IDENTIFICATION OF FACTORS THAT LEAD TO EARLY WEANING AND NURSING GUIDELINES

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ABSTRACT

Objective: The objective was to identify the factors that lead to early weaning. **Methods:** from a research with a quantitative and qualitative approach, of a descriptive and exploratory character, in the Family Health Strategy - ESF of the municipality of Orós – Ceará. The collection started in May 2019 by applying a semi-structured questionnaire composed of objective questions. Thirteen women nursing mothers aged 16 to 35 years participated in the research, all of whom were registered with the FHS and lived in the unit's micro areas. **Results**: According to the data collected, the association obtained between the number of women according to marital status and the child's age group identified a prevalence of 84.62% women with children from 1 to 6 months of age, 6 being single, 3 married and 2 divorced. Through the problems determined in this study, it was found that the main determinants of early weaning are: 5 (38.45%) little milk production, 3 (23.07%) weak milk, 2 (15.38%) nipple flat or inverted, 1 (7.7%) pain, 1 (7.7%) absence of milk production, 1 (7.7%) returns to labor activities. Thus, the difficulties mentioned there was a higher prevalence in the "low milk production," because in this case it is necessary for lactating women to acquire knowledge about the management of a successful breastfeeding. **Conclusion**: Thus, in the current scenario of difficulties in breastfeeding observed in the research, the advice of the multidisciplinary health team, especially in Nursing, is of fundamental importance to help overcome pre-established difficulties.

Keywords

Early weaning. Exclusive breastfeeding. Nursing care.

RESUMO

Objetivo: O objetivo foi identificar os fatores que levam ao desmame precoce. Métodos: a partir de uma pesquisa com abordagem quantitativa e qualitativa, de caráter descritivo e exploratório, na Estratégia Saúde da Família - ESF do município de Orós - Ceará. A coleta teve início em maio de 2019, aplicando um questionário semiestruturado composto por perguntas objetivas. Participaram da pesquisa 13 puérperas de 16 a 35 anos, todas registradas na ESF e residentes nas microáreas da unidade. Resultados: De acordo com os dados coletados, a associação obtida entre o número de mulheres segundo estado civil e a faixa etária da criança identificaram uma prevalência de 84,62% de mulheres com filhos de 1 a 6 meses de idade, 6 solteiras, 3 casadas e 2 divorciado. Pelos problemas determinados neste estudo, verificou-se que os principais determinantes do desmame precoce são: 5 (38,45%) pouca produção de leite, 3 (23,07%) leite fraco, 2 (15,38%) mamilo plano ou invertido, 1 (7,7%) dor, 1 (7,7%) ausência de produção de leite, 1 (7,7%) retorna às atividades laborais. Assim, as dificuldades mencionadas apresentaram maior prevalência na "baixa produção de leite", pois nesse caso é necessário que as mulheres que amamentam adquiram conhecimento sobre o manejo de uma amamentação bem-sucedida. Conclusão: Assim, no cenário atual de dificuldades no aleitamento materno observado na pesquisa, os conselhos da equipe multidisciplinar de saúde, principalmente em Enfermagem, são de fundamental importância para ajudar a superar dificuldades pré-estabelecidas.

Palavras chave

Desmame precoce. Aleitamento materno exclusivo. Cuidados de enfermagem.

INTRODUCTION

The practice of breastfeeding is part of human life, according to the social context, the impulse to breastfeed may or may not occur. It is believed that breast milk is able to supply the child's physiological need, for this reason exclusive breastfeeding is recommended in the first six months of life, being a food rich in minerals, vitamins, enzymes and immunoglobulins. In fact, it has nutritional

advantages, including to promote the child's growth and development. Breastfeeding (BF) when it is offered in the long term until the second year of life has positive benefits for the mother too. It even helps with weight loss, makes the uterus return to its normal size faster and accelerates recovery after delivery.¹

Breastfeeding with so many benefits is still becoming more and more common the early weaning. Although there are multiple breastfeeding incentive programs, run by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). However, early weaning in our country is very frequent, affecting not only the child's health, but the whole society. In fear of this reality, governmental and non - governmental bodies have developed strategies and campaigns with the purpose of instigating, strengthening and providing breastfeeding.²

In this context, the Ministry of Health launched a national strategy in 2008, a process of raising awareness among professionals, emphasizing the wisdom of all in promoting, protecting and supporting BF in Primary Care, called Breastfeeding Brasil Network, currently called Breastfeeding and Feeding Brasil Strategy, after integration with the National Strategy for the Promotion of Complementary Healthy Eating (ENPACS), in 2011. The proposal was in line with the Permanent Education Policy.³

The conquest of BF is related to several factors, having as main emphasis the guidelines prior to birth, as well as postpartum in order to prepare the mother to overcome the obstacles that will arise, reducing concerns and strengthening her self-confidence, regarding the greater the knowledge about the content, the puerperal woman will be able to face the problems that may arise.⁴

According to data from WHO and UNICEF in 2017, the prevalence rate of exclusive breastfeeding (EBF) in Brazil among children up to six months of age is 38.6%. Early weaning remains a constant obstacle in Brazil and worldwide. Highlighting the lack of incentive to prolong breastfeeding.⁵

There are several factors that lead to early weaning such as the mother's education level, family income, maternal work, cultural influences of the family, presence of the father, habitual living conditions, aesthetic appreciation of the body, weak or little milk, engorgement, cracks among other things, strongly dominate the mother, bringing her to weaning, progressively early. This provision emphasizes the need for greater relevance on the practice of breastfeeding, as well as the understanding of the psychosocial aspects that lead to early weaning, being established as a breastfeeding pause before the infant's full six months of life, with complement of other foods in the child's diet.⁶

Given the above, there was a need to address the thematic identification of the factors that lead to early weaning and nursing guidance since it is a subject that has been worked on a lot, but the index remains very pronounced, so this study was based on the following questions guidelines: what

are the difficulties of the puerperal women regarding breastfeeding? What are the causes that lead them to perform early weaning?

Based on the assumption, the study is justified by the practical experience of the internships, of the difficulties encountered by mothers regarding breastfeeding, and later, it was observed that the professional techniques that correspond to these doubts are quite concrete, consisting of essential guidelines, without consuming time and attention to the woman and the newborn. Therefore, anxiety arose in relation to the content, aspect and purpose of the guidelines given to the puerperal women that guarantee breastfeeding to avoid early weaning.

This study brings with it great relevance to the scientific, academic and social environments, thus contributing to each environment with knowledge about the success of exclusive breastfeeding and reduction of early weaning. Thus, enabling nurses and other health professionals to intervene in order to encourage and maintain exclusive breastfeeding until the first six months of life. In this way, it became feasible to open new doors for knowledge that possibly offered a kind of improvement for those interested in the content, expanding their vision and improving the improvement of care.

This article study aims identify the factors that lead to early weaning, as well as to outline the sociodemographic profile of the mothers, to evaluate the obstetric history of the mothers and to discuss the nursing guidelines that guarantee exclusive breastfeeding.

METHODOLOGY

TYPES OF STUDY

This was a research with a quantitative and qualitative approach, of a descriptive and exploratory nature, having as a technical procedure the field study that aims to analyze the factors of early weaning. Considered the knowledge of mothers who weaned their children early (before six months of life).

Quantitative research is used by the use of quantification, both in the collection and treatment of information, using statistical techniques, aiming at results that avoid possible distortions of analysis and interpretation, allowing a greater safety margin.⁷

Qualitative research replicates the questions in a restricted way, working on the world of concepts, motives, reasons, beliefs, values and attitudes, that is, the level of uncodified reality.⁸

According to Prodanov and Freitas⁹, it is considered a descriptive research when it exposes the characteristics of a certain population or phenomenon, demanding standardized data collection techniques.

According to Gil¹⁰, exploratory research generally allows a view of the aspect involved with greater familiarity, bringing the mission to expand, inform and transform principles and ideas. With this, it can assume two different forms, a bibliographic and field study, involving bibliographic survey or interview according to the problem addressed.

STUDY LOCATION

The location of the research was in the city of Orós-CE, this town is located in the Center-South region of the state of Ceará - Brazil, which is 387 km from the capital Fortaleza. The city of Orós has a territorial extension of 576, 270 km², obtaining from an estimated population of 21,471 inhabitants in 2018, being divided both in the rural and urban areas. ¹¹

In the equipment of the Secretary of Health of the Municipality of Orós-CE, of all the teams of these the one chosen for the development of the research was the Family Health Strategy Rosalva Monte Silva, located in the São Geraldo District in the city of Orós-CE. In the unit there are seven areas, five headquarters and two sites with a total of 662 families and 2,660 registered people. The ESF Rosalva Monte Silva is subdivided into a nursing office, a doctor's office, a dental office, an outpatient clinic, a vaccination room, a pharmacy, a reception room and a food pantry. Thus offering nursing, medical and also dental services and procedures, in addition to other NASF health professionals, including physiotherapist, nutritionist, speech therapist, physical educator and psychologist.

The choice of research in this health strategy was due to the fact that she was an intern in this unit for a period of four months, and because she realized that many pregnant women and mothers who are registered in this unit, have little knowledge about the importance of breastfeeding.

PARTICIPANTS STUDY

The population participating in this study were postpartum women aged from 10 years old in the postpartum period up to 186 days, respecting the following inclusion criteria: having been accompanied by prenatal care at the Basic Health Unit surveyed, being between the first 6 months puerperium, live in the ESF area Rosalva Monte Silva, who seek the unit's services, accept to participate in the research by signing the Post-Informed Consent Form. Postpartum women who had: stillborn, some cognitive limitation (visual or hearing) that prevented them from answering the instruments offered, who refuse to fill out the forms with criteria of ethical rigor of this research, as well as those absent during the collection period for construction were excluded from the research. of work.

IN STRUMENT AND DATA COLLECTION

The data were collected, from the moment the research objectives were explained, requesting the participation of users; and with their acceptability, signing the post-informed consent form, the data of the present research were collected through the application of a semi-structured questionnaire composed of objective questions as well as, subjects according to the theme under study clearly embroidering the following contents: identification data, knowledge about breastfeeding, difficulties in performing breastfeeding and factors that led to early weaning.

The research instrument is one that encompasses two people, the researcher and the participant, through a question guide, whose objective is to collect data, thus the questions that are asked to the research subjects are predetermined.⁸

Data were collected in May 2019. Where in the collection opportunity women have been addressed in the Family Health Strategy in childcare days, being invited to participate in the survey which was conducted in a private room to provide privacy of the same.

DATA ANALYSIS

To facilitate the understanding and disposition of the information, the quantitative data were tabulated in Microsoft Excel 2010 Software in a detailed way of the information obtained and with division of socioeconomic content and the factors that lead to early weaning.

For the analysis of the data obtained from the qualitative information, the Content Analysis technique was used, which is presented as a set of techniques that allow the observation of the dialogues by obtaining information on the content of the messages.

In order to achieve the objective of the method, three phases were used: p re-analysis, which consists of the organization phase itself, the exploration of the material which is defined as the phase of codification, decomposition and categorization of the content, and treatment of the contents. results obtained and interpretation, which aims to organize the results and tabulate the information provided by the analysis. ¹²

ETHICAL ASPECTS

The project was submitted to Plataforma Brasil for ethical review by the Ethics Committee of the Dr. Leão Sampaio University Center (UNILEÃO). Upon the committee's approval opinion, having the number 3,293,202, where it was sent to the analysis of the ethical-legal principles that

refer to bioethics such as autonomy, non-maleficence, beneficence, justice and equity recommended in this resolution, in order to follow all the precepts of resolution 466/12, advocating the ethical aspects of research involving human beings from the National Health Council / Ministry of Health.¹³

The study was carried out with the prior authorization of the co-participating institution, confirmed by the Declaration of Consent (AD), which was signed by the Secretary of Health for the permission of the research and entry into the field. The Free and Informed Consent Term (ICF) was also adopted, containing all stages and objectives of the study, risks and benefits and the Post-Informed Consent Term (TCPE) after the free decision to participate in the research and the Term of Assent (TA) where the parents / guardians allowed the decision on the participation or not of minors in the research, obeying the technical rigor of the study.

RESULTS AND DISCUSSIONS

In total, 13 nursing mothers aged 16 to 35 years were interviewed, all of whom were registered in the Family Health Strategy (FHS) Rosalva Monte Silva and were present during the collection period. From the sociodemographic results, it is possible to characterize the profile of these women in terms of marital status and the child's age group, as shown in Table 2 below:

Table 1 - List of the number of women according to marital status and the child's age. Orós-CE. Brazil, 2019.

CHILDREN'S		CIVIL STATE OF NURSING MOTHERS							
AGE RANGE	Single	Married	Divorced	Stable	Widow	Total	%		
(MONTHS)				Union					
01-06	06	03	02	00	00	11	84.62		
07-09	00	01	00	00	00	01	7.69		
10-12	00	00	00	00	00	00	00		
01-03	01	00	00	00	00	01	7.69		
03-05	00	00	00	00	00	00	00		
Above 05	00	00	00	00	00	00	00		
Total	07	04	02	00	00	13	100		

Source: Research data

The association obtained between the number of women according to marital status and the child's age group identified a total prevalence of 84.62% women with children from 1 to 6 months of age, being 6 single, 3 married and 2 divorced. Thus, it was observed the absence of breastfeeding or its early interruption (Table 1) and the introduction of other types of food in the child's diet in the first 06 months of life, causing a harmful consequence to the baby's health.

A relevant data in this research was the marital situation, 07 of the interviewees were single. We are sure that family support is fundamental and relevant for nursing mothers, as it contributes to the high effectiveness of breastfeeding. Family members must be more present in this process, because for the mother it is a new and discovery period that presents many fears, difficulties and insecurity, which requires total support and encouragement from the family. The act of breastfeeding is a process that requires family and spouse participation, in order to provide greater daily care while mothers breastfeed, thus it is necessary to add family members to better support the health of the nursing mother.¹⁴

As for family income realized a higher prevalence of a salary - minimum come from social program and reported by them during the interview totaling 69.23% (N = 13), where early weaning is perceived alarmingly in nursing mothers with low income socioeconomic situation, thereby affecting the child's growth and development. These aspects in conjunction with other factors tend to offer poor living conditions, housing and food.

According to an income integrated to a family structure with regard to single mothers, it can affect the child's growth and development, with the presence of the father being fundamental for the construction of character, personality and life habits. Being economic restrictions as one of the factors that compromises the quality of the diet in the child's life.¹⁵

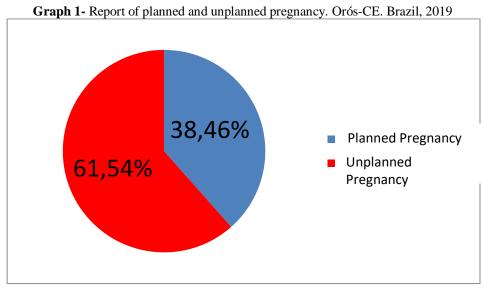
Regarding education, 5 (38.46%) interviewees reported not having completed elementary school, followed by 5 (38.46%) with incomplete high school and 3 (23.08%) with complete high school. Since women with a lower level of education tend to wean their children early when compared to those with a higher level of education, since they have little knowledge of the benefits of breastfeeding for both the baby and the mother.

According to Silva¹⁶, women who have less instruction on breastfeeding for a minimum period due to the lack of information and knowledge that mothers use to ensure successful breastfeeding. Thus causing, mainly, impossibility of chances regarding access as well as a search for information or guidance, creating a starting point for the increase of a society capable of its empowerment.

Given the gynecological-obstetric data, a total of 32 pregnancies, 28 births and 04 abortions are observed. With this, it is seen some points considered positive in the approach to care for women in the FHS regarding the reduced number of abortions. Since the health professional performance is at two ends of a range, as in a spectrum of life and death.

The monitoring of pregnant women must be adequate and humanized, providing physical and psychological conditions during the preconceptional to puerperal period. It is important that there is a sensitized and available professional, so that the user's access and at the BHU is a window of opportunity for her insertion in the health system.¹⁷

The graph below shows a total of 13 respondents, 61.54% of unplanned pregnancies and 38.46% of planned pregnancies, demonstrating that the unplanned pregnancy rate prevails. According to Brasil¹⁸, family planning is a set of works with several resources offered, being essential in primary health prevention that, through both individual and collective strategies employed by the multidisciplinary health team, guide people who seek such services, providing elements of essential information for the choice and effective use of contraceptive methods and in this way can prevent an unwanted pregnancy.



Source: Research data

Most women report accidental pregnancies, due to the neglect of using contraceptive methods, but this affirms the lack of information, socioeconomic status and problems in accessing contraceptive methods, or even their improper use, the discontinuity in the provision of methods by services. health, restricted supply in the variety of methods and side effects, which lead to abandonment and reducing effectiveness.

Given the socioeconomic conditions, there is a frequency presented as a factor of great significance regarding the profession and in the salary level that is also relevant to the occurrence of unplanned pregnancy, this is due to the lack of openness to different social media and opportunities for access in the definition that Less benefited economic categories appear providing high indicators of this event such as work and less than deserved payment, and the problem of accessibility as a fundamental intermediary for the development of these women and families, both socially and economically.¹⁹

Table 2- Prevalence of determinants of early weaning. Orós-CE. Brazil, 2019.

DETERMINANT FACTORS	N	%
Little milk production	5	38.45

Total	13	100
Back to labor activities	1	7.7
Absence of milk production	1	7.7
Ache	1	7.7
Flat or inverted nipple	2	15.38
Weak milk	3	23.07

N = number of participants with a positive response to the determining factor.

Source: Research data.

Responding to the problem determined in this study, it was found that the main determinants of early weaning are: 5 (38.45%) little milk production, 3 (23.07%) weak milk, 2 (15.38%) nipple flat or inverted, 1 (7.7%) pain, 1 (7.7%) absence of milk production, 1 (7.7%) returns to labor activities. Thus, with the mentioned difficulties, a higher prevalence was observed in the "little milk production", because in this case it is necessary that the nursing mothers acquire knowledge about the management of breastfeeding so that success can happen. It is important that mothers have the full support and continuous encouragement of the multiprofessional team, which will need to inform how many techniques and advantages to start and continue the breastfeeding process.

Pain when breastfeeding happens when the child sucks in the areolar region where the milk pockets are (ducts that expand) and that need to be compressed to release it, there will be no discomfort. If the woman feels pain when the baby suckles, the sucking dynamics must be incorrect; however, it must be examined and adjusted. Therefore, it is necessary to improve the position when breastfeeding; the proper crease constitutes the baby's mouth wide open, lower lips turned outwards, chin against the mother's breast and apparent areola above the baby's mouth. If she sucks only on the nipple, the milk does not come out and the breast hurts.²⁰

According to Silva²¹, he states that pain when breastfeeding is one of the main recurrent factors of early weaning, however when feeling pain in the act it is necessary to massage in order to stimulate and eject a small amount before breastfeeding.

According to Pereira²², the flat or inverted nipple is a difficulty found in some nursing mothers at the beginning of breastfeeding, thus causing its disappearance, but this does not prevent breastfeeding from happening. It is difficult to take and suck, requiring a lot of patience from the woman, but psychological support is extremely important. It is necessary to use molds that help to improve the shape of the nipple during pregnancy with the help and support of a health professional. Nursing mothers who report this factor need to know that sucking the baby with maneuvers, may lengthen the nipple, with tranquility and persistence, will be successful in breastfeeding.

Little milk production on most occasions occurs when the mother is nervous, tense, tired and stressed, a block prevents her from letting out the milk. However, it is recommended by Brasil²³, to

prevent this from happening it is necessary for the mother to calm down and let the baby breastfeed on demand, that is, whenever he wants and until he is satisfied, the more the baby sucks the more milk will be produced, to always have milk, let your baby breastfeed at will.

In the absence of milk production and it is necessary to provide guidance for the mother to start treatment early, the professional nurse has a fundamental role providing counseling in an open and practical way, so that she encourages this mother to adhere to the treatment so that she can avoid possible mastitis.²¹

According to Rocci²⁴, in his study, the team's support for the breastfeeding process and for the prevention of traumas and mastitis is essential, which happens in the first weeks of the puerperal period. In view of these problems, it is necessary for the nurse to be trained to the point of intervening in the precise difficulties, so that lactation is performed, at the moment that the obstacles faced by women in the breastfeeding process can be predicted for weaning.

Weak milk is reported by mothers, who claim the baby is thirsty and needs other fluids, that the milk has dried and the baby does not suck enough. However, they are not very confident, understand that their milk is weak and does not meet the baby's nutritional needs. Thus Algarves²⁵ states that there is no weak milk, to demystify this it is necessary to clarify myths, beliefs, fears, concerns and fantasies related to breastfeeding, the importance of breastfeeding, advantages and disadvantages of using human milk and that breast milk is complete. This means that until the age of six months the baby does not need any other food (tea, juice, water or other milk). After six months, breastfeeding should be supplemented with other foods.

Faced with the return to work, women should know their rights in order to plan the breastfeeding of their baby, as the workday distances the child and thus makes it impossible to breastfeed him. According to Law No. 11,770, published on September 9, 2008, Article 1 of the Consolidation of Labor Laws (CLT), which, by allowing tax incentives, encourages companies to extend their workers' maternity leave to 06 months., as well as the return to activities give the right to be absent to breastfeed. It becomes a law of great importance for the country, as it meets the recommendations of the World Health Organization (WHO) Ministry of Health of exclusive breastfeeding for 06 months.²⁶

In this way, the nurse is the professional who has a greater relationship with women during the pregnancy-puerperal cycle and has an important role in appropriate educational programs as well as guidance, and must transmit information from the prenatal period until the puerperal period so that mothers obtain the precise knowledge about breastfeeding and thus guarantee EBF until the child's six months of life.

Therefore, it is necessary to know how to listen, develop confidence, welcome and support these women. Nursing care in breastfeeding should be continued important to know how to listen and

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increase confidence so that when making decisions regarding breastfeeding, they are based on the

idea of the health professional. In order for the woman to be able to more confidently admit the role

of mother and nursing mother, she needs to feel satisfactorily helped in her doubts and difficulties. It

is up to health professionals to explain about their beliefs, myths and taboos, in order to make

breastfeeding an act of pleasure and not anguish or obligation.²⁷

In general, according to Souza²⁸, highlights that to ensure adequate breastfeeding there are

certain useful concepts such as: adopting a comfortable position; to prepare, strengthen and lubricate

your nipples, you only need: air, your own milk, water and sun; identify whether the baby has

breastfed enough; offer only one breast at each feeding, alternating one at a time; it is not

recommended to wait for the baby to be very hungry, because he will be more nervous and grab your

chest more tightly, which can hurt you; the necessary rest and a balanced diet.

However, the current scenario of difficulties in breastfeeding observed in the research, the

advice of the multidisciplinary health team, especially in Nursing, is of fundamental importance to

help overcome pre-established difficulties.

FINAL CONSIDERATIONS

Breastfeeding is arguably the best and most complete food for the baby during the first year

of life. It is a fundamental food for growth and physical and psychological development of children,

considered as the first es methyl healthy life that will reflect its benefits to adulthood. The benefits

are not limited children, since the mother in your postpartum recovery is also protected from some

diseases or problems related to lactation. However, in addition to strengthening the bond between

mother and baby.

According to the research objectives, it was also sought to show women the importance of

exclusive breastfeeding and the opportunity to get to know the mothers' experience regarding

breastfeeding, its enigmas, insecurities and complications, which contributed to weaning precocious.

The study also made it possible to understand how the nursing team is faced with general assistance

throughout the phase from pregnancy to the puerperal period and in the attendance of care until the

children's sixth month of life.

In this case, based on the results found in the research for the occurrence of early weaning, it

is believed that the intensification in the promotion of EBF serves as a design strengthening the more

accurate monitoring of health professionals, especially during prenatal care.

Conflict of interest: not applicable

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