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NURSING PRACTICES AND THE SOCIOCULTURAL INFLUENCE ON BREASTFEEDING ADHERENCE

PRÁTICAS DE ENFERMEIROS E A INFLUÊNCIA SOCIOCULTURAL NA ADESÃO AO ALEITAMENTO MATERNO

LAS PRÁCTICAS DE ENFERMERÍA Y LA INFLUENCIA SOCIOCULTURAL EN LA ADHESIÓN A LA LACTANCIA MATERNA

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Objective: to describe the practices of primary health care nurses and the socio-cultural influence on breastfeeding adherence. Method: qualitative study in the light of Grounded Theory, according to the constructivist model of Charmaz. Ten puerperal women and nine nurses associated with the Family Health Team of a municipality located in the northwest region of Rio Grande do Sul participated. The data were collected by semi-structured interview, from March to July 2019. Results: a category entitled "Promoting breastfeeding and the sociocultural implications of breastfeeding" emerged, and two subcategories: Nurses' practices during the pregnant and puerpural period and the sociocultural influence on breastfeeding adherence; Obstetrics and paediatric practices and the challenges in the puerperium (immediate and intermediate). Conclusion: the nurses pointed out numerous practices for the strengthening and the adherence to breastfeeding from prenatal to puerperium, recognizing the sociocultural challenges imposed.

Descriptors: Breastfeeding. Nursing. Maternal and Child Health.

Objetivo: descrever as práticas de enfermeiros da atenção primária em saúde e a influência sociocultural na adesão ao aleitamento materno. Método: estudo qualitativo à luz da Teoria Fundamentada nos Dados, segundo o modelo construtivista de Charmaz. Participaram dez puérperas e nove enfermeiros vinculados à Equipe de Saúde da Família

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de um município localizado na região noroeste do Rio Grande do Sul. Os dados foram coletados por entrevista semiestruturada, no período de março a julho de 2019. Resultados: emergiu uma categoria intitulada "Promovendo o aleitamento materno e as implicações socioculturais na pratica da amamentação", e duas subcategorias: Práticas de enfermeiros durante o gravídico-puerpural e a influência sociocultural na adesão ao aleitamento materno; Práticas obstétricas e pediátricas e os desafios no puerpério (imediato e mediato). Conclusão: os enfermeiros apontaram inúmeras práticas para o fortalecimento e a adesão ao aleitamento materno desde o pré-natal ao puerpério, reconhecendo os desafios socioculturais impostos.

Descritores: Aleitamento Materno. Enfermagem. Saúde Materno-Infantil.

Objetivo: describir las prácticas de la enfermería de atención primaria y la influencia sociocultural en la adhesión a la lactancia materna. Método: estudio cualitativo a la luz de la Teorización Anclada, según el modelo constructivista de Charmaz. Participaron diez mujeres en el puerperio y nueve enfermeros asociados al Equipo de Salud Familiar de un municipio situado en la región noroccidental de Río Grande do Sul. Los datos se recogieron mediante una entrevista semiestructurada, de marzo a julio de 2019. Resultados: ha surgido una categoría titulada "Promoviendo la lactancia materna y las implicaciones socioculturales del amamantamiento" y dos subcategorías: Prácticas de enfermería durante el embarazo y el puerperio y la influencia sociocultural en la adhesión a la lactancia materna; Las prácticas de obstetricia y pediatría y los desafíos en el puerperio (inmediato e intermedio). Conclusión: los enfermeros señalaron numerosas prácticas de fortalecimiento y adhesión a la lactancia materna desde el período prenatal hasta el puerperio, reconociendo los retos socioculturales que se imponen.

Descriptores: Lactancia materna. Enfermería. Salud materna e infantil.

Introduction

In recent decades, several programs and policies for the promotion, protection and support of breastfeeding (BF) have been implemented with the purpose of strengthening this practice and proposing new strategies for greater awareness and improvement of breast health indicators. The breastfeeding rates have improved significantly in recent decades in Brazil, contributing to the reduction of mortality rates. However, we still experience low rates of adherence, especially to exclusive breastfeeding, recommended by the World Health Organization (WHO). In low and middle income countries, such as Brazil, only 37% of children under 6 months of age are breastfed in an exclusive way[2].

The interventions carried out by nurses in primary health care (PHC) aim to promote, protect and ensure that the woman's pregnant cycle goes through with maximum safety and quality, identifying changes at an early stage and reducing the risks and complications that may arise. In this sense, especially during prenatal care, this professional develops his actions to guide, inform, and raise awareness about the benefits of breastfeeding for both the child and the mother, so that, after birth, breastfeeding occurs naturally, and even in the face of some difficulty, it can be overcome together with a strengthened support network and the support of a team multiprofissional[3-5].

Commonly, there are several obstacles faced by women who have recently given birth in order to breastfeed, among them the pathophysiological difficulties, such as ingurgitation, mastitis, blocking of lactiferous ducts, breast trauma, breast abscess, infection, etc. As a consequence of these conditions, there is a drop in the supply of breast milk, followed by the early onset of formulas and industrialized milks, often under the influence of health professionals and family members, imbued in their sociocultural practices. Thus, it is important to emphasize that it is in the PHC that most prenatal and puerperium consultations are carried out, mainly through the practices developed by nurses, thus becoming an important and necessary service for the promotion, protection and promotion of health education actions in favor of maternal breastfeeding[6]. In this context, the nurse is the professional trained to offer women theoretical and practical subsidies in favor of breastfeeding

through dialogical and empathetic relationships, valuing individuality, autonomy and emphasizing the importance of women's protagonism in the whole pregnant and puerperal process.

From this perspective, based on the knowledge and practices of PHC nurses in their daily care of prenatal care and puerperium, from the perspective of breastfeeding, the study aims to describe the practices of PHC nurses and the sociocultural influence on breastfeeding adherence.

Method

This is a descriptive-exploratory qualitative study that used the Grounded Theory (GT) as a methodological affiliation, according to the 2009 constructivist theoretical model of Charmaz. The procedures associated with the methodology make it possible to conduct, control and organize data collection based on the understanding of the data from an innovative perspective, exploring the ideas through an analytical essay.

The theoretical sample was composed of 19 participants, including nurses and puerperians linked to the Family Health Team (FHT) of a municipality located in the northwest region of Rio Grande do Sul, totaling 10 FHT. Thus, the first sample group had ten puerperals (one from each FHT), and the second sample group had nine nurses (one from each service of the PHC in the municipality); it is noteworthy that one nurse did not agree to participate in the study.

Based on the hypothesis generated by the first sample group (puerperals), it was identified that the puerperals faced several challenges to breastfeed and, in turn, established contact with the nurses through the nursing consultations marked by moments of dialogue, guidance and exchange of information. Therefore, the nurses were included to participate in the study and composed the second sample group. This article is a cutout from a larger study entitled "Challenges and potentialities encountered by puerperal women when breastfeeding". Due to the importance of the nurse's role in the empowerment of puerperal women who breastfeed, through monitoring, health education practices, guidelines and interventions both at prenatal and puerperal stages, it was decided to describe the knowledge and practices of nurses in the adherence to the BF.

The inclusion criterion was to have at least two years of experience in FHT. The exclusion criterion was to have less than two years of work experience in the municipality's FHT. Data were collected from March to July 2019, and the choice by health professionals was intentional. The location and time of the interview were defined via telephone contact and scheduling in the units, according to availability. The interviews were conducted by a nursing academic and the researcher responsible for the study. For data collection, the semi-structured interview was used with open and closed questions in a room provided by FHT, using the digital recording resource to record the speeches (with the average interview time of 20 minutes), and stored in Word. One of the questions that guided the interview is cited, among others: Describe the practices of nurses in the context of breastfeeding and how they are developed.

The analysis of the data was guided by the constant questioning of the researcher to capture the meanings of the research data. To encode means to analyze and categorize findings with a synthetic name that summarizes and gathers each part of the data. The codes emerge from the thorough analysis of the data and the coding in GT promotes the study of the action and processes among the individuals researched[7]. Data saturation occurred when the findings explained by the study participants were repeated.

The ethical criteria of research involving human beings were observed and complied with the recommendations of Resolution n. 466/2012 of the National Health Council, under the *CAA*: 05841218.1.0000.5346. Thus, the confidentiality and privacy of the participants' identity, the anonymity and confidentiality of the information were assured, as well as the principles of autonomy, beneficence, non-maleficence, justice and equity. The anonymity of the participants was

maintained with the replacement of the name by SG2 (sample group 2), followed by the letter P of participant and numbers that corresponded to the sequence of the interviews (P1, P2, P3...).

Results

After the analysis of the data, a category entitled "Promoting Breastfeeding and the Sociocultural Implications of Breastfeeding" emerged, followed by two sub-categories: Nurses' practices during the pregnant and puerperal period and the sociocultural influence on breastfeeding adherence; and Obstetric and Pediatric Practices and the Challenges in the Puerperium (immediate and intermediate).

Promoting breastfeeding and the sociocultural implications of breastfeeding

The importance of the health professional's participation during the gestational period is notorious, seeking to solve doubts and difficulties that may emerge during the process. An empowered pregnant woman with robust information about breastfeeding can mitigate withdrawal and reduce decision-making under the sociocultural influence for not adhering to this practice. The following is the first sub-category found in the study.

Nurses' practices during the pregnant and puerpural period and the sociocultural influence on breastfeeding adherence

The woman's breastfeeding process encompasses subjective and objective aspects that include from physical and emotional preparation to understanding and encouragement by family members and follow-up by health professionals. Therefore, there are countless challenges and difficulties faced by pregnant women during the pregnant and puerpural period, as it is possible to notice in the following statement:

> *Because the breastfeeding process is not as beautiful as we paint it! Yes, it's a wonderful thing if the puerperal is successful, but of course, you have to wake up at dawn, in the first days you don't get much milk, after the milk flows down, you tend to have breast engorgement and you treat the engorgement, then it runs out, you orient that you have to keep giving the breast, then comes the cracks.* (SG2P7).

The practices developed by nurses in the context of PHC refer to prenatal care, clinical assistance with the gestational complications, and the bond building, among others. Thus, the nurses who participated in the study emphasized the need to demystify the cultural knowledge that women carry, often under the influence of family members, which may interfere in the breastfeeding process.

> *Orientations about breastfeeding from the beginning of the prenatal period are important, because throughout the prenatal period you demystify everything she knows about the cultural issue of breastfeeding, about the possible intercurrences she may have and about the importance of breastfeeding for the baby. So, you create a bond during the prenatal period, and you begin to talk about breastfeeding at an early stage.* (SG2P5).

> *Especially the first-time mothers, they have a lot of immaturity, and accept a lot of opinion from grandmother, aunt, who say that the milk is weak, that the baby just keeps crying.* (SG2P4).

Corroborating these testimonies, some professionals reinforced the importance of establishing practices that promote bond building, as it becomes possible to start early the exchange of information and guidance. Thus, when facing some difficulty during the period of breastfeeding, puerperal women find greater openness and security to seek FHT in the search for help and solution to such problem, which provides less chance of abandoning breastfeeding in the moment of fragility. Another practice that should be favored refers to the inclusion of companions, such as parents or grandparents, in prenatal consultations, because their presence and support are fundamental, especially for primigravidas who will live their first gestational experience.

> *The importance in prenatal care is also important to talk with the person accompanying you, the grandparents who usually accompany the consultation, with the father, who is important to have more support in breastfeeding than we know that there is a lot of puerperal primigravida that has greater difficulty.* (SG2P5).

In the understanding of professionals, due to lack of experience and preparation, puerperal

women are afraid that the baby may be starving due to the fact that the newborn sucks repeatedly, but not the right need. Linked to this, the presence and cultural interference of relatives reinforce the belief that milk is not enough for the baby and/or question the quality of breast milk, claiming that it is weak. They emphasize the need to introduce industrialized milk, which ends up contributing for the baby to reduce the instinct of sucking the maternal breast.

> *It is the fear they have, they are very afraid that the baby is starving, because the newborn sucks more often, due to the amount of milk that is ingested during the feeding, because the milk is the colostrum, which has less fat. They are very afraid that they are hungry, and how much information changes from one generation to another. Sometimes the grandparents also interfere negatively, as when I was a child most children were suckled with formula milk, it was more sold by the industry, so it has all these obstacles.* (SG2P3).

An important health education practice carried out by the nurse refers to the creation of groups of pregnant women in favor of their empowerment for the BF. Despite the importance of creating groups, professionals, in general, are not able to hold meetings with women due to lack of membership, justified by many reasons, such as, for example, some of them work outside and are not able to release (this absence is allowed only for consultations by law), and others because they have small children and, therefore, are not able to leave home for the meetings.

> *We tried to create it twice* [Pregnant Women's Group] *and it wasn't effective, because here the vast majority of pregnant women work outside, so at most, some got liberated.* (SG2P2).

From the nurses' point of view, many pregnant women do not consider participation in the group important, because they believe that the consultations are enough to solve their doubts and insecurity. The nurses reported the attempt to create the group several times and in several ways, for example, bringing a multiprofessional team as nutritionist, physiotherapist, offering gifts and kit for pregnant women. However, even so, the participation occurs only in the first meetings and, after that, it ends up having difficulties to maintain it due to lack of participation, not obtaining success.

> *They think they can ask everything in the consultation and the group is not needed. But through the exchange of experience, they don't have this group vision.* (SG2P2).

> *They don't think it matters! They come to the consultation and think it is enough.* (SG2P8).

> *So, the nutritionist was going to talk about food, the physiotherapist was going to talk about childbirth and exercises in pregnancy for labor, we had a schedule that, in our opinion, was great. And there were days when none came. And, there were days that came one, two pregnant women.* (SG2P2).

Obstetric and pediatric practices and challenges in the puerperium (immediate and intermediate)

The nurses highlighted the difficulties related to medical intervention through cesarean section, since the municipality does not have space/infrastructure to accommodate and receive the mother and baby after birth. In this scenario, it is unfeasible for the mother to offer her baby breast milk, weakening the bond between them and the effective breastfeeding process. The practices carried out by the nurse who assists women during the pregnant and puerperal cycle need to strengthen and encourage breastfeeding, promoting humanized actions to care for the maternal-infantile binomial, regardless of the birth route, whether vaginal or cesarean, ensuring that the professionals' actions occur through the adoption of the best practices, legitimized in scientific evidence, such as the WHO recommendations, respecting the particularities and specificities of each woman.

> *The most difficult part is to strengthen the hospital issue, maternity, breastfeeding, incentive, this more humanized part, I followed my sister's cesarean section here in the city. After the baby was born his hygiene was done and he came back to the recovery room and I put him in the breast and started that suction reflex in the breast, so that's what is missing. What happens, the mother stays in the recovery room and the baby goes to the room with the relatives.* (SG2P4).

> *Most puerperal women earn their babies from cesarean sections, they don't go through the labor period, most of them schedule it. Then, they don't have the descent of milk, which doesn't have all that hormonal curve, oxytocin release.* (SG2P3).

During the puerperium the woman faces numerous challenges to adapt to her new life. According to the nurses, it was observed

that, repeatedly, after discharge from hospital, puerperal women receive early the prescription of industrialized milk. This procedure allows the puerperals to associate that in case of any adverse situation they can resort to the use of bottles. The insertion of protective practices and promoters of breast milk is healthy for the growth and healthy development of the infant, not counting the maternal benefits.

> *What I try to do is qualify the consultation. Maybe, do a job with the pediatricians at the hospital too, which would be interesting. Because they already leave there with the formula and it is already understood that, in the first difficulty, they give the industrialized milk. This makes it very difficult. In fact, the baby is born, they give the little cup. It's a difficulty that I think that gets in the way. I think that obstetricians could also influence breastfeeding more, because it is a process.* (SG2P7).

It was highlighted by the study nurses that it is required to offer moments for multidisciplinary training, involving several professionals focused on actions that promote more information, safety and quality care during the pregnant and puerperal cycle.

> *I think that to qualify all the other professionals that accompany, not only the nurses and doctors that attend the prenatal consultations, but the community health agent in the home visit, the technician at the time of the vaccine, at the time of the foot test, and especially a closer conversation with the pediatricians that has greater proximity to the puerperal woman.* (SG2P5).

> *It would be interesting to have training, so the network as a whole, because we have a lot of training here in the area of care, but the doctors I think not so much. Especially the gynecologists, the pediatricians and also this intersectoral care, from the CRAS* [Social Assistance Reference Center] *also talk a little more about breastfeeding, perhaps give more emphasis.* (SG2P3).

Discussion

After analyzing the data, it is important to point out that the practices of PHC nurses are linked to health education, whether at the beginning, at the end of pregnancy, or during the puerperium period involving the woman and the infant. Another situation listed with strong influence on breastfeeding adherence is the construction of a bond not only with the woman, but including her support network (family members, companions, etc.). Sociocultural influences come mainly from the understanding of family members with more experience, represented by the maternal figure (mothers and grandparents), who had the belief that breast milk is weak and therefore did not meet the needs of the infant, confirmed by the baby's cry.

In addition, the actions aimed at the incentive, protection and promotion of the BF program still in the immediate and intermediate puerperium, especially in the hospital context, avoiding the early use of industrialized milk and, finally, the importance of including practices that promote professional qualification with a focus on the effectiveness and efficiency of BF.

The practice of performing prenatal consultations performed by the nurse, obstetric nurse or obstetrician of PHC has highlighted the importance of these professionals in the scope of FHT. A study pointed out that more than half of the clinical consultations, related to the prenatal of habitual risk, in Brazil, are carried through during the nursing consultation. The aspects that favor the performance of the nurse in the consultation and give visibility to his performance are associated with the quality of the physical examination, interest/motivation of the professional, availability of time and the theoretical-technical-scientific knowledge. These characteristics were identified by pregnant women who point out as a factor associated with quality at the attendance[4].

It is from this perspective that professionals intervene in the breastfeeding process, as they promote health education practices with the purpose of empowering decision making, under the perspective of choosing the pregnant/puerperal woman. However, the obstacles associated to breastfeeding are diverse, but, in general, the arguments for its abandonment involve countless myths and misinformation, even among women with higher socioeconomic level, which potentiates and challenges professionals in face of the need for effective interventions to support the nurture[9]. Linked to this, the inclusion of grandparents and parents of children in the educational and decision-making processes about breastfeeding is considered a strong influence for women in their decision making about breastfeeding

and/or the maintenance of this practice. It is in this context that the evidence highlights that cultural practices have greater interference in breastfeeding adherence than, many times, the guidelines and recommendations of health professionals[10-12].

The implementation of health education practices in favor of breastfeeding can mitigate the challenges and difficulties in breastfeeding, especially for primiparae or those who experience breastfeeding, which is often associated with feelings of insecurity, fear and anxiety. Furthermore, these feelings favor the worst outcomes in breastfeeding, since they are related to wear and tear in physical, emotional, and social contexts, especially associated with social myths (built by the family itself and/or people close to it), such as weak milk, insufficient volume, or "low weight gain" from infant[12]. It is common, in this context, the interruption or spacing of breastfeeding.

A study on the knowledge, attitudes and practices of grandmothers related to breastfeeding revealed that they know the benefits of breastfeeding, the importance of a special diet and adequate hydration for the production of good quality milk, but they report the need for supplementation of breast milk before the sixth month of life. In short, the study showed that grandmothers are central figures in supporting breastfeeding, through the dissemination of their knowledge, attitudes and practices, giving support to their daughters and daughters-in-law to breastfeed and also contribute to the disinterest on the part of the nurse in breastfeeding due to contrary opinions and inadequate orientations[13-14]

Studies on the factors associated with exclusive breastfeeding adherence have identified that guidelines on breastfeeding during prenatal care do not present direct benefits in relation to adherence and efficacy[14-15]. On the other hand, another study highlights the important role of gestational counseling, since, besides increasing the self-efficacy of breastfeeding for mothers, it extends the resolution of problems and difficulties during period[3]. It is in this context that the nursing professionals, especially the nurse, need to provide a calm, safe and comfortable environment for the pregnant woman, providing adequate information about pregnancy and breastfeeding, in order to mitigate the impacts and factors that can generate negative feelings, doubts, yearnings and insecurity that emerge based on sensitivity, empathy and affectivity[8-9].

Social, cultural, economic and environmental factors influence breastfeeding in terms of the beginning and duration including weaning[15-16]. The early initiation of breastfeeding, also influenced by social factors, besides stimulating the baby to suck effectively, thus receiving the colostrum, which is the first immunization of the infant, assists the mother in expelling the placenta, in protecting the child and in the mother's health. Furthermore, economically, it reduces costs in the global public health policy and also in the Brazilian Unified Health System (SUS), with the reduction of the number of consultations, hospitalizations and medications, not overloading the health system[17-18].

Studies on the promotion of prenatal breastfeeding revealed that only in 50% of all nursing consultations were breastfeeding guidelines made[14-15], and that most were related to breast preparation, advantages and importance of exclusive breastfeeding for the mother and NB[14, 18-19]. It is considered that this information is not sufficient, because aspects about difficulties in the management/application of the newborn, complications and delay of support were not mentioned in the educational practices, either in the group or in the nursing consultation during the prenatal monitoring[8,18-19].

With regard to the groups of pregnant women, the nurses recognize the importance and characterize it as an indispensable and dynamic tool for education and promotion in health. The group of pregnant women, under a perspective of collective discussion, seeks to promote the exchange of experiences and strengthen women's empowerment in the process of childbirth and birth, increasing the autonomy of their choices regarding possible interventions and changing the form of birth[15,20]. Participants

in this study stated that they face difficulties in pregnant women's adherence to groups, even though authors have found it difficult to practice group education at health[16, 21].

Pregnant women's groups are considered by nurses as a timely strategy to provide moments of health education that favor maternal empowerment for choice and decision at breastfeeding[8]. However, professionals find it difficult to join the group, either because of cultural aspects (pregnant women think that in consultations it is possible to solve doubts and receive guidance), or because of the difficulty of participating in the meetings, since work activities do not allow, among other causes. From this perspective, it is important to point out that the offer of a pregnant group during prenatal care is a healthy tool to welcome and strengthen the bond in the face of a singular period, of special significance, many times, extremely awaited by the woman and her family, loaded with feelings and expectations to live the unique experience of being mother[4,8].

International studies highlight that systematic puerperal educational practices and strategies have been effective in maintaining exclusive breastfeeding up to six months of life. In comparison with the group that received the information, the group that did not receive the regular guidance had three times more chance to abandon maternal breastfeeding[21-22]. This discussion reinforces the necessity of the presence of the nurse in the assistance to the pregnant cycle, extensive to the stage of puerperium and childcare, promoting reflective, safe, protective, promoting and encouraging practices to breastfeeding[17-18].

In the last decades, the technical-scientific advances related to women's health care during the pregnant and puerperal cycle have changed the scenario of parturition that used to be performed at home and today concentrates a good part of births in the hospital environment, mainly through cesarean sections scheduled[6]. The most important thing, independently of the place where labor, delivery and birth occurs, either at home or in the hospital context, is that autonomy and respect for beliefs, culture and individuality are contemplated by the professionals involved in the process of parturition, boosting the woman's protagonism, subsidized by humanized and safe practices to the maternal-infantile binomial[6, 20].

Many times, a cesarean procedure can hinder and make it impossible to start breastfeeding within the first hour of life, due to the need for postoperative assistance that interferes and extends the time for the first contact between mother and child. However, the immediate puerperium routines are related to the improvement of adherence, and practices such as breastfeeding in the first hour and joint housing favor the maintenance of maternal breastfeeding[24]. Thus, the previous knowledge of the factors associated with the interruption of exclusive breastfeeding in the puerperium resulting from the type of birth can facilitate the planning of local actions and policies to improve the rates of early weaning in order to reduce child morbimortality[23-24].

Breastfeeding in front of society is understood as a natural act, which provides the first affective contact and a series of advantages for both mother and infant, which is also correct in relation to the affective bond; however, it is not a natural and beautiful process as reported for all mothers, because several complications can occur during breastfeeding and consequently precocious weaning[25]. Therefore, it is also healthy to include the pregnant woman's support network, including the family and its different forms of constitution from the beginning of the prenatal consultations, passing on the orientations and strengthening the importance of breastfeeding for the woman and the child. The support network can effectively contribute to the maintenance of the maternal practice of breastfeeding[24].

It is important to emphasize that the offer of groups focused on health education for pregnant women and infants may include families and/or partners, since the importance and influence of these actors is well known. The nurse can also make other strategies available to empower women to offer breast milk, such as, for example,

organizing partnerships with other health professionals in order to expand the scope of knowledge and the exchange of information and guidance for the maintenance of breastfeeding, seeking to demystify the sociocultural issues of olden days that often make the practice impossible.

A limitation of the study is understood as the local description, under the knowledge of a group of PHC nurses in a specific social and demographic/regional context. The study does not allow for generalizations, however, it emphasizes aspects that can serve as reflection and approximation in other similar scenarios. It is recommended that studies be carried out that propose health education practices to adhere to breastfeeding and allow their use as a care practice for nurses, duly tested and validated.

Conclusion

Nurses' practices point to the importance of implementing health education actions, building bonds, offering groups of pregnant women and organizing multiprofessional training in order to strengthen and empower women throughout the pregnant and puerperal cycle in order to mitigate practices and sociocultural influences that disfavor the beginning and maintenance of the BF.

The nurses of primary health care recognize the benefits and importance of breastfeeding for mother and child. They understand that their guidance and incentives should take place during prenatal care, with recommendations at the beginning of prenatal care and reinforced in the third trimester and puerperium. Another scenario, considered essential for adherence, is the hospital obstetrics (immediate postpartum), in which early encouragement and minimization of the use of dairy formulas favor greater adherence to breastfeeding. Cultural practices are strong influences in the decisive processes of breastfeeding, especially exclusive breastfeeding, and require the insistence and the need of empowerment of mothers and families on the best practice and the deconstruction of "mythological" concepts that relapse upon the act of breastfeeding.

Collaborations:

1 – conception, design, analysis and interpretation of data: Giovana Callegaro Higashi and Sibeli Seefeld dos Santos;

2 – writing of the article and relevant critical review of the intellectual content: Giovana Callegaro Higashi, Rosielle Souza da Silva, Leonardo Bigolin Jantsch, Rafael Marcelo Soder and Luiz Anildo Anacleto da Silva;

3 – final approval of the version to be published: Giovana Callegaro Higashi, Rosielle Souza da Silva and Leonardo Bigolin Jantsch.

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