

The nursing care meanings to mothers aiming at the lactation maintenance in a neonatal intensive care unit

Representações do cuidado de Enfermagem às mães para a manutenção da lactação na Unidade de Terapia Intensiva Neonatal

Representaciones del cuidado del Enfermería a las madres para la manutención de la lactación en la Unidad de Terapia Intensiva Neonatal

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ABSTRACT

Objective: The study's goal has been to describe the nursing care developed by professionals in their daily care practice in a neonatal intensive care unit in order to maintain the mother's lactation. **Methods:** It is a descriptive study with a qualitative approach, which has had ten participating nurses and has been carried out in February 2013. Data analysis was performed through thematic categories. **Results:** The study found that the following aspects are part of the nursing care for the lactation maintenance: mammary milking, attentive listening and meaningful care. According to the data, the nursing professional experiences may influence both the care and the promotion of breast milk supply to preterm newborns. **Conclusion:** The care for the maintenance of lactation goes beyond the newborns hospitalization, requiring the inclusion of the mother and her family in this process through support groups among mothers, family and professionals for successful breastfeeding accomplishment.

Descriptors: Neonatal intensive care units, nursing care, breastfeeding.

RESUMO

Objetivo: Descrever o cuidado de Enfermagem, desenvolvido pelos profissionais no cotidiano assistencial da Unidade de Terapia Intensiva Neonatal (UTIN), para a manutenção da lactação. **Método:** Estudo descritivo de abordagem qualitativa, constituído por dez profissionais de Enfermagem, no período de fevereiro de 2013, e analisados por meio de categorias temáticas. **Resultados:** A ordenha mamária, a escuta atenta e de zelo que fazem parte dos cuidados de Enfermagem para a manutenção da lactação. As vivências e as experiências dos

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profissionais de Enfermagem mostraram-se influenciadoras no cuidado e na promoção da oferta do leite materno ao recém-nascido pré-termo.

Conclusão: O cuidado para a manutenção da lactação vai além do recém-nascido internado, sendo necessária a inclusão da mãe e de seus familiares nessa atenção, por meio de grupos de apoio entre mães, família e profissionais para o sucesso do aleitamento materno.

Descritores: Unidades de Terapia Intensiva Neonatal, Cuidados de Enfermagem, Aleitamento Materno.

RESUMEN

Objetivo: Describir el cuidado de Enfermería, desarrollado por los profesionales en el cotidiano asistencial de la Unidad de Terapia Intensiva Neonatal, para la manutención de la lactación. **Método:** Estudio descriptivo de abordaje cualitativo, constituido por diez profesionales de Enfermería, en el período de febrero de 2013, y analizados por medio de categorías temáticas. **Resultados:** El ordeño mamario, la escucha atenta y de celo que hacen parte de los cuidados de Enfermería para la manutención de la lactación. Las vivencias y experiencias influyen en el cuidado y en la promoción de la oferta del leche materno al recién nacido pre término.

Conclusión: El cuidado para la manutención de la lactación va más allá del recién nacido internado, siendo necesaria la inclusión de la madre y sus familiares en esa atención, por medio de grupos de apoyo entre madres, familia y profesionales para el gran éxito del amamantamiento materno.

Descriptor: Unidades de Terapia Intensiva Neonatal, Cuidados de Enfermería, Amamantamiento Materno.

INTRODUCTION

The Brazilian neonatal mortality rate of 11.2 per thousand live births is closely related to high rates of prematurity and low birth weight and extreme low weight Newborns (NB).¹ In order to reduce this high rate, Breast Milk (BM) is the main ally as it contains a concentration of proteins, fats and water specific for the gestational age of the newborn, likewise protecting the digestive system from infections, which is a considerable cause of death in this age group. Thus, BM is an important element to assist in the recovery of NBs that are under these conditions, even if they are still unable to suck in the breast.²

It is known that Breastfeeding (BF) is important for the improvement of NB health, but this practice becomes difficult in the environment of the Neonatal Intensive Care Unit (NICU).³ The interventional and medication routine that involves the context of the NICU, the displacement of the mother toward the place, the fatigue and the worries interfere in the success of the BF, because the longer the NB in the NICU, the greater the chances of precocious weaning.^{4,5}

During the period in which NB is unable to suck in the breast, the mammary milking is a necessary method to ensure that it feeds with BM, and also the mother can maintain lactation during that period. The mammary milking consists of mechanical emptying of the breasts using either suction pumps or manually and must be performed several times a day to maintain milk production.⁶

Given the above, the importance of the nursing professional to promote and support the BF stands out. Evidence indicates that the presence of a professional, during the maintenance of lactation, makes the woman feel

more confident in breastfeeding and prolong the duration of BF.^{7,8} Observing and describing how the professional is performing this care is important so that support for maintaining lactation can be improved, aiming at the benefit of the binomial, mother-child.

Therefore, the study's aim is to describe the nursing care developed by professionals in their daily care practice in a neonatal intensive care unit, aiming to maintain the mother's lactation.

METHODS

It is a descriptive study with a qualitative approach, which is based on the database analysis from interviews performed in the matrix project, namely: "Nursing Professionals' Daily Care Practice in a NICU aiming the Lactation Maintenance." This project was approved by the Committee of Ethics in Research with Human Beings from the *Universidade Federal de Santa Maria*, under the protocol No. 12495013.9.0000.5346, and respecting ethical and legal principles, according to the Resolution No. 196/1996 from the National Health Council.

The research scenario was the Neonatal Intensive Care Unit (NICU) from a referral university hospital in medium and high complexity care for the Central-Western region of *Rio Grande do Sul* State, Brazil. The NICU is located on the sixth floor, offering 18 beds distributed in high risk (1-10) and intermediate risk (11-18). Among those at high risk, three beds are intended for outpatients and/or need isolation in a specific room.

The database was composed of 10 interviews conducted in February 2013 with nursing professionals that were working directly in the NICU. They were excluded from professional nursing studies that were away from the service due to maternity license or vacation license.

The interviews were recorded, with the consent of the participants, and had as guiding the following question: how is it for you to take care of the mothers during the lactation maintenance? They were transcribed respecting the speeches and expressions of professionals and coded with the letter "P" of professionals, followed by the numbers from 1 to 10. These data were submitted to the analysis of thematic content, in October 2014, following the steps, as follows: pre-analysis, material exploration and results handling.⁹

The construction of categories was done by means of expressions or significant words that answered the question of research. Chromatic coding was used in the findings to facilitate the grouping of ideas and to categorize general concepts.⁹

In the material exploration phase, the common ideas considered in these clippings and identified as prominent in the pre-analysis were identified.⁹ The interviews were read twice in full in order to confirm that these ideas were indeed expressed in the course of the participants' speeches.

It was also pursued to identify the relationship between the ideas expressed by the participants in order

to construct the two thematic categories, as follows: care toward the mother in order to maintain the lactation and experiences and capabilities of the nursing professionals that involved care toward the mother for the lactation maintenance.

Finally, the results were then interpreted,⁹ which has allowed us to highlight the information obtained through the individual and general analysis of the interviews by relating them to the scientific evidence found in the literature.

RESULTS AND DISCUSSION

The study participants were within an age group from 31 to 47 years old, with a professional time of more than 10 years. Regarding the period of performance at the NICU, the participants presented a wide variation, from 3 months to 16 years. It was also identified that seven participants

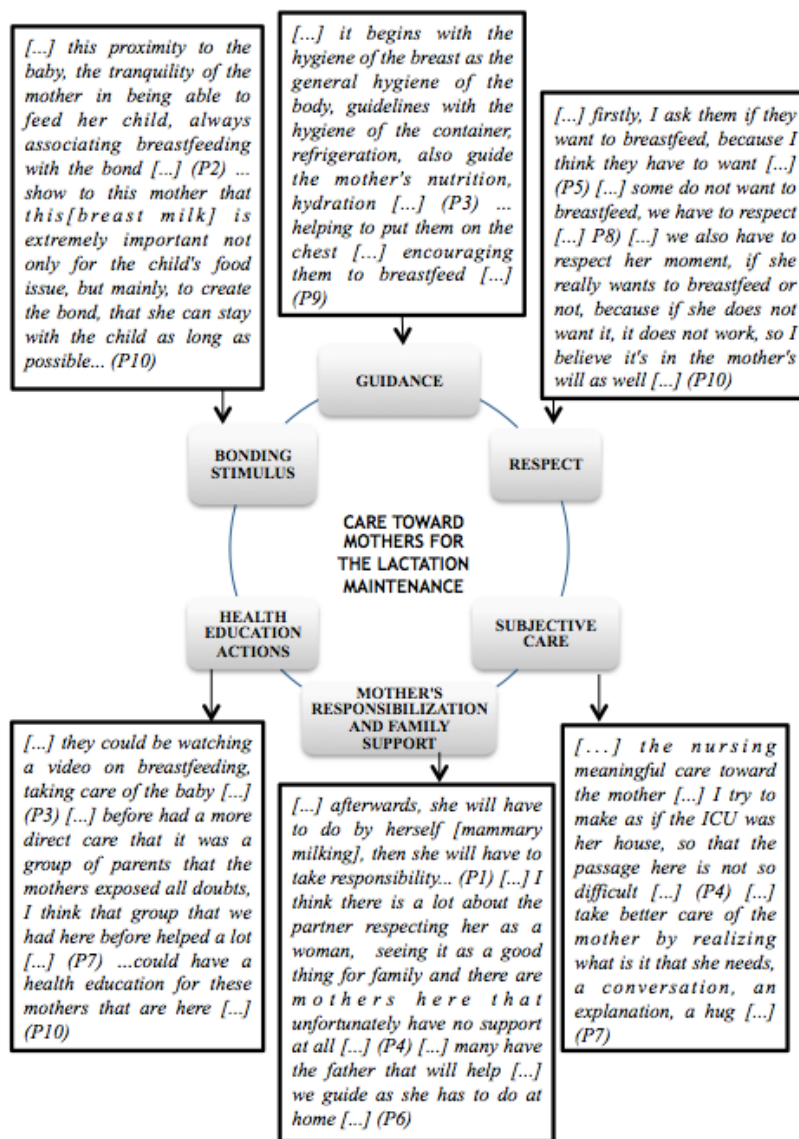
had children and also breastfeeding experience. Five nursing professionals presented difficulties and problems in establishing breastfeeding with their children, the most cited was breast engorgement followed by fissure, flat nipple and breast pain.

According to the analysis, the following two themes were established as described below.

Care toward the mother in order to maintain the lactation

When nursing professionals were questioned about the care of the mother for the maintenance of lactation, the following was obtained from their speeches: guidance, respect, subjective care, mother's responsibility and support from the family, health education actions, and stimulus to the bond. It can be seen in **Figure 1**.

Figure 1 - The principal nursing care practices toward the mother in order to maintain the lactation - Santa Maria, RS, Brazil (2016)



Nursing professionals understood the orientation of mothers of NBs hospitalized at NICU when they helped with breastfeeding complications such as breast engorgement and nipple fissures. Additionally, they also considered it as guidance when they dispensed help to the mother to milk the breast and when they talked about the importance of a healthy diet and the intake of liquids to guarantee the BM production.

The moment when the professional respected the mother's intention to either breastfeed or not, was pointed out by the participants as a way of caring. It was also highlighted by the professionals the meaningful care as a subjective form of care.

It was noticed that the professionals blamed the mother for the maintenance of lactation, referring to the need for her to perform the mammary milking and follow the recommendations at home. They also reported the importance of family support and the need for health education practices to promote BF, as these strategies

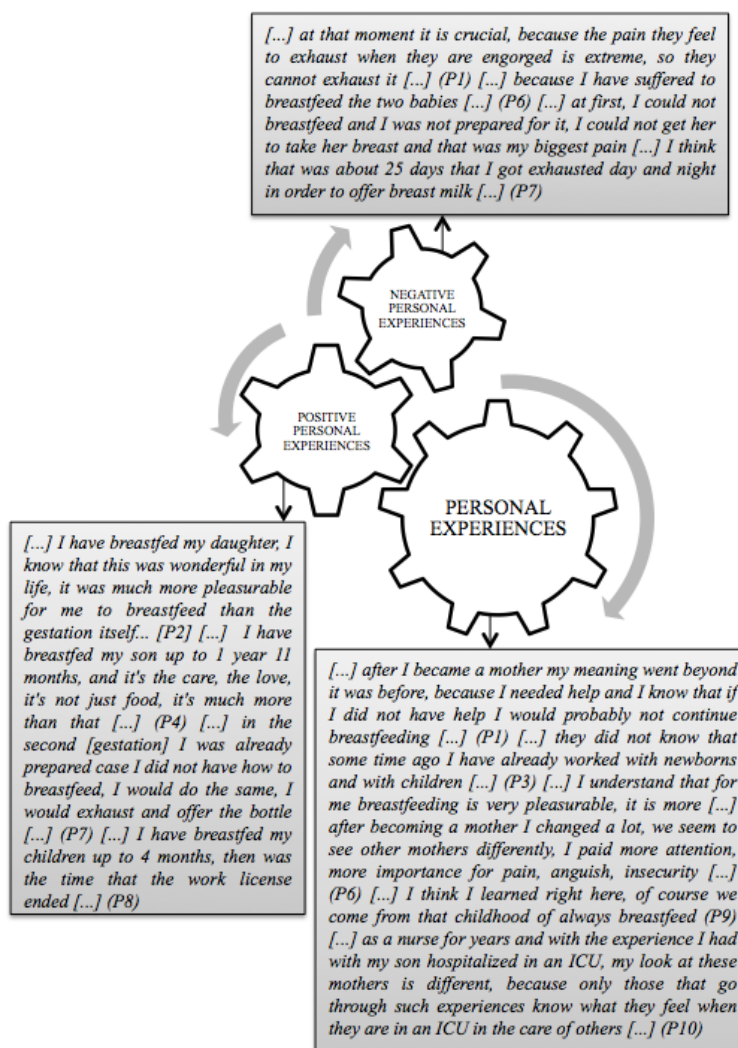
could favor mother's self-care and the professional-user relationship.

The encouragement from the bond between the mother and the baby was pointed out as mother's care. In this way, the professionals showed the need to allow her to feel like the mother of that baby, even if the baby was not so close to her, then showing an expanded meaning of BF.

Experiences and capabilities of the nursing professionals that involved care toward the mother for the lactation maintenance

The interviews pointed out that the experiences and experiences of nursing professionals, such as maternity and NICU working time, influenced the way of caring for the mother, making the professional value (or not) the BF. The **Figure 2** highlights the main experiences and capabilities of the professionals that influenced the care toward the mother for the lactation maintenance.

Figure 2 - The principal nursing professionals' experiences that involved care toward the mother for the lactation maintenance - *Santa Maria, RS, Brazil (2016)*



The positive experiences expressed by the participants emphasized the importance of BF and led the professional to have a different viewpoint, since it brought with it the pleasure and satisfaction of having breastfed her own child, which allowed to understand the importance of the bond, mother-baby. In the case of the negative experiences, they helped, positively, most of the time. It was observed in the speeches that, from the negative experiences, the participants advised and offered attention, when the mother went through the same difficulty, since they already knew how difficult it was.

From the results described, it was verified that the meanings of the care for the participants of the study were the support during the mammary milking, the careful listening and the orientation. Accordingly, lack of guidance and incorrectly performing mammary milking technique can lead to complications such as fissure and pain in the breast, which reduces the child's confidence and willingness to breastfeed. Important factors in the relationship between professional, mother and NB, such as careful listening, being close to the mother and health education actions strengthen the mother's trust to the professional that is giving assistance to her child.^{10,11}

The study participants indicated guidelines for the mother regarding adequate feeding and fluid intake as part of the mother's care. Although important, this care may be overlooked by professionals during orientation to the nursing mother, since the guidelines regarding BF are limited in not offering water or teas to the child, without clarifying the other orientations that permeate the maintenance of lactation.¹²

Among these guidelines is the need to know the will of the woman to perform the BF. In this sense, respect for the mother in wanting to breastfeed the child also appears as a care for her. In this way, nursing must play the role of a multiplier agent, promoting BF and, even if it is not the mother's intention to breastfeed, the nurse must understand, respect and support her decision.^{12,13}

In this sense, the care process goes beyond procedures and technological interventions, emphasizing care as a way of caring for the other. Referenced feelings may be associated with humanized care, since care is understood by verbal and non-verbal actions, such as listening and touch, showing concern for the other and empathy.¹³⁻¹⁴

On the other hand, the lack of support for the BF in the NICU and the criticism are difficulties faced by the professionals when they offer attention to the mother. Lack of skill in counseling, the difficulty with careful listening by the nurse, and the belief that dialogue is not part of the care in a NICU, all have made it difficult for this professional to provide the necessary support to keep the woman lactation and breastfeeding, then limiting their care.¹¹

In addition to self-care, the mother is seen as feeding her child. The responsibility of mammary milking and bringing the milk up to consume, so that the NB receives the necessary nutrients, is made explicit as soon as the mother is in the unit. In order for having success in the mammary milking process, there must be a dialogue with

the mother. By having this approach, the professional gets an approximation and allows her to feel at ease in exposing her fears and doubts, without taking responsibility for it.¹⁵

Hence, in order to promote the insertion of the family in the NB care, it is necessary to carry out health education actions, through the exchange of experiences, the clarification of doubts and the accomplishment of recommendations. It is believed that this exchange of experience, among parents, allied to nursing guidance are important, with a view to promoting BF and having support when still in the hospital environment.¹⁶

A recent study evidenced that these health education actions, related to the BF, and the support offered to the women by the health professionals, increased the exclusive BF rates. Counseling conducted individually, followed by group service, with experience sharing, seemed to be superior to any one of them (individual or group) performed in a unique way.¹⁷

Given the aforementioned, BF stimulates the touch and the exchange of look between mother and baby, which are ways of establishing the bond, but the physical space and the routine of the professionals of the unit make difficult the accomplishment of these actions. Thus, professionals know the importance of the bond, but they do not have time to support the mother that is unprepared to take care of a fragile and delicate NB.¹⁸

Furthermore, it should be noted that the experiences of motherhood and the time spent in the NICU made the meaning of the nursing care among the professionals participating in this study a unique experience. The experiences of the nursing mothers, the obstacles and what the act of breastfeeding represented for them, reflected significantly in the care. Therefore, these personal experiences of BF had an influence on the care, since the learning acquired during graduation, the experience of breastfeeding with the child, the complications during this process, until the moment of weaning, they all gave a more sensitive view of BF, then allowing them to use their experience in the care practice.¹⁹⁻²¹

It was also verified that the nursing professionals that worked in the NICU were under constant risks in relation to NB's health. This interventionist environment, with the use of technologies, can make the most sensitive and subjective care forgotten. Then, the professional that works in this place must understand that the explanations regarding the BF are part of nursing care. These enlightenments contribute to the initiation and maintenance of NB breastfeeding and, consequently, to greater success of this practice.²⁰

CONCLUSIONS

The care for lactation maintenance is represented in a longitudinal way, which encompasses actions, such as mammary milking, BF recommendations, and also actions considered subjective, represented by the respect, affection and meaningful care from the professional toward the hospitalized NB's mother.

The maternal experiences and capabilities of health professionals have emerged as influencers of care. The process of “being a mother” modifies the professional’s view about the nursing care, making it unique for each one of them. Nevertheless, although these professionals recognize, through their experiences, the importance of BF, this practice is still difficult in the NICU, due to the predominant technic and interventionist environment in the place.

As an advance of this care, it can be pointed out the creation of support groups among mothers, family members of NB interns in the NICU and professionals, as an important tool for the success of the BF. These groups can bring together mother, baby, family and professional by establishing bond between them and providing a more welcoming environment. Moreover, it is recommended that the professionals carry out moments of discussions in which they can exchange experiences and reports of difficulties found in the care, with the purpose of improving the quality of care to the NB and also to the mother, which are the main care focus in these units.

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