

# BREASTFEEDING PRACTICES IN THE NEONATAL INTENSIVE CARE UNIT<sup>a</sup>

## PRÁTICAS DE ALEITAMENTO MATERNO EM UNIDADE DE TERAPIA INTENSIVA NEONATAL<sup>a</sup>

## PRÁCTICAS DE LACTANCIA MATERNA EN LA UNIDAD DE CUIDADOS INTENSIVOS NEONATALES<sup>a</sup>

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**Objective:** to analyze the forms of breastfeeding performed in the Neonatal Intensive Care Unit and to identify its facilities and difficulties. **Method:** qualitative and descriptive study, in a Neonatal Intensive Care Unit in a government maternity. Data were collected through semi-structured interviews and direct observation between February and March 2017. Five health professionals and seven mothers were interviewed. **Results:** three categories emerged: Understanding of mothers and professionals about the concept and importance of breastfeeding; Forms of breastfeeding in the voice of mothers and health professionals; and Interferences for breastfeeding. **Conclusion:** in the breastfeeding practice in the context of the Neonatal Intensive Care Unit, there are some difficulties mitigated by the presence of a speech therapist, partnership with the milk bank and the performance of health professionals. People have difficulty to define breastfeeding and relate it to exclusive breastfeeding.

**Descriptors:** Breast Feeding. Intensive Care, Neonatal. Infant Care.

*Objetivo:* analisar as formas de aleitamento materno realizadas na Unidade de Terapia Intensiva Neonatal e identificar suas facilidades e dificuldades. *Método:* estudo qualitativo e descritivo, numa Unidade de Terapia Intensiva Neonatal de maternidade pública. Os dados foram coletados por meio de entrevista semiestruturada e observação direta entre fevereiro e março de 2017. Foram entrevistados cinco profissionais de saúde e sete mães. *Resultados:* emergiram três categorias: Compreensão das mães e profissionais sobre o conceito e a importância do aleitamento materno; Formas de aleitamento materno na voz de mães e profissionais de saúde; e Interferências para a realização do aleitamento materno. *Conclusão:* na prática do aleitamento materno no contexto da Unidade de Terapia Intensiva Neonatal existem algumas dificuldades que são atenuadas pela presença de fonoaudiólogo, parceria do banco de leite e atuação dos profissionais de saúde. As pessoas têm dificuldade em definir o aleitamento materno e o relacionam exclusivamente com a amamentação.

*Descritores:* Aleitamento Materno. Terapia Intensiva Neonatal. Cuidado do Lactente.

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*Objetivo: analizar las formas de lactancia materna realizadas en la Unidad de Cuidados Intensivos Neonatales e identificar sus facilidades y dificultades. Método: estudio cualitativo y descriptivo, en una Unidad de Cuidados Intensivos Neonatales en una maternidad pública. Los datos fueron recopilados mediante entrevistas semiestructuradas y observación directa entre febrero y marzo de 2017. Fueron entrevistados cinco profesionales de la salud y siete madres. Resultados: surgieron tres categorías: Comprensión de madres y profesionales sobre el concepto y la importancia de la lactancia materna; Formas de lactancia materna en la voz de madres y profesionales de salud; e Interferencias para la lactancia materna. Conclusión: en la práctica de la lactancia materna en el contexto de la Unidad de Cuidados Intensivos Neonatales, existen algunas dificultades mitigadas por la presencia de un logopeda, la asociación con el banco de leche y el desempeño de los profesionales de salud. Las personas tienen dificultad para definir la lactancia materna y la relacionan exclusivamente con amamantamiento.*

*Descriptor: Lactancia Materna. Cuidado Intensivo Neonatal. Cuidado del Lactante.*

## Introduction

Breastfeeding is the most effective way to feed a child, since it meets the nutritional, immunological and psychological needs, protecting him/her against various health risks<sup>(1-2)</sup>. Conceptually, breastfeeding is the act in which the child receives breastmilk (direct from the breast or expressed), regardless of receiving other foods or not, while exclusive breastfeeding is when the newborn (NB)/infant receives human milk without additional liquid or solid substances of other food<sup>(3)</sup>.

In common sense, breastfeeding is commonly related to the act of the baby nursing from the breast. Nevertheless, the practice of breastfeeding allows other forms of offering human milk, including breast feeding – on maternal breast or hand expression of milk (offered by syringe or gavage) and trans lactation<sup>(4)</sup>.

Despite the knowledge regarding the importance of breastfeeding, this is still a challenge for health professionals, especially those working in neonatal intensive care units (NICU)<sup>(1)</sup>. Some factors contribute to discouraging mothers to breastfeed/express manually, such as the lack of information, lack of early contact with the newborn, anxiety and separation due to the baby's conditions, unawareness of the advantages of breastfeeding for both and, especially, the lack of encouraging the participation of the mother in the recovery of her child through this action<sup>(1,5)</sup>.

The hospitalization of the NB in the NICU limits the physical contact with the mother, emerging feelings of frustration, insecurity, concern, anxiety and lack of confidence in the

ability to take care of her child, in addition to the minimal mother's participation in the assistance, and the need for supports as oxygen, mechanical ventilation or other alternative feeding routes. These factors directly affect the process of breastfeeding in the NICU<sup>(5-6)</sup>.

In this context, it is important to establish bonds that make the relationship between the professionals and mothers more solid, stimulating the exchange of information, guidance and support, fundamental factors for breastfeeding be stimulated and occur efficiently and peacefully. Nonetheless, these practices are not always reality in the service due to the routine and even the lack of professionals providing the care<sup>(4)</sup>.

Faced with this reality, a question arises: How is the practice of breastfeeding in the context of a NICU? What are the forms of breastfeeding used in the NICU?

Thus, the study objective is: To analyze the ways of breastfeeding performed in the NICU and identify the facilities and/or difficulties to breastfeeding in the NICU context.

## Method

This is a descriptive study with a qualitative approach, based on the content analysis of Bardin. The qualitative approach was chosen because it is able to encompass the meaning and intentionality as intrinsic to acts, relations and social structures, focusing on subjective and individual situations that contributed to the understanding of breastfeeding of newborns

hospitalized in neonatal intensive care unit, as well as the dynamics and the structure of the situation from the point of view of those who experience it<sup>(7)</sup>.

The research was developed in a government maternity, in a city in the countryside of Bahia, accredited as Child Friendly Hospital, which has its own milk bank and is the reference maternity for the neighboring municipalities.

The research participants were five professionals working in the unit for at least one year and seven mothers of newborns hospitalized for at least a week with no contraindication to breastfeeding. The professionals were notified by the coordination of the sector and the mothers, by the supervising nurse of the day. Prior to the interview, the participants received information on the survey and the mandatory requirement to sign the Informed Consent Form (ICF). After signing the ICF, there was the data collection.

Data collection was performed through direct observation and semi-structured interview, consisting of open and closed questions that enabled a freer dialog, without the need to strictly follow the questions<sup>(7)</sup>.

The data were analyzed based on content analysis, a set of techniques to analyze communications, whose aim is to survey indicators that allow performing the inference of knowledge. This technique unfolds in the following stages: pre-analysis, material exploration, data processing, inference and their interpretation<sup>(8)</sup>.

The research project was submitted for consideration and analysis of the Research Ethics Committee (REC) of the State University of Feira de Santana (UEFS), and approved under Opinion n. 1.841.286 and CAAE 59493416.0.0000.0053. Its development followed the guidelines, standards and ethical recommendations for researches with human beings in Brazil, according to Resolution n. 466/2012<sup>(9)</sup>. The participants' anonymity was guaranteed using codenames of flowers for professionals and gemstones for mothers.

The data collection period was from February to March 2017. The systematic direct observation happened in the morning or afternoon, according

to the researcher's availability, always including one of the times of breastmilk supply (9-12-15-18) pre-established in the unit's routine. The observations took place with a structured guide, lasting at least two hours and up to four hours. It was possible to perform 24 observation periods and all data of this technique were recorded in a field diary.

The interviews took place in a reserved room, previously authorized by the coordination of the sector. The speeches were recorded and later transcribed. In the material exploration, the convergent statements were grouped.

## Results and Discussion

Regarding the mothers, 4 were primiparous and 3, multiparous; age ranged between 19 and 38 years; 2 were unmarried and 5, married. In relation to the newborns, 4 were preterm and 3, term, and the diet of them all was the exclusive breastfeeding.

Concerning the professionals, the age ranged between 34 and 46 years, being 1 nurse, 2 nursing technicians, 1 physiotherapist and 1 speech therapist; 3 had children and 2 did not (and all of those breastfed); the time of work in the NICU ranged between 2 and 17 years; and the time since graduation ranged between 7 and 9 years.

The three categories that emerged from the data analysis – Understanding of mothers and professionals about the concept and importance of breastfeeding; Forms of breastfeeding in the voice of mothers and health professionals; and Interferences for breastfeeding within the NICU context – are presented in sequence:

### *Understanding of mothers and professionals about the concept and importance of breastfeeding*

Exclusive breastfeeding is offering human milk straight from the breast or manually expressed<sup>(10-11)</sup>. In the professionals' understanding, this concept is a bit confusing, highlighting the difficulty to define breastfeeding,

which corroborates the findings in the literature, which do not differentiate breastfeeding from exclusive breastfeeding, as demonstrated in the speech below:

*Breastfeeding is... when the baby is born, we try to put on chest... because it is the first vaccine, because of the colostrum and... well... how am I supposed to say... it is so normal for us we don't know how to say... it is the beginning, right? (Sunflower).*

What draws attention is the fact that breastfeeding, for being a common and routine practice, is not developed conceptually correctly by most professionals, and is often confused with exclusive breastfeeding.

In relation to mothers' understanding, the information passed during the pre-natal care is limited, as well as the knowledge about the subject, which ends up restricting this understanding to what is disclosed through common sense.

*This is how I understand it, it is about giving the breast to the baby, stuff like that. That's all I understand... (Emerald).*

*What I understand as breastfeeding is what I've learned from people talking. (Brilliant).*

In this sense, the taboos and beliefs contribute to the knowledge construction, and the sociocultural heritage determinant for the different meanings of breastfeeding for the mother<sup>(12-13)</sup>.

Nevertheless, the statements of mothers with higher schooling evidenced the search for information related to breastfeeding, even though associate it with exclusive breastfeeding:

*Ab, I think it is very important, you know, for the child be healthy, since pregnancy I've tried to read a lot to be able to breastfeed and if possible, donate as well. Because I really want to breastfeed her until at least the sixth month, and after that, introduce food as the pediatrician will probably guide me. (Pearl).*

This demonstrates a knowledge related to breastfeeding, which can join the fact of being the only interviewed mothers with higher education, which enables them to speak with more property on this theme, covering even their benefits.

Breastfeeding – in addition to nurturing the child – favors the creation of the mother-baby bond, improves the baby's immunity, protects

against infection and affects his/her emotional and cognitive development and contributes to the mother's physical and mental health<sup>(10,14)</sup>. For most professionals, breastfeeding brings the benefits mentioned by the Ministry of Health, as evidenced in the following speeches:

*And for the mother, it help improve her body, protects against cancer, helps lose weight, increases the bond between mother and child, it is important for the mother know the baby, the exchange of the baby's glances... (Rose).*

The benefits mentioned by the interviewees converge with the literature, once that breastfeeding may, immediately after delivery, stimulate the development of affective bond between the mother and the newborn, prevent bleeding and anemia by increasing the release of oxytocin and a feeling of well-being by beta endorphin, which are released from the first suction, contributing to the loss of fat accumulated during pregnancy, prevent breast and ovarian cancer by the presence of macrophages in breastmilk, and increase the spaces between pregnancies and births<sup>(14-16)</sup>.

In addition to the maternal benefits, human milk is appropriate to the infant's needs. In this way, the composition of breast milk, provided by the mother herself, has nutritional values according to the newborn's needs, according to the gestational age, which brings benefits to the NB, such as protection against infectious diarrhea, otitis and respiratory infections, improvement of neurological development, in addition to protection against various diseases, due to its immunoglobulins passed to the NB<sup>(2)</sup>.

*Breastfeeding is... beyond the simply act of feeding the baby, is everything that encompasses the breastfeeding itself... interaction with the mother, creation of bond, it is... the nutrition itself, the best baby's development and... the first... when the baby is born, the first thing we do is to put the baby on the mother's chest, so it is the first way the baby has contact with life. (Lily).*

Thus, the professionals point out several benefits of breast milk for the baby, which are also mentioned by the interviewed mothers. Also noticeable is the knowledge that mothers have in relation to the benefits of breastfeeding for the baby, in addition to the importance of the

creation of the bond between mother and baby, as demonstrated by the speeches of Turquoise and Brilliant:

*It would be healthier to have much contact of the mother with the child that he develops faster and it would be very good, right, her own son drinking his own mother's milk. (Turquoise).*

*My milk passes to my son everything I feel, my emotions, and it is the greatest fortress, for example, when you're sick, for everything, you know? To heal. It is the largest bond between him and me, the more I breastfeed him, the more we remain connected, it is what I believe. (Brilliant).*

The situations identified in this category allowed understanding that, although people have relevant and important knowledge about the benefits of human milk to the newborn and the mother, there is still need to deepen and enhance the knowledge regarding the understanding of breastfeeding, since this is still very confused with exclusive breastfeeding and vice-versa.

Furthermore, professionals need to deepen the study of the theme, so that, in addition to acquiring the knowledge of the definition of this practice, they are also capable of correctly transmitting this knowledge to mothers, in order to clarify doubts and promote the practice, emphasizing the benefits and its importance.

#### *Forms of breastfeeding in the voice of mothers and health professionals*

Breastfeeding is providing human milk (of a donor or the mother herself) to the child through various ways (cup, gastric catheter, bottle, for example)<sup>(5,17)</sup>. Nonetheless, in common sense, breastfeeding is immediately associated with exclusive breastfeeding (when the baby nurses from the breast).

The statements of the professionals interviewed reveal the association of breastfeeding with exclusive breastfeeding:

*What I understand as breastfeeding is the breastfeeding itself, the baby's contact with the mother's breast, got it? That's it, only one way. (Lily).*

*The forms of breastfeeding? Only mother and child, nursing from the breast. (Sunflower).*

This association occurs due to the fact that certain literatures refer to breastfeeding as exclusive breastfeeding and, in this way, people

do not deepen the knowledge about this subject, because it is quite common and, therefore, limits the understanding of breastfeeding.

Moreover, the breastfeeding<sup>(4)</sup> done by the mother is accomplished by offering the breast to the child, that is, by direct suction of the breast. Some professionals, when talking about the practice of breastfeeding performed in the NICU, relate solely to the practice of exclusive breastfeeding:

*The breastfeeding practice occurs when the baby is not on ventilation... the babies within an environment, with no ventilation... they are able to contact with the mother, we... the mother gets it or we do so, put on the mother's chest, but here we have the speech therapist to intervene and help us with that. (Lily).*

*The doctor evaluates the condition, when the baby can nurse, he puts in the chart and calls the speech therapist, who comes and puts on the chest. But we follow some parameters of weight, weeks, clinical picture... he evaluates and so do we. (Sunflower).*

Although some professionals cite the various forms of breastfeeding, including those that occur in the NICU and are part of their daily work, they do not associate these behaviors with breastfeeding practices, such as feeding by cup or by gavage, and even the hand expression:

*And there are the times they can come here and express the milk. (Rose).*

*As soon as it gets here, it's usually through a probe, right?! Because it cannot nurse yet, then, as time goes by,... the speech therapist keeps testing and, when it manages to nurse well, she removes the probe and starts to... if the mother is able to express a good amount of milk, then she puts the baby on her chest, otherwise, we do it orally. (Carnation).*

*We bring her the cup, sterile, he expresses the milk, the amount prescribed, right [...] If she has no conditions to express the milk, I can express it, offer with the cup, or with the syringe... So we seek the ways to offer him whenever he needs it, the breast milk. (Orchid).*

What is noticeable is that, with the time spent in the NICU, mothers end up knowing a little more about the forms of breastfeeding, referring also to the practices cited by professionals, as shown in the following speeches:

*In the beginning, he didn't drink it, because a liquid, a piece of dirt came out of him. Then, when he began to drink it, she filled the cup, put in the syringe and in the tube, which I think it's called probe. He receives it correctly. (Ruby).*

*It depends... if the mother has no milk, there are other ways to offer the milk, stuff like that... the milk donated*



*from the bank [...] that we give through the probe [...] She was receiving it through the probe. (Emerald).*

Although it is not a practice of breastfeeding, the hand expression consists of one of the stages of breastfeeding and was referenced by both mothers and professionals, because it allows obtaining human milk, whether directly offered from the mother to her child or processed in the Human Milk Bank and later offered to the baby.

The hand expression allows for possibilities to offer the human milk to the NB, such as feeding by cup, a technique that consists of offering the milk to the baby with a cup, stimulating the movement of the tongue and jaw<sup>(4)</sup>. The feeding by gavage is performed through a normally orogastric probe, and the milk is administered through the action of gravity, very slowly<sup>(2)</sup>.

The gastroclisis - continuous gavage using the syringe infusion pump – is only indicated in cases of intolerance to intermittent gavage or in very small NB, who does not tolerate the volume at once<sup>(2)</sup>. This practice was cited by Emerald to refer to the form of provision of human milk to her child:

*Then, after what happened to her, she is now taking it through the pump, but still through the probe, but with a slow process for her to get used to the milk. (Emerald).*

In addition to the breastfeeding forms cited, there is the translactation, which consists of providing human milk through a probe connected to a syringe, with the other end attached to the nipple or to the professional's finger to be introduced into the NB's mouth. This practice was not observed during the data collection, despite consisting of the most effective technique<sup>(18)</sup> to promote the transition of alternative feeding through gastric probe to oral route when compared to other methods, because it is the means by which the premature newborn (PTNB) receives reliable oral stimuli in virtue of being directly exposed to the maternal breast<sup>(4)</sup>.

#### *Interferences for breastfeeding within the NICU context*

Breastfeeding in the NICU context has clinical importance as its response directly affects the

baby's conditions, whether positively or no. Thus, the daily medical prescription must contain what type of milk, route of administration, volume and interval between the diets and, consequently, thus becoming a routine care performed by the nursing staff. On the other hand, there is no stimulus for breastfeeding, which is seen as a primary care, constituting a complex process, which deserves attention from both nursing and social support network to the nursing mother, in order to accomplish breastfeeding during hospitalization and after hospital discharge<sup>(13,18-19)</sup>.

The unawareness of breastfeeding as the wide practice interferes when listing the difficulties in performing it, referring only to the clinical situation of the newborn as an obstacle:

*We have no difficulty at all... difficulty, which we don't call difficulty, is due to the patient's clinical picture [...] Depending on us, at staff level, there is no difficulty at all. (Lily).*

According to the speech above, the only difficulty was in the baby's clinical condition, by the fact that these professionals associate breastfeeding with exclusive breastfeeding. In this way, the unstable NB, using mechanical ventilation, medications depressors of the central nervous system, with low weight, is not able to nurse from the breast.

In addition to the difficulties related to the clinical condition of the NB, there are those related to the mothers, once they find themselves in a strange environment, under a lot of tension, anxiety and fear; there is also the fact of not wanting to breastfeed or complications that may occur, such as breast engorgement, the fact that the NB is not nursing and the lack of an appropriate and frequent hand expression<sup>(18-19)</sup>.

Since the mother is exclusively responsible for deciding to breastfeed, this matter should be clarified since the pre-natal, when the woman first enters the Basic Health Unit (BHU) for this purpose, since the first appointment. Furthermore, educational actions on breastfeeding should also be implemented to provide better learning about the theme, as well as theoretical information, practices with dolls and sharing of written information for later references<sup>(15)</sup>.

*When the breast gets full, turgid, so, when expressing the milk, it hurts. So the pain makes her give up breastfeeding [...] I mean, there is a time we see they're tired, got it? [...] But the tiredness itself, sometimes they... sometimes they don't want to come over... So, their physical, emotional parts, many times they have problems at home, we do know, with the husband, so it does interfere, right, the milk disappears [...] Some time, they get rebel... when it's sleep time, they get here very angry, but... their child is calling for them. (Orchid).*

The previous speech indicates the various difficulties that mothers face in the NICU context to ensure the supply of breast milk: physical and psychological exhaustion, family demands, stress related to the hospitalization itself, insufficient information to the breastfeeding process, as well as the resistance to this process.

The greatest difficulties presented by mothers of NB admitted to the NICU are breast engorgement, nipple pain and decreased milk volume. The breast engorgement is the distension of the tissue caused by milk retention in the alveoli, consequently making breasts painful and full, increasing the blood flow to the site, and, since the baby is not nursing, if they do not perform a hand expression frequently and effectively, the breast becomes engorged. In addition, the nipple pain occurs because of the nipples' quite sensitive tissue, which is easily irritated, and lesions may occur, which further jeopardizes the process of breastfeeding or hand expression of milk<sup>(2)</sup>.

Most mothers refer more difficulties in relation to the milk production and the condition of the NB, as evidenced in the statements, which corroborates the literature, which affirms that milk production decreases due to the fact that the baby is not nursing from the breast, if there is no regular and efficient stimulation through hand expression<sup>(4)</sup>.

*Sometimes the difficulty is not to have the milk itself and, since the baby is not nursing from your breast, sometimes it stops expressing, sometimes the stress with everything that is going on ends up draining the milk, stuff like that... (Emerald).*

*It interferes, first because we don't have the direct contact with the child, so I think it makes it hard. (Diamond).*

It is possible to realize the difficulty that mothers report regarding milk production. This fact can be related to the lack of orientation required for the beginning of the hand expression

within the first hours after birth, in addition to the frequency and regularity of this technique, since the NB is not nursing from the breast to stimulate milk production. The emotional factor associated with stress from the child's hospitalization also contributes to the decreased milk production.

A successful breastfeeding practice in the NICU requires the staff's technical-scientific preparation on the theme to provide support and clear guidelines relevant to mothers who are in this situation<sup>(1)</sup>. This is exposed in the mother's speech below:

*In my view, I think those ICU places, in those places we stay, there should be people with some training to tell us: "look, you have to be loving, patient..." It's like a person with a gift, got it? Because it's very important. (Brilliant).*

There is a reference to the professional preparation, which is in agreement with the literature, because authors affirm that one of the points that contribute to the failure of breastfeeding is the lack of consistency in the information passed by professionals, in addition to the attitude of the staff in relation to this practice and the lack of active encouragement of the mother's participation by professionals<sup>(2)</sup>.

Despite the emphasis always higher in difficulties, we must take into consideration some facilities mentioned and others observed concerning the implementation of the breastfeeding practice in the NICU context.

One of the facilities cited is the presence of the Human Milk Bank (HMB) at the hospital, which favors obtaining milk donated to the NB whose mother is not able to express manually the prescribed volume or has a restriction, as well as the complementarity of the milk expressed by the mother in low amount. The HMB is responsible for the collecting, preparing, storing and distributing the milk<sup>(16)</sup>.

A very important point, which was not mentioned in the speeches, however observed by the researcher, is the daily maternal presence with the NB, which, despite guaranteed by law, does not occur in all hospitals. Thus, there is a facility to stimulate the mother to perform/collaborate with the breastfeeding practice, besides facilitating the promotion of the mother/

child bond, regardless of the baby's clinical conditions. As a subcategory, Staff's strategies to encourage breastfeeding was established, since this aspect was well evident.

#### *Staff's strategy to encourage breastfeeding*

It is important that health professionals appreciate and encourage breastfeeding so that mothers understand the importance of their milk for the newborn and realize that it helps in the growth and development of the NB, in addition to strengthening the bond between them<sup>(12)</sup>.

Some interventions can be performed to promote breastfeeding, such as establishing routines that promote and support breastfeeding, guide the mothers of preterm babies or NB unable to nurse to start the hand expression of milk, start the diet (breast milk) through gavage as early as possible, initiate breastfeeding as soon as the conditions of the NB allow, encourage the skin-to-skin contact with the mother whenever possible, provide information on the implementation of the hand expression, as well as being present and available to chat and clarify possible doubts. To ensure that these interventions are effective and coherent, there is need for a trained and prepared staff in the breastfeeding process<sup>(2)</sup>.

Some elements are fundamental to support breastfeeding, such as counselling, active listening, considering the mother's choice, being available to answer the questions without judging, offering information and guidance regarding breastfeeding and the appropriate techniques<sup>(14)</sup>.

*We pass her the importance of breastfeeding. So we say, "mother, we need that milk, if he was born with six months, this milk you'll produce is the one we'll offer him [...]" we keep encouraging, we keep talking about the money she'll save after leaving, in comparison to the artificial milk, the mother and child bond [...] the whole staff here is already... we're already prepared about the importance of the breast milk [...] We guide at the ward to express the excess milk, to massage [...] I think it's more of a conversation indeed... tell them about the importance, the dialogue... I think they must be received when they first get to us... because, I mean, what they want is their child, so, for you to have your child, you have to collaborate by expressing the milk on the right time. (Orchid).*

The professionals' speech represents the richness of how the staff can stimulate the

mothers to breastfeed, also retrieving the importance of the interaction with the mothers, the conversation and the guidance given for the breastfeeding practice happen completely and peacefully, mainly in the NICU context, for being a high-risk sector, in which the NB have more severe conditions.

Nevertheless, when it comes to the mothers, what is noticeable is the fragility in the forms of incentives and strategies used to increase the use of this practice in the NICU:

*The forms of incentive are always like that, drinking water, sometimes, depending on what the mothers is going through, tell her to calm down, otherwise the milk goes away, stuff like that... Who encourages the most... the technicians that take care of the baby on that day, depending on the technician, some do, some don't. (Emerald).*

When analyzing the speech of professionals and mothers in the light of the literature, there is a certain contradiction, since the mothers do not mention all the strategies that professionals mention performing. Furthermore, there is also a lack of knowledge of professionals regarding the ways of encouraging suggested by the literature, for the breastfeeding practice be more performed in this environment, always ending up offering the same information.

Another important factor in relation to strategies used by the staff to encourage the breastfeeding practice is the follow-up of the "Ten steps to successful breastfeeding"<sup>(20)</sup>, as stated in the discourse of the following professionals:

*From the moment the mother gets here, when she is admitted to the hospital, we already start talking about breastfeeding. We are the child friendly hospital, so, since the mother gets here, we start talking about breastfeeding [...] Every child not on ventilation, stable, we encourage to put on the chest, and those on ventilation, we guide mothers to search the milk bank, otherwise the breasts engorge. (Lily).*

*Breastfeeding here...is... awesome, because it is the child friendly hospital. (Sunflower).*

The "Child Friendly Hospital" title that appears in the statements above refers to the initiative created by the United Nations Children's Fund (UNICEF) together with the World Health Organization (WHO), whose main purpose is to promote, support and protect breastfeeding, preserving the right of women to



accomplish this practice safely and successfully. One of the overall criteria of the Child Friendly Hospital Initiative (CFHI) is the implementation and adherence to the “Ten steps to successful breastfeeding” which are extremely useful in the preparation of the staff and in providing guidance to the mothers<sup>(21- 22)</sup>.

This category allows identifying that there are many difficulties for implementing breastfeeding in the NICU, mainly by maternal conditions. Nonetheless, it is important to stress the existing facilities, once there is the incentive on the part of the staff, as well as the support from the milk bank in the NICU context and the possibility of mothers breastfeed within the sector. It was also possible to highlight the strategies that the health staff adopts to encourage breastfeeding, despite the clear need for mothers understand this process.

This study has the limitation of not including the staff from the Milk Bank, as well as the Medical and Nursing Management and/or Coordination, which could expand the discussions on this subject.

## Conclusion

This study describes, from the conception of health professionals and mothers, the importance of breastfeeding in the context of the neonatal intensive care unit, as well as the practices carried out in this sector. People still have difficulty to define breastfeeding, mostly relating it to exclusive breastfeeding; including health professionals, who show a restricted view of this practice. In this way, the practice of breastfeeding, cited by both health professionals and mothers, were breast feeding, gastroclisis, gavage, translactation and offering breastmilk in a cup.

However, all interviewees evidenced the benefits of breastfeeding, regarding both the newborn as the mothers, in addition to the establishment of the bond between them.

This confirms the existence of difficulties concerning the implementation of the breastfeeding practice in the NICU, primarily in relation to mothers' knowledge on the topic,

the problems that arise in the breasts due to incorrect stimulation and emptying, in addition to emotionally unstable mothers and in a different environment.

There were also facilities, such as free access of mothers to the NICU, the institutional philosophy of Child Friendly Hospital, work of the milk bank by providing human milk for infants whose mothers could not manage to express the total volume of milk, and by stimulating the hand expression, ensuring the stimulation of milk production.

Although mothers little addressed the presence of the speech pathologist, some professionals recognized this point as a facility, since they are the ones who accompany and prepare the transition to other breastfeeding forms, stimulating babies to suckle and swallow.

Some interventions are necessary, in order to enhance and/or implement the breastfeeding of nursing in the NICU context or other care sectors to the mother-child dyad.

It is important to address this specific issue in health graduations, so that future professionals are aware of this practice and its ways to occur, thus being able to perform it properly and guide mothers in this process. The professional qualification is also essential, to work the theme and to ensure that the information is more adequately transmitted to the mothers, not only in the NICU, but also during the pre-natal care, in order to obtain more positive results regarding the implementation of this practice in this sector.

In this way, a Mothers' Group should be created in the NICU context, to address several issues, among them, the Breastfeeding, which will allow including mothers more actively and effectively as subjects in the their child's hospitalization.

## Collaborations:

1 – conception, design, analysis and interpretation of data: Aisiane Cedraz Morais and Siena Nogueira Guirardi;

2 – writing of the article and relevant critical review of the intellectual content: Aisiane Cedraz

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3 – final approval of the version to be published: Aisiane Cedraz Morais, Siena Nogueira Guirardi and Juliana de Oliveira Freitas Miranda.

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