the inability to breastfeed, this because many understand that this choice is the best choice for your child, thus preventing the vertical transmission of HIV in childbirth, according to the following account:

> *Many of them accept as a fact within this universe, they are HIV-positive, to protect the baby. Don't worry too much about that fact, that they cannot breastfeed. They deal with it that way. Is a step of it all. So, I don't know, I try to be very natural with these things.* (E6)

Bandaging of the breasts is described by the nurses. This is a practice of care used to inhibit lactation of recent mothers with HIV. Such a technique was nominated as a measure for precaution, however the Health Ministry recently and generates discomfort in women

with HIV, and leave them in awkward position because they are different from other women. These issues are focused in the following statements:

> *There's still that thing so to do and put compresses. Compresses for not doing the bandage tits of these patients who can't breastfeed because of it (...) There is steer, why there are some who do not like and asked us not to do, because it's very hot, cause inconvenience. So we always guides because, in fact, although this is not a protocol. Let's put it this way, is not in the Protocol. But the breast filleting is actually in a way so much (...) is (...) how am I going to say? (...) incipient. This is already happening. I've had patients here. We try not to push too hard, but our goal is that she put, why she should not breast-feed.* (E1)

> *Bandaging of the breasts is something they don't like, and ask a lot that we don't do by giving a lot of visibility. Application of cold compress, that we do, because it puts and takes. But bandaging, the majority asks that we don't do because it gives more prominence to the situation.* (E7)

Nurses' interaction of set to recent mothers HIV-positive for HIV on the impossibility of breastfeeding.

Nurses rooming point out the importance of immediate guidance to women in relation to not breastfeeding, already at birth, after confirmation by the rapid test of HIV seropositivity, as their statements:

> *When this result comes as positive, then we do this guidance on the risk of breastfeeding and the guidance of the Ministry of health in relation to breastfeeding not right? Then, we talk with the patient, places the risk of passing HIV through milk. So, that's why her situation appears not to breastfeed. But we put to her that can, but should not. (E2)*

> *They come often, and get the right result here. There we advise on all the guidelines with respect to breastfeeding from the delivery room (E10). This woman starts prenatal care too late and does not have the result of HIV, so when you come here you have to do a quick test. To the extent that makes the test quickly discovers that he is HIV positive, here comes the (test) positive Elisa. You have to guide her regarding HIV, and in the meantime, you have to mention that she can't breastfeed.* (E4)

> *We got with the HIV rapid test, which we held here. We then find out that these patients are carriers of HIV. We do advice, that's typically done during the day, by routine. When it happens at night, we get through this situation, then we can make this advice on duty at night. In General, this is it.* (E7)

Respondents use the information already provided during prenatal care to women living with HIV, to give continuity to the guidelines in the puerperium as compared to non-breastfeeding through the clarification of the reasons, inhibitory techniques, pharmaceuticals and hospital pós-alta continuity. The following are statements regarding:

> *It's like I said, we prepare before she went to the accommodation. We talk with the patient, and guides as to what she will come across there in the housing. The fact that she not breastfeeding, the fact of her breast be bandaged, the fact that she was questioned about why not breastfeed.* (E4)

> *In the delivery room, already making prophylaxis, we asked her if it has been oriented in the prenatal. If not, then that's what we do, usually (...), why can not breastfeed (...) Because HIV through the milk and is a complication for the child. What good does not make an oral AZT for the child if you breastfeed, that will not do. So it is directed, usually when out of the delivery room or the obstetric unit, which comes with the bandaged breast. After a while, does cabergoline, and as she can now feed, put cold compress. If it is necessary for the child, we give the cup method.* (E5)

> *According to our protocol, the Ministry of Health, is contraindicated breastfeeding right to postpartum women with HIV. So, actually, since when we handle this mother, is usually what happens. Since the high-risk ward, we already do this orientation to the mother in general. Patients already know they have HIV, then they already have this orientation.* (E7)

> *We always guides, even before going to the rooming. We talk with the patient. To why she will live with mothers who are breastfeeding, and she could not breastfeed. And before that there, up for her is kind of complicated. Why will be questioned about it. And beyond that approach, so prior, before going to the rooming she will go through situations. In the course, before that, we also directs not to breastfeed why from the vertical transmission and the fact of having to bandage the breast.* (E3)

Respondents pointed out the orientation and encouragement about not breastfeeding through inhibitory techniques and drugs, according to their reports:

> *Always orienting she can't breastfeed in any way. Not here and not when you go home, due to the risk of vertical transmission.* (E2)
>
> *I think it's talk, guide, take the doubts. Is aware of the importance of this woman does not breastfeed. Why do not breast-feed.* (E3)
>
> *We guide the mother who is, as you say, contraindicated breastfeeding.* (E4)
>
> *Breastfeeding right, is not indicated. Has cabergoline the protocol that to stop lactation, no more milk.* (E5)
>
> *Are you guide your patient about HIV and breastfeeding. Why is against this breastfeeding indicated. Us offers milk every three hours in a cup for this child. Show her how it's done this milk. As she offers milk to the child. And talks because we're filleting the breast. Why can't we free breastfeeding. So, all that we already have introjectado and pass to them..* (E7)

For those who have recently given birth to HIV + HIV breast-feeding should be inhibited, and the baby, deprived of her mother's breast milk, but not the link and the exchange of warmth during feeding. A nurse of Set highlights the importance of encouraging women in his account:

> *I think the most important is to promote this concern with her baby, her interaction with the baby. Not valuing both the fact that the baby is milk that is artificial. Sees that she has as to pet the baby, take care of him, hold, stay with the baby taking care of him without overvalue the fact that the baby is not sucking her milk. Is not being breastfed by her. Its at the time that're giving a chuquinha she do care. She talking to the baby. Promote that her interaction with the baby without much value the fact that the milk is artificial right. She can take care of it, she can stay snuggle him to cuddle, talk and stuff without much value that the milk is artificial. He is not sucking. Things we value in other mothers the importance of breast milk, breast milk properties, we try not to stress that part. Not value both breast milk compared to formula milk, that her son is receiving.* (E6)

The expectation of nurses, at the time of admission in the Rooming, of women positive for HIV, it is essential for the health and well-being of the woman, with a welcoming environment and health professionals targeted for promotion and prevention information to health, with professional interaction-woman contributing with the necessary information for your experience of a labour and delivery without risk of contamination.

Thus, in addition to the use of relevant protocols to assist the woman living with HIV, this professional must also advise it, interact with it regarding the suspension of breastfeeding, explaining that this practice should be discarded by the risk of contamination of your fetus.

In this sense, it is important to start the guidelines about not breastfeeding at the time that the woman is diagnosed, with that in some cases women who are admitted are already with positive serology for HIV. So, this woman must have received during their prenatal care, guidelines concerning the practice of breastfeeding, being conduct that should be discarded by the risk of contamination of your fetus.[11] The collection of data as the anti-HIV quick test for antenatal monitoring, must be carried out in order to avoid any prejudice to the health of the fetus, as well as start the pharmacological, conduct still during this period.[13]

At this point, the woman needs to be "*childbirth*" during prenatal consultations, through an interactive education assistance queries, besides the participation in educational groups, counseling, psychological support, contributing to the early suspension of breastfeeding in the maternity ward.[11] And during the internment in the maternity ward, in case there is any doubt, the health professional must ensure the achievement of the HIV test and, if so, begin the antiretroviral therapy during labour and delivery, to inhibition of the risk of contamination, in addition to promoting breastfeeding, not with relevant information about the reasons for its cancellation.[5,11,13]

The women in the exhibition not Rooming with the practice of breastfeeding, is nurse care for HIV + women to HIV. However, the fact that women are in the same environment, allows both the encouragement of breastfeeding to some women, such as the inhibition to other. So, this nurse's ability in dealing with situations of care of women living with HIV and newly born, must be marked in the preservation of her and their personal issues, offering you support and guidance in this difficult time, because mothers are unable to experience breastfeeding.[11,13]

The rooming is a space that has as one of the objectives the promotion of breast feeding mothers next to the health team, especially the nurse, whereas this practice also represents the interaction between mother and child, favoring the construction of affective ties. However, as widely discussed, recommendations for these women point to the cessation of breastfeeding by the risk of vertical contamination of your fetus.

When there is no availability of rooms/specific wards for the recent mothers for HIV seropositive, those participating in the same Accommodation Set where the other, uninfected, are encouraged to breastfeed, causing a very delicate situation, painful and sometimes embarrassing to those unable this practice due to the risk of vertical transmission.[14,15] In this case, the nurse should seek to interact with this woman so she wouldn't feel uncomfortable in an environment where the practice of breastfeeding is encouraged and undertaken by women without the diagnosis of HIV.

Is consensus that women want their children to have the chance of a healthy life, and thus generally follow the recommendations of health professionals.[14] Thus, these professionals promote conduct recommended by the Ministry of health[10] and support to women through their actions. With that, they tend to accept such information on the preservation of his health and the welfare of their children.

As for the filleting of the breasts in order to inhibit the lactation process, this is not recommended behavior by the Ministry of health, therefore, should not be promoted for HIV seropositive women. However, some authors[1,2,16] still point to the filleting of tits having as purposes inhibit lactation due to the risk of vertical transmission of the HIV virus, in addition to minimize possible problems arising from the accumulation of breast milk, such as engorgement, abscess, mastitis, blocking of lactiferous ducts and galactocele, reasons for the practice even today adopted preemptively for many nurses.

But the breast filleting is perceived by recent mothers living with HIV as something violent, generating dissatisfaction for being contrary to nature of motherhood,[17] in addition to differentiate them from those who can engage in breastfeeding, resulting in discomfort, embarrassment and even prejudice against the disease.

Nurses emphasize the importance of women's orientation in relation to breastfeeding after confirmation of rapid test of seropositivity for HIV. In this sense, first must be carried out in rapid test all women admitted in the maternity ward and, in case of positivity, start the advice regarding the results and guidance on breastfeeding, which should not be practised to avoid the risk of disease transmission to the fetus.

It is important that the result of the rapid test for HIV is always accompanied by the post-test counselling, regardless of the outcome, whether through a more effective intervention or the guidelines given to women about their risk practices and lifestyle. In this perspective, advice consists of a process of active listening, individualized and person-centred, which presupposes the ability to establish a trust relationship between the interlocutors to the rescue of the internal resources of the individual so that he even has the possibility of recognizing themselves as subjects of their own health and transformation.[17]

Thereby, the advice must promote a sensitive listening woman, an interaction nurse-wife, in order to contribute with information regarding their inability to breastfeed, and also understand it as a subject of the process. This interaction should be encouraged at all times, on admission, and assistance on hospital discharge, in order to contribute to the understanding of the wife about those issues and preserve the health and well-being of the child. With regard to the technical guidelines of lactation through inhibitory drugs such as carbegolina, should be aimed at raising awareness of recent mothers in relation to the preservation of the health of your child, to avoid the risk of vertical transmission of the HIV virus.

In relation to the care of the breasts, women must be guided by professionals to prevent the descent of milk, to the use of medicines targeting inhibition of lactation,[18] but also to receive subsequent monitoring, in order to avoid pain and feeling of punishment.[19]

The nurses also pointed out how interaction used by the recent mothers for HIV seropositive, stimulating the bond between mother and baby. Thus, they receive guidance and support of nurses to be closest to the child, contributing to the development of its sensitivity as a mother and thus be able to build the bond of attachment between mother and child. As has been said, breastfeeding within must be inhibited and the baby, his mother's milk's private, but not from your lap and your affection too, especially at the moment of their food, when she's offering him the formula.[11]

By the way, by the feeding Cup can give the child born by a woman seropositive for HIV, something more than a proper diet; You can give him an emotional safe and loving environment so she can develop as a complete creature.[8] Thus, the promotion of mother's bond with her child have to be in the interaction of the nurse, contributing to this practice of care is maintained.

CONCLUSION

The nurses' experience of Accommodation Set on breastfeeding, in the face of recent mothers for HIV seropositive, points out that the diagnosis during the prenatal period is a facilitator for the continuity of the guidelines and intensification of awareness on the issues of lactation suppression during the puerperium.

The space of coexistence, in case the Accommodation Set, must be worked by skilled nurse next to his team for the recent mothers living with HIV do not feel constrained by the fact that they cannot breastfeed, mainly by filleting the tits that, besides being a visual identifier for lactation suppression distinguish them from the other, is a generator of physical discomfort.

The interaction of nurses should be based on the importance of immediate guidance on non-breastfeeding pregnant women in labor/childbirth that were being HIV-positive to HIV, and ratified when they already had information about since prenatal care. The assistance provided to recent mothers in the housing Assembly must, in addition to clarify, raise awareness of recent mothers facing the questions relating to the Suppression of lactation through inhibitory techniques and medications, when prescribed, as well as in relation to the importance of creating the bond between her and her baby, especially during the artificial feeding.

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