

# ASSIMILATION OF PUERPERALS ON EDUCATIONAL PRACTICES IN BREASTFEEDING DURING PRENATAL CARE

## ASSIMILAÇÃO DE PUÉRPERAS SOBRE PRÁTICAS EDUCATIVAS EM ALEITAMENTO MATERNO DURANTE O PRÉ-NATAL

## ASIMILACIÓN DE PUÉRPERAS ACERCA DE LAS PRÁCTICAS EDUCATIVAS EN LACTANCIA MATERNA DURANTE LA ATENCIÓN PRENATAL

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**Objective:** understanding the content assimilated by puerperals in educational activities during prenatal care. **Method:** an exploratory study of qualitative nature carried out with 19 puerperal women in a joint accommodation of a public hospital. The data were processed by the IRAMUTEQ software and submitted to content analysis. **Results:** the puerperals were on average 26 years old, 47% reported race/brown color, 61.3% said they did not work, 59% underwent prenatal care in the public service, 58% evolved to natural birth and all affirmed the desire to breastfeed. In the Similitude Tree, the term “baby” concentrated the block with greater connection. In the Word Cloud, the terms “only”, “knowing” and “speaking” presented centrality. **Final considerations:** the collective discourse of the women interviewed pointed out the predominance of information provided in prenatal care about the benefits of breastfeeding for the infant, the scarcity of health education activities in the care of pregnant women and the reproduction of the traditional model of education.

**Descriptors:** Breast Feeding. Prenatal Care. Women’s Health. Health Education. Nursing.

*Objetivo: compreender o conteúdo assimilado por puérperas nas atividades educativas durante a assistência pré-natal. Método: estudo exploratório, de natureza qualitativa, realizado com 19 puérperas em alojamento conjunto de hospital público. Os dados foram processados pelo software IRAMUTEQ e submetidos à análise de conteúdo. Resultados: as puérperas tinham em média 26 anos, 47% referiram raça/cor parda, 61,3% afirmaram não trabalhar,*

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59% realizaram acompanhamento ao pré-natal no serviço público, 58% evoluíram para parto natural e todas afirmaram o desejo de amamentar. Na *Árvore de Similitude*, o termo “bebê” concentrou o bloco com maior conexão. Na *Nuvem de Palavras*, os termos “só”, “saber” e “falar” apresentaram centralidade. Considerações finais: o discurso coletivo das mulheres entrevistadas apontou a predominância de informações fornecidas no pré-natal sobre os benefícios da amamentação para o lactente, a escassez de atividades de educação em saúde na atenção às gestantes e a reprodução do modelo tradicional de educação.

*Descritores:* Aleitamento Materno. Cuidado Pré-Natal. Saúde da Mulher. Educação em Saúde. Enfermagem.

*Objetivo:* comprender el contenido asimilado por las puérperas en las actividades educativas durante la atención prenatal. *Método:* un estudio exploratorio de carácter cualitativo realizado con 19 puérperas en un alojamiento conjunto de un hospital público. Los datos fueron procesados por el software IRAMUTEQ y sometidos al análisis de contenido. *Resultados:* las mujeres puerperales tenían en promedio 26 años, el 47% reportó raza/color marrón, el 61,3% dijo que no trabajaba, el 59% se sometió a atención prenatal en el servicio público, el 58% evolucionó al parto natural y todas afirmaron el deseo de amamentar. En el *Árbol de Similitud*, el término “bebé” concentró el bloque con mayor conexión. En la *nube de palabras*, los términos “sólo”, “haber” y “hablar” presentaban centralidad. *Consideraciones finales:* el discurso colectivo de las mujeres entrevistadas señaló el predominio de la información proporcionada en la atención prenatal acerca de los beneficios de la lactancia materna para el lactante, la escasez de actividades de educación para la salud en el cuidado de las mujeres embarazadas y la reproducción del modelo tradicional de educación.

*Descriptores:* Lactancia Materna. Atención Prenatal. Salud de la Mujer. Educación en Salud. Enfermería.

## Introduction

Teaching about breastfeeding, since the beginning of pregnancy, allows to expand opportunities for communication and teaching-learning, focusing on improving knowledge about the practice of breastfeeding the child in an exclusive and complementary way. The content assimilated and acquired in this period contributes to the increase in the rates of breastfeeding and maintenance of breastfeeding, as well as to the progressive change in the quality of life of the population<sup>(1-2)</sup>.

For this transformation to happen, it is important that health professionals develop theoretical, practical and emotional skills, in addition to the ability to gather the different segments that involve the social network to support breastfeeding<sup>(2)</sup>. Among the themes present in health education actions in prenatal care, breastfeeding stands out because it is a practice with repercussions on health protection and disease prevention<sup>(3)</sup>.

In the educational process, it is necessary that health professionals, especially nurses, perceive the importance of communication as a facilitating instrument of the health work process. By relying on Paulo Freire's dialogical proposal, they will

act with the aim of raising awareness to change reality. The commitment to a critical perception will allow them to establish priorities to meet needs individually and collectively<sup>(4)</sup>.

Thus, educational activities can be individual or collective and incorporate differentiated methodologies, with the introduction of technologies capable of making the educational process more interactive and emancipatory<sup>(5)</sup>. Educational technologies can be tactile and auditory modalities, expositive and dialogical, printed and audiovisual and can occur through informal discussions, reports of experiences, workshops, collective prenatal consultations, conversation wheel with groups of primiparous and multiparous mothers, for dynamic and reflective interaction, which opportunities the compression of what is the process of breastfeeding and breastfeeding<sup>(3,6-7)</sup>.

Breastfeeding is a process of dynamic interaction between mother and child, in which synergy, influenced by the environment and other factors of the woman, child, family and society, provides the reach of the benefits of breast milk offered directly from the breast to the newborn. It is noteworthy that the act of

breastfeeding is complex and goes far beyond just nourishing. This process suffers biological, psychological, cultural, social, economic and political influences<sup>(8)</sup>.

To track self-efficacy to breastfeed and identify pregnant women at higher risk for early weaning, there are a multitude of ways, through specific instruments<sup>(8-9)</sup>. In the care in joint accommodation, it is observed that some women have difficulties regarding the management of breastfeeding, especially in conditions of low educational level and socioeconomic power. This affects the practice of breastfeeding abandonment, especially exclusively, after the baby's six months of life<sup>(8-9)</sup>.

In these first six months of life, only 40% of children are fed breast milk and only 32% continue to breastfeed until 24 months. In Brazil, the rate of exclusive breastfeeding is 38.6%. In Brazil, the rate of exclusive breastfeeding is 38.6%. In addition, five out of every 20 babies (52%) in Latin America and the Caribbean are not breastfed in their first hour of life, which would be possible if, among other measures, there was the provision of effective support and specialized counseling to mothers from family planning, prenatal, childbirth and puerperium actions<sup>(10-11)</sup>.

It is expected that there will be intense reflections and remodeling of diversified actions of health education and promotion of breastfeeding during prenatal care, with the purpose of qualifying nursing care and improving the breastfeeding experience for puerperal women, babies and society. Due to gaps in knowledge, it is essential that studies address breastfeeding in a more dynamic and inclusive way. Therefore, the aim of the study was to understand the content assimilated by puerperium women in educational activities during prenatal care.

## Method

This is an exploratory study of a qualitative nature, in which it was possible to obtain subjective data on the experiences and

perceptions of postpartum women through semi-structured interviews. For the planning of the research, the Consolidated Criteria of Qualitative Research Reports (COREQ) were adopted<sup>(12)</sup>.

Data collection was performed in a joint accommodation of a reference hospital in the care of low, medium and high-risk pregnant women, an institution considered a reference in humanized birth care<sup>(13)</sup>. The survey was conducted from June to November 2018. The sample consisted of 19 puerperals, delimited by theoretical saturation<sup>(14)</sup> in the 14<sup>th</sup> interview. For the safety margin of the research, the interview was extended with five other puerperals<sup>(14)</sup>.

During the information collection period, 1,739 normal deliveries, 703 cesarean sections and 13 instrumental deliveries were recorded in the study hospital<sup>(15)</sup>. By simple random sampling, by drawing, 32 puerperals were approached in bed. Of these, 13 refused to participate in the research. The interview script contained sociodemographic data, obstetric information, closed questions related to breastfeeding and open questions regarding educational practices performed during prenatal care.

Inclusion criteria were prenatal follow-up with a minimum of six consultations, as recommended by the Ministry of Health; mothers who had delivered at least 24 hours ago; breastfed the child without practical professional support at least once.

Exclusion criteria were puerperal with some breast infection and/or vertical transmission disease that contraindicated breastfeeding; with some cognitive and mental deficit, identified through his own or companion's report, which would make it impossible to understand the research; under 18 unaccompanied by guardian.

Data collection was preceded by a pilot study conducted with four participants with characteristics similar to those of the target population<sup>(16)</sup>, but these were not included in the main sample. The members of the pilot study, as well as those who composed the main sample answered the guide questions: 1 – For you, what is the importance of breastfeeding?

2 – What does it mean/would mean for you to have received guidance on breastfeeding during prenatal consultations? 3 – Can you tell us how breastfeeding instructions have been carried out? 4 – What guidelines do you remember?

The study was submitted to the Ethics and Research Committee of the Hospital Otávio de Freitas, of the Pernambuco Health Department, and approved by Opinion N 2,681,178, of 5/29/2018. The participants were informed about the objective, risks and benefits of the research. After reading, they signed the Free and Informed Consent Form (TCLE).

Participants were informed that they could leave the study at any time if they wished. For the purpose of guaranteeing anonymity, they will be identified in this text by the letter E, followed by numeral that indicates the order of the interviews, such as: E1, E2, E3 ... E19. The interview, which was recorded in audio with authorization and lasted up to 15 minutes, was fully transcribed on the same day of its occurrence.

Because it allows different processing and statistical analysis of textual corpus, the software IRAMUTEQ (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*)<sup>(17)</sup>. To this end, the statements of the transcribed interviewees were divided into two textual corpus, in order to visually simplify the analyses.

The first textual corpus, entitled “Importance of Breastfeeding”, condensed the 19 answers of the right-word question number 1; the second corpus, entitled “Educational Practices on Breastfeeding in Prenatal Care”, also with 19 answers, involved the notes of questions 2, 3 and 4. The Similitude Tree for the textual corpus 1 was selected for this research, which is based

on graph theory, by elaborating a semantic range of the most frequent words in the text, grouping them into central and peripheral areas. For the textual corpus 2, the Word Cloud was elected, which groups and graphically organizes the words, considering their frequency; the most frequent are larger and more central than the others<sup>(17)</sup>.

For conceptual basis of the understanding of the answers, we had the support of content analysis<sup>(18)</sup>, aiming to understand the characteristics, structures and/or models that were behind the reports obtained. To this end, the following phases were considered: pre-analysis, with the organization of responses, and floating reading; exploitation of the material and treatment of the results; inference and interpretation of the statements<sup>(19)</sup>.

## Results

Among the sociodemographic factors collected in this study, the age range of the participants ranged from 19 to 37, with an average of 26. Almost half declared themselves of brown race/color (47%); regarding educational education, complete high school (79.4%) was predominant and only one with incomplete high school; related to marital status, some puerperal women reported being single and/or not living with the newborn's father (47.5%). Most participants reported having their own home (74.2%), with housing in the city of Recife (74.2%), shared with 3 to 9 family members. Of the postpartum women interviewed, 61.3% reported not working, 94.8% reported monthly family income of approximately 1 to 4 minimum wages; only one received less than one minimum wage (see Table 1).

**Table 1** – Sociodemographic profile of puerperals. Recife, Pernambuco, Brazil – 2019. (N=19) (continued)

Variables	n
<b>Race</b>	
Brown	9
White	4
Black	6
<b>Age</b>	
<20 years	1
20 to 30 years	14
>30 years	4

**Table 1** – Sociodemographic profile of puerperals. Recife, Pernambuco, Brazil – 2019. (N=19)

Variables	n
(conclusion)	
<b>Schooling</b>	
Incomplete high school	1
Complete high school	15
Complete higher education	3
<b>Marital status</b>	
Single	9
Married woman	8
Stable union	2
<b>Household income</b>	
<1 minimum wage (1)	1
1 to 2 minimum wage	14
>2 minimum wage	4
<b>Naturalness</b>	
Recife	14
Metropolitan Region of Recife	2
Other locations	3
<b>Paid occupation</b>	
Yes	7
No	12
<b>Own house</b>	
Yes	14
No	5
<b>Residents in the house</b>	
Up to 3 people	8
>than 6 people	11

Source: Created by the author.

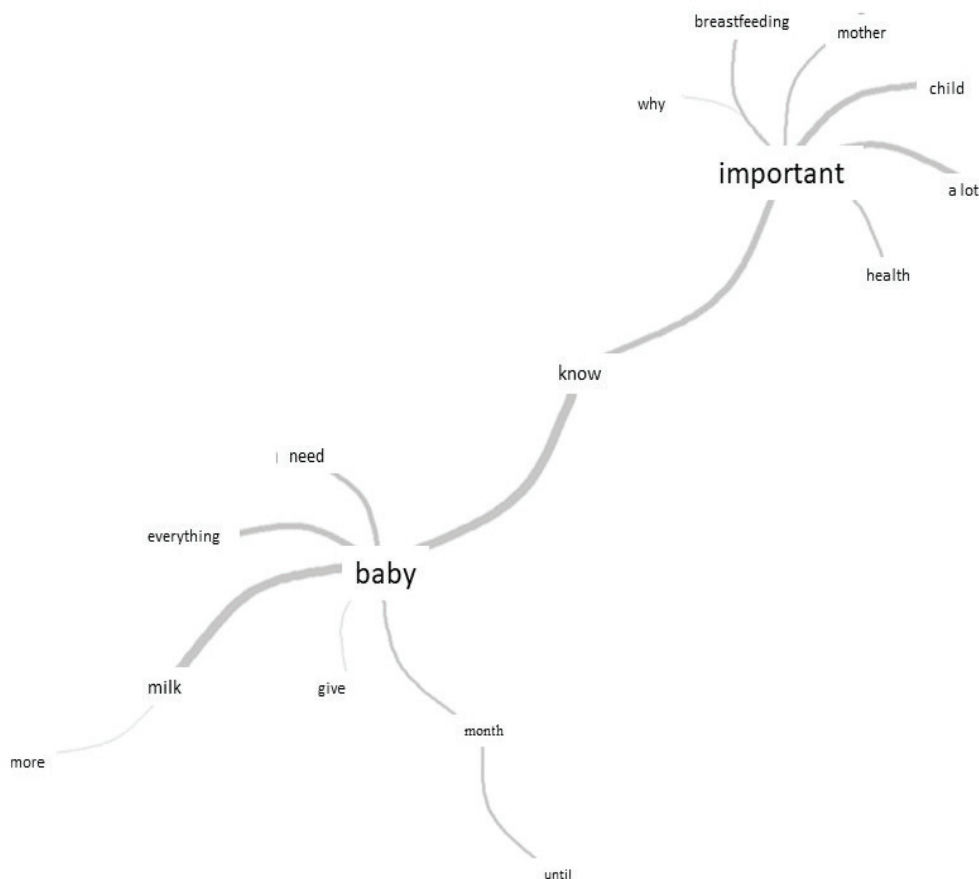
(1) Minimum wage amount in 2018: R\$ 954,00.

Regarding obstetric data, most women said that the current pregnancy was not planned (58.0%) and, therefore, with regard to gestational age and the period of initiation of prenatal care, the majority started in the first trimester (74.2%), with an average of 9 (59.0%) consultations, performed predominantly in the Unified Health System (SUS), with nurse's follow-up (47.4%). When asked about the type of birth, 58.0% had a natural birth.

To understand the practice and interest in breastfeeding, the study participants explained whether or not to receive guidance, as well as about their previous experiences and experiences. In this sense, many of them reported not having received guidance on breastfeeding during

prenatal care (63.1%), however all affirmed the desire to breastfeed. Among the 31.6% who previously breastfed, 33.3% presented difficulties.

According to the analysis in the software IRAMUTEQ, through the Method of the Similarities Tree, it was observed the formation of two branches composed of the central terms – *baby and important* – interconnected by the word *knowledge*, which appeared, respectively, 22 and 16 times in the transcription of the textual corpus. The term *baby* concentrated the block with greater connections. The general corpus consisted of 19 texts, separated by 76 text segments (TS), with a performance of 79.6%. 681 co-occurrences emerged (see Figure 1).

**Figure 1** – Similitudes Tree: importance of breastfeeding.

Source: IRAMUTEQ.

In the analysis of the Word Cloud, it was found that the terms that were highlighted were *only*, *because*, *knowing*, *speaking* and *breastfeeding*, which were evoked, in this order, 29, 24, 22, 20 and 18, times. The corpus was composed of 19 texts, dissociated into 62 text segments (TS), using 87.9% and 1,814 co-occurrences, as shown in Figure 2.

In the analyses, the grammatical classes verb, adjective, adverb and common names were selected, and the active forms were considered. It was necessary to examine the adverb, due to the vast repetition in the participants' statements, in which it was perceived not to result exclusively from a language addiction, but from a relevant validation in relation to what was articulated.

**Figure 2** – Word Cloud: educational practices on breastfeeding in prenatal care.

Source: IRAMUTEQ.



## Discussion

After analyzing the Similitudes Tree, it was possible to infer, through the connections of the words, that the interviewees highlighted breastfeeding as something important and primarily related to the advantages for the baby. Thus, they ratified what was strongly propagated by the sociocultural environment and by health professionals<sup>(1)</sup>. It was observed, in the first branch, the association of the word *baby* with the connections *need, milk and good*. This relationship can be summarized in the following excerpts:

*What I do know is that it has many benefits. It's extremely important to the baby. It is in breast milk that we find all the nutrients necessary for the baby, also to strengthen the bond between the mother and child. Everything he needs is in the milk. It's more nutritious than giving pasta and milk.* (E6, E14, E16, E10, E19).

These discourses point out the degree of importance that breast milk assumes in common sense, regarding the benefits of breastfeeding for the baby. They reaffirmed what is already well documented in the literature, in relation to the advantages of breastfeeding for the infant, in the nutritional aspect, encompassing the nutritional properties involved in the growth and development of children<sup>(20)</sup>.

The second branch, which contains *important* as a central term, ensures what was mentioned in the baby block about the benefits of breastfeeding for the infant. It is also associated with the words *health, mother and child*, to reinforce the relevance of breast milk as an indispensable element for health, by avoiding numerous diseases, in addition to strengthening the bond between *mother-child*, as contemplated by the fragments:

*I know that breast milk is good to help in the health of the child, avoid diseases and allergies. It has the vitamins that the baby needs, and he gets autoimmune from many diseases. For me, immunity is enough to protect her. Through the milk that we transmit to her, it strengthens her more.* (E17, E7, E2, E9, E19).

Confirming it is scientifically proven that breast milk is a complete food, which has, in its composition, substances that strengthen the

child's immunity, especially colostrum, rich in antibodies and considered the first vaccine that the newborn receives, with direct implication in its health in childhood and adulthood<sup>(1)</sup>.

With regard to the second block, the *important* word, which is in connection with the terms *health, mother, child* and *a lot*, reinforces, once again, the idea that sustains block 1, about the privileges of lactation for the baby. It also overlaps, in these derivations, the word *child* in relation to the mother, proving that the term *mother* is related to the role of the one who must provide and commit to the practice of breastfeeding. However, no evocations were visualized that referred to maternal benefits, as highlighted in the synthesis of the following statements:

*I know it's very important for the baby's development. Breastfeeding is important for both me and the baby. It is what will give your health, strengthens your breathing, supply the needs of the child at that moment that she is in need, for the day to day. It's a very important bond.* (E8, E1, E15).

The discussion about the maternal benefits of breastfeeding practice is summarized in discourses regarding the affective bond between mother-infant, but the advantages of breastfeeding for women are much more comprehensive<sup>(20)</sup>. This makes evident the insufficient knowledge as to the superiority of the act of lactation for a healthy life of the binomial, and how widespread this is by the scientific community.

By observing the Word Cloud (Figure 2) one can highlight the word *only*, in the center, and how it is a reference for the connection between the other *words speaking, knowing, breastfeeding, important* and *guidance*. This correlation is consistent with the report of some puerperals, stating that they did not receive guidance on breastfeeding during prenatal care, as discussed in the excerpts:

*I don't know much because they didn't teach me anything about prenatal care. Nobody told me anything at the gas station, not the nurse, not anyone. There has been no talk at all about breastfeeding. I didn't get any prenatal guidance.* (E4, E17, E19, E1).

It is inferred that the behavior of prenatal workers, justified by multiple tasks and crowded

agendas, influence the non-reception of the doubts and concerns of women during the gestational period, which differs from the guidelines of the Ministry of Health, when proposing strategies and initiatives to promote, protect and support breastfeeding<sup>(21-22)</sup>. It is noteworthy that many women still need guidance. This evidence was observed in the collected discourses, in which just over 63% of the puerperal women did not receive guidance on breastfeeding in prenatal care.

Additionally, in practice, some health professionals do not perform the “Ten Steps to Successful Breastfeeding”, especially with regard to step 3, about informing all pregnant women about the benefits and management of breastfeeding<sup>(23)</sup>, which should happen since the baby’s conception.

There are some setbacks capable of interfering in the process of education and health care, such as: change in the place of residence, disincentive of women, family and cultural influences, lack of professional incentive, work overload, management and unsatisfactory control of breastfeeding support programs<sup>(24)</sup>. Living conditions, and the fact that many women do not have a home of their own, almost half of them being single, which influences the creation of their children without support, besides sharing the home space with more than three people, can interfere with the knowledge about breastfeeding.

Another commonly observed situation is the vertical and imposing transmission of knowledge, in which authoritarian postures, denial of the subjectivity of the clientele and reproduction of the biomedical model, are present in the day-to-day and clinical practice of many health professionals. Added to this is the insufficient exploitation of inclusive teaching technologies, which does not favor the construction of knowledge and the exchange of experiences between professional and users<sup>(6)</sup>.

It is possible to identify the lack of guidance and encouragement during prenatal care as one of the factors that triggers early abandonment of breastfeeding<sup>(23)</sup>. When, perhaps, there is the transfer of information in this period, it is

observed that the traditional form remains as shown in Figure 2, through the expression speak, ratified in the summary of the following discourses:

*The nurse lectured us. She had a doll; she had a slide. He didn't use any material. She just gave me a pamphlet. I read it, but it didn't take much doubt. I was talking about the importance of breastfeeding, but my fear is just a question of how to know, on paper you have, but you only learn more in practice, right? (E8, E6, E13).*

This segment highlights a passive position of women during prenatal care, relegated to an information receiver function, while the health professional assumes the “figure” of knowledge holder<sup>(24-25)</sup>. It is perceived, through these practices, that the use of traditional teaching prevails, which follows a linear model, with the application of a static class, in which knowledge is part of the instructor for the individual who is instructed without mutual participation in the construction of knowledge, a paradigm that does not enhance learning<sup>(25)</sup>.

When the intervention is done only with educational material, without direct contact with any health professional, the activity is insufficient, since it does not consider the knowledge and limitations of the woman and the members of her support network<sup>(2)</sup>. Similarly, the impact of health education performed only once and without follow-up does not result in a satisfactory result to encourage breastfeeding, especially exclusive breastfeeding<sup>(9)</sup>.

As for the words *orientation* and *speaking*, possibly relate to the orientations that were recalled/recalled when questioned about whether, in fact, they occurred during pregnancy, in prenatal consultations, and what these orientations were. The following overview is illustrative:

*He told me to stimulate my breast when I was going to breastfeed, do that massage, do the beak because I didn't have a beak, to be doing it at home. Not ironing soap, washing the chest well and putting the gauze so as not to be only the beak of the chest in the bra, also many things that I cannot eat so as not to give colic. He asked me just to put the breast to take sun and wash with bushing gently, just to make the skin a little thicker. (E3, E2, E11).*

Some guidelines have encouraged the adoption of obsolete practices, which can positively



interfere with the success of breastfeeding, but negatively affect the well-being of women, because they can cause physical injuries with transient or permanent consequences<sup>(6)</sup>.

It is important to highlight that the professionals involved in the care of pregnant women in prenatal consultations need constant updates that influence the theoretical-practical motivation for the promotion of breastfeeding. In this activity, they should resort to recent scientific evidence, the use of clear and objective language, the adoption of techniques that improve the teaching and the process that facilitates the understanding of pregnant women<sup>(1-2)</sup>. In addition, it is relevant to consider the fact that many women have the desire to breastfeed. In this study, for example, all reported this desire, which can be a facilitator in this process.

Regarding the provision of effective and reliable information, such as indispensable contents such as the importance of skin-to-skin contact, breastfeeding in the first hour of life, joint accommodation, breastfeeding on demand, instructions on how to milk, storage and use of breast milk, donation to human milk banks, exclusive breastfeeding, an insufficient or uninformed approach was noted in the statements of the study participants.

Regarding the realization of educational activities, it is essential to address relevant themes that translate the real doubts/needs of pregnant women. These measures will contribute to the potential impact on the promotion of breastfeeding, an essential measure for maternal and child health, in addition to considering the socioeconomic and cultural aspects of each woman. In addition, it is important to include, in the health education process, people who support women in the puerperal pregnancy period.

It is worth noting the magnitude of the nurse's attribution in Primary Care and in the joint accommodation, by acquiring bases for the function of health educator since her academic training, care practice and management. The nurse's role in encouraging breastfeeding is relevant, since there is a proximity to the assisted

cliente, acquired in the bond produced throughout the care offered.

As a limitation of the study, we mention the absence of a reserved environment, in which the questions to the puerperals can be performed without the sound and interference of people. This factor may also have interfered in the interviews, which may have presented less richness of detail and deepening, since the informants provided short and superficial answers.

It is expected that this study will contribute to the ability of nursing care to be able to meet women's health needs in prenatal care, through active and creative actions capable of exploring the numerous methodologies and educational technologies available. In this way, it will assist pregnant women in promoting safe and lasting breastfeeding.

### **Final Considerations**

The collective discourse of the women interviewed pointed out the predominance of information provided in prenatal care about the benefits of breastfeeding for the infant, the scarcity of health education activities in the care of pregnant women and the reproduction of the traditional model of education.

It is necessary to review care routines in prenatal care, in the health education model used to promote breastfeeding, and to be aware of the profile of the public attended, so that educational actions are much more apprehended. Prenatal care programs and strategies need to motivate and sensitize health workers, especially nurses, with the provision of training and routine updates on breastfeeding.

### **Collaborations:**

1 – conception, design, analysis and interpretation of data: Dayseane Cintia de França Santos Macedo, Juliana da Silva Nogueira Carvalho and Jones Sidnei Barbosa de Oliveira;

2 – writing of the article and relevant critical review of the intellectual content: Dayseane Cintia de França Santos Macedo, Juliana da Silva

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3 – final approval of the version to be published: Luiziane Souza Vasconcelos de Lima, Cleuma Sueli Santos Suto and Rossana Paula Haimenis.

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