

PERCEPTION OF PREGNANT WOMEN AND POSTPARTUM WOMEN OF FACTORS RELATED TO BREASTFEEDING ABANDONMENT

PERCEPÇÃO DE GESTANTES E PUÉRPERAS DOS FATORES RELACIONADOS AO ABANDONO DO ALEITAMENTO MATERNO

Kyane Victória Salles¹, Mara Marchiori Marchiori Caino², Leticia Fernandez Frigo³,
Sylvio André Vieira⁴ e Regina Gema Costenaro⁵

ABSTRACT

Objective: to understand the perception of pregnant and postpartum women regarding the abandonment of early maternal pregnancies. **Method:** qualitative research, exploratory and descriptive approach, carried out between January and May 2022, in a Basic Health Unit in the state of Rio Grande do Sul. The participants were four pregnant women and 12 postpartum women. A semi-structured form was used with questions related to abandonment of maternal care. The data is analyzed based on the content analysis proposed by Bardin (2016). **Results:** The organized and analyzed data will result in two thematic categories: “Nipple fissures”; and “Insufficient guidance on maternal support during prenatal care”. At this moment, it is essential to value the meaning that women attribute to this experience and direct the health actions of the mother-child binomial. **Final Considerations:** We highlight the importance of raising and consolidating indicators to support effective policies and practices for promoting maternal rights and controlling the main associated factors.

Keywords: Maternal Joy; Primary Health Care; Health education.

RESUMO

Objetivo: compreender a percepção de gestantes e puérperas perante ao abandono do aleitamento materno precoce. **Método:** pesquisa qualitativa, de abordagem exploratória e descritiva realizada entre janeiro e maio de 2022, em uma Unidade Básica de Saúde no estado Rio Grande do Sul. As participantes foram quatro gestantes e 12 puérperas. Utilizado formulário semiestruturado com questões relacionadas ao abandono do aleitamento materno. Os dados foram analisados com base na análise de conteúdo proposto por Bardin (2016). **Resultados:** Os dados organizados e analisados resultaram em duas categorias temáticas: “Fissuras mamilares”; e, “Insuficiência de orientações sobre o aleitamento materno durante o pré-natal” nesse momento é fundamental valorizar o significado que a mulher atribui a essa experiência e direcionar as ações em saúde do binômio mãe-filho. **Considerações finais:** Ressalta-se a importância do levantamento e consolidação de indicadores para subsidiar políticas e práticas eficazes de promoção do aleitamento materno e controle dos principais fatores associados.

Palavras-chave: Aleitamento Materno; Atenção Primária à Saúde; Educação em saúde.

1 Fisioterapeuta, formada pela Universidade Franciscana - UFN. Mestre em Saúde Materno Infantil. E-mail: salleskyane@gmail.com. ORCID: <https://orcid.org/0000-0002-6602-3526>

2 Professora da Universidade Franciscana - UFN, na área da Saúde Pública. E-mail: maramarc@ufn.edu.br. ORCID: <https://orcid.org/0000-0001-9412-7755>

3 Professora da Universidade Franciscana - UFN, na área da saúde da mulher. E-mail: leticia_frigo@hotmail.com. ORCID: <https://orcid.org/0000-0001-5407-6607>

4 Professora da Universidade Franciscana - UFN. E-mail: sylvio@ufn.edu.br. ORCID: <https://orcid.org/0000-0002-1484-4728>

5 Professora da Universidade Franciscana - UFN. E-mail: regina@ufn.edu.br. ORCID: <https://orcid.org/0000-0001-8657-2066>

INTRODUCTION

Breastfeeding, in addition to the fundamental role of nutrition, is a way of establishing bonding, affection, protection from illnesses, and promoting the mental and physical health of mother and baby, thus contributing to the reduction of infant morbidity and mortality (BRASIL, 2018).

Human milk is considered the ideal food for infants, especially in the first six months of life, due to its benefits in nutritional and immunological terms (DA COSTA OSTA, *et al.*, 2021). Furthermore, it is the safest, simplest, and least expensive way to provide complete nutrition to the child (DA SILVA OLIVEIRA, 2022).

Breastfeeding is much more than nourishing the child. It is a process that involves profound interaction between the mother-child binomial, with repercussions on the child's nutritional status, their ability to defend themselves against infections, their physiology, and their cognitive and emotional development, in addition to having implications for physical and mental health of the mother (BRASIL, 2009).

Exclusive breastfeeding is ideal because it should be maintained in the first six months of life and supplemented until the age of two or more. There are no advantages to introducing complementary foods before the age of six months, and may even cause harm to the child's health (DA SILVA OLIVEIRA, 2022).

Factors related to both the mother and the child can interfere with breastfeeding. The mother's education and age, popular beliefs, the use of pacifiers and nipple shields, prenatal and childbirth conditions, and cultural factors may or may not contribute to breastfeeding (ALLISON; PETER; JONATHAN, 2017).

Given the short period in which the postpartum woman remains hospitalized in the rooming-in, postpartum care begins to be essentially built within the family space, which can transmit beliefs, taboos, habits, attitudes, and conduct (BARDIN, 2016). Furthermore, there are other factors involved in difficult breastfeeding or early interruption of breastfeeding, including mothers' lack of knowledge about breastfeeding (BRASIL, 2018).

It is necessary to guarantee adequate prenatal care, in order to prevent, diagnose, and treat undesirable events during pregnancy, aiming at the well-being of the pregnant woman and her fetus, in addition to providing guidance regarding childbirth and the postpartum period. During the puerperal period, the nursing team has an important educational role, with a view to the care that the postpartum woman must take with herself and the baby (BRASIL, 2018). Therefore, this study's main objective was to investigate with postpartum and pregnant women what are the reasons that cause early abandonment of breastfeeding.

METHOD

Ethical aspects

This study met the ethical requirements for carrying out research with human beings, by resolution 466/12 of the National Health Council (BRASIL, 2013). After consideration by the institutional Research Ethics Committee, the project was approved in 2022. The participation was voluntary and consented, upon signing the Free and Informed Consent Form (TCLE). The anonymity of the participants was guaranteed by the alphanumeric coding of the interviewees, the statements were identified as follows: (G1) - gestation woman followed by numerical order, (P1) - postpartum woman followed by numerical order.

Kind of study

The present research is qualitative, with an exploratory and descriptive approach. This type of approach studies social and subjective phenomena of human behavior (MINAYO, 2018). To qualify the study production, the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines were adopted, which is a research guide composed of 32 items considered necessary for the development of qualitative studies, separated into three domains: characterization and qualification of the research team, study design and analysis of results.

Study setting

The research was carried out in a basic health unit, located in the municipality of the central region of the State of Rio Grande do Sul. The study was developed with the participation of sixteen women, four pregnant women, and twelve postpartum women, invited through a personal invitation made by a nurse from the unit. The inclusion criteria were pregnant and postpartum women being part of the territory covered by the Basic Health Unit. Pregnant and postpartum women who were illiterate were excluded. The data collection period began on May 15th and ended in July 2022, with a total of twelve meetings, all of which were held in a private room within the basic health unit.

Data collection procedures

Data was collected through an interview by a single, properly prepared researcher. This interview, in addition to being composed of items referring to sociodemographic characteristics, was adapted with questions referring to the importance of breastfeeding: do you perform or have you performed prenatal? Is this your first child? How many kids do you have? How long did you breastfeed the other children? Have you ever had a breast fissure? How long did you breastfeed? Cause of abandonment? (if necessary) Did you know the importance of breastfeeding for your child?

Work stages

The methodological path was carried out based on qualitative, in-person research, developed to understand the requirements why pregnant and postpartum women stopped breastfeeding, thus aiming to achieve an intervention in health services. The interviews were recorded in digital audio and lasted an average of seven minutes.

Data analysis procedures

Data analysis procedures were possible through the chronological stages of Bardin (2016). The first, pre-analysis, consists of the floating reading of information, groupings of speeches, and systematization of initial ideas; the second, the exploration of the material, aimed to cut out the recording units and categorize the data, respectively; the third moment, which includes the interpretation and treatment of the results, aimed to synthesize the statements and data found.

Results

The following table describes the study participants (pregnant women - G, and postpartum women - P) from the Basic Health Unit, regarding: race, number of children, marital status, completed secondary education (CSE), incomplete secondary education (ISE), complete primary education (CPE), incomplete primary education (IPE), complete higher education (CHE), prenatal care and profession.

Table 1 - Profile of pregnant and postpartum women in the Basic Health Unit, in the year 2022. Santa Maria, Rio Grande do Sul. Brazil, 2022.

	Race	Number of children	Marital status	Education	Prenatal
G1	Black	0	Single	Postgraduate	Yes
G2	White	0	Stable union	CHE	Yes
G3	White	4	Married	ISE	Yes
G4	White	0	Divorced	CSE	Yes
P1	White	2	Stable union	CSE	Yes
P2	White	1	Married	CHE	Yes
P3	White	2	Single	IPE	Yes
P4	Black	2	Married	CPE	Yes
P5	White	2	Married	CHE	Yes
P6	White	2	Married	CSE	Yes
P7	White	3	Married	CSE	Yes
P8	White	1	Bride	CHE	Yes
P9	White	1	Stable union	CHE	Yes
P10	White	2	Single	CHE	Yes
P11	Black	2	Stable union	CSE	Yes
P12	White	2	Single	CHE	Yes

Authors: researchers.

Regarding the participants, the ages ranged between 18 and 41 years old, six were married, four were single, four were in a stable relationship, and one was divorced. The race/color of the participants was: 13 were white, and 3 were black. As for the profession, there were eight housewives, a special educator, a designer, a cinema assistant, a hairdresser, a business assistant, a saleswoman, a beautician, and a doula.

After analyzing and interpreting the data obtained, it was possible to define two categories in the analysis: “Nipple fissures” and “Lack of guidance on breastfeeding during prenatal care”.

Nipple fissures

According to the participants, one of the causes for abandoning early breastfeeding is breast fissures, cracks, or wounds. They also mentioned recognizing the importance of breastfeeding. They reported that:

*Five months ago, I had a crack in my breast (G2).
Yes, I was guided during prenatal care and also in terms of breast care, sunbathing before birth, for example, I followed all the instructions, and it didn't have much effect because I had cracks (G2).*

Two months (previous pregnancy), breast fissure appeared. Current ongoing breastfeeding (16 days old newborn) (P 1).

*Mentioning that the importance of breastfeeding was taught at HUSM hospital (P 1).
Four months, I had a lot of pain because it was full of bruises and cracks. (newborn, 41 days, ongoing breastfeeding) (P 3).*

*Yes, they explained to me that it is good for several things, you know, you don't get colds easily and that breast milk is very good, and even for other diseases too, right (P 3).
Seven months later, I needed to go back to school and my breast hurt a lot because of the wounds. (newborn, 22 days, ongoing breastfeeding) (P 4).
Yes, in the unit they talked a little about caring for newborns (P 4).
Three months, cracks in both breasts, a lot of pain. (newborn, 32 days, ongoing breastfeeding) (P 6).
Yes, super important. I lived in another neighborhood and the doctor there was very attentive (P 6).
Six months ago I had little information so I went as far as I thought necessary. 4 months because my breast was injured. (newborn, 11 days, ongoing breastfeeding) (P 7).
11 months, I only stopped because he started wanting to bite my breast and created some wounds. (newborn, 24 days) (P 12).
Yes, they talked a little in the unit about the importance of milk (P 12).*

Therefore, it is essential to value the meaning that women attribute to this experience and direct women's health actions on the respective subject related to breastfeeding, linking the factors of those who experienced it.

Insufficient guidance on breastfeeding during prenatal care

When participants were asked about stopping breastfeeding, they reported little information on the topic, thus justifying abandonment of breastfeeding.

*Six months previous pregnancy, I thought it was what I needed, now I know that the more I breastfeed, the better it will be for my baby. (newborn, 20 days, ongoing breastfeeding) (P 5).
I had guidance in the maternity ward. (health home) (P 5).
Five months, I thought was necessary. (newborn, 13 days) (P 10).
Four months before the pregnancy, the amount started to decrease as it was my first child, I thought there was no problem and I didn't do anything to stimulate it. (newborn, 18 days) (P 11).
yes, but the unit could have provided more guidance, right (P 11).*

DISCUSSION

Nipple trauma is a common cause for abandoning breastfeeding, as it causes pain and discomfort in postpartum women. It is estimated that between 80% and 96% of women experience some degree of pain in the first week after giving birth (AMARAL, *et al.*, 2015).

Breastfeeding incentive programs in Brazil emphasize technical and assistance aspects as a way of promoting and supporting breastfeeding in the mother/child binomial, without, however, considering the woman as the nucleus of the process and, therefore, with the rights to decide whether to continue or suspend breastfeeding (ALLISON; PETER; JONATHAN, 2017).

Thus, fissures, among all breast complications, constitute the highest incidence and are characterized by lesions such as cracks in the nipples, during the puerperal lactation period, going beyond

the physical dimensions and interfering with the meanings attributed to breastfeeding by women who experience it (MINAYO, 2018).

Popular knowledge has increasingly favored, positively or not, as it interferes with the decision to breastfeed, thus creating a need to develop strategies to promote breastfeeding individually and collectively (NÓBREGA, 2019).

According to the main findings of the study, it was observed that pregnant and/or postpartum women knew the importance of breastfeeding, but few women breastfed until the recommended time of 6 months, exclusively breastfeeding, corroborating a preliminary report from the National Study of Child Food and Nutrition (Enani), from the Ministry of Health, indicate that less than half (45.7%) of children under six months of age receive exclusive breastfeeding. The prevalence of continued breastfeeding at 12 months (children aged 12 to 15 months) was 53.1%. The study evaluated 14,505 Brazilian children under five years of age between February 2019 and March 2020 (LIMA *et al.*, 2018).

Still among the main findings of the present study, it was found that among the factors investigated, there was a cessation of breastfeeding with the following factors: lack of support for breastfeeding/guidance by the multidisciplinary team and the presence of fissures/cracks (BRASIL, 2018).

Health Units can play an important support role to significantly contribute to the health of the mother-baby binomial, thus making breastfeeding a universal practice (OLIVEIRA *et al.*, 2015). The lack of information or its insufficiency in pre and postpartum is related to early weaning. Mothers' satisfaction with the support received to breastfeed has a direct influence on the guidance and support received in prenatal care, thus highlighting its importance (VENANCIO *et al.*, 2022).

Some pathologies are responsible for making exclusive breastfeeding difficult and even ending it. The most common pathologies are pain, breast engorgement, nipple fissures and mastitis, which health professionals must be aware of so they can intervene in order to prevent these from ending breastfeeding. The establishment of prophylactic measures during pregnancy and the postpartum period is extremely important to avoid these complications (BRAGA *et al.*, 2021).

Mothers of their first child often present fear and doubts regarding the act of breastfeeding, demonstrating that even though this is a natural act, it must be learned. Thus, the health team needs to be prepared to teach, encourage and support breastfeeding practices, and therefore, interventions aimed at pregnant women on the practice of breastfeeding are appropriate, with a greater focus on primiparous women (DE SOUSA FRANCISCO *et al.*, 2019).

The practice of breastfeeding, far from meaning a natural instinctive act, represents a habit linked to social determinants and cultural manifestations, in addition to carrying a strong emotional and affective component. It is necessary to understand the different social determinants of this experience, its challenges, and possibilities (ALLISON; PETER; JONATHAN; 2017).

A phenomenological study identified that the husband's presence and help at home contribute positively to the practice of breastfeeding. Furthermore, the husband's approval and attitudes toward

breastfeeding are strongly considered by women when deciding whether to breastfeed or not (FERNANDES *et al.*, 2020).

Finally, although the contribution of this study to the local context is recognized, it is suggested that more robust investigations be developed with longitudinal methodology so that the limitations of this research can be improved and, consequently, risk factors and protection of breastfeeding practices can be identified with greater reliability.

CONCLUSION

According to the method used and respecting the limits of the study, the findings allow for some conclusions, which will be presented below. In this study, the results showed that abandonment of breastfeeding is related to the appearance of breast fissures/cracks/wounds.

Thus, the need for changes in the attitude of health professionals is considered to encourage breastfeeding, the impact of which contributes to the health situation and the reduction of infant morbidity and mortality.

The importance of surveying and consolidating indicators is highlighted to support effective policies and practices to promote breastfeeding and control the main associated factors, thus contributing to changes and reviving the practice of breastfeeding.

REFERENCES

ALLISON, T.; PETER, S.; JONATHAN, C. Consolidated Criteria for Reporting Qualitative Research (COREQ): 32-item checklist for interviews and focus groups. **Rev. Inter. Which. Assist. Health**, v. 19, p. 349-357, 2017.

AMARAL, Luna Jamile Xavier *et al.* Factors that influence the interruption of exclusive breastfeeding in nursing mothers. **Gaúcha nursing magazine**, v. 36, p. 127-134, 2015. Available at: <http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/56676/36779>. Accessed on: June 16, 2017.

BARDIN, Laurence. Content analysis: revised and expanded edition. São Paulo: Edições, v. 70, p. 280, 2016.

BRAGA, Isabella Rodrigues *et al.* Feeding practices of children under 12 months of age using Primary Health Care. **Saúde em Redes**, v. 7, no. 3, p. 201-217, 2021. Available at: <http://revista.redeunida.org.br/ojs/index.php/rede-unida/article/view/3388>

BRAZIL. Ministry of Health. CHILDREN'S HEALTH: Child Nutrition Breastfeeding and Complementary Food. **Basic Care Notebook**, nº 23, Brasília, 2009.

BRAZIL. Ministry of Health. Department of Health Care. Department of Strategic Programmatic Actions. National Policy for Comprehensive Child Health Care: guidelines for implementation / Ministry of Health. Health Care Secretariat. Department of Strategic Programmatic Actions. - Brasília: **Ministry of Health**, 2018. 180 p. :il. ISBN 978-85-334-2596-5

BRAZIL. MINISTRY OF HEALTH. NATIONAL HEALTH COUNCIL. Guidelines and regulatory standards for research involving human beings. Brazil. **Ministry of Health**, 2021.

From the coast, Carla Gravel *et al.* PRIORITIZATION AND ENCOURAGEMENT OF BREASTFEEDING AS AN INDICATOR OF THE HUMANIZATION OF THE QUALITY OF PERINATAL CARE. **Multidisciplinary Health Journal**, v. 2, n. 4, p. 353-353, 2021. Available at: <https://editoraime.com.br/revistas/index.php/remis/article/view/3300>

DA SILVA OLIVEIRA, Mayara Sanay *et al.* Women eat, mothers cook: an approach to the construction of motherhood and domestic culinary practices in the Western Brazilian Amazon. **Health and Society**, v. 31, n. 3, p. e211025pt-e211025pt, 2022. Available at: <https://www.scielo.org/article/sausoc/2022.v31n3/e211025pt/pt/>

DE SOUSA FRANCISCO, Milena Brasil *et al.* Perception of pregnant women about exclusive breastfeeding in a Family Health Strategy in the city of Icó-Ceará/Perception of pregnant women about exclusive breastfeeding in a Family Health Strategy in the city of Icó-Ceará. Online ID. **Psychology Magazine**, v. 13, n. 47, p. 383-396, 2019. Available at: <https://idonline.emnuvens.com.br/id/article/view/2026/0>

DE SOUZA MINAYO, Maria Cecília; COSTA, António Pedro. Theoretical foundations of qualitative research techniques. **Lusófona Education Magazine**, n. 40, p. 11-25, 2018. Available at: <https://revistas.ulusofona.pt/index.php/rleducacao/article/view/6439>

FERNANDES, Márcia A. *et al.* PUBLIC POLICIES IN BRAZIL AND WORKERS' HEALTH. International Cataloging in Publication Data (CIP) FREITAS, Guilherme Barroso Langoni de. **Bioethics and Public Health**. Vol.-Irati: Pasteur, 2020., p. 400, 2020. Available at: <https://journals.openedition.org/configuracoes/1472>

LIMA, Simone Pedrosa *et al.* Unveiling the meaning of the lived experience for women when breastfeeding with postpartum complications. **Text & Context-Nursing**, v. 27, 2018.

NÓBREGA, Valeska Cahú Fonseca da *et al.* Social support networks for Breastfeeding: an action research. **Health in Debate**, v. 43, p. 429-440, 2019. Available at: <https://www.scielo.br/j/sdeb/a/DG9yT5KhWRNC3SY4ty7XMkC/?lang=pt>

OLIVEIRA, Mirella Gondim Ozias Aquino de *et al.* Factors associated with breastfeeding in two municipalities with a low human development index in Northeast Brazil. **Brazilian Journal of Epidemiology**, v. 16, p. 178-189, 2013. Available at: <https://www.scielo.br/j/rbepid/a/6b6QPDx3LzP-wKttYBGmB8hb/?lang=pt&format=html>

VENANCIO, Sonia Isoyama *et al.* Effective interventions to promote breastfeeding and healthy complementary feeding in the context of Primary Health Care. **Revista Paulista de Pediatria**, v. 41, 2022. Available at: <https://www.scielo.br/j/rpp/a/6xBSj4FJdJ45m8PRXDvWYxD/abstract/?lang=pt>