



Breastfeeding and early weaning: a reflection from the nursing perspective

Lactancia materna y destete precoz: una reflexión desde la perspectiva de enfermeira

Aleitamento materno e desmame precoce: uma reflexão sob a perspectiva da enfermagem

Ingridy Tayane Gonçalves Pires Fernandes^{1*}

ORCID: 0000-0002-9334-6857

Márcia Zotti Justo Ferreira²

ORCID: 0000-0001-7388-3535

Péricles Cristiano Batista Flores³

ORCID: 0000-0002-0486-045X

Plínio Regino Magalhães⁴

ORCID: 0000-0002-9334-6857

Keila Martins da Conceição⁵

ORCID: 0000-0003-0432-1509

Lucilení Narciso de Souza⁶

ORCID: 0000-0002-5330-5727

Solange Aparecida Caetano⁷

ORCID: 0000-0003-3294-202X

Elaine Aparecida Leoni⁷

ORCID: 0000-0003-0700-8606

Anelvira Oliveira Florentino⁸

ORCID: 0000-0001-8628-0565

Leandro Spalato Torres⁹

ORCID: 0000-0003-2656-0682

¹Universidade Anhembi Morumbi. São Paulo, Brazil.

²Faculdade Anhanguera. São Paulo, Brazil.

³Hospital Santa Cruz. São Paulo, Brazil.

⁴Centro Universitário Ítalo Brasileiro. São Paulo, Brazil.

⁵Burlington. Massachusetts, United States.

⁶Grupo Sequencial de Ensino. São Paulo, Brazil.

⁷Sindicato dos Enfermeiros do Estado de São Paulo. São Paulo, Brazil.

⁸Universidade Estadual Paulista. São Paulo, Brazil.

⁹Prefeitura Municipal de São Paulo. São Paulo, Brazil.

*Corresponding author: E-mail: ingridy_polao@hotmail.com

Abstract

The aim was to reflect on breastfeeding and early weaning from a nursing perspective. This is a reflection study using scientific studies published in SciELO and VHL sources between 2015 and 2020 and documents from the Ministry of Health based on the Theoretical Myra Estrin Levine. It emphasizes the importance of exclusive breastfeeding up to six months of life and how the different daily situations can make this process more difficult, especially if there is a lack of information. The Holistic Theory of Nursing appears on the scene to establish nursing as an intervention between patient and environment, providing reduction of fears, inflammation, stress and assistance in sensory response, that is, as a strategy to help mothers and babies through reception, guidance and interventions based on Science and in a holistic way. Breastfeeding does not need to be marked by difficulties and traumas, given adequate guidance and support throughout the pregnancy and postpartum process, it can and should be pleasurable and beneficial for the mother-baby binomial.

Descriptors: Weaning; Milk, Human; Breast Feeding; Education, Nursing; Nursing Theory.

How to cite this article:

Fernandes ITGP, Ferreira MZJ, Flores PCB, Magalhães PR, Conceição KM, Souza LN, Caetano SA, Leoni EA, Florentino AO, Torres LS. Breastfeeding and early weaning: a reflection from the nursing perspective. Glob Clin Res. 2022;2(2):e38.

Chief Editor: Caroliny dos Santos Guimarães da Fonseca

Executive Editor: Kátia dos Santos Armada de Oliveira

Submission: 02-06-2022

Approval: 03-16-2022



Resumén

El objetivo fue reflexionar sobre la lactancia materna y el destete precoz desde la perspectiva de enfermería. Este es un estudio de reflexión utilizando estudios científicos publicados en fuentes SciELO y BVS entre 2015 y 2020 y documentos del Ministerio de Salud con base en la Teórica Myra Estrin Levine. Enfatiza la importancia de la lactancia materna exclusiva hasta los seis meses de vida y cómo las diferentes situaciones cotidianas pueden dificultar este proceso, sobre todo si hay falta de información. La Teoría Holística de Enfermería aparece en escena para establecer a la enfermería como una intervención entre el paciente y el ambiente, proporcionando reducción de miedos, inflamación, estrés y asistencia en la respuesta sensorial, es decir, como una estrategia para ayudar a las madres y bebés a través de la recepción, orientación y intervenciones basadas en la Ciencia y de forma holística. La lactancia materna no necesita estar marcada por dificultades y traumas, con la adecuada orientación y apoyo durante todo el proceso de embarazo y puerperio, puede y debe ser placentera y beneficiosa para el binomio madre-bebé.

Descriptor: Destete; Leche Humana; Lactancia Materna; Educación em Enfermería; Teoría de Enfermería.

Resumo

Objetivou-se refletir sobre o aleitamento materno e desmame precoce sob a perspectiva da enfermagem. Trata-se de um estudo de reflexão utilizando estudos científicos publicados nas fontes SciELO e BVS entre 2015 e 2020 e documentos do Ministério da Saúde com base fundamentada na Teórica Myra Estrin Levine. Enfatiza-se a importância do aleitamento materno exclusivo até os seis meses de vida e o quanto as diversas situações cotidianas podem tornar este processo mais difícil, principalmente se houver déficit de informação. A Teoria Holística de Enfermagem surge em cena para estabelecer a enfermagem como intervenção entre paciente e ambiente, propiciando redução de medos, inflamações, estresse e auxílio em resposta sensorial, ou seja, como uma estratégia de auxílio a mães e bebês através do acolhimento, orientação e intervenções pautadas na Ciência e de forma holística. O aleitamento materno não precisa ser marcado por dificuldades e traumas, diante de orientação e apoio adequados em todo o processo da gestação e puerpério, pode e deve ser prazeroso e benéfico para o binômio mãe-bebê.

Descritores: Desmame; Leite Humano; Aleitamento Materno; Educação em Enfermagem; Teoria de Enfermagem.

Introduction

The object of the present study is the reflection on breastfeeding and early weaning from the perspective of Nursing, bringing to light the Holistic Theory of Nursing by Myra Estrin Levine, which provides us with subsidies for a look at interaction, integrality and adaptation in one of the most important periods of life.

In early childhood, much of the child's development begins, and disorders can occur that have serious consequences for the individual and the entire community around him, breastfeeding is a totally natural strategy that promotes, in addition to nutrition, the creation of bonds with the mother already in the maternity ward, influencing the entire development of the child, the mother's recovery and the family's finances. The suggestion of breastfeeding time is two to three years on average, after this period weaning occurs gradually¹.

Nursing mothers, at this moment, need understanding and support throughout the adaptation process. It is necessary for the professional to be prepared to understand the entire context that probes that woman, whether cultural, family support network, fears and insecurities, reality in which she lives, in order to provide assistance in a humanized and integral way and promote the protection of the child. Breastfeeding as a fundamental right of the child¹.

As it is a natural way, breastfeeding is indicated to reduce infant morbidity and mortality, providing adequate

nutrition during childhood, good recovery for the mother and a guarantee of potential cognitive development. Despite the recommendations of the World Health Organization (WHO) on breastfeeding, there is no continuity until six months exclusively, or breastfeeding with complementary feeding, as recommended².

Under a given logic, there is an early intake of liquids as a way of complementing breastfeeding; still in the maternity ward, the provision of liquids to the child, such as water and tea, happens a lot and this practice is considered inadequate for the promotion of exclusive breastfeeding, because in the breast milk itself are found all the nutrients and proteins that the child needs^{2,3}.

The difficulty and insecurity during or before breastfeeding can cause bad and conflicting feelings for the mother, leading her to question herself about her quality of care for the child and, thus, generating several internal conflicts, corroborating the early start of complementary feeding, milk formulas, use of teats and bottles, which may cause interruption of exclusive breastfeeding, or even breastfeeding in general; this vast list also includes the mother's psychological issues, such as anxiety and depression².

Given this scenario, the nurse has a fundamental role in helping at the time of initiation and prevalence of breastfeeding, understanding the sociocultural and environmental factors, family support, difficulties and doubts of the mother to facilitate the process and make it



lighter, respecting the decisions taken, being responsible for guiding and respecting any and all choices, acting in accordance with scientific basis¹.

Taking into account the WHO recommendation, the question arises, what is the relationship between the role of nurses in breastfeeding and early weaning? Given the above, the study on screen aimed to reflect on breastfeeding and early weaning from the perspective of nursing.

Methodology

This is a reflection study using scientific studies published in the Scientific Electronic Library Online (SciELO) and Virtual Health Library (BVS) sources between 2015 and 2020 and documents from the Ministry of Health based on the theoretical Myra Estrin Levine. The search and selection of studies took place in May 2021, based on the Health Sciences Descriptors (DeCS): Weaning, Human Milk, Child Development, Breastfeeding, Nursing Education and Nursing Theory.

Results and Discussion

Exclusive breastfeeding and the main benefits

The best form of nutrition and existing bond, with infinite benefits for the mother-child binomial, is breastfeeding, being recommended exclusively until six months of age, without adding other liquids, such as tea, water or juices. Breast milk contains all the nutrients necessary for the healthy growth and development of the child, including cognitive, emotional and immunological development. Despite the relevance of this information, water and other liquids are offered in the first days of the child's life due to lack of adequate guidance by trained professionals, prevalence of family culture and social environment^{2,3}.

Exclusive breastfeeding has numerous benefits and is one of the most effective actions in reducing morbidity and mortality; decreased incidence of respiratory diseases; episodes of diarrhea among other comorbidities; ease of digestion due to human lactoferrin, making it possible to prevent diarrhea, digestive diseases and proper assimilation of nutrients, as well as obesity or anemia².

In addition, it prevents infant death; decreases the risks for allergies, hypertension, high cholesterol and diabetes; decreases the chance of obesity; has a positive effect on intelligence; provides a better development of the oral cavity, as it promotes exercises that provide a better conformation of the hard palate. Faced with so many benefits for the child, the benefits for the mother are emphasized, such as breast cancer prevention, new pregnancy, lower financial cost, quality of life, postpartum recovery and faster recovery¹.

The moment of breastfeeding must be calm and peaceful so that the milk let down occurs correctly, as it is stimulated by the baby's suction, from the prolactin that acts producing the necessary milk, also stimulated, it is done by other factors, such as vision, hearing and the cry of a child. Milk production is easily stimulated and inhibited, all factors directly influence, and production may be difficult when the mother is in peak stress, fear, insecurity or emotional

distress, the amount produced is adequate to the child's needs, and its quantity will gradually increase as needed¹.

Adherence and obstacles

Despite the large volume of scientific studies proving the effectiveness and benefits of exclusive breastfeeding, there is still great discontinuity of it. The target set by the WHO is still not close to being met. In view of the present studies, some reasons for adherence and non-adherence to exclusive breastfeeding were raised, the main difficulties presented were: early introduction of other food sources, use of artificial teats, young mother, lack of information about breastfeeding, breast complications and return to work^{3,4}.

All the main reasons presented are subject to resolution, but to assist in the main difficulties, a more in-depth study of the subjects is necessary to provide better guidance. The use of artificial nipples interferes with children's oral development and confuses it with sensations, as the touch of the artificial nipple and the mother's breast are very different; encouraging the use of teats can reduce the child's adherence to breastfeeding¹.

Under given reflection, it is still inferred that, based on data provided by the WHO, mothers still have other obstacles, such as the introduction of new technologies, changes in lifestyle and, being one of the main items to be discussed, the lack of preparation and encouragement of nurses themselves for this essential practice for life. At this point, it is suggested that evaluation methods be implemented to verify the knowledge that professionals working in these sectors have, as well as what is passed on to the patient and how the given management is; to then subsidize permanent education policies to improve the quality of care that, consequently, provides a better quality of life for mothers and babies⁵.

The mother's age and schooling have an influence on decisions about breastfeeding. Younger mothers with a low level of education tend to encounter difficulties at the beginning of the process, such as the need to go back to school or work, strong family influence, youth, the likelihood of feelings of guilt and incapacity becoming frequent increases, breastfeeding may stop³.

The lack of information about breastfeeding is a relevant factor, as the lack of knowledge on the subject causes lack of interest in the mother, who needs to know the benefits for her and for the child and understand the importance of the process, and this information needs to be passed on during prenatal care and monitoring of pregnancy at the women's reference unit. It is believed that the more educated the pregnant women, the better adherence to breastfeeding they will have; and studies emphasize that every pregnant woman should be the focus, with special attention to primiparous women, who have less information, negatively influencing the maintenance of exclusive breastfeeding, as they have not yet experienced any negative or positive experience, and still have many doubts³.

Breast complications, such as mastitis and nipple fissure, are one of the most common reasons for interruption of breastfeeding due to pain and the presence



of secretion, which make breastfeeding very painful, and feedings end up being replaced by an artificial nipple until the woman's breast to recover. Fear can cause interruption of breastfeeding, this type of intercurrent can be avoided when the guidance and monitoring due to this mother are present, which occur in primary health care^{3,6}.

Complementing other liquids and foods is justified on the grounds that milk is weak or insufficient to support the child, this idea of weak milk is not correct. For the most part, there may be some rare cases where milk production is not occurring in a normal and healthy way, however, this is not usual. The amount of fat that milk has is responsible for the baby's satiety, increasing according to the demand, so it is extremely important that the breast is emptied, because the posterior milk (end of the feeding) will better satiate the child and this impression of milk weak, which does not sustain, will be resolved^{1,4,6}.

Returning to work is among the main reasons for discontinuing the process of exclusive breastfeeding, as the mother finds it difficult to express, store and even offer it to the child. However, there are laws that guarantee the mother one hour to maintain breastfeeding, which can be divided into 30 minutes before and 30 minutes after working hours. Even though the Law is in their favor, this time is not enough and the lack of information about milking correctly, of the whole process being carried out, ends up making the addition of formulas a more viable and faster option^{3,6}.

Nursing Perspective

The nurse has the responsibility, before the Ministry of Health of Brazil (MH), to act directly with the promotion, recovery and maintenance of the healthy development of the child. Follow-up begins early in the newborn's life, during the nursing consultation.

As soon as the child leaves the maternity ward, the first consultation is scheduled at the Basic Health Unit of reference, closest to the postpartum woman's residence, where all parameters will be evaluated and scientific guidelines will be followed⁷.

The professional nurse plays a fundamental role in the protection of breastfeeding, as he/she is able to have intimate contact with the mother, understand and help with all her doubts and main difficulties, in addition to guiding that breastfeeding stands out for the bond, affection, protection and child nutrition, reduces infant mortality and helps the family financially, as it has no costs. The nurse is the professional who can most help protect and support this practice⁷.

The mother is surrounded by many fears, insecurities and, consequently, adapting to a new moment; thus, the health professional should support and seek to encourage pleasurable breastfeeding, so that the recommendations are followed, exclusive breastfeeding for up to six months of life, and healthy and adequate food for children up to two years of age, also associated with breastfeeding⁸.

Faced with each event that occurs during the entire breastfeeding process, the nurse has an acting role, before returning from work, giving the necessary guidelines on the

rights that the mother has, and the alternatives so that breastfeeding can be continued, guides on the use of bottles and artificial teats, as they hinder the effectiveness of exclusive breastfeeding, breaks the idea that the milk produced is weak or insufficient for the child, helps with breast problems and how to care for the injured breast, all guidance for mother will come from the nurse during nursing consultations⁹.

Given the above, it is possible to identify that nursing, in addition to its technical and scientific function that involves the Systematization of Nursing Care (SAE), has a great responsibility as a bridge between new circumstances, internal and external means. The process of adapting to this new stage, which is motherhood, is not easy and with the appropriate help in a holistic way, with the appropriate interventions, it is possible to provide the mother with lightness in this period.

From this assumption, there is a correlation between the Holistic Theory of Nursing, proposed by Myra Estrin Levine, which consists of human interaction with the dynamic environment. A given dynamic environment can be divided into four strands: the fear response, inflammatory response, stress response, and sensory response. Adequate nursing care from a given perspective should be the integration of these four environments, having as a link the interrelationship between nurse and patient, whose binomial enables help and support from the pre-arrival of the baby, when the understanding of what is being for coming; calving period; and postpartum, permeating the care itself, considering the biopsychosocial aspects of the woman, her integration with the family, with the social environment, in short, with everything that surrounds her and is part of her life, enabling personal and social well-being¹⁰.

The World Academy has been discussing the issue of comprehensive care for a short time, however, given the theme of a holistic view, it gains more and more space, whether with the precepts of Myra Estrin Levine, such as Callista Roy, among other Nursing Theories that allow theoretical foundations for new care and management practices in nursing. It is important to emphasize that the holistic view should not be directed only after complications, but as a promotion of health and quality of life and prevention of diseases¹¹.

Final Considerations

The Holistic Theory of Nursing appears on the scene to establish nursing as an intervention between patient and environment, providing reduction of fears, inflammation, stress and mothers and babies through reception, guidance and interventions based on Science and in a holistic way. Breastfeeding does not need to be marked by difficulties and traumas, given adequate guidance and support throughout the pregnancy and postpartum process, it can and should be pleasurable and beneficial for the mother-baby binomial.

As much as there are several challenges and obstacles, especially with the busy life that women have today, many being the breadwinners of the family, the



practice of exclusive breastfeeding must be protected and encouraged by nurses during prenatal and postpartum consultations. , the knowledge that is transmitted to

mothers, especially primiparous mothers, has an impact on whether or not to adhere to exclusive breastfeeding for up to six months.

References

1. Silva AM, Santos MCS, Silva SRM, Ferreira FA, Freitas RSC, Santos REA, et al. Aleitamento materno exclusivo: empecilhos apresentados por primíparas. *Rev. enferm. UFPE On line.* 2018;12(12). DOI: 10.5205/1981-8963-v12i12a236599p3205-3211-2018
2. Torquato IMB, Lima AGA, Neto VLS, Junior FACP, Collet NC, França JRF, et al. Padrão do aleitamento materno de crianças. *Rev. enferm. UFPE On line.* 2018;12(10). DOI: 10.5205/1981-8963-v12i10a237050p2514-2521-2018
3. Freitas MG, Werneck AL, Borim BC. Aleitamento materno exclusivo: adesão e dificuldades. *Rev. enferm. UFPE On line.* 2018;12(9). DOI: 10.5205/1981-8963-v12i9a234910p2301-2307-2018
4. Pereira NNB, Reinaldo AMS. Não adesão ao aleitamento materno exclusivo até os seis meses de vida no Brasil: uma revisão integrativa. *Rev. APS.* 2018;21(2). DOI: 10.34019/1809-8363.2018.v21.16281
5. Garcia FM, Rosa T. Assistência de enfermagem frente aos transtornos na lactação: uma revisão integrativa. *Glob Acad Nurs.* 2020;1(2):e29. <https://doi.org/10.5935/2675-5602.20200029>
6. Santos PV, Martins MCC, Tapety FI, Paiva AA, Fonseca FMNS, Brito AKS. Desmame precoce em crianças atendidas na Estratégia Saúde da Família. *Rev. eletrônica enferm.* 2018;20. DOI: 10.5216/ree.v20.43690
7. Monteschio CAC, Gaiva MAM, Moreira MDS. O enfermeiro frente ao desmame precoce na consulta de enfermagem à criança. *Revista Brasileira de Enfermagem.* 2015;68(5). DOI: 10.1590/0034-7167.2015680515i
8. Passanha A, Benício MHD, Venâncio SI. Caracterização do consumo alimentar de lactentes paulistas com idade entre seis e doze meses. *Ciência & Saúde Coletiva.* 2019;25(1). DOI: 10.1590/1413-81232020251.00132018
9. Dominguez CC, Kerber NPC, Rockembach JV, Susin LRO, Pinheiro TM, Rodrigues EF. Dificuldades no estabelecimento da amamentação: visão das enfermeiras atuantes nas unidades básicas de saúde. *Rev. enferm. UERJ.* 2017;25:e14448. DOI: 10.12957/reuerj.2017.14448
10. Fagundes NC. O processo de enfermagem em saúde comunitária a partir da teoria de Myra Levine. *Rev Bras Enferm.* 1983;36(3-4). DOI: 10.1590/S0034-71671983000400007
11. Silva IA, Santos TS, Freitas CKAC, Santos ACFS, Rodrigues IDCV, Barreiro MSC. Diagnósticos e intervenções de enfermagem direcionados à família de indivíduos vítimas de trauma cranioencefálico. *Glob Acad Nurs.* 2021;2(1):e68. <https://doi.org/10.5935/2675-5602.20200068>

