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Experience and attitudes of pregnant women about breastfeeding

Experiência e atitudes de gestantes acerca do aleitamento materno

Experiencia y actitudes de embarazadas sobre la lactancia materna

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ABSTRACT

Objective: To identify experiences and attitudes of pregnant women about breastfeeding. **Methods:** Qualitative study was mediated by action research, carried out with 12 pregnant women in two Basic Health Units in Cajazeiras, Paraíba, to identify their knowledge and experiences about the breastfeeding process. Data collection was performed through semi-structured interviews with questions about the benefits of breastfeeding, rights, and duties of breastfeeding women, and previous experiences to better identify the analyzed group. After the interviews, the answers were transcribed and analyzed using the Collective Subject Discourse technique and used to guide the planning and implementation of health education interventions to solve the participants' lack of knowledge about breastfeeding. **Results:** The participants know the benefits of breastfeeding for the mother-child binomial, and the complications can be triggered when breastfeeding does not occur correctly. However, there was a lack of knowledge regarding the benefits of breastfeeding for the mother, and it was noticed the motivation to breastfeed is still strongly influenced by local myths and beliefs that lead to early weaning. **Conclusion:** The gaps in the knowledge of the investigated pregnant women about breastfeeding were observed regarding the maternal benefits of the practice in question. In addition, the major myths and beliefs that lead to early weaning were also observed.

Descriptors: Breastfeeding, Health Education, Women's Health, Qualitative Research, Nursing.

RESUMO

Objetivo: *Identificar experiências e atitudes de gestantes acerca do aleitamento materno.* ***Métodos:*** *Estudo qualitativo mediatizado por uma pesquisa-ação, realizado com 12 gestantes, em duas Unidades Básicas de Saúde da cidade de Cajazeiras, Paraíba, com a função de identificar seus conhecimentos e experiências acerca do processo de amamentação. A coleta de dados foi realizada por meio de entrevistas semiestruturadas com questionamentos sobre os benefícios da amamentação, direitos e deveres das lactantes e experiências prévias, a fim de identificar melhor o grupo analisado. Após as entrevistas, as respostas foram transcritas e analisadas pelo uso da técnica do Discurso do Sujeito Coletivo, e utilizadas para nortear o planejamento e realização de intervenções de educação em saúde visando solucionar a deficiência de conhecimento das participantes acerca da amamentação.* ***Resultados:*** *As participantes possuem conhecimento acerca dos benefícios do aleitamento materno para o binômio mãe-filho e acerca das complicações que podem ser desencadeadas quando a amamentação não se dá de forma correta. Entretanto, houve déficit de conhecimento no que se refere aos benefícios da amamentação para a mãe e percebeu-se que a motivação de amamentar ainda é muito influenciada por mitos e crenças locais que levam ao desmame precoce.* ***Conclusão:*** *Observaram-se as lacunas existentes no conhecimento das gestantes investigadas sobre o aleitamento materno*

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no que se refere aos benefícios maternos da prática em questão. Além disso, observou-se também os principais mitos e crenças que levam ao desmame precoce.

Descritores: *Aleitamento Materno; Educação em Saúde; Saúde da Mulher; Pesquisa Qualitativa; Enfermagem.*

RESUMEN

Objetivo: *Identificar las experiencias y actitudes de embarazadas sobre la lactancia materna.* ***Métodos:*** *Estudio cualitativo a través de una investigación-acción realizada con 12 embarazadas de dos Unidades Básicas de Salud de la ciudad de Cajazeiras, Paraíba, con el objetivo de identificar sus conocimientos y experiencias sobre el proceso de la lactancia materna. La recogida de datos se dio a través de entrevistas semiestructuradas con preguntas sobre los beneficios de la lactancia materna, los derechos y deberes de las lactantes y sus experiencias anteriores para identificar mejor el grupo analizado. Después de las entrevistas, las respuestas han sido transcritas y analizadas con la técnica del Discurso del Sujeto Colectivo y utilizadas para orientar el planeamiento y la realización de las intervenciones de educación en salud para solucionar la deficiencia del conocimiento de las participantes sobre la lactancia materna.* ***Resultados:*** *Las participantes tienen conocimiento sobre los beneficios de la lactancia materna para el binomio madre-hijo y sobre las complicaciones que pueden desencadenarse cuando la lactancia materna no se da de manera correcta. Sin embargo, hubo déficit del conocimiento sobre los beneficios de la lactancia materna para la madre y se percibió que la motivación para la lactancia aún tiene influencia de los mitos y creencias locales que llevan al destete temprano.* ***Conclusión:*** *Se ha observado las brechas que hay en el conocimiento de las embarazadas investigadas sobre la lactancia materna respecto los beneficios maternos de esa práctica. Además, se observó también los principales mitos y creencias que llevan al destete temprano.*

Descriptores: *Lactancia Materna; Educación en Salud; Salud de la Mujer; Investigación Cualitativa; Enfermería.*

INTRODUCTION

Breastfeeding is an ancient practice recognized for its numerous benefits, whether immunological, nutritional, economic, or social. Breast milk is capable of providing all the nutrients for healthy growth and development, as well as having many positive implications for maternal health[1].

Breast milk contains anti-infective factors that protect the baby against numerous diseases, such as diarrhea, pneumonia, and urinary infections; moreover, it reduces the risk of future onset of diseases such as high blood pressure and diabetes *mellitus*. Due to its composition, it can reduce the risk of malnutrition while reducing the chance of obesity. Furthermore, it strengthens the affective bond between mother and child, prevents postpartum haemorrhages, facilitates the loss of weight acquired during pregnancy, and reduces the risk of developing breast cancer[1-3].

Due to its numerous benefits and the variation in its composition, breast milk should be offered during the baby's first hour of life. Known as the "golden hour", encouraging breastfeeding at this time is extremely important, as milk contains all the nutrients necessary for healthy development, in addition, to encouraging the bond between the mother-child binomial[4]. These benefits are fully utilized when Breastfeeding (BF) is offered for at least two years, being offered exclusively until the infant's sixth month of life, as recommended by the World Health Organization (WHO) and the Ministry of Health (MS)[5,6]. With the implementation of the Breastfeeding Incentive Program (PNIAM), it is possible to see that, since the 1980s, BF rates in the country have been increasing significantly; however, they are still below expectations[7].

This problem can be explained by the lack of knowledge about the real benefits of breast milk and care that should be performed with the breasts, by maternal low education, reduced number of prenatal consultations and false beliefs related, as well as physical, emotional and social difficulties that interfere with the breastfeeding process, leading to early weaning[8]. In addition, among the factors that can contribute to early weaning, there is the support offered by the family and health professionals from prenatal care until after the baby is born. It is relevant that the family gets involved in the breastfeeding process and that health professionals carry out home visits during the puerperium to identify the woman's support network and needs[9].

Thus, the promotion of BF must be included in the priority activities of the health service, as breast milk works as a natural vaccine, without presenting risks of contamination for the baby, in addition to the fact that the greater the encouragement of breastfeeding, the more this milk is produced. Thus, as strategies for the promotion of breastfeeding, some support networks were created, such as the National Program for the Incentive of Breastfeeding (PNIAM), the

Baby-Friendly Hospital Initiative (IHAC), Rede Cegonha, Estrategia Amamenta e Alimenta Brasil, National Program for Comprehensive Child Health Assistance (PAISC), among others[6,10].

Therefore, given the above, the following question arises: What are the experiences and attitudes of pregnant women about breastfeeding? It is known that the study of intervening factors associated with care, health, and maternal and child habits of a population is pretty useful for the recognition of factors related to breastfeeding. Researches become important tools to raise BF rates in the country, as they provide health professionals and academics with relevant data which can foster the need to improve their educational conduct, planning actions to support, encourage, and promote the BF while contributing to the increase of knowledge on the subject among pregnant women and the general population. Thus, this study aimed to identify experiences and attitudes of pregnant women about breastfeeding.

METHODS

It is a descriptive study with a qualitative approach, mediated by action research. The investigation was carried out with 12 pregnant women in two Basic Health Units (UBS), Mutirão I and II, in Cajazeiras, Paraíba, Brazil, from June to November 2019. The researcher and the researched ones did not have any link or previous knowledge. The choice of the research site was due to the number of pregnant women who participated in prenatal care, as it is two UBS located in the same physical space, inserted in a community of high social vulnerability, in a peripheral region, far from the reference services of health.

Primiparous and multiparous pregnant women between the second and third trimesters of pregnancy participated in the study. Thus, it was decided to exclude those who had diseases that prevented them from breastfeeding, such as human immunodeficiency virus (HIV), retroviruses (HTLV-1 and HTLV-2), among others.

Data collection took place following the appointment schedule of the pregnant woman at the UBS; that is, the researcher went to the health unit on the scheduled day of the appointment. Semi-structured and recorded interviews were carried out, which ended after obtaining the saturation point of the existing content in the speeches formed from the 12 pregnant women's speeches.

The analysis and systematization of this research occurred by obtaining the data and using the Collective Subject Discourse (CSD) technique. It is a fairly complex process, as a way to rescue social representations, as it enables the expression of a collective thought obtained from an individual speech, in which the tabulation of qualitative data of a verbal nature is used, for a better organization, to extract the Central Idea (CI) from individual speeches and identify key expressions (KE)[11].

Thus, for the analysis of the content of the participants' interviews, firstly, the floating reading of the statements was carried out to understand the set of transcripts. Then, successive readings were presented as necessary for possible identification of the core meanings related to the guiding questions, which make up the script of semi-structured interviews. Thus, four categories were developed according to the similarities and complementarities of the pregnant women's statements about their experiences and attitudes about breastfeeding, then presented and discussed with their respective CSD.

This research began after approval by the Research Ethics Committee (CEP) of the Teacher Training Center (CFP), Federal University of Campina Grande (UFCG), with Opinion No. 3,412,860 and developed under Resolution 466/2012 of the National Health Council, respecting cultural, moral, religious and ethical values, ensuring the confidentiality of information and protection of your identity[12].

Data collection began after the researcher and the research participants read, understanding, and signed two copies of the Free Informed Consent Form (FICF). In addition, to maintain the anonymity of the participants, PREG codes were assigned, followed by numbering according to the order of interviews.

RESULTS

The first category revealed the knowledge of pregnant women regarding the benefits of breastfeeding for the mother and child. For the construction of this CSD, eight pregnant women participated: PREG. 01; PREG. 03; PREG. 05; PREG. 06; PREG. 07; PREG. 08; PREG. 09; PREG. 12.

The category arose from the questioning to the women about their knowledge regarding the benefits of breastfeeding for the mother and child (and what these benefits would be). It was possible to observe that they are aware of the benefits for the baby, but they are unaware of most of the benefits aimed at the mother's side.

Category 01 - Benefits of breastfeeding from the eyes of pregnant women

> *CSD 01: "Milk brings benefits to the baby's health, as breast milk is life for the baby. I believe that besides being very important for the child, due to the nutrients, it even helps with growth, also to health, which is the main thing, right? So, without breast milk, how is the baby going to grow, become stronger? Because besides contributing to his health, there is that first liquid he takes, which he has to ingest because people say that there are many good bacteria, that it has nutrients, good vitamins for the child, but one of them is dental development and food, growth development. Therefore, breastfeeding, I think the main reason is for health, besides being a wonderful thing, it means generating more life for him. I've heard that when a mother breastfeeds her child, she explores breastfeeding a lot, she is acquiring not only resistance there but life, because everything will be healthy, skin, teeth, intestinal development, so there I will be contributing to his life. As for the mother, I didn't research what the benefits are, but I think the best thing is this contact, the bond she has with the child; in addition, if she doesn't breastfeed, the milk gets lumpy, it causes fever, she'll have others breast problems, maybe nodules, other consequences that she cannot breastfeed."*

The second category discussed addressed the mother's feelings regarding the bonding between mother and child. For the construction of this CSD, there was the participation of four pregnant women: PREG. 01; PREG. 03; PREG. 08; PREG. 12.

When asked about the desire and feelings of breastfeeding their child and the benefits that breastfeeding would bring, one of the most reported was related to bonding. This category reveals positive feelings of pregnant women about the creation of the mother-child bond.

Category 02 - Creation of a bond for the mother-infant dyad

> *CSD 02: "I think it's the most important moment for the mother, after giving birth. It's about breastfeeding your baby, having contact with him there. I have this desire to have this contact, not only because it is closer contact with your child, but because of the need because I know that this will have a good impact on the child's body. So, you have that desire because the child's first contact with the mother is the most important thing, it's breastfeeding, the creation of affection between mother and baby. Although breastfeeding makes the child very attached to us."*

The third category brought the main fears expressed by pregnant women about the act of breastfeeding. For the construction of this CSD, there was the participation of seven pregnant women: PREG. 01; PREG. 03; PREG. 04; PREG. 05; PREG. 07; PREG. 08; PREG. 12.

The creation of this category used the following questions were: Do you feel self-confident/safe to breastfeed? Why? What are your doubts regarding breastfeeding? If you have already breastfed, what are the main difficulties you faced in the practice of breastfeeding?

In this category, was noticed the fear of pregnant women of not being able to produce strong milk and in sufficient quantity for the baby's needs, besides the fear of pain and complications that may arise when breastfeeding.

Category 03 - Insecurity, fear and doubts: fears expressed about breastfeeding

> *CSD 03: "When you get pregnant, one of the first things you think is: will I be able to produce milk? Will I get enough milk? Will I have enough stimulation to produce milk? What types of foods can I eat that will help? I'm a terrible person at drinking water, and I don't know if it helps in milk production. I'm afraid of not knowing how to work properly, not knowing the correct grip, the pain, of hurting, because I don't know if I'll be able to produce. However, I see many people who do not want to breastfeed their child when it is born and give milk right away. So, I have some fears, don't I?! Because they usually say it's very aching at first, sometimes the child doesn't get it, it's very sore. The milk is weak, and the nipple is sore. So, I would like to know why the nipple gets hurt. And that fear factor, jitters can sometimes also harm. My concern is not being able to breastfeed, isn't it?! Because it is a sadness for every mother to see her child crying and not being able to breastfeed because the breasts cannot produce milk or for some reason."*

And finally, category four analyzed the knowledge of pregnant women about their rights during lactation. For the construction of this CSD, there was the participation of four pregnant women: PREG. 01; PREG. 05; PREG. 08; PREG. 12.

When questioned about their knowledge on the women who are breastfeeding rights, some were mentioned, such as maternity leave and assistance from the milk bank, as well as the rights in the context of public tender exams.

Category 04 - Women's rights while breastfeeding

> *CSD 04: "For those who are working who have maternity leave. But the right to breastfeed is the law, she does have it, even though she is at work, she has her right to an hour break, to go out, to breastfeed her baby, or else, she can split it in two, for half an hour, in the morning or the afternoon, it will be her decision on how to choose, but that her right to breastfeed, wherever it is, she has it. Concerning lactating women, there is still in the queue for tests; if you are breastfeeding, leave the room to breastfeed the child, aid from the milk bank, they offered on the first day."*

DISCUSSION

As observed in the speech of the CSD 01, pregnant women know the benefits of breastfeeding for the mother-child binomial, although the knowledge of the benefits aimed at the maternal side has a particular deficit. This finding corroborates a descriptive cross-sectional study carried out in Mexico with 31 pregnant women[13], which states that the knowledge of women on the subject in question is insufficient and inadequate.

Breast milk consists of white blood cells, proteins, and antibodies that act on the baby's immune system; enzymes and carbohydrates that help form the intestinal microbiota and function in the body; and vitamins and minerals, which are essential for the baby's healthy growth. About 50% of the total caloric value of human milk comes from fat, a source of cholesterol, fat-soluble vitamins, and essential fatty acids[14,15]. Its composition varies according to the amount of milk produced and the days after the baby is born. In a fragment of CSD 01, pregnant women reported the existence of colostrum, which is the first stage of milk, produced after birth, in smaller quantities, rich in proteins and antibodies, being the main responsible for protection against various infections in the baby[8,16].

The second phase of breast milk is the transition phase, which occurs between the seventh and twenty-first day, in which the milk is rich in carbohydrates and fats, thus favoring the child's growth. Finally, from the twenty-first day, milk is classified as mature milk, which has a balanced composition with all the nutrients the child needs to develop until the sixth month of life. Furthermore, breast milk also undergoes changes throughout the breastfeeding, being released first a more fluid component for hydration and later a thicker one for food and weight gain[16,17].

Although there is a prioritization of benefits aimed at child health, as evidenced in DSC 01, breast milk also benefits women's health. Among them, it reduces the risk of developing common neoplasms in women, such as breast cancer, helps in the weight loss acquired during pregnancy, reduces postpartum uterine bleeding, and contributes to uterine involution by releasing oxytocin during breastfeeding, factors that reduce the chances of developing hemorrhages and postpartum anemia[3,8,18]. At the end of CSD 01, it was realized that pregnant women are also aware of the problems that can be triggered when breastfeeding does not take place correctly. This knowledge often comes from maternal practice and experiences as a mother, highlighting, even more, the importance of implementing breastfeeding.

In CSD 02, pregnant women report the importance of the mother-infant bond, which is another of the countless benefits of breastfeeding; characterized by the establishment of an intense connection between the mother and the baby, which, in turn, promotes a feeling of comfort, security, and self-esteem[19]. A study[20] showed that adolescents between 12 and 17 years old, who had been breastfeeding for more than six months, showed a lower prevalence of common mental disorders, which suggests that breast milk seems to play a protective action in the onset of these disorders, besides of the reduction of psychological stress, attention deficit disorders, among others.

In addition, breastfeeding is an enormously relevant factor in the formation of the child's personality and positively contributes when it comes to psychological disorders. It is a relationship built from intrauterine life that is strengthened throughout life; however, when impaired, it can reflect on the child's development and social relationships throughout life[6].

As much as breastfeeding is an ancient practice, dating back to the dawn of humanity, women can still feel insecure today when they think about breastfeeding their children. This problem happens due to the doubts and fears they carry with them. In addition to insecurity, other factors lead to early weaning, as mentioned in CSD 03: insufficient milk production, weak milk, fear of not knowing the correct attachment, fear of pain, and of hurting the breast.

BF is not only biologically determined, and BF decision is influenced by the biopsychosocial history of the mother, by her support network, physical and emotional conditions, and also by the social value that is given to breastfeeding

in the environment in which she lives[21-24]. Thus, any compromises in these items make them become risk factors for early weaning. A study[25] observed a higher occurrence of early weaning in young women, with low education and low income, due to lack of experience and less access to information about the advantages of breastfeeding, as well as its cultural myths.

In CSD 03, the concern of pregnant women about not knowing if they will be able to produce enough milk to satiate their babies was noticed. Women can produce adequate milk for the satisfactory nutrition of their child, provided it is on-demand. Importantly, when compared to breast milk, cow's milk has a higher amount of protein, giving the child a feeling of satiety; however, despite the amount of protein is elevated, the substances contained in cow's milk are different, not meeting all nutritional needs and causing the child to develop intolerance and nutritional deficiencies later on[26].

One of the main challenges faced by postpartum women refers to the discomfort while breastfeeding, as reported in CSD 03. Pain at the beginning of breastfeeding is normal, but from the moment that cracks, blisters, and bleeding appear, this moment becomes frustrating. These complications are due to suction, nipple anatomy, babies with oral disorders or inappropriate grip and, therefore, the monitoring of the mother during and after pregnancy, with guidelines aimed at the uniqueness of each woman, is very significant because, in the face of problems and existing questions, health professionals can intervene and prevent early weaning[21,25,27-29].

Finally, in the CSD 04 category, women's rights as breastfeeding women were discussed. There are public policies that support breastfeeding, encouraging the practice in question, with maternity leave being the best known of them. According to Brazilian labor laws, women are entitled to leave for four months from the 8th month of pregnancy; that is, there would still be three months of exclusive breastfeeding for the newborn (NB). In addition, Law No. 11.770, of September 9, 2008, extended maternity leave to 180 days for public servants and workers in private companies, even though it is not mandatory[30,31].

Not mentioned by the women, but one of the Ministry of Health's strategies was the support rooms for lactating women implementation so they could use their work environment to breastfeeding, besides the installation of day-care centers in the work environment. The advantages of these implantations in companies would be the lower rate of absenteeism, as breastfed children get sick less; greater adherence to employment, since it would meet the woman's desire to be close to her child; and also, the understanding that the work value the needs of female employees, thus developing a positive image of the company for society in general[32,33].

Laws like these are relevant as work ends up being one of the most common reasons for early weaning. Work and breastfeeding need not be mutually exclusive. As mentioned by pregnant women in CSD 04, for women who return to work, the law guarantees that they have one hour, which can be divided into two 30-minute intervals, to breastfeed their child, either at home or in their work environment. It is also worth mentioning the option of withdrawing the milk and storing it[6], to be used as desired by the child, on free demand. In addition to this, one can also mention other achievements that were reported by pregnant women in CSD 04, such as priority in bank and business lines, the right to be able to take the child and a companion to public exams and to be absent, in the presence of an inspector, during the test to breastfeed.

Although rights were mentioned in the CSD 04, a deficit in the knowledge of pregnant women about their rights as lactating women was identified, since of the 12 women interviewed, only four reported knowing and describing their rights. This problem could be solved by making this information available, through Primary Care (PC), in an environment closer to pregnant women. Professionals could go beyond focusing on the benefits of breast milk, disseminating strategies and rights so that women can put breastfeeding into practice. It was noticed that even with the application of information disclosure relevant to the benefits of breastfeeding, particularly through information and communication technologies in health, the lack of knowledge of the women interviewed was frequent, requiring in-person interventions of playful content and interactive to modify this reality.

The limitations of this study, therefore, are linked to the difficulties of communication and support from the team in front of the health units where the research was carried out.

FINAL CONSIDERATIONS

The present investigation achieved its objective by identifying the experiences and attitudes of pregnant women about breastfeeding. The existing gaps in knowledge on the subject in question were observed, that is, the major myths and beliefs that lead to early weaning, going against the literature. In addition, it was possible to confirm the findings that most pregnant women participating in the research are not aware of the policies and rights that support it.

Studies like this contribute positively to raising breastfeeding rates in the country, as they identify the knowledge deficits of a given population so that intervention measures can be taken in the problem, in addition to meeting the guidelines that should be passed on during prenatal care, also contributing to the assessment of the quality of care provided by Basic Health Units.

As alternative paths for further research within the theme, there is the suggestion of further investigations of regional nature and encouragement for the formation of groups of pregnant women in health units to establish more direct communication and a means for exchanging knowledge and experiences, encouraging breastfeeding and contributing positively to inspiring women to reduce early weaning.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

CONTRIBUTIONS

All authors contributed equally and approved the final published version.

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