



Guidance on breastfeeding in the prenatal period offered to pregnant women: A literature review

Orientações quanto ao aleitamento materno no período do pré-natal ofertado para gestantes: Uma revisão bibliográfica

DOI: 10.56238/isevjhv2n4-013

Receiving the originals: 05/07/2023

Acceptance for publication: 27/07/2023

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ABSTRACT

Introduction: Breastfeeding is the best way to provide the ideal food for the healthy growth and development of newborns. However, it is observed that there is a latent tendency to early weaning and mixed breastfeeding, making this a public health problem. **Objective:** The objective of this work is to clarify the importance of exclusive breastfeeding, as well as the role of the health professional to promote breastfeeding and present WHO data on this topic. **Methodology:** This is a descriptive bibliographic review work that had as theoretical basis articles published in the period from 2013 to 2023, where the most important ones were selected to be discussed here. **Results:** According to the information covered in the articles, exclusive breastfeeding is very important for the baby's health, there is also a lack of adequate transfer of information about this importance to mothers in the prenatal period. **Conclusion:** With the accomplishment of the present study it became evident the fact that despite the recommendations of the World Health Organization, especially with regard to exclusive breastfeeding, the reality in Brazil is far from reaching the minimum numbers of pregnant women who choose to breastfeed after the gestational period.

Keywords: Breastfeeding, SUS, Guidelines.

1 INTRODUCTION

With the accumulating evidence on the benefits of exclusive breastfeeding, the World Health Organization recommends that children be exclusively breastfed for six months and that



the child receive complementary feeding and breast milk from six months to 24 months of age. The WHO also evidences that studies are needed to assess the risk of micronutrient deficiency, especially in susceptible children. In Brazil, there has been an increase in the duration of breastfeeding in recent decades. However, a significant portion of infants are weaned early (BOCCOLINI *et al*, 2017).

The act of breastfeeding is a difficult task for many women, because in addition to all the difficulties with clinical management, there is still the anxiety generated by the time they consider losing when breastfeeding (CABRAL *et al*, 2013). In this situation, in the woman's life, support is essential. Women interviewed in the puerperal period, in several academic studies, revealed the need for another person to help, clarify and accompany; family members and significant people should act as sources of help, and health professionals, especially nursing and pediatricians, as sources of information.

It is understood that breastfeeding, even with numerous government campaigns, still has a high number of mothers who abandon this practice before six months, so it is noticeable that this is a major public health problem, because the absence of exclusive breastfeeding in the first months of the child's life can bring them serious health problems. Discussing the practice of nursing in actions involving breastfeeding is essential to break with social paradigms that perpetuate and compromise exclusive breastfeeding until the child's six months of life.

2 THEORETICAL BACKGROUND

According to Lima *et al* (2013), breastfeeding is a practice that involves biological, emotional, cultural and social aspects. Currently, the encouragement of breastfeeding is presented as a multidisciplinary action used by health workers for the success of breastfeeding. In order to support breastfeeding, these workers care about sharing its benefits, such as creating a bond between mother and baby, preventing diseases, nutritional value, stimulating the child's global development, among others.

2.1 PROMOTION OF BREASTFEEDING

According to the Ministry of Health, Primary Health Care (PHC) is the strategic point of care for monitoring during pregnancy (BRASIL, 2013). The prenatal period is important for both the maternal and fetal parts, as it plays a fundamental role in the prevention and/or early detection of pathologies, ensuring a physically and emotionally healthy pregnancy. One of the main objectives of prenatal care is to provide care to pregnant women from the beginning of their



pregnancy, as it is a time when they go through a period of great physical and emotional changes, in addition to providing assistance in all their needs. It is of great importance to emphasize that this period is experienced by each woman in a different way, each one lives this experience in a unique way (AUBIN, 2014).

Prenatal care is an opportune period for the professional nurse to guide pregnant women about the importance of BF and the difficulties they may face during the lactation process (RUFINO, 2014). Approaches to BF during prenatal care are decisive for the practice of breastfeeding and its duration, since women must build in this period the understanding that will influence the success of breastfeeding. The education and preparation of women have a good performance in promoting, protecting and supporting exclusive breastfeeding until the child's six months of life (MACEDO *et al*, 2015).

For Ferreira *et al* (2013), the promotion of breastfeeding during pregnancy has a positive and relevant impact, especially for primiparous mothers. The attention and guidance directed to women on the breastfeeding path are necessary and exciting factors for the promotion and prevention of possible complications during the breastfeeding process, and their practice should start from prenatal to puerperium.

According to Giuliani (2015), the mother's calmness and confidence in her ability to breastfeed her child are very important in the success and maintenance of lactation. However, the incorrect breastfeeding technique causes the child to not be able to take enough milk, which leads to irritation and crying of the baby, causes cracks in the breasts that cause pain and injuries, leaving the mother anxious, nervous and tense that ends up giving up breastfeeding.

All mothers can breastfeed as long as they have accurate information and support within their families, community, the health system and qualified assistance from trained, specialized health professionals to boost their confidence (MOREIRA and MURARA, 2013).

2.2 IMPORTANCE OF BREASTFEEDING

Breastfeeding establishes and enhances the mother-child bond, in addition to being the main source of food for the newborn baby. But it was in the 1970s that breastfeeding was gaining more evidence regarding the quality of life of babies in the face of international research, since in Brazil the studies were more focused on formulas that could replace breast milk, not taking into account the immunological benefits of natural lactation (REGO, 2015.).

For Azevedo *et al* (2015), in the last 30 years, Brazil has promoted actions to promote, protect and support breastfeeding, with a view to increasing the rates of exclusive and



complementary breastfeeding in the country and inhibiting early weaning. In 1981, the National Breastfeeding Incentive Program (PNIAM) was established in an attempt to intervene in infant mortality (Furtado & Assis, 2018).

According to the World Health Organization (WHO), breastfeeding should begin in the delivery room in the first hour of life, and be maintained in the form of exclusive breastfeeding (EBF) without adding any type of solid / semi-solid food or liquids in the first 6 months of life, after which time adequate food can be introduced, maintaining breastfeeding for two years or more.

There is a lot of evidence available on the benefits of breastfeeding in the short term, in particular the reduction of infant morbidity and mortality by being associated with fewer episodes of diarrhea, acute respiratory infections and other infectious diseases and allergies. According to Nunes (2015), it is estimated that breastfeeding could prevent 13% of all deaths from preventable diseases in children under 5 years of age worldwide. According to a risk assessment study, in developing countries 1.47 million lives could be saved per year if the recommendation of EBF for 6 months and supplemented for 2 years or more were met. No other single strategy achieves the impact that breastfeeding has on reducing under-5 deaths.

For Boccolini *et al* (2017), breastfeeding is an essential factor for the growth and development of the baby, specifically in the first six months of life. In addition, it helps in the affective relationship between mother and child, but also in the immunological and psychological process. It all starts in the thirty-second week of gestation, as it is the moment when the fetus starts to show sucking reflexes (CASSIMIRO *et al*, 2019).

The superiority of breast milk over other ways of feeding a child is scientifically proven, that said, breastfeeding (BF) is presented as one of the main actions of primary health care for contributing to the reduction of the prevalence of diseases and bringing a series of benefits for both the baby and the mother (MOURA *et al*, 2017).

2.3 PUBLIC POLICIES FOR BREASTFEEDING

As a strategy to promote the benefits of breastfeeding, support networks have been created such as: National Health Promotion Policy (PNPS), National Policy for the Promotion, Protection and Support of Breastfeeding, Stork Network, National Strategy for the Promotion of Breastfeeding and Healthy Complementary Feeding in SUS - Amamenta e Alimenta Brasil Strategy, National Program for Comprehensive Child Health Care (PAISC), Breastfeeding Counseling Program, among others (Brazil, 2015).

The performance of the health team, in the face of the complex practice of breastfeeding, must be prepared for the indications that puerperal women need support, guidance and care. According to Rocha *et al*, (2020) health education practices are paramount so that the difficulties and needs detected during breastfeeding are amenable to intervention and strategies are planned so that difficulties can be overcome.

It is necessary to encourage public breastfeeding policies to assist and guide women, highlighting the importance of breastfeeding, teaching the correct techniques of the handle, because, generally, they may have little or no skill in this practice, which increases their vulnerability at this time. In addition, studies show that women who received support and guidance from trained professionals in the first weeks after delivery felt safer and achieved greater success in the breastfeeding process (ALMEIDA *et al*, 2015).

3 METHODOLOGICAL PROCEDURES

This is a descriptive, bibliographic study. A survey was carried out in the SCIELO (Scientific Electronic Library Online), Scholar Google and Rev. Saúde Pública databases from the period between 2013 and 2023, using the keywords: Breastfeeding, SUS and Guidelines. This electronic search resulted in the identification of 40 studies on the subject, of which a screening was performed where the main studies are discussed in the Results and discussion topic.

4 RESULTS AND DISCUSSION

When screening the works, using the criteria for addressing the theme elucidated in this article, 4 articles were obtained, published between the years 2014 and 2020. Below is a summary of the studies and their relationship with the theme of this literature review.

Table 1: Articles that supported the discussion of the proposed study:

Authors / Year	Article Title	Study	Main conclusions
Isabela Alves Albuquerque and Walquiria Lene Dos Santos (2018)	Analysis of the guidance received by primigravida in primary care on breastfeeding	Subjective questionnaire of 24 questions, applied within the city's health centers to 27 primigravida women, from March to June 2018, in the city of Luziânia.	Pregnant women are counseled during prenatal care, but show deficiency in the importance of breastfeeding.
Mayara Caroline Barbieri <i>et al</i> , (2015)	Breastfeeding: guidance received during antenatal care, delivery and puerperium	Descriptive quantitative research, conducted with 36 pregnant women attending 3 UBS in the city of Maringa - PR, from May to August 2009.	Despite receiving adequate guidance on breastfeeding during the prenatal period, only 37.5% of the mothers in the study offered exclusive breastfeeding to their babies.

<p>Andressa Peripolli Rodrigues <i>et al.</i>, (2014)</p>	<p>Prenatal and puerperal factors that interfere with breastfeeding self-efficacy</p>	<p>Quantitative, cross-sectional study conducted with 322 puerperal women, from December 2011 to March 2012, with an instrument composed of the <i>Breastfeeding Self-Efficacy Scale-Short Form</i> and a form for characterization of puerperal women. Bivariate analysis was performed using the <i>Statistical Package for Social Science software</i>.</p>	<p>The majority of postpartum women had high breastfeeding self-efficacy. There was a statistically significant association of breastfeeding self-efficacy with the fact that the baby was placed to suck after the first hour. The promotion of maternal breastfeeding self-efficacy should begin in prenatal care, be stimulated early in the maternity ward and monitored during the puerperium and childcare.</p>
<p>Ana Emília Meneses Bezerra <i>et al.</i>, (2020)</p>	<p>Breastfeeding: what do women participating in an antenatal group think?</p>	<p>Social research characterized as participant research. A Focus Group was conducted with nine pregnant women who have already had other children. For the analysis, the perspective of discursive practices and the Production of Meanings in Everyday Life were worked on.</p>	<p>There are countless benefits of breastfeeding for the child, the woman, the family and society, but it is necessary that women have access to qualified prenatal and puerperal care so that they feel supported from a comprehensive care perspective.</p>

Source: Survey data

According to the information covered in the articles, exclusive breastfeeding is very important for the baby's health, there is also a lack of adequate transfer of information about this importance to mothers in the prenatal period.

Having a scientific basis and satisfactory results in the baby's health are not enough factors to lead a mother to choose breastfeeding, since there are many beliefs in the population that breast milk is weak and does not support the child, these ideas are very widespread, are difficult to change, so, in addition to being equipped with information based on scientific studies, the professional who attends the mother in the prenatal period must find ways to change thoughts based on the reality of the pregnant woman, one of these means is the dissemination that breast milk is free and produced at all times that the baby needs.

According to Cabral *et al.* (2013), breastfeeding is an exclusive function of the woman, and breast milk contributes positively to the growth and development of the child, in addition to presenting immunological, psychological and nutritional advantages.

There is a growing trend of breastfeeding in Brazil, but it is possible to find important challenges in order to accelerate the pace of growth of this practice, towards the achievement of WHO recommendations, (VENANCIO *et al.*, 2013).



For Rocha et al, (2013), having access to guidance on breastfeeding during pregnancy and lactation is extremely important for encouraging and monitoring breastfeeding practice.

Therefore, the importance of the role of health professionals is noted, in order to identify and understand the process of breastfeeding in the sociocultural and family context and, from this understanding, to take care of both the mother and the child and their family, as well as to seek ways to inform the population about the importance of breastfeeding (MOURA *et al.*, 2017). The mother alone and without adequate knowledge tends to give up breastfeeding even before starting the breastfeeding process, if she and her support network have access to adequate knowledge, passed with easy understanding, the chances of her choosing exclusive breastfeeding increase considerably.

Regarding breastfeeding support, it is not enough for women to be informed of the advantages of breastfeeding and to choose this practice, to carry out their option it is necessary that the woman is inserted in an environment favorable to breastfeeding and have the support of a specialized health professional and qualified to help her (SOUZA *et al.*, 2013).

According to Frota et al. (2008), prenatal care is the best time to guide mothers on the practice of breastfeeding, as it is the period of greatest contact between them and health professionals, where women offer confidence to them. It is at this stage that the pregnant woman will learn the advantages that breastfeeding brings, through the guidelines received, so encouraging breastfeeding is of great relevance (MAIA et al, 2014).

In prenatal and postnatal care, breastfeeding success is sought through actions and guidance on this topic. Thus, Nascimento *et al.*, (2013) concluded that the satisfaction of mothers with the support received for breastfeeding has a direct influence on the guidelines and support received in prenatal care, thus emphasizing its importance.

Breastfeeding is the ideal way to feed young children, as it not only protects them against infectious diseases and is an important source of nutrients, but also promotes an affective bond between mother and child and better physical, cognitive, social and psychomotor development of the child. The current recommendation of the World Health Organization (WHO) and the Ministry of Health (MS) is for breastfeeding to be until two years or more, being exclusive until six months of life and complemented from this age of the baby (BRASIL, 2015).

Therefore, it is up to the health professional to understand breastfeeding in the sociocultural and family context and, based on this understanding, to take care of both the mother and baby pair and their family. It is necessary to seek ways to interact with the population to inform them about the importance of adopting healthy breastfeeding practices. Professionals need to be prepared to



provide effective, supportive, welcoming, comprehensive and contextualized care that respects each woman's knowledge and life story, and helps her overcome fears, difficulties and insecurities (BRASIL, 2015).

Thus, it is necessary to permanently train health professionals who work with pregnant women to adequately address breastfeeding through health education. The professional who works in the promotion of breastfeeding, as a member of a multiprofessional team, which develops, among others, the functions of educator and health promoter, should use all resources for the promotion, protection and recovery of health, exercising with creativity and competence the art of caring and teaching to care. In this perspective, it is necessary to adopt educational actions that use problematization as a strategy for the elaboration of educational strategies and, mainly, seek interaction between team members so that all the necessary information and care is passed on to the pregnant woman to be able to perform exclusive breastfeeding.

It is important that the health professional during these consultations, address issues that will be relevant to the success of breastfeeding, such as: asking the woman if she intends to breastfeed, if she has already had the experience of breastfeeding another child, if she had difficulties, explain about the advantages of offering breast milk right after delivery, the importance of the handle and correct position, and question whether the pregnant woman knows any myth or belief, with which she feels insecure to breastfeed in the future (BRASIL, 2015).

Health professionals, especially nurses, have a great influence on the promotion of breastfeeding, encouraging mothers to breastfeed their children especially in the first semester of life. Although there is a great deal of media coverage of the advantages of breastfeeding nowadays, there are still many cases of early weaning. In this sense, health professionals must intervene through guidance to reverse this reality (ALEIXO *et al*, 2019).

The benefits of breastfeeding should be passed on to the mother, always highlighting that breastfeeding also protects the incidences of breast cancer, reducing postpartum bleeding and minimizing the abdomen. It is essential that the professional provides these advantages in a simple and objective way to strengthen the affective bonds between mother and child (ALVES, 2018).

5 CONCLUSION

With the realization of the present study it became evident the fact that despite the recommendations of the World Health Organization, especially with regard to exclusive breastfeeding, the reality in Brazil is far from reaching the minimum numbers of pregnant women who choose to breastfeed after the gestational period.



Breastfeeding is greatly influenced by the woman's emotional condition and the society in which she lives. Therefore, the support of the partner, the family, health professionals, in short, the whole society is essential for breastfeeding to occur without complications.

It is understood that breastfeeding even with numerous government campaigns still have a high number of mothers who abandon this practice before six months, so it is noticeable that this is a major public health problem, because the absence of exclusive breastfeeding in the first months of life of the child can bring them serious health problems.

Through the research it became possible to notice that the actions aimed at promoting breastfeeding bring the attempt to convince women to breastfeed, still following the hygienist model that aims, above all, to reduce infant mortality. Thus, it is not only a matter of guiding or helping women to choose breastfeeding, but of making every effort to fully welcome them during this process.

However, it was observed that there are still limitations on the part of the health professional in the process of guidance on breastfeeding, emphasizing that such attitudes must be reevaluated in order to achieve success in the assistance offered. However, it is extremely important to emphasize that professional support is offered in the affirmation of early skin-to-skin contact between mother and child, for the elevation of care actions and that there are no limitations on the part of the professional nurse in the space that involves this interaction, aiming at a good understanding between them.



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