BREASTFEEDING,
COMPLEMENTARY FEEDING
AND HEALTH

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Report of experience: support group for breastfeeding of the municipality of São Gonçalo, Brazil

Relato de experiência: grupo de apoio ao aleitamento materno do Município de São Gonçalo

Abstract

This is a report of the experience of building and developing a breastfeeding support group that operates in a Primary Health Care Clinic in the city of São Gonçalo, in Rio de Janeiro. The group works with lectures, talks, guidance and advice on breastfeeding issues. It was found that the group is an important health education strategy, essential to ensure comprehensive and quality care for the pregnant women, babies and families. It is an excellent strategy to care for pregnant women and their families and to create links between users and professionals. In conclusion, it is important to ensure the quality of care provided to pregnant women, and it is essential to develop spaces for the exchange of experiences, knowledge and the exercise of interdisciplinary care.

Keywords: Breastfeeding. Primary Health Care. Health promotion.

Resumo

Trata-se de relato de experiência da construção e desenvolvimento de um grupo de apoio ao aleitamento materno que atua em uma Clínica da Atenção Primária à Saúde no município de São Gonçalo, RJ. O grupo

atua com palestras, rodas de conversas, orientações e aconselhamentos sobre as questões da lactação. Constatou-se que o grupo é uma estratégia importante de educação em saúde, essencial para garantir a assistência integral e de qualidade para a gestante, bebê e família. Configura-se como uma excelente estratégia para acolher as gestantes e suas famílias e criar vínculos entre usuários e profissionais. Conclui-se que é importante assegurar a qualidade na assistência prestada à gestante, sendo fundamental desenvolver espaços de troca de experiências, de conhecimentos e de exercício da assistência interdisciplinar.

Palavras-chave: Aleitamento Materno. Atenção Primária à Saúde. Promoção da Saúde.

INTRODUCTION

Breastfeeding is important in fighting hunger and malnutrition in the early years of life. Breast milk is undeniably the best nutritional source and has numerous immunological and psychological advantages.[1] Breastfeeding saves many children each year, because it promotes and prevents infections, in addition to strengthening the affective bond between mother and child.[2]

According to the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), infants must be fed exclusively on breast milk for the first six months of life. From this age on, they should receive complementary foods, and breastfeeding should be maintained until they are at least two years old.[3]

Although world rates of initiation to breastfeeding are relatively high, only 40% of infants under six months of age are exclusively breastfed, and 45% continue to be breastfed up to 24 months of age.[4,5]

In Brazil, according to the 2nd Survey on the Prevalence of Breastfeeding in Brazilian Capitals and the Federal District, conducted in 2008, the prevalence of exclusive breastfeeding in the first six months of life was 41%. The North Region presented the highest prevalence of exclusive breastfeeding in children under six months of age (45.9%), followed by the Central-West (45.0%), South (43.9%), Southeast (39.4%) and Northeast (37.0%) regions. The capital of Cuiabá had a prevalence of exclusive breastfeeding for six months of life of only 27.1% and occupied the first place in early weaning.[6,7]

Comparing the percentage of children between 9 and 12 months breastfed between 1999 and 2008, an increase from 42.4% in 1999 to 58.7% in 2008 was evidenced. According to data collected by the Food and Nutrition Surveillance System (SISVAN) in 2010, 48% of children from six months to two years of age, monitored in basic health units, consumed milk or milk containing flour in this age group.[6]

The results on breastfeeding in Brazil are lower than established, i.e., exclusive breastfeeding for six months and maintenance of breastfeeding for two years or more have not reached the global recommendations.[6,8,9]

According to WHO, by 2025 the global rate of exclusive breastfeeding is expected to increase by at least 50% in the first six months of life.[9] The achievement of this goal becomes extremely important since, as pointed out by Toma & Rea,[10] promoting exclusive breastfeeding until the sixth month of life is the single intervention in public health that has the greatest potential for reducing mortality rates in childhood.

Considering the goal for the prevalence rates of breastfeeding recommended by WHO, in addition to the various benefits generated in health, economy and society in general, as well as the strengthening of the national strategy for breastfeeding, this study describes the implementation of the breastfeeding support group in the municipality of São Gonçalo by a multidisciplinary team in promotion, protection and support actions for breastfeeding..

Breastfeeding in the municipality of São Gonçalo-RJ

São Gonçalo is a municipality in the state of Rio de Janeiro located in the metropolitan area, 22 kilometers from the capital city of Rio de Janeiro. It is estimated that its population is around 1,077,687,[11] and it is considered the second most densely populated municipality, second only to the capital of the state. According to IBGE data,[11] the municipality has 194 health establishments.

The average infant mortality rate in the municipality is 13,38 to one thousand live births, and hospitalizations due to diarrhea are 0.3 to each one thousand inhabitants,[11] placing São Gonçalo in position 41 of 92, and 37 of 92, respectively. When compared to other cities in Brazil, these positions are 2,407 out of 5,570, and 3,907 out of 5,570, respectively.

In 2008, the Ministry of Health conducted the 2nd Survey on the Prevalence of Breastfeeding in Brazilian Municipalities, in which 227 municipalities participated.[12] Chart 1 presents some indicators of breastfeeding in the municipalities of Rio de Janeiro, capital city, and the municipality of São Gonçalo-RJ, as the study reference. In the first hour of life, the municipality of Rio de Janeiro-RJ presented prevalence indicators with a *good* ranking level, while the municipality of São Gonçalo presented a *reasonable* level. For the exclusive breastfeeding marker in children under six months of age, the ranking was *reasonable* for both.

Chart 1. Prevalence of children under 1 year of age who were breastfed within the 1st hour of life and prevalence of children under 6 months in exclusive breastfeeding, Rio de Janeiro and São Gonçalo-RJ, 2010. Source: Breastfeeding Prevalence Survey in Brazilian Municipalities.

Breastfeeding indicators	Rio de Janeiro (RJ) n (%)	São Gonçalo (RJ) n (%)
Children < 1 year who were breastfed within the 1st hour of life	2461 (65,60%)	1322 (45,01%)
Children < 6 months in exclusive breastfeeding	1269 (40,70%)	766 (37,34%)

Strategies to increase the prevalence of breastfeeding

Despite the evolution, the human species remains genetically prepared to receive the benefits of breast milk and for the act of breastfeeding.[13] Nevertheless, breastfeeding is not an instinctive act, it can suffer sociocultural influences and over time it has changed, moving on to artificialization. Thus, the duration of breastfeeding has declined and its rates have suffered an impact, with implications for increased infant mortality and malnutrition.[14]

In the 1970s, knowledge about breastfeeding was not widespread worldwide. The first studies on the subject began at the end of that decade and, until then, breast milk substitutes were propagated and used in large scale. Starting in the 1980s, studies began to demonstrate that well planned actions in breastfeeding stimulated an increase in the practice.[15]

Over the course of three decades, Brazil has been consolidating strategies and actions to promote, protect and support breastfeeding, such as: the standardization of shared rooms, the establishment of standards for human milk banks, the implementation of the Baby-Friendly Hospital Initiative (BFHI), the interruption of the distribution of "substitutes" for breast milk in health services, the Basic Breastfeeding-Friendly Units (IUBAAM), the Brazilian Norm for Commercialization of Food for Infants and Young Children, Nipples, Pacifiers and Baby Bottles (NBCAL) and the Brazilian Breastfeeding Network, an important strategy in promoting, protecting and supporting breastfeeding.[6]

The Brazilian Breastfeeding and Feeding Strategy (EAAB), established by Ordinance No. 1920 of September 5, 2013,[16] results from the integration of the actions of the Brazilian Breastfeeding Network and the National Strategy for the Promotion of Complementary Healthy Feeding (ENPACS), launched in 2008 and 2009, respectively. Its purpose is to qualify actions to promote, protect and support breastfeeding and healthy complementary feeding, strengthening the competencies and skills of primary care health professionals.[16]

In 2010, the Ministry of Health created the Breastfeeding Support Rooms in the companies, with the objective of encouraging the continuity of breastfeeding even after returning to work.[17,18] In the 2000s, there were advances with the creation of the *Rede Cegonha* network, instituted within the scope of the Unified Health System (SUS) by Ordinance No. 1.459 of June 24, 2011, assuring the principles of humanization and assistance to women with the right to reproductive planning, humanized care to pregnancy, childbirth and puerperium. For children, the right to safe birth and growth was ensured, in addition to healthy development.[19]

Another strategy to encourage breastfeeding in 2014 was the review of the qualification processes of hospitals in the Baby-Friendly Hospital Initiative (BFHI), in which the minimum

Global Criteria were established, the "Ten Steps for the Success of Breastfeeding" and the proposal of WHO/UNICEF to join the criteria and good practices of childbirth and birth, "Woman-Friendly Care". In Brazil, the criterion for the care of at-risk newborns was "the permanence of the father or mother with the newborn 24 hours a day and their free access throughout the day and night".[20]

Created in 2015, through Ordinance No. 1.130 of August 5,[21] the National Policy for Integral Attention to Child Health (PNAISC) aimed to promote and protect the health of children and breastfeeding, through actions aimed at the attention and comprehensive care during pregnancy until nine years of age, especially in early childhood and in populations of greater vulnerability. Its goal was to reduce morbidity and mortality and facilitate an environment with dignified and full conditions of existence and development.[21]

The Legal Framework for Early Childhood was Law No. 13,257 of March 8, 2016, which encourages and subsidizes the creation of public policies, programs, services and initiatives aimed at promoting the integral development of children from birth to six years of age.[22,23]

The "Brazilian Norm for Commercialization of Food for Infants and Young Children, Nipples, Pacifiers and Baby Bottles" (NBCAL) was another achievement to regulate the advertising and marketing practices of the infant food industries. It is a set of norms that regulates the commercial promotion and labeling of foods and products for newborns and children up to three years of age, such as milk, baby food, pacifiers and bottles. Its purpose is to ensure the proper use of these products so that there is no interference in the practice of breastfeeding. NBCAL brings together the following ordinance and resolutions: Ordinance No. 2.051, from November 8, 2001; Resolution RDC No. 222, from August 5, 2002 - Technical Regulation for Commercial Promotion of Food for Infants and Young Children; Resolution RDC No. 221, from August 5, 2002 - Technical Regulation on Soothers, Nipples, Baby Bottles and Nipple Shields; and Law No. 11.265 - Regulates the marketing of foods for infants and young children and also related childcare products.[24]

The legislation includes rules such as the prohibition of advertisements of infant milk formulas and, in addition, makes it mandatory for the packaging of milk intended for children to have a warning that the product must be included in the diet of children under one year of age only with the express indication of a doctor and/or nutritionist, as well as the risks of inadequate preparation of the product. The law also prohibits donations of bottles, nipples and pacifiers or their sale in public health services, except in cases of individual or collective need.[24]

Sanctioned on April 12, 2017, Law No. 13,435, which establishes August as the breastfeeding month (Golden August), aims to intensify and clarify awareness actions on the

importance of breastfeeding, with lectures and events in various sectors, dissemination in various media, meetings with the community, dissemination actions in public spaces, in addition to the lighting or decoration of spaces with a golden color.[25]

In this sense, this is a descriptive exploratory study, in which the practices of the Breastfeeding Support Group offered at the Municipal Clinic of São Gonçalo, located in the Mutondo neighborhood, municipality of São Gonçalo, state of Rio de Janeiro, were analyzed. Health promotion and education activities were developed with emphasis on breastfeeding. The analysis of the actions to support breastfeeding occurred according to the standards established by the Ministry of Health and the recommendations of SUS.

METHOD

The Support Group was implemented by a multiprofessional team composed of a speech therapist, nutritionist, social worker and psychologist. The criterion that encouraged and justified the creation of the group was related to the constant reporting of puerperal women attended by these professionals to choose alternate breastfeeding (breast milk and infant formula) or early weaning. Among the justifications, we highlight the poor orientation in the gestational period, lack of information on the benefits and advantages, support and assistance, besides the management of breastfeeding and difficulties with lactation.

The public served by the group is basically composed of high-risk pregnant women, because the clinic is a reference in prenatal risk in the city. However, the clinic works according to an "open doors" policy, serving pregnant women, puerperal women and their babies from all over the municipal network who have difficulties and who need help in managing lactation. The care is performed in a waiting room individually or in a group, through active search, spontaneous demand and/or referral from other health establishments and municipal professionals, as well as referral from users who have been assisted by the group.

The objective of the group is to extend the duration and exclusivity of breastfeeding, through the exchange of experiences through educational actions in which they are proposed with specific material for the promotion and support of breastfeeding, such as: anatomical breasts, a doll to demonstrate the types of positioning and how to hold the baby to the breast, lectures with explanatory videos on breastfeeding, guidelines on breast care, milking, myths and beliefs, difficulties to breastfeed, composition of breast milk and its benefits, and the rights of women and children. Informative leaflets are offered, prepared by the group team, in addition to other actions.

In the first contact with the pregnant woman, puerperal woman and/or baby, a registration on SISVAN is made, in which information is recorded for monitoring the nutritional status, nutritional conditions and monitoring the prevalence of breastfeeding in the population attended. This information helps to trace the characteristics of the population for the creation of policies, planning and management of projects to improve the quality of life of the local population.

After the initial contact, an action is suggested for each case presented. In the case of pregnant women monitored by high-risk prenatal care, meetings are more frequent, due to their return for obstetric follow-up of prenatal care. At each meeting, a bond is maintained between professional and user and different actions are addressed.

Some practical activities that address breastfeeding guidance, support and encouragement are carried out. The guidelines are made from the initial phase of prenatal care and extend to the puerperium. Among the most developed actions are the guidelines for prevention of breast problems, breastfeeding observation and counseling during the meetings.

Other activities carried out are the "waiting rooms", where the group discusses the importance of exclusive breastfeeding and seeks to encourage breastfeeding on free demand. Women and their partners are instructed on the proper grip and position, on how breast milk is produced, and on the risks of using a bottle and other nipples. Users are informed about the importance of participating in the group of pregnant and nursing women and that the group works continuously to help with possible doubts or difficulties with breastfeeding.

Pregnant women are encouraged to return to the group after the completion of prenatal care. The return is suggested immediately after delivery, so that the following can be performed: evaluation of the breasts, milk flow, evaluation of the oral reflexes of the baby, tongue test, positioning and holding to the maternal breast, nutritional evaluation of the mother and the baby, records and monitoring of the records of the child, referral to perform the ear test, registration of the baby with SISVAN and monitoring month by month until food introduction. At this stage, each professional establishes their conduct in an interconnected way with the group.

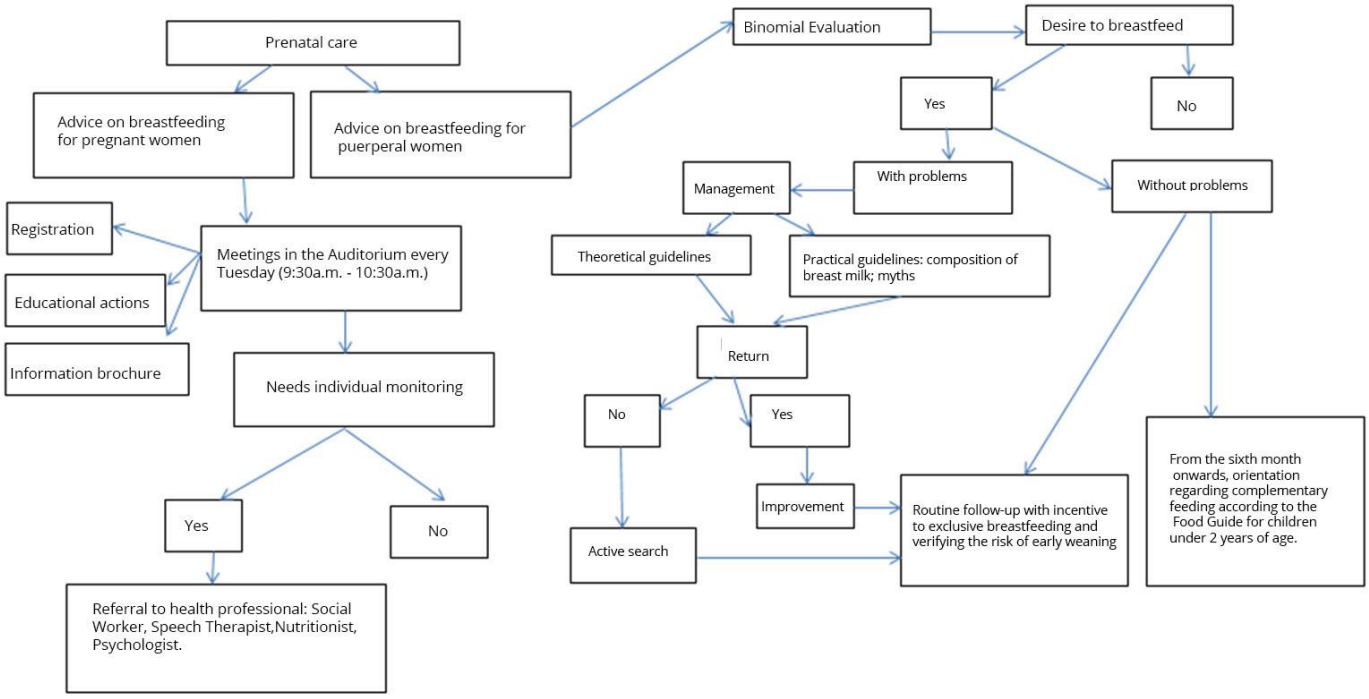
Regarding the care provided to puerperal women and infants who are experiencing any difficulty with the management of lactation, the support given to establish breastfeeding is offered in a shorter interval, stipulating weekly or even daily care, including the telephone numbers of the own professionals are available to facilitate help and prevent the introduction of infant formula and, consequently, preventing early weaning. After the difficulties are handled by the professionals, the monitoring follows its monthly attendance course.

According to the national policy agreement for the promotion, protection and support of breastfeeding, reinforcements, adequacy, expansion, intervention and strategies related to breastfeeding are needed, with the objective of consolidating the State policy that promotes and accelerates adherence to the practice of breastfeeding and its maintenance for a desirable period of time, as recommended by WHO, UNICEF and MS.[8] Thus, the group maintains strategies in health promotion through the agreement established.

RESULTS AND DISCUSSION

the preparation of a service flowchart (figure 1). This tool assists in the acceptance and comprehensiveness of care, in addition to providing support to the breastfeeding support group in the municipality. Due to the importance and magnitude of breastfeeding, it is interesting to build standardized protocols that guide the evaluation and decision-making by the assisting team/group. A schematic flowchart with scientific basis can help the team, facilitating the proper management of breastfeeding.

Figure 1. Care Flowchart - Breastfeeding Support Group



The car flowchart involves from prenatal to infant feeding, and was produced from references taken from the "Brazilian Breastfeeding and Feeding" course of the Ministry of Health. To compose the instrument, the following themes were addressed: desire to breastfeed, with or without problems, management, theoretical and practical guidelines, and follow-up. The use of the flowchart in practice is a tool for the evaluation and management of breastfeeding that should be used right from the beginning, and can bring greater safety and confidence to the team and the family.[28]

The flowchart created has been executed in a period of less than one year, and the information collected is registered in SISVAN, with the objective of generating and supporting health managers and professionals regarding the process of organization and evaluation of nutritional care, thus allowing the survey of indicators of nutrition and feeding of the assisted population.

In addition to the flowchart, educational booklets were created with instructions to pregnant women and nursing mothers regarding breast care, mother and baby feeding, in addition to the rights guaranteed by legislation, collaborating with the national policy of promotion, protection and support to breastfeeding.

The support group is in its first year of implementation and recognizes that breastfeeding depends on the improvement of care, dissemination of the strategies agreed with the promotion, protection and support of breastfeeding, in addition to the training of health teams.

From this perspective, the 1st Breastfeeding Incentive Symposium was held in August 2019, articulated with the technical reference team for nutrition and by the Coordination of Basic Care of the Municipality of São Gonçalo, in order to elicit reflection on the care flow.

CONCLUSION

Every effort must be made to disseminate knowledge and improve the continuity of breastfeeding, in order to develop health promotion, as recommended in the Unified Health System (SUS).

It is recommended that primary health care provides guidance to pregnant women, puerperal women and their families on the benefits and management of breastfeeding. It is necessary that health professionals have counseling skills to assist users[29] and that they receive training in strategies to promote and support breastfeeding in the primary network[30] so that the

guidance provided is effective and mothers can feel more secure and overcome possible difficulties during breastfeeding, leading to exclusive breastfeeding best practices. The support group for breastfeeding is of fundamental importance to help women, so that they feel assisted regarding their doubts, insecurities and problems during the process of breastfeeding for a longer time. When women and their families feel safer, they will be able to maintain breastfeeding.

It is recommended that further studies be conducted on the topic, so that the importance of support groups, breastfeeding guidelines and the way they are provided in primary care are better understood.

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Contributors

Flor RB; Damm DV and Almeida AR worked in all stages, from the conception of the study to the review of the final version of the article. Fernandes GA and Sousa AS participated in the analysis and interpretation of the data.

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