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SOCIAL SUPPORT FOR BREASTFEEDING: PERCEPTION OF MOTHERS OF LATE PREMATURE NEWBORNS

APOIO SOCIAL PARA O ALEITAMENTO MATERNO: PERCEPÇÃO DAS MÃES DE RECÉM-NASCIDOS PREMATUROS TARDIOS

APOYO SOCIAL A LA LACTANCIA MATERNA: PERCEPCIÓN DE LAS MADRES DE LOS RECIÉN NACIDOS PREMATUROS TARDÍOS

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Objective: to understand the function of social support received by mothers of late premature newborns for breastfeeding. Method: qualitative study developed through in-depth interviews with 15 mothers in southern Brazil. The data were treated by theoretical analysis and anchored in the theoretical framework of Social Network of Sanicola. Results: the sources of support of the primary network were members of the family nucleus and the secondary network, professionals, health agents and community members. Network functions: material support for household tasks and care for the specific demands of the baby; affective support; and informative: breastfeeding management and complications. There was no support for mothers at home by health professionals. Final considerations: the social support received by mothers of late premature newborns did not include the primary network in the demand for multiprofessional care, to meet the demands of a baby with specificities.

Descriptors: Breast Feeding. Social Networking. Infant, Premature. Qualitative Research. Nursing.

Objetivo: compreender a função do apoio social recebido pelas mães de recém-nascidos prematuros tardios para o aleitamento materno. Método: estudo qualitativo desenvolvido por meio de entrevistas em profundidade com 15 mães, no Sul do Brasil. Os dados foram tratados por análise teórica e ancorados no referencial teórico de Rede

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Social de Sanicola. Resultados: as fontes de apoio da rede primária foram membros do núcleo familiar e da rede secundária, os profissionais, agentes de saúde e membros da comunidade. Funções da rede: apoio material para os afazeres domésticos e cuidados com as demandas específicas do bebê; apoio afetivo; e informativo: manejo do aleitamento materno e intercorrências. Houve ausência de apoio às mães no domicílio pelos profissionais de saúde. Considerações finais: o apoio social recebido pelas mães de recém-nascidos prematuros tardios não incluiu a rede primária na demanda de cuidados multiprofissionais, para atender as demandas de um bebê com especificidades.

Descritores: Aleitamento Materno. Rede Social. Recém-Nascido Prematuro. Pesquisa Qualitativa. Enfermagem.

Objetivo: comprender la función del apoyo social que reciben las madres de recién nacidos prematuros tardíos para la lactancia materna. Método: estudio cualitativo desarrollado a través de entrevistas en profundidad con 15 madres en el sur de Brasil. Los datos fueron tratados mediante análisis teórico y anclados en el marco teórico de la Red Social de Sanicola. Resultados: las fuentes de apoyo de la red primaria fueron miembros del núcleo familiar y de la red secundaria, profesionales, agentes de salud y miembros de la comunidad. Funciones de red: apoyo material para las tareas domésticas y el cuidado de las demandas específicas del bebé; apoyo afectivo; e informativo: manejo de la lactancia materna y complicaciones. Los profesionales de la salud no apoyaron a las madres en el hogar. Consideraciones finales: el apoyo social recibido por las madres de recién nacidos prematuros tardíos no incluyó la red primaria en la demanda de atención multiprofesional, para satisfacer las demandas de un bebé con especificidades.

Descriptores: Lactancia Materna. Red Social. Recien Nacido Prematuro. Investigación Cualitativa. Enfermería.

Introduction

Prematurity, birth before the 37th week of gestation, is a worldwide public health problem. In Brazil, it represents about 11% of births. Among these are late preterm infants, nomenclature for birth that occurs between the 34th and 36th weeks of gestation, which represents 75% of all premature infants[1-2].

Late preterm newborns (LPN) seem in size and weight with full-term newborns (NB), but when compared, they present higher risks of complications both at birth and during life[3]. What can trigger these problems both in the early days and in the first months of life is nutrition. LPNs have greater difficulty in achieving adequate oral intake[4].

This indicates the need to care for breastfeeding of an LPN, since, from the 34th week of gestation, the development of reflexes and suction-swallowing-breathing coordination begins. However, signs of hunger and satiety can be confusing or less active and often they fall asleep during feeding. These characteristics contribute to the challenge of breastfeeding and/or feeding these NBs[5]. In the practice of breastfeeding, there is a risk of breastfeeding becoming spaced and ineffective, which compromises the production, ejection of milk and the success of breastfeeding. With difficulties, LPN is become more vulnerable to complications, such as respiratory infections, gastrointestinal diseases, otitis, among others[6].

The success of breastfeeding depends on factors related to NB and mother and demands care from the professionals involved. Factors related to NB include development evaluation and sucking-swallowing ability. Those related to the mother contemplate the evaluation of breast milk production and the readiness for adequate support from health professionals in prenatal, birth and postpartum[3].

In prenatal care, it is necessary to promote access to information and support to pregnant women. At birth, ensure skin-to-skin contact, the supply of milked milk, with periodic milkings, associated with breastfeeding directly in the breast[7]. Before and after discharge from the maternity ward, families need professional support related to the maintenance of breastfeeding (BF), taking into account the particularities of these NBs[8]. Furthermore, the fact that these newborns are similar in weight and size to full-term newborns makes them invisible to health professionals and families, who do

not recognize them as NB with specificities of breastfeeding care, which implies early weaning and recurrent hospital admissions[4].

This indicates that there are demands that include the care of women, due to the situation of puerperium and motherhood, and the social actors of this family, since the components of the support network of the mother woman interact and add forces when the LPN arrives at home. The structuring of the support network will constitute and develop its dynamics based on the set of bonds established between the individuals who make up the family nucleus and between them and the extended family[9].

The researchers involved in the present study did not identify published Brazilian studies that focus on the social support network, considering breastfeeding care for late-term infants. Thus, the Lia Sanicola Support Network was defined as a methodological theoretical framework, based on the family approach, which considers the context in which the person is inserted. This Network describes social support as a resource provided by people who interact with family, such as friends and neighbors, and may occur through emotional, affective, instrumental, information and positive interaction support[10]. Then, knowing the social network of mothers of LPN allows identifying who are the individuals who constitute it, which sources are significant and what functions can be triggered for support[11].

The aim of this study was to understand the function of social support received by mothers of LPN for breastfeeding.

Method

This is a qualitative research, in which the Sanicola Social Network Theoretical Framework was used[10]. This approach is characterized by the centrality that primary networks assume through bonds of kinship, friendship or neighborhood. They are founded on reciprocity and trust, such as the family network. Secondary networks may be informal and/or formal, third sector, market or mixed and differ from each other by the type of support provided, such as health professionals.

The functions performed by the social network can be diversified, such as material/domestic (food and domestic help) and psychological (feelings of security, identity and recognition). The functions allow the perception of the type of support offered by the network and its impact to the person. They have a symbolic dimension of social networks, generating a dynamic of observation that, over time, becomes a posture of gratitude and solidarity among individuals[10].

The structure of the social network consists of the set of bonds that are established between people and between networks. The activation of these bonds generates connections that are configured by the functions performed by the network and are related to the type of support that the social network is able to offer. The types of support are provided by many people or by one only and can be: material, informative, affective, regulatory or in case of emergency[10].

The recruitment of potential participants occurred in a university hospital certified as *Hospital Amigo da Criança*, located in the capital of Rio Grande do Sul, Brazil. This hospital is a reference in the integration into the Unified Health System (SUS). In this institution, lactation consulting is offered during the hospitalization of mothers and NB.

To elaborate the report of this research, the instrument was used for transparent and accurate reports of qualitative research Consolidated Criteria for Reporting Qualitative Research (COREQ).

For the development of the research, the eligibility criteria were: mothers of newborns between 34 and 36 weeks and 6 days, according to Capurro[12], born in the hospital and resident in the same city. Exclusion criteria were: mothers of twin NB, with congenital malformations, with some contraindication to BF or NB with indication of hospitalization in the Neonatal Intensive Care Unit. To verify these criteria, medical records were accessed and a list of eligible women were elaborated.

Then, they were invited to participate in the research during hospitalization and a telephone

contact was agreed to schedule the day, time and place of preference for the interview. Thirteen women chose the household and two, the Health Unit. The in-depth interview was developed around the 15th day of life of the NB. All accepted and participated in the research.

The interview script was composed of open questions, anchored in the theoretical framework adopted: Tell me about the experience of breastfeeding your child. Tell me about the people and professionals who are present in your life right now. What kind of bond do you have with these people and professionals? How is the help and support these people give you?

The script was tested in the first interviews and adjusted according to the need for understanding and deepening. During the interviews, the mothers were accompanied by their children and some also by other people: one was with her husband and the person who helped her in the house; one was with her husband; three were with their mother or mother-in-law; and ten were only with their children alone.

The interviews took place from November 2016 to February 2017 and lasted between twenty minutes and one and a half hours. They were performed by one of the researchers with training and experience in qualitative data collection and on the subject. The reports were recorded in a digital device and transcribed in full shortly after each interview. There was no previous sample determination and this stage of the field was concluded in the 15th interview, when there was thematic convergence, demarcating the achievement of the objective[13].

In the thematic analysis of the data[14], the theoretical categories of the support function performed by the social network were used. The phases of this analysis comprised the pre-analysis, first contact with the material of the interviews, through listening to the recordings and transcription by the researcher who developed the technique for data collection. The first part is the floating reading, which intends to familiarize with the text for the constitution of the corpus. The second requires the exploration of the material and consists of sequential and exhaustive reading, in order to identify words and expressions (units of record) and group them (meaning nuclei) to give meaning to the objective of the investigation.

Thus, based on the theoretical framework[10], the categories were: material support, informative support and affective support. In these categories, the sources of support were identified. In the treatment of the results, the interpretation occurred by collating with the national and international literature on the subject in line with the objective of the study.

This research was approved by the Ethics Committee of the *Hospital de Clínicas de Porto Alegre*, Certificate of Presentation of Ethical Appreciation (CAEE) N 57463716.3.0000.5327, and the ethical precepts of Resolution N 466/12 of the National Health Council were complied with. The participants signed the Free and Informed Consent Form (TCLE), after clarification about the research, as well as the guarantee of privacy and anonymity. To preserve anonymity, the interviews were coded with the letter M, of woman, followed by increasing cardinal numeral, according to the order of the interview, forming alphanumeric sequences.

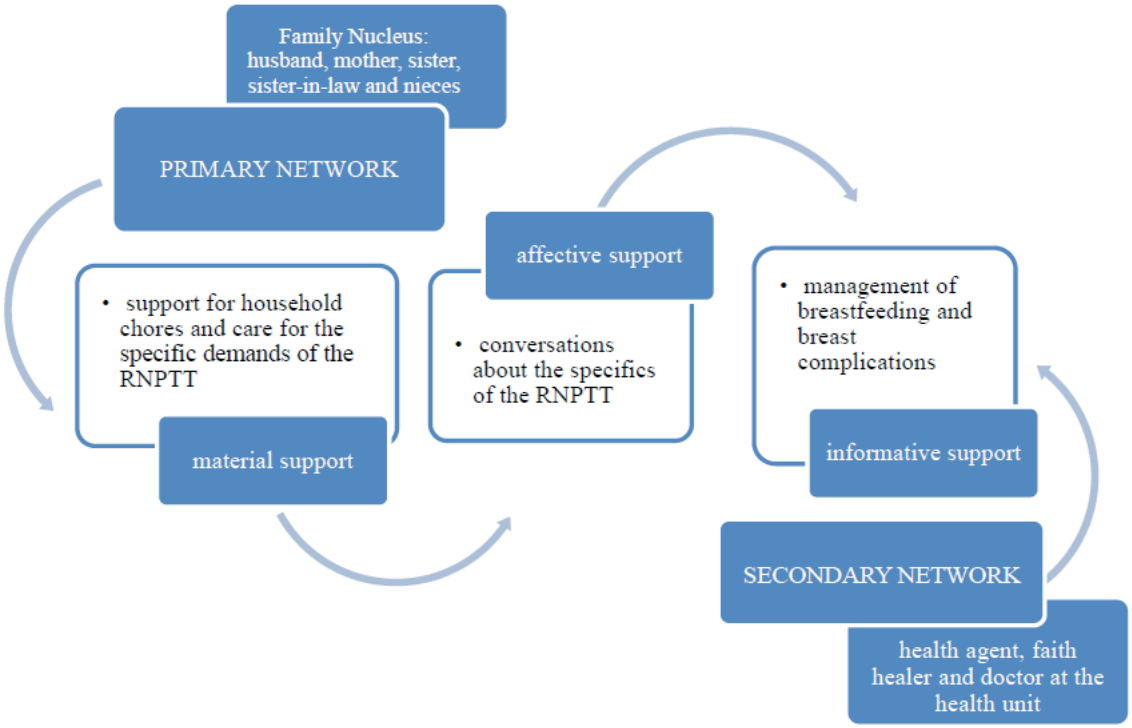
Results

The participants were between 23 and 34 years old, four had completed elementary school, five incomplete high school, five completed high school and one had completed higher education; 11 were married and four were single; nine primiparous, two underwent high-risk prenatal care, 13 underwent prenatal care in the health unit; in five, the route of birth was cesarean section and, in ten, vaginal route. Regarding the specificities related to LPN, the gestational age of birth[12] was at 34 weeks (1), 35 weeks (6) and 36 weeks of gestation (8). Birth weight ranged from 2,110 grams to 3,850 grams; eight were male and seven, female. Nine NBs had a weight of less than 2,500 grams (low birth weight).

The participants informed the members of their social network that they were a source of support – the husband, mother, sister, sister-in-law and nieces – configuring the primary network from their family nucleus. The secondary

network was composed of health agent and physician of the health center and community members, such as the spiritual healer. The type of support received by women in the experience of breastfeeding their child RNPTT was material, affective and informative (Figure 1), which composes the function of their support network.

Figure 1 – Source and type of support received by women in the experience of breastfeeding their late premature newborn child



Source: Created by the author

Regarding the material support function, it included actions developed in household tasks, such as feeding people who were in that household or in caring for the specific demands of the LPN. Such people and actions allowed the woman to have more time to take care of the newborn and rest.

> *My sister goes to the market or takes me home to buy things. He comes home and brings beans* [...] *and then I can get some rest.* (M2).

> *My husband helps when it comes to taking care of the baby. Hence, now that she breastfeeds a little and a little bottle, I give the breast and my husband gives the bottle* [...] *Stay with the baby so I can get some sleep, eat, bathe* [...] (M4).

> *My three nieces, I take to my house, to help with the house.* (M6).

> *When I heard I was going to have a child, my mother came to live here; So she takes care of everything from the house to me. I just need to worry about my son.* (M8).

> *My mother and sister come to my house. They help change the diaper, bathe.* (M10).

Another function informed by the participants was affective support. They reported that talking to some members of the social network, when someone kept them company, by phone and sometimes over the Internet; this provided them with security to take care of this NB who had specificities, promoting distraction, calm and relief in feelings of loneliness.

> *Since we live far away, I talk a lot on the phone with my sister-in-law. Whatever happens, I'll call her. This gives more security, because he* [RNPTT] *is very lazy and I need to be waking him up. I get very nervous and end up asking for help.* (M2).

> *I talk to my dad a lot on the phone, and when my husband gets home, we spend a lot of time together. He's got me a lot of company.* (M4).

> *The neighbor comes here for us to talk and I get a little distracted, because, alone, I'm going to go crazy.* (M5).

Of course, the one who helps me to breastfeed the internet is the one that helps me the most. My mom lives far from my house, but if I have to, I call her. My sisters also live far away, but they help me a lot when I call, they always calm me down, if I get nervous, because he is very small. (M6).

I have a friend who calls me every day and we talk while I can, because when [...] *wakes up, then it can't be over. But it's already a good way to get lonely.* (M7).

The informative support function related the guidelines with problems, such: breast fissures, breast engorgement, pain during breastfeeding, breast milk extraction and management of BF. These orientations were provided by members of the primary network (sister, husband, mother) and by the secondary network (health agent, spiritual healer), and during prenatal care, by the physician of the health center.

The healer came here and blessed my breasts to help with the amulets.". (M3).

I had a lot of pain to breastfeed. He's very tiny and can't get all the milk. So when I felt like my milk was going to skim, my husband helped me take off with the firecracker my sister lent her. (M4).

Until I didn't have a problem. It only hurt a little at first, but then even my sister said, I was supposed to give some of the breast and some milk powder and then the pain went away. The community agent gave me some pointers too, but it didn't help much. (M5).

I thought the job doctor's help was pretty good during my prenatal care, but then, after I won, I had no contact with him anymore. Back at the hospital, the nurse helped me breast-eat. Every time I needed it, I'd call and someone would come, but then when I got home, things got really different. (M8).

The breastfeeding consultant gave me great support. Without her, I would have given up at the same time. She came here, showed me how to get him to suckle, how to "exhaust" her chest... it really helped me. (M12).

A few days later I was home, my chest "came to the hole", because I had already spoken to my Shepherdess, and she had told me to leave the milk stored in the breast in case she did not want everything, but then the community agent came here when my breast "came to the hole". Then she sent me to the pole running. I ended up in the hospital. I made some dressings, took some medicines, but my milk ended up getting too weak and I ended up giving the bottle too. (M14).

Discussion

This research identified that the network function is diverse and occurs at the same time. The members of the network that stand out are the husband, grandmothers and sisters. The material support function is identified in helping with domestic activities and in the care of the baby and its specificities. Affective support happens both in person, during conversations with other women, and virtually, especially over the internet or by telephone. The information support consists of information about the problems related to breastfeeding, coming from members of the primary and secondary network.

Among the family members who are part of the support network of these women, the husband appears as one of the significant people. A study that evaluated the relationship of pregnant women with close people and their influence on BF also identified the husband/partner as important since pregnancy[15]. Another study identified that the father recognizes the importance of his support for the success of breastfeeding, especially in relation to his presence with the mother and baby, in helping in household activities, in the care of the baby and in attempts to alleviate difficulties during breastfeeding[16].

Grandparents, sisters and nieces also appear as sources of support for the participants, which corroborates a survey conducted with 100 Hispanic women living in the United States, who identified, among 57% of women, that the partner was the main primary intimate relationship; 32%, the mother; and 11% other family members, including father and sister[15].

Partners are seen as indispensable and maternal grandmothers as key people in breastfeeding. The transfer of information, experiences and previous experiences of grandmothers and other women in the family are references for the mother, as they play a strengthening role for breastfeeding[17].

During this period, the material support function is identified in helping with household tasks and care for the baby, which demonstrates the contribution of family members to reduce fatigue and stress resulting from the experiences of daily situations. In this study, all participants had someone to support them.

Studies have defined support as any aid received, from domestic assistance to financial and psychological assistance. More subjective

reports related him to love and attention[18]. The division of tasks with the partner, helps with household chores, care for the baby and other children are skills to support breastfeeding[17]. The grandmothers provide emotional and financial support, take care of the mother, baby and older children and assist in domestic activities[19]. In this sense, the material support of the family is beneficial and helps in adapting to the new context and reducing the burden of care.

The cultural aspect of the family interferes with the support given to the mother, so that she feels able to take care of her child. In the role of affective support, the participants demonstrated the need for company, both physical and virtual presence, represented by other women in their support network. During this moment, it is important that the woman receives verbal support, through praise and encouragement, in order to stimulate her[17].

These women experience alterations in their daily routines, added to physiological changes resulting from childbirth and puerperium[20]. Online social networks have been used, facilitating the exchange of experiences and knowledge, constituting an attractive scenario for interaction and favoring collaborative learning. Digital media represent a strategic locus of support for BF in the postpartum period[21] and are also considered as a company for women during this period[19].

In addition to seeking information on social networks, the participants sought the primary and secondary network for informative support. The variety of network members in this role can cause information conflict about best practices. With this, it is essential that the attention to the BF begins from prenatal care, is centered on the family, identifies the most important person for the woman[15] and ensures educational practices[11]. Nurses are and/or may be responsible for guidance and support in possible difficulties during breastfeeding, besides instructing about care for the LPN[11,16].

Nurses were identified as direct breastfeeding assistants because they massaged, milked the breasts and gave guidance[17]. On the other hand, the instructions provided by health professionals identified in the support network did not contemplate the practical challenges of the BF[18].

Support actions are effective in promoting early onset and duration of breastfeeding in LPN[1]. Mothers who received breastfeeding-related assistance and guidance for LPN in maternity and in the first month of life breastfed exclusively for longer[22].

The guidelines related to the specificities of the LPNs should highlight issues such as: little vitality and vigor combined with insufficient coordination of sucking-swallowing-breathing, presence of ineffective suction, longer period of drowsiness and less warning behavior. These characteristics lead to insufficient breast stimulation and incomplete emptying during feedings. Thus, the exclusive BF of the LPNs should not be expected before the corrected gestational age of 40 to 44 weeks is reached, which can be achieved between 6 and 10 weeks after birth[23-24].

Due to these specificities, health professionals should ensure skin-to-skin contact, periodic milking, milk supply milked and breast-feeding. In the preparation of discharge, recommend the practice of complete depletion of the breasts and the use of complement with milk taken from the mother or milk formulas, when necessary[23].

Adequate social support in the first days after delivery considerably changes the quality of care provided by the mother to the NB and influences the decision to breastfeed[25]. Thus, support, both from the primary and secondary schools, is essential, because breastfeeding in this scenario can be challenging and difficult to manage.

The study presented limitations related to the social reality issues of a specific group, in a single public health context, and the difficulty of access to the participants due to issues related to public security in the place where they lived. The lack of previous research focusing on social support for BF of LPN may have limited the discussion and comparison of the literature with this object of study. On the other hand, it indicates the gap in the production of knowledge and the possibility

of further research, in addition to the novelty of the on-screen study.

Regarding the contributions of the study, it is expected that the social support network will be included in the activities of care for families after the birth of their child, especially the LPN, which are sometimes invisible to the care of health professionals.

Final Considerations

In the perception of the mothers of LPN participating in this study, the sources of support were members of the family nucleus that make up the primary network, both for material support, represented by the care and specific demands of the baby, as well as for household tasks. They also received affective support. As for the support received by the secondary network, it is provided, in most cases, by lay people, members of the community, and is related to difficulties with breastfeeding. Health agents and professionals were also cited. The main finding of the study was the lack of support for mothers at home, provided by health professionals in the immediate postpartum period, for the management of breastfeeding for newborns who have specific demands.

It is necessary to outline multiprofessional and interdisciplinary care plans from the perspective of the mothers' social support network, which contemplate the scenario of primary care for the moment of transition from hospital to home, including the visibility of health professionals in the home scenario. Among the possibilities, it is necessary to include guidelines related to the demands of each family and to the specific ones of the LPN. These actions need to be shared between hospital professionals and those of the health network in primary care, so that the transition from hospital to home is safer and families can support these mothers for the success of breastfeeding, in view of their engagement to meet the demands of a baby with specificities, such as those of the LPN.

Collaborations:

1 – conception, design, analysis and interpretation of data: Caroline Sissy Tronco, Ana Lucia Lourenzi Bonilha, Jéssica Teles Schlemmer, Cristiane Cardoso de Paula and Stela Maris de Mello Padoin;

2 – writing of the article and relevant critical review of the intellectual content: Caroline Sissy Tronco, Ana Lucia Lourenzi Bonilha, Jéssica Teles Schlemmer, Cristiane Cardoso de Paula and Stela Maris de Mello Padoin;

3 – final approval of the version to be published: Caroline Sissy Tronco, Ana Lucia Lourenzi Bonilha, Jéssica Teles Schlemmer, Cristiane Cardoso de Paula and Stela Maris de Mello Padoin.

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