Revista de Enfermagem
do Centro-Oeste Mineiro
2019;9:e3335
DOI:10.19175/recom.v9i0.3335
www.ufsj.edu.br/recom

Original Article

RECOM
REVISTA DE ENFERMAGEM DO CENTRO-OESTE MINEIRO

PROMOÇÃO DO ALEITAMENTO MATERNO: PRÁTICAS DE MÉDICOS E ENFERMEIROS DA ATENÇÃO PRIMÁRIA À SAÚDE

PROMOTION OF BREASTFEEDING: PRACTICES OF PHYSICIANS AND PRIMARY HEALTH CARE NURSES

PROMOCIÓN DE LA LACTANCIA MATERNA: PRÁCTICAS DE MÉDICOS Y ENFERMEROS DE LA ATENCIÓN PRIMARIA DE SALUD

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RESUMO

Objetivo: Apreender o conhecimento e práticas de médicos e enfermeiros para promover o aleitamento materno, após a implementação da Rede Mãe Paranaense. **Método**: Pesquisa qualitativa, com análise baseada na Fenomenologia Social. Realizaram entrevistas com 35 médicos e 27 enfermeiros atuantes no serviço de atenção primária. **Resultados:** Os profissionais possuem pouco conhecimento sobre a adesão do aleitamento materno em seus municípios. Suas ações foram pontuais, ocorrendo em algum momento específico do pré-natal, puerpério ou puericultura, sendo realizadas orientações individuais ou palestras. Entretanto, os profissionais esperam que a promoção do aleitamento materno possa reduzir a mortalidade infantil. **Considerações finais:** O desconhecimento da baixa adesão e a fragmentação das práticas, para promover o aleitamento materno, fragilizam o planejamento de ações integrais para transformar os indicadores de saúde infantil.

Descritores: Aleitamento materno; Promoção da saúde; Médicos; Enfermeiros; Atenção Primária à Saúde.

ABSTRACT

Objective: To analyze the knowledge and practices developed by physicians and nurses to promote breastfeeding after the “Mãe Paranaense Network” implementation. **Method:** A qualitative research with analysis based on Social Phenomenology was used. Interviews were conducted with 35 physicians and 27 nurses that work in primary health services. **Results:** The professionals have little knowledge about breastfeeding adherence in their municipality. Their actions were punctual, occurring at some specific time of prenatal, puerperal or childcare, with individual orientations or lectures. However, the professionals hope that promoting breastfeeding can reduce child mortality. **Final considerations:** The lack of knowledge about low adherence and fragmentation of practices to promote breastfeeding weaken the planning of integral actions to transform child health indicators.

Descriptors: Breast Feeding; Health Promotion; Physicians; Nurses; Primary Health Care.

RESUMEN

Objetivo: Apreciar el conocimiento y las prácticas de los médicos y enfermeros para promover la lactancia materna después de la implementación de la Red Madre Paranaense. **Método:** Investigación cualitativa, con análisis basado en la Fenomenología Social. Se realizaron entrevistas con 35 médicos y 27 enfermeros que están actuando en el servicio de atención primaria. **Resultados:** Los profesionales tienen poco conocimiento sobre la adherencia a la lactancia materna en sus municipios. Sus acciones fueron puntuales, ocurriendo en algún momento específico del prenatal, puerperio o puericultura, siendo realizadas orientaciones individuales o charlas. Sin embargo, los profesionales esperan que la promoción de la lactancia materna pueda reducir la mortalidad infantil. **Consideraciones finales:** El desconocimiento sobre la baja adherencia y fragmentación de las prácticas para la promoción de la lactancia materna debilitan la planificación de acciones integrales para transformar los indicadores de salud infantil.

Descriptores: Lactancia Materna; Promoción de la Salud; Médicos; Enfermeros; Atención Primaria de Salud.

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Como citar este artigo:
Silva RMM, Caldeira S, Toninato APC, et al. Promoção do aleitamento materno: práticas de médicos e enfermeiros da atenção primária à saúde. Revista de Enfermagem do Centro-Oeste Mineiro. 2019;9:e3335. [Access_____]; Disponível em:______. DOI: http://dx.doi.org/10.19175/recom.v9i0.3335

INTRODUCTION

Proper breastfeeding practices contribute significantly to reducing child mortality. It is known that 87% of deaths in children under six months could be prevented and are strongly associated with higher prevalence of exclusive breastfeeding[1-2].

Breastfeeding provides numerous advantages for children, mothers and family. It is paramount for children's physical growth, psychological development and immune functioning, especially during the first year of life, as it protects against infectious diseases, dental malocclusion and chronic diseases such as diabetes and overweight, and also ignites the bond between mother and child providing the fostering of love, protection and warmth[3-4].

Even in the face of technological advances in milk formulas and foods for children, especially in the first six months of life, breast milk remains unanimous as an ideal food, as it properly addresses the metabolic needs of infants, as well as positively impacting family spending[5].

The World Health Organization recommends that in the first six months of life the child receives exclusive breastfeeding, however, worldwide, the prevalence at this age does not reach 40% of children, which is repeated in Brazil: 41%. One of the goals advocated by the World Health Organization for 2025 is to increase the overall rate by at least 50% of exclusive breastfeeding until six months of age[6].

In view of this scenario, the Paraná Paranaense Network was implemented in the state of Paraná in 2012, with the objective of reducing the indicators of maternal and child mortality through health care, in a qualified and safe manner during pregnancy, postpartum and up to two years old child. One of the program's strategic goals is to improve the resolution of prenatal, childbirth, puerperium and childcare, including the encouragement of exclusive breastfeeding, through the work of primary care health teams[7].

Taking as reference the challenge related to early weaning and the implementation of Rede Mãe Paranaense, this study is justified by seeking to understand if health professionals, especially doctors and nurses, are prepared to assist the mother-child dyad, according to with the premises of the Network. From this perspective, the following question emerged: what is the knowledge and actions of doctors and nurses to encourage breastfeeding in the primary care service?

Therefore, the aim of this study was to learn the knowledge and practices developed by doctors and nurses to promote breastfeeding, after the implementation of the Paranaense Network.

METHOD

Study of qualitative approach having as its guiding axis the conceptual and methodological premises of Alfred Schütz's Social Phenomenology[8]. Alfred Schütz's Social Phenomenology aims at understanding the social world in its intersubjective meaning and proposes the analysis of social relations. This is the meaning of structure in the inter-subjective experience of social relationship face to face, turning therefore to understand the social actions that have a contextual meaning, social setting[8].

The state of Paraná has 22 Health Regions, with a total of 399 municipalities. Foz do Iguaçu Regional (9th) and Cascavel Regional (10th) are located in the western region of the state of Paraná, while Londrina Regional (17th) in the northern region. This study was conducted in 21 municipalities of the three Regionals, of which six in the Foz do Iguaçu Regional, five in Cascavel and ten in Londrina. It is noteworthy that, for the choice of the participating municipalities, there was a draw among those who agreed with the Network.

The study included 27 nurses and 35 doctors. Inclusion criteria were: being a doctor or nurse working in the selected municipalities, having more than six months of work in primary care, providing care to pregnant women and children. Other health professionals and professionals who did not work directly with the maternal and child segment were excluded.

Initially, the Regional Directors were contacted to authorize the research, as well as the health departments of each municipality. Later, a telephone contact was made with the professionals, proposing the meeting to clarify the research purposes. The professionals who were contacted agreed to participate and signed the Informed Consent Form, with no refusal by any participant. The choice of the participating professionals was determined considering their performance in the health unit, with the largest number of medical and nursing care provided to children and women, indicated by the municipal health manager.

Data collection took place between October 2014 and February 2015, in days and previously scheduled times during the workday. It is emphasized that the interviews were conducted in a private environment, individually, in their own rooms or meeting the health unit offices.

To enable data collection, a semi-structured script was used based on the premises and guidelines of the Network, including the questions: How do you perceive breastfeeding and its adherence in your municipality? What actions do you take to promote breastfeeding? What do you expect for the health of the child? The interviews were recorded in audio, heard by the researcher and participant for validation and later transcribed in full.

The trajectory for data organization and analysis took place according to the assumptions of the Social Phenomenology[8-9], that is, careful reading of the interviews, grouping of significant aspects to form the concrete categories and the horizontal map. Then began the analysis, seeking to understand the “reasons why” and “reasons for”, to finally organize the social group, consisting of doctors and nurses.

The Social Phenomenology is a reference with a look directed to the understanding of the actions of human beings and their possible social relations composed of meanings, which justifies their choice for this study. This framework allowed us to understand human phenomena in their daily lives from concrete experiences, in this case, the experience of doctors and nurses in the promotion of breastfeeding[8].

The identified categories were: Perception of professionals about breastfeeding and its adherence; Actions of doctors and nurses to promote breastfeeding; Aspects that potentiate or hinder breastfeeding; and perspectives for child health by encouraging and supporting breastfeeding.

All ethical and legal precepts regulated by National Health Council Resolution No. 466/2012 were obeyed. The research began, after approval of the project by the Research Ethics Committee, involving Human Beings of the State University of Western Paraná, under Opinion No 544.107. To ensure anonymity of the participants, the nurses were identified by the letter E, and the doctors by the letter M, with the sequential interview number, eg E1, E2, M1, M2 and thus consecutively.

RESULTS AND DISCUSSION

The group formed by nurses working in the municipalities of the Regional Health Centers studied was between 24 and 48 years old and had a training period of three to 24 years. Already the group formed by doctors was aged between 26 and 70 years and training time from one to 41 years.

The speeches referring to knowledge and actions developed by doctors and nurses to encourage breastfeeding, specifically, after the implementation of the Network, were presented in concrete categories of the lived experience. Thus, the following categories congregate, according to Alfred Schütz[8], the "reasons why", which involve all the professional knowledge, and the "reasons for", that is, their expectations for child health through actions to promote breastfeeding.

Professional perception of breastfeeding and its adherence

When asked about how they perceive breastfeeding and its adherence in the area covered by the health unit of the municipality where it operates, the participants answered: “We have no problems with this, this is already a natural search for the pregnant woman. They are already nursing their babies quietly, very [emphasis] we rarely lose a breast (M3)”. “This we have hit so hard, but on the other hand, the adhesion is also very high, almost 100%” (M5). “I was told that the index was not so bad (...), the exclusive six months is not so bad (...) there is no statistics, but it is not so much (...)” (M21). “Look, exclusive, I think, so evaluating (...) taking the childcare at the beginning, childcare until six months, is about 85% (...)” (E17).

The knowledge baggage reported by the professionals studied refers to the experience lived in maternal and child care, regarding breastfeeding or, through the reports they heard from other professionals. Thus, when asked about the incidence of breastfeeding in their municipality, the doctors and nurses interviewed, brought their knowledge inherited from predecessors, acquired in the experience of maternal and child care as something that can be added to the experience itself. This experience can only be understood through externalized actions that form the basis of communication and social relationship, especially in the face-to-face relationship between the health team, the woman and the breastfeeding child[8].

In this sense, most professionals described the high adherence to breastfeeding, in reality, however, did not concretely state such prevalence, especially when mentioning that they believe or that someone had said it is high, leaving explicit that the luggage of knowledge can come in many forms, not showing sufficient knowledge about high or low adherence.

Importantly, by referring to the high adherence of breastfeeding in the health services of the municipality where they operate, the participating professionals may have masked their experience to show what they consider correct or ideal in the investigated context.

Studies conducted in Brazilian municipalities describe that the prevalence of exclusive breastfeeding in the first six months of a child's life has been low, between 34.1% and 37%[9-10]. From these perspectives, the statements of the interviewees do not seem credible in the Brazilian context and, therefore, may indicate ignorance of the real prevalence of breastfeeding in their region. Such aspects may weaken promotion actions, because although it appears that exclusive breastfeeding is on the rise in Brazil, there are still gaps regarding the adherence of exclusive breastfeeding until the sixth month and complementary until the second year of life.

Furthermore, as provided by the guidelines of Rede Mãe Paranaense, it is essential to know the possible risk factors for infant mortality, such as the lack of exclusive breastfeeding until the sixth month, as well as early weaning, which are considered essential to guide action planning and to transform indicators that undermine maternal and child health[7].

The experience of breastfeeding, experienced by the researched professionals and the breastfeeding woman, occurs in the daily lives of these social actors, that is, in the world of life, which, for Schütz, is a cultural and intersubjective world. Care when it involves breastfeeding occurs as an interactive process that, when experienced by two or more people, has meaning for those involved in this social action. Thus, breastfeeding women and health professionals have their own interests that motivate and direct them to care actions. Are the existential motives - motivation[8].

Actions of doctors and nurses to promote breastfeeding

Professionals in this category reported how breastfeeding promotion actions are performed, as well as the time when such actions are developed.

During pregnancy, the actions involved individual guidance in prenatal consultations and lectures to groups of pregnant women. These actions were complemented with home visits and the participation of the human milk bank. The following reports show the above: "(...) it happens during prenatal consultations, but it is more worked in the pregnant group, where we have the collaboration of the milk bank in the unit" (M8). "The guidelines are made individually, we have no group of pregnant women (...)" (E2). "So, we do the meetings of pregnant women, every month, each professional goes there and gives guidance" (...) (E6).

(...)"When she comes to make the first prenatal visit, (...) we already evaluate the breasts, the nipples and explain about the child's grip" (E8). "I give a lecture and I do a group of pregnant women when possible and I also give orientation during home visits" (E25).

The actions cited by professionals as a breastfeeding promotion strategy demonstrate approaches such as: group orientation; lectures for health education. The nursing woman, the nurse and the doctor, at the moment of care and care, experience a social relationship that occurs in the same space and chronological time. This relationship occurs in the interaction of the face to face relationship[8]. Thus, the face-to-face social relationship is permeated by common interests for the development of care actions. This is what Schütz calls reciprocity of intention with regard to teaching and learning.

In this sense, the scientific literature describes strategies for health education that can be incorporated, in addition to those cited by professionals, with space to build knowledge about breastfeeding, conversation wheels punctuating individual needs, as well as the use of technological tools. , such as social networks or mobile apps, which could facilitate communication between professionals and the pregnant woman[11].

It is important to develop educational actions based on scientific knowledge and focused on dialogical knowledge, to guide the practices of breastfeeding promotion, adopting as strategies more active pedagogical proposals based on reflective critical education, in the context of all the actors involved[11]. In the

relationship of maternal and child health care, it is necessary to recognize the health needs of women and children and to identify which health actions they require, whether in childcare, breastfeeding or caring for women. Thus, it is necessary that the nursing woman, and the professionals who provide care, whether the nurse, the doctor or other, can be able to rescue their experiences and their existential path, being this rescue about what Schütz calls biographical situation. The biographical situation allows social actors to interpret the world from the collection of previous experiences and knowledge, enabling them to reflect and understand their actions and their relationship with the world[8-9].

To broaden the health education actions already developed, professionals can create moments for the promotion of active or qualified listening, as well as a comprehensive attitude, giving women the opportunity to express their knowledge, coming from living with other women, family and community so that she can safely assume the practice of breastfeeding. Active or qualified listening should occur through the face-to-face relationship between the healthcare professional and the breastfeeding woman. In this context, social phenomenology allows both mothers and professionals to have reciprocal intentions for breastfeeding[8-9]. In the promotion of breastfeeding, the exchange of experiences, opinions, doubts, feelings are necessary, as they favor the construction of knowledge[11].

Regarding the actions to encourage breastfeeding in the postpartum period, doctors and nurses highlighted the importance of these being initiated in the maternity ward. “Specifically at hospital X, the attempt to bond, to make the postpartum woman feel the need to breastfeed, is very intense, strong, I think is quite appropriate.” (M1).

They also highlighted the importance of taking advantage of the moment of vaccination, puerperal revision and childcare itself. “In the puerperium, we reinforce a lot, ask how it is, examine the breast, see if everything is right, so we pay more attention” (M23). “The incentive occurs through the mother's first consultation, when she brings her to the BGC vaccine, so we use this moment to guide her” (E3). “(...) we make the orientations in the first childcare (...)” (E19).

Success for breastfeeding practices involves individualized or collective actions and activities directed at pregnant women, throughout the prenatal period with extension in child care, through reports of the magnitude, advantages, benefits and difficulties that involve this practice. Moreover, the psychological and physiological preparation of the mother, the knowledge of how to take care of the breasts and the position of her and the child in the act of breastfeeding, i.e., the demonstration of breastfeeding techniques are fundamental for the success of lactation[5].

These actions were reinforced by Community Health Agents and nurses during home visits. “(...) there are visits by community agents and nurses, encouraging breastfeeding and avoiding the abandonment of breastfeeding before the sixth month of life” (M26). “(...) the community health agents go there to make visits (...), sit with the pregnant woman, guide, teach, put the baby in the right position to breastfeed (...)” (E6).

Rede Mãe Paranaense recommends that the primary health care team make a home visit to the mothers and newborns until the fifth day after hospital discharge, in order to evaluate breastfeeding, if they have difficulties, clarify doubts, support and encourage breastfeeding according to the needs of the mother-child dyad[7].

Thus, it is perceived what is done, as well as what is recommended or recommended with regard to breastfeeding. In this sense, the reports bring the lived experiences and expectations, since the baggage of knowledge is something inherited from the predecessors, the contemporaries, what we can add to our own lived experience through actions and social relationship face to face. These actions are driven by the “reasons why” and “reasons for”. The “reasons why” are reasons rooted in past experiences that relate to the acts performed, and it is possible to reconstruct these motives in retrospect. Orientation for future behavior is the “reason for”, which is an essentially subjective category, because it has not happened yet[8-9].

Although it is observed that some actions to encourage and support breastfeeding are taking place, even if at some prenatal or postpartum period, ways must be unveiled to enable these actions to happen fully, that is, planned so that include assistance during the prenatal, childbirth, puerperium and follow-up of the child, as described by a professional's speech: “(...) since prenatal work is done. (...)As the

nurses do an interview this approach to the importance of breastfeeding is made. In the hospital itself, work is done on this pregnant woman so that in the early hours she puts this child to suck. After this child is born (...) we have a meeting every Friday, we have a nutritionist who takes a very big approach (...) then passes on to mothers the importance of breastfeeding in childcare too. So we do a great job of encouraging this mother not to lose the benefit of breastfeeding" (M29).

Aspects that potentiate or hinder breastfeeding

This category also described the "reasons why" and transcribed the reality experienced by doctors and nurses related to aspects that potentiate or hinder breastfeeding.

The first aspect that the professionals described as breastfeeding enhancer referred to the mothers' awareness: "(...) it is necessary to comment before the woman has the baby, (...) because, many times, the mother is not aware, therefore they do not breastfeed "(...) (M11). "Mothers have noticed that breastfed children are much healthier and have much less digestive and especially respiratory problems" (M14). "I think it has improved a lot. Mothers are more aware. They have a greater effort. But I notice it's more of a mom's option" (M20).

It is essential that mothers receive guidance on breastfeeding from the first prenatal consultation, with encouragement and information, in order to build the necessary knowledge for adherence. Studies show that mothers are aware that breast milk is essential and safe for the baby, as it refers to a source of protection that acts to preserve disease and reduce infant mortality[13-14].

Another factor described by professionals as potential enhancer referred to the increase in maternity leave time: "Mothers nowadays have a longer time to be with their babies (...). It is increasing, usually from four to six months, that they are out of work" (...) (M14).

Maternity leave positively influences the prevalence of breastfeeding. Study describes that the duration of maternity leave is strongly related to the duration of breastfeeding, its related benefits and the decrease in infant mortality. Brazil stands out at the international level for offering longer time off in weeks and percentage of salary paid to women on maternity leave, ranking seventh in the ranking of 202 countries surveyed. However, changes in the length of leave are indispensable, considering the premise of maintaining exclusive breastfeeding until the sixth month of life[15].

As the last aspect that boosted breastfeeding, professionals highlighted strategies developed individually or in partnership with the municipal health department: "(...) people from the health department will visit patients in the hospital while they are hospitalized (...) the person receives a visit and guidance there about breastfeeding (...) " (M15). "We also have a questionnaire that we fill out monthly for all children who do childcare (...) we still fill out to know if these children are exclusively breastfed, those who are predominant, complementary and those who are not breastfeeding (...) " (E21).

In the experience of professionals, conventional strategies such as counseling, home visits, guidance and information were commonly used for lactation awareness, and could be performed individually or in groups. In addition to these traditional methods, partnerships and innovations such as the elaboration of didactic materials, illustrative manuals on the theme have emerged, which have been highlighted as potential tactics in the encouragement of breastfeeding, since it clarifies routine uncertainties about this theme[16]. In addition to teaching and learning techniques, subjectivity must also be[8] of these women regarding the desire and importance of breastfeeding for themselves and their child.

Through the Mãe Paranaense Network, the Paraná State Department of Health, in partnership with the State Health Regions, seeks to develop usual and educational actions and strategies to ensure the success of breastfeeding[7].

However, numerous difficulties were presented by professionals for the maintenance of breastfeeding, such as: return to work, cultural issues and lack of awareness of the health team itself.

About the return to work as a complicating aspect, the professionals reported: "Again, the difficulty is when the mother returns to work, she cannot breastfeed for at least six months and has to go with other milks, and the people are guiding how to do it" (M5). "When they have to work, you see a lot that they don't have the milk, the freezing, the storage. Companies don't make it easy, four-month licenses get in the way" (E16). "A mother arrived here about 15 days ago, but

she was crying so much (...). Because she was going back to work and didn't want to give the baby another milk (...)" (E20).

Participating professionals view the challenge of mothers to continue breastfeeding when returning to work after maternity leave. This fact hinders exclusive breastfeeding, since maternal removal from the home hinders breastfeeding. Mothers who stay home most after childbirth breastfeed more[13]. Even in the face of this wide obstacle, the Network has the competence of the health team to encourage exclusive breastfeeding[7].

Regarding cultural issues interfering with breastfeeding, professionals report some difficulties: "We have cancer in the state, called government milk. So the mothers have in mind, for political reasons back in the past, the elector, who made a lot of propaganda, that this government milk was fantastic. That was a strong milk with vitamins, this and that. So mothers come to us with 2, 3 crazy months to give the famous government milk" (M22). "Ah, that's it, there's a lot of cultural issues, that is, the issue of breastfeeding I think is something that we won't change" (...) (E8). "There are many paradigms in relation to breastfeeding, (...) the breast will fall, then that there that. (...) especially in a small town the people are very humble, these beliefs exist (...)" (E11).

Breastfeeding is not a purely instinctive action, but it is an act strongly persuaded by the mother's experience from her baggage of knowledge[8], by the context lived by this social group, besides the myths and beliefs that can directly interfere in this process. A study in Missouri, United States, indicated that knowing someone who breastfed has been associated with positive experiences in the breastfeeding process, especially in more vulnerable populations[17].

Care, as well as breastfeeding, as one of the forms of care, is a naturally lived experience and constitutes the first social relationship of the human being[8]. It is an interactive process that, when experienced by two or more people, has meaning for those involved in this social action. Thus, the woman who breastfeeds the baby, that is, the mother and child dyad and the professionals who take care of that dyad, have their own interests that motivate and direct them to care actions. These are the existential motives, also called motivation.

In this same way, it is necessary that the professionals who provide care, in the case of this study, the nurse and the doctor, as well as the breastfeeding woman, are able to rescue their experiences, permeated by the knowledge baggage of each one, making up the biographical situation[8]. In this sense, during the experience of health care, the nurse, the doctor and the breastfeeding woman acquire experiences that constitute the typification, which is typical for each one. The everyday world is presented in the typifications, that is, in the representations constructed by the social actors themselves, according to their experiences and relevance[8].

Thus, there is a need for health professionals to understand the socio-cultural context, experiences, uncertainties, fears and perspectives of mothers, as well as demystify the concepts that negatively impact breastfeeding.

Referring to the professional's speech about "government milk", it is noted that, in 2003, in the State of Paraná, the Children's Milk Program was launched, which aims to help reduce child nutritional deficiency through the distribution of one liter of pasteurized milk enriched with vitamins "A", "D" and iron chelate per day for children aged 6 to 36 months[18]. The supply of milk from this Program may interfere with the continuation of breastfeeding and also opposes the contraindication of whole milk in children under 12 months, mainly due to its allergenic potential and protein content. Thus, a reevaluation of the age group of children benefited by the Program from 6 to 36 months to 12 to 36 months has been recommended [19].

The differences between the health team to encourage and support breastfeeding was also pointed out in the professionals' speeches: "Our complicating factor is sometimes the pediatrician (...). He gives me a formula and says: "Oh, it's really giving way to the chest, which is it, it can stop" (E19).

Good experiences for the encouragement and promotion of breastfeeding need to be built with the awareness and commitment of the health team. The health team needs to be adequately trained and aware to provide the lactating women with appropriate guidance on the lactation process and thus enable and assist in the promotion of breastfeeding[16].

It is necessary to emphasize, in the qualification of health professionals, the cultural values that defend breastfeeding, favoring their involvement in this process. The professional

needs to be aware of the importance of breastfeeding, to know how to recognize the needs of women in all phases of the puerperal pregnancy cycle, in order to contribute to the success of breastfeeding[20].

Perspectives for child health by encouraging and supporting breastfeeding

In this category, it was possible to identify the “reasons for” of professionals regarding their perspectives for child health with the encouragement and support of breastfeeding, as explained in their reports: “I hope that children are more assisted, decrease the child mortality I saw that decreased” (M18). “(...) what we imagine is that it can reduce child mortality, (...) reduce morbidity and mortality (...) in general” (M28). “(...) reduction in hospitalizations, diseases and improved nutrition and growth. (...) quality care for the child too, (...) and a lower risk of disease, death. I think this is the goal like that, the same as Rede Mãe Paranaense” (E18).

For Alfred Schütz[8], all baggage of knowledge shapes one's biographical situation as well as makes it capable of projecting itself on expectations or perspectives. Thus, in the reports of the participants of this study, most professionals described the reduction of infant mortality as the main perspective for child health, from the promotion of breastfeeding. It is noteworthy that the Network has as its main proposal, for all its actions, the reduction of child mortality[7].

In fact, the promotion of breastfeeding directly implies the protection of the child against countless infections, thus preventing many deaths from happening. Studies show that 830,000 children could be saved every year through breastfeeding[1].

Moreover, thinking about practices that guarantee breastfeeding in primary care services, as mentioned in this study, meets the challenge launched by the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), set with the Sustainable Development Goals, with breastfeeding as a protective factor capable of reducing countless preventable deaths. Mutual intentions and actions[8] of care among health professionals, community and maternal and child population, that is, all fighting for the same cause, can result in more adherence to breastfeeding, reaching the expected and recommended.

FINAL CONSIDERATIONS

The social group of physicians and nurses participating in the research has still little knowledge about breastfeeding adherence in their region, since when asked directly about these data, the research participants report indices that are probably overrated, little knowledge can be inferred about actual data on breastfeeding adherence in their region. For these professionals to become sensitized and knowledgeable about their local reality, educational practices are needed to enable them to plan for reciprocal health actions with the perspective of transforming indicators of infant morbidity and mortality.

The actions developed by these professionals to promote breastfeeding were performed, punctually, at some specific prenatal, postpartum or during child follow-up, showing little opportunity for the face-to-face relationship between caregivers and caregivers. Such actions still occur in a fragmented manner, and it is essential to reorganize care to include the promotion of breastfeeding throughout the care of the mother-child dyad. In addition, research indicates that it is necessary to reach the subjectivity of breastfeeding mothers, making them aware of the importance of breastfeeding for themselves and their children.

Professionals also reported enhancing and complicating aspects for the encouragement and maintenance of breastfeeding, describing the Children's Milk Program that is a reality experienced in the state.

They hope that children's health will be promoted and that morbidity and mortality due to preventable causes will be reduced through actions proposed by the Mãe Paranaense Network, which involve encouraging and assisting breastfeeding.

Although this study presents as a limitation the impossibility of generalizing the results, since the specificity of the Network is not adopted throughout the Brazilian territory, it promotes possibilities for reflection on the subject, as it is an introduction to new debates, considering that Incentive and breastfeeding aid refers to an essential tool for the promotion of child health.

It is understood that the study may contribute to health education and research by providing evidence on the knowledge and weaknesses of primary care professionals to promote breastfeeding. In addition, it may support favorable decision making with

integrated and targeted strategies to add to the practice of lactation, in addition to enhancing actions that subsidize doctors and nurses in their daily work, expanding the knowledge background regarding breastfeeding.

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Note: Financial Support by CNPQ.

Received on: 04/04/2019
Accepted on: 23/09/2019

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