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KNOWLEDGE ABOUT BREASTFEEDING IN THE PERSPECTIVE OF NURSING MOTHERS

CONHECIMENTO SOBRE ALEITAMENTO MATERNO NA PERSPECTIVA DE NUTRIZES

LOS CONOCIMIENTOS SOBRE LA LACTANCIA MATERNA EN LA PERSPECTIVA DE LAS MADRES LACTANTES

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Objetivo: analisar o conhecimento de nutrizes no período gravídico-puerperal sobre aleitamento materno e discutir como o(a) enfermeiro(a) participa no aconselhamento dessas nutrizes. Método: investigação qualitativa, descritiva e exploratória. Para a coleta de dados, foi utilizada entrevista semiestruturada; para o tratamento dos dados, a análise temática. Participaram da pesquisa 12 nutrizes acompanhadas pelo Banco de Leite de um hospital público do Distrito Federal, Brasil. Resultados: emergiram quatro categorias para análise: orientações sobre aleitamento materno; desafios e dificuldades do aleitamento materno; vantagens e desvantagens do aleitamento materno; experiência no aleitamento materno. Conclusão: os conhecimentos acerca da amamentação, percepção da autoconfiança, experiências anteriores, fator econômico e interferências familiares influenciaram na adesão à amamentação. Na visão das nutrizes, o(a) enfermeiro(a) desempenhou papel fundamental na propagação dos saberes acerca do aleitamento materno durante período gravídico-puerperal. Então, o estudo evidenciou o importante papel do(a) enfermeiro(a) no processo de ensino-aprendizagem das nutrizes.

Descritores: Mães. Aleitamento Materno. Período Pós-Parto. Conhecimento. Cuidado Pré-Natal.

Objective: to analyze the knowledge of nursing mothers during pregnancy and puerperium on breastfeeding and discuss the nurse's participation in guiding these mothers. Method: qualitative, descriptive and exploratory research. Data collection used semi-structured interview; for data treatment, the thematic analysis. The participants were 12 nursing mothers followed-up by the Milk Bank of a public hospital of the Federal District, Brazil. Results: four categories emerged for analysis: guidance on breastfeeding; challenges and difficulties of breastfeeding; advantages and disadvantages of breastfeeding; experience in breastfeeding. Conclusion: the knowledge about breastfeeding, perception of self-confidence, previous experience, economic factor and family interference influence on adherence to breastfeeding. In the view of the nursing mothers, the nurse played a fundamental role in the propagation of knowledge about breastfeeding during pregnancy and puerperium. Then, the study highlighted the important role of the nurse in the teaching-learning process of the nursing mothers.

Descriptors: Mothers. Breastfeeding. Postpartum Period. Knowledge. Prenatal Care.

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Objetivo: analizar los conocimientos de las madres durante el embarazo y el puerperio sobre lactancia materna y discutir cómo la enfermera participa en el asesoramiento de estas madres. Método: investigación cualitativa, descriptiva, exploratoria. Para la recolección de datos, se utilizó la entrevista semi-estructurada; para el tratamiento de datos, el análisis temático. Participaron en el estudio 12 madres acompañadas por el Banco de Leche de un hospital público del Distrito Federal, Brasil. Resultados: emergieron cuatro categorías de análisis: orientación sobre la lactancia materna; retos y dificultades de la lactancia materna; ventajas y desventajas de la lactancia materna; experiencia en la lactancia materna. Conclusión: el conocimiento acerca de la lactancia materna, la percepción de la auto-confianza, la experiencia anterior, el factor económico y la interferencia de la familia influyen en la adherencia a la lactancia materna. En la visión de las madres lactantes, la enfermera tiene un papel fundamental en la difusión de los conocimientos sobre la lactancia materna durante el embarazo y el puerperio. Entonces, el estudio destacó el importante papel de la enfermera en el proceso de enseñanza-aprendizaje de las madres lactantes.

Descriptores: Madres. Lactancia Materna. Período Posparto. Conocimiento. Atención Prenatal.

Introduction

The practice of breastfeeding seems to be simple and instinctive. However, its success requires learning various aspects and a complex set of correlational circumstances in the social context of the mother-baby[1-3].

Breastfeeding has many proven benefits, but its practice is not performed according to the recommendations of the World Health Organization (WHO) and the Ministry of Health. At the end of the 20th century, there was a decline in the act of breastfeeding, mainly due to cultural and family beliefs, the insertion of women in the labor market, industrialization and increasing consumption of industrialized products, in addition to the influence of many hospitals, hindering the exercise of exclusive breastfeeding on free demand. In this way, and due to the increased morbidity and mortality, especially in developing countries, public policies were created in Brazil to encourage breastfeeding[4].

The encouragement of breastfeeding should occur in both the prenatal period as the puerperium. The desire to breastfeed appears in the gestational period, under the influence of various factors in the decision-making process of each mother. Among them, the knowledge about breastfeeding interferes directly in the mother's decision to breastfeed or not, her child.

In the first postpartum weeks, major obstacles to breastfeeding normally arise, since women, many times, are unaware of the lactation process, which makes them more susceptible to difficulties and doubts that may lead to the abandonment. Nevertheless, most difficulties presented during this period, when identified and treated early, have a solution, providing a satisfactory experience for the binomial[5].

The whole multiprofessional team needs to pay attention to the different needs and demands of each group, whether primiparous, teenagers or young women, providing a healthier breastfeeding, with fewer questions and more information, avoiding the trauma-causing reasons, both biological and psychological, and early weaning. The provision of an adequate assistance and education to pregnant women in prenatal care, the puerperal period tends to evolve more safely. The nursing mother is then encouraged to maintain exclusive breastfeeding up to the first six months after childbirth and complementary breastfeeding while necessary and feasible[5].

The nurse stands out as a fundamental and relevant support for the practice of breastfeeding and for promoting mothers' health during pregnancy and puerperium, encouraging the efficacy to breastfeed, by means of guidelines and nursing care, making them less vulnerable to misinformation and without scientific basis. These behaviors act positively on the process of exclusive breastfeeding, potentiating the duration and adherence to breastfeeding[6-8].

The prior professional experience of the authors pointed out that, during the prenatal

care, pregnant women reported acquiring more information on delivery than on breastfeeding. After identifying this important gap in obstetric care, which can negatively interfere in knowledge and adherence of these women to breastfeeding, the following guiding question was created: "What are the knowledge about breastfeeding in the view of nursing mothers?" Thus, the study object delineated was: The knowledge about breastfeeding in the view of nursing mothers during pregnancy and puerperium.

The study objectives were: to analyze the knowledge of nursing mothers during pregnancy and puerperium on breastfeeding and discuss the nurse's participation in guiding these nursing mothers.

Method

This is a qualitative, descriptive, exploratory research with individual interview. The study was conducted at the Human Milk Bank (HMB) of the maternity ward of a public hospital in Federal District, Brazil. The sample corresponded to 12 nursing mothers who were met by the nursing team from the HMB. This team conducts educational activities through guidelines and distribution of educational flyers, through individual contacts with the pregnant women in the waiting room for the prenatal appointment.

The inclusion criteria of the study participants were: nursing mothers aged 18 years or more, breastfeeding, met by the HMB, and who agreed to participate in the study at the time of data collection. The exclusion criteria were: women who did not adhere to the breastfeeding, participants with difficulty in communication (listening and speaking) and women who quit the study during its implementation.

The instruments used for data collection were: the form of characterization of the participants and the semi-structured interview guide. The form of characterization included socioeconomic aspects and relating to the pre-natal. The interview guide addressed the following questions: what guidelines nursing mothers had received about breastfeeding during the prenatal period; whether the breastfeeding management technique was taught to them; if there was guidance on the benefits of breast milk; if, during the period of lactation, there were breast consequences and what they were; and, finally, what conclusions nursing mothers had about breastfeeding.

The location of the data collection was a doctor's office, inside the HMB, providing privacy and absence of movement of passersby. The interviews occurred between the researcher and the participants and were recorded in digital apparatus, and fully transcribed, soon after their completion, by the researcher herself.

The data collection occurred during March and April 2019. Each interview lasted, on average, 7 minutes and there was no refusal of the invited participants. The number of interviews ceased by the saturation of the obtained discourses, because no new elements emerged from the discourses of the interviewees[9]. The data analysis occurred thematically, according to the precepts of Minayo[10].

The project was approved by the Human Beings Research Ethics Committee, of the proponent and co-participating institution, through Opinion n. 05804818.0.0000.0030. The study participants signed the Informed Consent Form, according to Resolution n. 466/2012 of the National Health Council.

To maintain the methodological rigor of the study, the Consolidated Criteria for Reporting Qualitative Research (COREQ) was used as a support tool. It contains 32 checklist items related to: research team; research project; and data analysis in relation to qualitative research methods[11].

Results and Discussion

The participants' profile detected in the survey was: women between 22 and 39 years; the majority in stable marital relationship, being 75% married; 66.67% had complete secondary education; half of the participants had some employment and all were on maternity leave; the majority had a family income between 1 and 3 minimum (75%); the mean number of

prenatal appointments was 7, with 83.33% in the public network and 66.67% made only by the physician; 91.67% had birth in the public network, with 66.67% cesarean sections; 83.33% were on exclusive breastfeeding; 58.34% of the participants lived in administrative regions of east Brasilia; and the majority (83.33%) reported having piped and treated water and those who had not declared having well or buying water.

These findings corroborate the profile of the participants of the study[12] performed in a hospital-school in the countryside of São Paulo: female, aged between 18 and 45 years, basic schooling, marital status married and family economic income from one to two minimum wages. In this study, the number of prenatal appointments was within the recommended by the higher bodies, the Ministry of Health and the Health State Department of the Federal District (SES-DF)[13], but the quality of the care offered could not be assessed.

The data collected originated four categories for analysis: guidance on breastfeeding; challenges and difficulties of breastfeeding; advantages and disadvantages of breastfeeding; experience in breastfeeding.

Category 1 – Guidance on breastfeeding

This section will discuss the group participation and guidelines during the pre-natal, the postpartum guidelines, the professional who made the guidelines, aspects of the prevention of breast lesions, the factors that stimulated the production of milk and the opportunities lost during the orientations in the gestational period.

Some nursing mothers reported having received information regarding breastfeeding in health education activities, carried out in the "waiting room" of the prenatal appointment, and a nursing mother attended a course for pregnant women at a private hospital.

> *When I was waiting for the appointment, they* [HMB nurses] *went there to distribute booklets and invite us to participate in this guidance meeting on how to breastfeed.* (N1).

> *And I've attended a course for parents and pregnant women offered by the hospitals.* (N2).

The nursing professional is recognized as lactation-encouraging agent, as thenursing mothers referred to in their speeches mothers. After all, the nurse is responsible for encouraging exclusive breastfeeding and on free demand[14], through their role as an educator of the puerperal woman and her family. Therefore, when facing any opportunity, they must exercise their function as a health promoter[7].

This more active participation of nursing results from the fact that the institution where the study was carried out had implemented the HMB. This hospital is part of the Child-Friendly Hospital Initiative (BFHI), which "[...] aims to promote, protect and support breastfeeding [BF], mobilizes health professionals and employees of hospitals and maternities to perform changes in policies and routines of these environments" [14:1662]. This model encourages the "Ten Steps to Successful Breastfeeding", which should be addressed throughout the pregnancy and puerperium period.

The guidance received by participants in the pre-natal addressed mainly the correct "latch-on", free demand, preparation of the breasts for lactation and not offering pacifiers and bottles.

> [...] *they talked a lot about the latch-on issue, that the baby cannot latch only the nipple, the best is the baby latch on the whole areola* [...] *free-demand* [breastfeeding]. (N2).

> *Breastfeed up to six months. Nothing else, just milk.* (N7).

> [They said] *that you should not offer pacifiers, bottles, you have to stimulate* [...] *latch on only* [breasts], *pass the milk to heal, right? Because they say it's an antibiotic*. (N8).

> *They talked about the baby's positioning, the first milk – colostrum –, the importance of the nutrients for the baby.* (N12).

This information is essential for the successful breastfeeding, although nursing mothers have received few clarifications, because the main reasons for giving up result from injuries caused by inadequate "latch-on", nipple confusion and the idea of having a "weak milk". This data corroborate the exposed in a study[15] that concluded that the inadequate "latch-on" and incorrect position of the newborn (NB) on maternal breast were the main reasons for nipple traumas. In addition, the use of a pacifier, the mother's occupations outside the home, the

lack of support of the companion in relation to breastfeeding and nipple trauma were the main reasons for the early weaning[15].

In the case of nipple injuries, the nursing mother is advised by the HMB to use her own breast milk in the treatment, before and after each breastfeeding. In addition, the health team guides on nipple complications prevention, through good practices, such as using support bra, for strengthening the breast tissue[16]. Despite reporting the recommendation of preparing the breasts during pregnancy, this practice has no scientific proof of effectiveness in this period.

Furthermore, the participants reported having received, during the pre-natal, information on how to stimulate milk production:

> [...] [to drink] *a lot of water*. (N8).

> [...] *massage, the contact with the baby*. (N12).

During the lactation period, there were changes in food preferences and increased desire to eat and drink by nursing mothers. Feeling satiated after meals and being attentive to the water intake are important behaviors during this phase. Otherwise, the excess liquid can impair the synthesis of maternal milk[4].

The pre-natal is one of the most opportune moments to inform future nursing mothers about breastfeeding. Nevertheless, this guidance did not occur during prenatal care, according to some interviewees' narratives:

> *In pre-natal, I didn't* [receive any information]*, but I did at birth*. (N9).

> *No. Only when I was hospitalized* [still pregnant]. (N4).

> [...] *it was an information from some people from here* [HMB]. *Nor in the pre-natal, it was in the hospital. There was no time during the pre-natal*. (N6).

The interviews revealed that opportunities for instruction on breastfeeding were wasted. The participants attended, on average, seven prenatal appointments, but, according to the speech of N6, above, who attended six appointments, they did not receive guidance during the pre-natal due to the unjustified lack of time. The SES-DF proposes the implementation of at least seven appointments during the pre-natal, with a variable frequency of attendance, being monthly, biweekly or weekly, according to the gestational age[13]. Therefore, the amount of appointments do not result in quality in the guidelines, corroborating a study[17] in which the quantity and regularity of this activity during the pre-natal did not ensure a satisfactory assistance. In this study, most participants said they were clarified after childbirth and a small part of the nursing mothers reported receiving information from the professionals on the topic of breastfeeding before childbirth, and an even smaller portion, during the lactation period[17]. This is alarming, because the assistance is vital to the positive progress of breastfeeding.

Among the guidelines received by nursing mothers in the postpartum period, the main were about the correct "latch-on", the NB's positions during breastfeeding, the manual extraction of breastmilk and the accomplishment of massages and wet-wrap dressings.

> [...] *she* [the HMB pediatrician] *guided on the correct latch-on, not to cause harms* [...] *they* [HMB nursing team] *also taught me to put the baby backward, change the position, not to bring too close* [to me]*, because, in the beginning, I got too tense, and the baby put the nose on the breast, hindering his breathing, and not to stay too curved, and, after nursing, always put him to burp* [...] *do the massage and the wet-wrap dressings*. (N9).

> *They* [HMB team] *taught me, when it gets stoned, how to do it. They taught me not to use hot water, which, in this case, was what I was doing under the shower; instead of hot water, put cold water, which was meant to soften, when it got hard. When you have too much milk, squeeze and do the milking*. (N11).

The guidance received during the postpartum resemble those of the pre-natal, adding the issue of manual extraction of breast milk. Possibly, this situation is a consequence of episodes of breast engorgement. Moreover, the nurse has an important role in the teaching and learning process of users in health units. The actions of promotion and support of breastfeeding allow reducing infant and maternal morbidity and mortality. In this way, when health professionals stimulate breastfeeding, they promote confidence in nursing mothers for maintaining the practice. Encouraging and offering the opportunity for breastfeeding are essential assignments of the

nurse, because they are responsible for providing assistance to women during pregnancy, labor and delivery, post-partum[1,18].

The mentioned professionals that provided guidelines on the subject before childbirth were nurses, physicians, medical students (interns and residents), speech therapists and doulas.

> *Nurse, doctor. Many people guided me. People from here, the Milk Bank, intern, resident, many people.* (N4).

> *It was* [the nurse] *from the Milk Bank. She always guided me, every visit she explained.* (N11).

> *They were doulas* [...] *it was a speech therapist who gave the lecture* [private service]. (N2).

In this study, professionals who primarily transmitted the instructions were physicians, followed by nurses. This finding is divergent in the literature[1], pointing to nursing as the profession that most addresses the issue, especially to encourage maternal self-confidence regarding breastfeeding. The performance of the HMB, in this study, was very relevant to the care with nursing mothers during the hospitalization period in the maternity. This work shows the importance of the HMB nursing team, since they were the most active in the usual assistance to the binomial in this institution. This act consolidates the behaviors of HMB, which are environments to promote, protect and support the breastfeeding practice, primarily to enable mothers and family members regarding the appropriate techniques for management and updated scientific knowledge[14].

On the other hand, the nursing mother N2, who underwent prenatal care and childbirth in the private health network, received guidelines from other professional categories (doulas and speech therapists). This differs from the reality of the public service, where the nurse plays the main role in assistance to pregnant women and children, enjoying autonomy. In basic care, low-risk prenatal appointments can be performed exclusively by the nurse or interspersed with the medical appointments. In these appointments, the nurse must have qualified listening, being available and empathetic. They should also stimulate a responsible parenthood and the creation of the bond with the future child[13].

The missed opportunity of education about breastfeeding is emphasized by the interviewees, who revealed the focus mostly on childbirth during prenatal care:

> *I did not receive* [guidance on breastfeeding]. *Total focus on delivery.* (N2).

The participant N2 claims that the preparation for childbirth was the focus of the guidelines, to the detriment of breastfeeding. This nursing mother attended 10 pre-natal appointments with the physician, in the private service. Thus, there were several opportunities for instructions. This scenario is confirmed in the present study, when affirming that the great challenge of assistance is the quality of care and not the number of appointments[19].

A well-accomplished prenatal appointment restrains the risks for maternal and child health and prevents the difficulties in the puerperium. The qualified health professional is attentive to the needs of the patient and family, as well as the gaps in knowledge that need to be fulfilled, either on delivery, either about breastfeeding. The information should be transmitted completely, even if it is treated in different ways and time by people[4,19].

Category 2 – Challenges and difficulties of breastfeeding

In this category, the reports were subdivided into: difficulty to breastfeed, complications in breastfeeding and myths of breastfeeding. Breast engorgement and pain were the main difficulties related to lactation mentioned by participants. Nursing mother N9 said:

> *In the first week at home, I suffered a lot, because my breast was full and it hurt a lot; I was desperate, because I didn't know what to do. Then I started to massage myself, dressings. I only think I was using a hot wet-wrap dressing.*

The nursing mother N9 reveals that she applied hot wet-wrap dressings, in an attempt to reduce the suffering, which is contraindicated. Hot wet-wrap dressings are commonly employed in an attempt to soften the signs. However, the prolonged use of this type of dressing increases the production of milk and leads to the

aggravation of the signs. With the appropriate training in pre-natal care, diagnoses of problems and risks of the puerperal period can be made in a favorable time for intervention and treatment[19].

The risk of interruption of breastfeeding before six months may be duplicated due to nipple traumas[15]. The persistent nipple pain may indicate that the NB is nursing too strongly. Therefore, the correct position of the child, the softening of the breasts before breastfeeding - favoring the "latch-on" of the NB - and stimulating the exit of the milk through massages and wet-wrap dressings, before and during breastfeeding, may prevent the episodes of breast engorgement[16].

Other occurrences, such as mastitis, fissures, fever and puerperal galactocele were reported by the puerperal women, referring to complications of breastfeeding.

> *Well, now I have mastitis, and there were fissures, I had to sunbathe a lot* [...] *yesterday I had a very high fever, because of that* [mastitis]. (N1).

> *I had mastitis, a galactocele nodule and an abscess. I had to drain this abscess, right in the areola, and about 40 ml of pus came out. And* [I had] *nipple fissure. I think I experienced strong emotions* [...] *I felt pain, I had a fever, I had a lump full of pus, hot and red, I had to drain it, I felt a lot of pain,* [I had] *the fissure on my breast.* (N2).

The main causes of early weaning are mammary complications, which occur frequently and are predominantly in the household, with nursing mothers who did not receive guidance during the pregnancy and puerperium period – either in the pre-natal, nor in the maternity ward – on how to deal with the problems. These situations may require the service from the HMB in order to preserve the breastfeeding. Nonetheless, regrettably, some women do not have access or knowledge about this work, resulting in the abandonment of breastfeeding and full offer of artificial milk to the baby.

Likewise, the influence of nipple trauma in the early weaning, resulting from inadequate positioning and "latch-on", was present in these statements. The "latch-on" protects the nipple from friction and compression, when correctly performed[20]. The occurrences of injuries, in particular mastitis, can also be remedied by basic guidelines. The application of massages, the manual extraction of breastmilk, the change of the position of the NB to nurse, the correct "latch-on" and hand hygiene prior to breastfeeding are resources to prevent fissures, engorgement and mastitis, harmonizing the production and release of breast milk[16,21].

The nursing mothers mentioned important factors that act in the milk production and discussed how the transgenerational knowledge produces some myths of breastfeeding.

> *I've heard of* [factors that influence milk production], *but I thought they were all a myth. I found out they weren't in the worst way.* (N1).

> [...] [they told] *that there are many myths that mothers and grandmothers teach that are wrong.* (N7).

The myths about breastfeeding are present in these statements of the interviewees. Thus, there is need to identify the myths and guide regarding the correct behavior. In the speech of the nursing mother N1, this is evident, having in view that neglecting important information due to lack of knowledge led her to experience complications. The nursing mothers are deficient in discerning what is myth and what is truth concerning the several instructions, often conflicting, received from professionals, relatives, friends and neighbors.

Within the family and everyday life, in which the process of lactation occurs, the exercise of breastfeeding receives a huge burden. This obstacle arises from myths, beliefs and taboos from family cultures, being disseminated primarily by mothers and grandmothers. These intrusions are able to promote the practice of breastfeeding and to arouse the early weaning, regardless of the woman's decision to breastfeed or not[8,22].

As well as in the guidance process in the prenatal period, the nurse is also an essential figure to detect family shortcomings and obstacles, understand their beliefs and myths, assess the impact of family influence in social, psychological, economic, religious, marital, cultural and education issues. Studies corroborate the speech of the nursing mother N1 when indicating that the repercussion of myths

and taboos are higher in primiparous women, generating insecurity in most of them in relation to breastfeeding and, possibly, reduced duration of the practice[8,22].

Category 3 – Advantages and disadvantages of breastfeeding

The perceptions of the advantages and disadvantages of breastfeeding for the nursing mother and the baby were other topics that deserved prominence in the discourse of the interviewees. Among the advantages of breastfeeding for the nursing mother, they mentioned the independence for the mother, the bond between the binomial, the practicality of the act and the low financial cost to the family.

> [...] [the advantages are] *much more independence for mother and baby at the beginning, the bond, where the mother goes, there is a bag of milk together, so everything is ready, I think it is very practical.* (N1).

> [...] *I've never bought milk, I've never bought anything* [...] *it's even better* [breastfeeding], *because if you stay at the stove to make porridge, to make these things. So you just put your breast in the boy's mouth and it's over.* (N7).

> *The advantage is for women to recover from childbirth.* (N3).

> [...] [breastfeeding] *helps lose weight after giving birth.* (N6).

In addition to the benefits of the mother-child bond, the interviewees highlight the economic issue, considering the practicality in giving milk to the baby, eliminating the preparation time. Another advantage relates related to greater food safety, considering the lower risk of contamination during manipulation. This danger of contamination comes from several factors, including the quality of the water and the precarious bottle hygiene, factors existing in reality of two nursing mothers, who had no treated and piped water in their homes.

For needy families, as is the case of the population met by the HMB, the economic factor is essential for adherence, or not, to artificial milk. In addition to the costs with the formula, there are other additional costs, such as the use of cooking gas and the acquisition of bottles and nipples. Thus, the financial aspect has been seen as an advantage in breastfeeding, because it minimizes the expenses with industrialized products and therapies for probable diseases[1,4,22].

The nursing mothers, when questioned about the advantages of breastfeeding, point out more benefits directed to children, constantly forgetting the benefits for the woman. Among the basic maternal benefits, there stand out the contribution in the process of uterine involution, the attenuation of blood loss and reduced probability of developing breast, uterus and ovarian cancer, besides favoring the creation of affective bond with the NB[1,4,22-23]. The benefits for the baby, mentioned by the nursing mothers, were increased immunity and the quality of breastmilk, which consists of a complete feed.

> [...] [the advantage] *for the baby too,* [are] *antibodies we provide him through the milk.* (N3).

> *Everything he* [NB] *needs is in the breast milk.* (N4).

Breast milk is the absolute and exclusive sustenance in the first six months of life, allowing for the favorable development of the child[22]. With this, the lactation presents advantages for the child, such as protection against gastrointestinal, respiratory and urinary infections, as well as allergies. Other benefits are the correct development of the face, phonation, breathing and swallowing, prevention of morbidity and mortality and the superior intellectual growth, presenting best degrees of schooling and income in adulthood[1].

The nursing mothers appreciated the breast milk mainly by its benefits for the baby. They reported that this nutrition dispensed artificial supplements, since it contained immunological high-quality properties. These arguments are vital to ensure the nursing mothers persevere in breastfeeding and, consequently, achieve success.

On the other hand, the interviewees' reports show that pain and maternal fatigue constituted disadvantages for the mothers.

> [...] *there are only advantages, except for the pain* [...] *this [pain] would be the disadvantage. But not to give up, right?* (N1).

> *Disadvantage, staying the night awake, fatigue* (N3).

Even citing disadvantages as pain and fatigue, most nursing mothers kept breastfeeding their

babies, because the discomfort was not significant to lead them to adopt mixed feeding or even to weaning. The adaptation to the new reality, with imbalances caused by breastfeeding routine, can generate overloads and conflicts, both internal and relational. The tiredness caused by the act of breastfeeding is one of the reasons for early weaning, which can be combated by the emphasis on economic issue and the practicality of breastfeeding[2,24].

Category 4 – Experience in breastfeeding

Finally, the last category refers to experience in lactation revealed by nursing mothers, which oscillated between new experiences and the romantic idea of breastfeeding. The participants, even multiparous women, said they had had new experiences during the breastfeeding period, such as: difficulties to breastfeed, demand for care at the HMB and perception of greater commitment to encouraging breastfeeding.

> *It was a big surprise* [breastfeeding], *because it's my third child, and I'm living a nightmare. I didn't imagine breastfeeding was so hard. I've never been to a Milk Bank, none of this, in the other* [pregnancies] [...] *19 years old and 13 years old [age of the other children]* [...] *and you are already stressed out because you are trying to improve her weight* [NB] [...] *this, I got desperate, I cried, called someone to help me.* (N1).

> *Since the first child, I've never had* [difficulties to breastfeed], *and had no guidance* [...] *many years ago, I don't think there was so much effort in promoting breastfeeding as there is today.* (N6).

Although the participants N1 and N6 had nurtured other children and, thus, experienced previous breastfeeding, they both had trouble to breastfeed their recent baby. Health professionals constantly devalue the moments of instructions with multiparous women, because they believe, mistakenly, that they have already acquired full knowledge for a successful lactation.

Furthermore, the nursing mother N1 had a wide range of age between her first two children and the third (current), resembling to the experiences of a primiparous woman. This finding differs from the literature, which asserts that the multiparous women who breastfed previously demonstrated greater confidence and, thus, tended to experience it more calmly than primiparous women, which ended up to be a protective element that favored the adherence to breastfeeding. The more experiences in this context, the greater the period of breastfeeding on the subsequent experiences[1,19].

The experience of N1 also emphasizes the direct relationship between anxiety and low milk production. The behavior of the NB and maternal concern with the child's weight can lead to mistaken understanding of breastfeeding in relation to the amount of milk production and ejection, thereby providing an increased level of anxiety[4].

The nursing mothers cited the pleasure to breastfeed as the main aspect of the romantic idea of breastfeeding.

> [...] *people tell you everything is beautiful and great, but, in my case, it burst the two breasts.* (N8).

> [...] *I haven't experienced this feeling of "it's pleasant to breastfeed!" other mothers talk about.* (N2).

In the presence of mammary complications, there is a tendency of idealization, overlapping the "obligation" to the pleasure of breastfeeding. These statements show the influence of social network in the process of breastfeeding, which is not instinctive or automatic but requires skill and routine[25]. The society believes that the ideal mother is the one who breastfeeds her child. This judgment can make her socially embarrassed, converting this act on a burden, considering that many of them adjust their roles of mother, wife and professional[8]. When the act of breastfeeding is not accomplished, the feeling of incompetence may cause the impression of failure in the performance of maternity. Consequently, this self-recriminating behavior can generate a barrier for present and future experiences in the lactation period[3].

The limitations of the study were: impossibility to generalize the results, due to the sample size, the specificity of the sector (HMB) and the profile of the population met by the university hospital. The contributions of this study derive from the results found, which may give rise to reflections and promote interventions to improve

care and adherence to breastfeeding, in addition to highlighting the importance of the role of the nurse and the nursing team from the HMB in the teaching-learning process of the nursing mothers.

Conclusion

The present study showed that the knowledge of the nursing mothers about breastfeeding interferes on adherence to breastfeeding as follows: understanding the role as mothers and assimilating the care in the process; understanding the possible difficulties and complications they may face; acting as a protective factor; realizing that the economic factor is important, considering the population studied; understanding that, the more experiences they have (through other pregnancies), the greater probability of extending breastfeeding; distinguishing when external interference aims to promote or discourage breastfeeding.

The nurse is part of the knowledge propagation for nursing mothers before, during and after childbirth, and may occur in any part of the assistance to women, through the sharing of experiences, narrowing of bond, eliminating doubts and fears of the patient and her support network. Furthermore, the study identified the importance of the nursing team in the teaching-learning process of the nursing mothers. These professionals are responsible for promoting and supporting breastfeeding, through acceptance and advice for nursing mothers, participation in wheels of conversations and strengthening the self-confidence of mothers and families. In particular, this study highlights the importance of the nursing team from the HMB that works passionately in counseling women about childbirth and puerperium.

The joint participation of nursing mothers and their family is also important, since the prenatal appointments, unquestionable factor for the success of this practice. After all, breastfeeding is an act that covers historical, social, cultural and technical-scientific knowledge aspects disseminated by health professionals.

In order to improve the promotion of breastfeeding, in addition to all the aspects mentioned in the course of this study, the guidance on the theme should be increased, through the review of previous concepts. Therefore, the health professional is responsible for understanding the person's previous knowledge, in order to add new knowledge to the pre-existing or fight the pseudoknowledge, in order to promote, for the child and for the nursing mother, an efficient and healthy breastfeeding, allowing for a more rewarding and pleasant experience, mainly to reduce and/or rectify avoidable negative occurrences.

Collaborations:

1 – conception, design, analysis and interpretation of data: Letícia Barbosa Heringer Amorim and Rita de Cássia Melão de Morais;

2 – writing of the article and relevant critical review of the intellectual content: Letícia Barbosa Heringer Amorim, Rita de Cássia Melão de Morais, Lara Mabelle Milfont Boeckmann and Tatiana Tamara Barbosa Maciel;

3 – final approval of the version to be published: Letícia Barbosa Heringer Amorim, Rita de Cássia Melão de Morais, Lara Mabelle Milfont Boeckmann and Tatiana Tamara Barbosa Maciel.

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