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Experiences in the breastfeeding process of mothers of preterm newborns admitted to a public hospital in the city of Guarapuava-PR

Vivências no processo de aleitamento materno de mães de recém-nascidos prematuros internados em um hospital público do município de Guarapuava-PR

Abstract

Objective: To describe the breastfeeding experiences of mothers of preterm newborns.

Methods: Qualitative study carried out with mothers of preterm newborns admitted to a Neonatal Intensive Care Unit at a public hospital in Guarapuava-PR, from June to July 2018, using a questionnaire with closed questions and another with questions related to breastfeeding premature babies. The study included mothers who had already breastfed their children, and excluded mothers under the age of 18 or who had medical conditions that prevented them from breastfeeding, and whose children had been hospitalized for less than three days. **Results:** Ten mothers of preterm newborns took part in the study, 70% of whom had a gestational age of 32 to 36 weeks, 10% 28 weeks and 20% 29 weeks. The mothers reported difficulties in maintaining the latch and sucking breast milk, as well as feelings of nervousness. They received support from professionals and family members in encouraging breastfeeding and humanized care from the health team. **Conclusion:** With knowledge of the difficulties encountered by mothers in breastfeeding preterm babies, it is possible to establish measures to prevent early weaning, while respecting the mother's autonomy in caring for the baby. **Keywords:** Preterm Newborns. Breastfeeding. Psychological distress. Humanization of Care.

Resumo

Objetivo: Descrever os relatos de vivências no processo de amamentação de mães de recém-nascidos prematuros. **Método:** Estudo qualitativo realizado com mães de recém-nascidos prematuros, internados em uma Unidade de Terapia Intensiva Neonatal, de um hospital público de Guarapuava-PR, no período de junho a julho de 2018, mediante aplicação de um instrumento com questões fechadas e outro com questões relacionadas à amamentação de prematuros. Foram incluídas no estudo mães que já haviam amamentado seus filhos ao seio ou por meio da ordenha mamária, e excluídas mães com idade inferior a 18 anos ou que apresentavam condições clínicas que as impedissem de amamentar, cujos filhos estavam internados em período menor que três dias. **Resultados:** Participaram do estudo 10 mães de recém-nascidos prematuros, das quais 70% tinham idade gestacional de 32 a 36 semanas, 10% de 28 semanas e 20% de 29 semanas gestacionais. As mães relataram dificuldades em manter a pega e a sucção do leite materno e sentimentos de nervosismo, receberam apoio dos profissionais e familiares no incentivo à amamentação e no cuidado humanizado pela equipe de saúde. **Conclusões:** Diante do conhecimento das dificuldades encontradas pelas mães na amamentação de

prematturos, é possível estabelecer medidas para evitar o desmame precoce, respeitando a autonomia da mãe no cuidado ao bebê.

Palavras-chave: Recém-Nascidos Prematturos. Aleitamento Materno. Angústia psicológica. Humanização da Assistência.

INTRODUCTION

Preterm is defined as childbirth that occurs before the 37th week of gestation, due to the onset of labor or medical determination. The risk factors associated with preterm birth are: lack of prenatal care; physiological factors, such as previous preterm birth; the mother's advanced age; maternal complications; placental abruption; maternal infections, among others.^{1,2}

Giving birth to a preterm newborn (PTNB) who is still in hospital causes distress and suffering for the parents, culminating in emotional tension. The birth of a PTNB requires adaptation to an event that was not in the mother's imagination, and the presence of fear, distress, and anguish is evident.^{3,4}

Breast milk is very important for PTNB because of its properties in defending the body against external agents, in forming the gastrointestinal system and in improving psychomotor development. PTNBs present problems due to their physiological and neurological immaturity, as well as difficulties in sucking, swallowing, and the respiratory system, conditions that end up being a barrier to success in the breastfeeding process, not to mention that the mother's emotional stress and insecurity can interfere with successful breastfeeding.^{5,6}

Most of the time, mothers of PTNBs have difficulties maintaining lactation when their child is in the Unidade de Terapia Intensiva Neonatal (UTIN, Neonatal Intensive Care Unit), and in many cases, they are not being exclusively breastfed.⁷ Mothers of preterm newborns generally show high levels of stress, which leads to psychological problems, which can consequently compromise their maternal abilities.⁸ Another study revealed that mothers with more than one premature child reported more psychological symptoms than mothers of single children, but only when exposed to socioeconomic adversity.⁹

This study aimed to describe the experiences of mothers of PTNBs in the process of breastfeeding.

METHODS

This is a qualitative study carried out with mothers of PTNBs, whose children were in the UTIN at a public hospital in the city of Guarapuava-PR, from June to July 2018. The mothers of PTNBs were invited to take part in this study and initially answer a questionnaire with closed questions to collect their data (name, age, gestational age, reason for premature birth, number of people in the household, family income, number of children, profession, marital status) and that of the PTNB (name, sex, diet, birth weight, length, head circumference, days of life) and another questionnaire with guiding questions on the subject of breastfeeding PTNBs. Included in the study were mothers who had already breastfed their children, and excluded mothers under the age of 18 or who had medical conditions that prevented them from breastfeeding, as well as those whose PTNBs had been hospitalized for less than three days. Fictitious names were used throughout the mothers' speeches in the results text.

In the qualitative methodological approach, one can study the analysis of the expressions of speech, the past, the relationships between people, the individual's point of view, ideas, feelings, and thoughts.¹⁰ The guiding questions about breastfeeding PTNBs aimed to understand the experiences of these mothers in the process of breastfeeding and to check whether their milk production was felt to have been affected or not during the child's hospitalization. The mothers were asked: "1. *Regarding the experience of breastfeeding during your baby's stay in the NICU, what have you observed?* 1.1 *How do you perceive this process?*; 2) *Do you consider it normal or do you notice any changes in your milk production during your baby's stay?* 2.2 *What aspects do you relate to this?*"

In addition, we analyzed whether the mothers had the support of the health team and family members to encourage breastfeeding, with the following questions: "3) *Do you have the support of society, family members, and the health team in encouraging breastfeeding? Did you receive any guidance?* 3.1 *Is the UTIN environment suitable for milking human milk?* 3.2 *How is milking done? What utensils are used? Is milking done at home or in the hospital?*"

Finally, the question about the mother's routine: "4) *How do you get to the NICU and where do you eat your meals?*" and about knowledge of preterm birth: "5) *Concerning preterm birth, were you already aware of the chance of this happening? How are you feeling about your baby's hospitalization?*".

The interviews were conducted separately and individually with each mother and recorded on an Asus® computer audio recorder for later analysis. The average interview time with each mother of a PTNB was 20 minutes.

The data analysis followed the proposal of systematic deductive content analysis, in which, through the transcripts of the mothers' speeches (answers), the researcher sought to identify the intonations given to the speeches, to classify them according to the passages and words that were most repeated among the interviewees, looking for where there was similarity in the words and phrases used in the answers. To detect this, the researcher listened to the recordings, transcribed them in the Microsoft Word® 2010 computer software, and read the answers to the questions several times to get used to them, and thus become familiar with the content of the interviews, identifying repetitions of ideas and experiences and selecting the main themes mentioned.¹¹ The answers to the closed questions were analyzed in the Excel® 2010 computer software.

The project obtained the consent of the hospital and the NICU and was approved on May 15, 2018, by the Comitê de Ética em Pesquisa com Seres Humanos (COMEP, Human Resources Ethics Committee), under opinion no. 2.678.515, of the Universidade Estadual do Centro-Oeste (UNICENTRO), the participants who agreed to participate in the study were asked to sign the Informed Consent Form..

RESULTS E DISCUSSIONS

Ten mothers of PTNBs whose children were hospitalized in a UTIN were included in the study. Of these, five were primiparous, seven were single, and three were married. As for the mothers' ages, six were aged between 19 and 24, three were between 28 and 33, and only one was over 40. In terms of *per capita* family income, the majority (9) received less than the minimum wage, and only one received more than the minimum wage (minimum wage at the time: R\$954.00).

As for the classification by gestational age at birth, six were very premature (≥ 28 and < 32 gestational weeks), four had moderate prematurity (≥ 32 to < 34 gestational weeks), and five had late prematurity (≥ 34 to < 37 gestational weeks). There was no inclusion of extremely premature babies. Of the babies evaluated, nine had been hospitalized for up to eight days, and two for between 20 and 51 days. Regarding the weight of the PTNBs on the day the mothers were interviewed, four weighed between 2 and 2.5 kg, three between 1 and 2 kg, two between 3.5 and 4.3 kg, and one less than 1 kg.

With regard to the type of diet offered to the PTNBs, five babies were receiving exclusive breastfeeding, one was receiving infant formula via the enteral route, two were receiving exclusive breastfeeding via the enteral route or in a cup, and two were receiving breast milk and infant formula in a cup.

According to the interviewees, the experiences of breastfeeding their premature children revealed four categories of analysis: difficulties in sucking and latching on to the breast; emotional stress faced by mothers of PTNBs and the perceived interference in milk production and let-down; support from the health team and family members in encouraging breastfeeding; and the importance of humanized care. These were analyzed in depth, bringing out the feelings experienced by the mothers.

Difficulties in sucking and latching on to the breast

The speeches below show the difficulties mothers felt when their PTNB sucked the breast; they reported that PTNBs found it easier to suck objects or when they stimulated sucking with their hands and that they had difficulty sucking the breast. This is due to the physiological immaturity of premature babies, the proportion between the PTNB's mouth and the mother's breast, which is incompatible, not to mention the fact that sucking on the breast requires a high energy expenditure for the PTNB and conditioning that they acquire over time.¹²

[...] tá bem ruim, ele suga o dedo, mas o peito ele não ta sugando[...] (Luana). [...] it's pretty bad, he sucks his finger, but he's not sucking the breast[...] (Luana).

[...] ela suga bem, quando estimula em outra coisa, né? As enfermeiras colocam o dedo com a luva, ela no peitofica pouco tempo, muito pouco tempo[...] (Juliana). [...] she sucks well, when she's stimulated by something else, right?

The PTNB needs special care and, due to their stay in the UTIN, there is a distancing between mother and baby. Often, the mother is still in the hospital and is faced with an empty crib next to her, and might not be psychologically prepared for what has happened. Among PTNBs, some cannot suck well, swallow, or digest nutrients, and some mothers have difficulties producing and releasing milk.¹³

The difficulty premature babies have in latching on to the mother's nipple is another difficulty that was repeated in the mothers' reports, as described in the excerpts below:

[...] dificuldade de o bebê acordá, do bebê pegá, e quando pega fica 10 minutinhos só, não é o suficiente [...] (Juliana). [...] difficulty for the baby to wake up, for the baby to latch on, and when latched on, it's only for ten minutes, it's not enough [...] (Juliana).

[...] bem difícil na verdade, meu Deus do céu, ele não pega, é muito ruim, dói bastante, mas é bem gostoso amamentar, duas vezes que eu amamentei [...] é[...] (Luana). [...] it's actually quite difficult, my God, he doesn't latch on, it's very bad, it hurts a lot, but it's really nice to breastfeed, I breastfed twice [...] it's [...] (Luana).

[...] elaficachorando e nãopega noseio [...] (Fernanda). [...] she keeps crying and doesn't latch on [...] (Fernanda).

In a qualitative study carried out at a hospital outpatient clinic in Londrina-PR, the aim of which was to understand the process of breastfeeding PTNB aged six months, based on the mothers' reports, it was possible to verify which factors help or hinder breastfeeding. A similar result was found, in which the difficulty of latching on and sucking was one of the variables related to the failure of breastfeeding by mothers who had difficulties breastfeeding their premature babies.¹⁴ The difficulty of latching on during the breastfeeding process for mothers of premature babies was also pointed out in a study carried out with 20 nursing mothers in Teresina-PI, which found that the incorrect latching on of the nipple prevailed among the obstacles pointed

out during this phase. Although breastfeeding is part of a woman's nature, monitoring these women, educating, and promoting breastfeeding during prenatal care and the puerperium are important to avoid interruptions in breastfeeding.¹⁵

Emotional stress faced by mothers of PTNBs and perceived interference in milk production and letdown

It was clear from the mothers' speeches that the birth of the PTNB was not as expected, different from what they had hoped for, and it was a very difficult experience to overcome. Nervousness, fear, and feelings of sadness were present in most of the speeches:

[...] aí bem ruim na verdade, porque não é bom você ficá no hospital, na verdade você quer teu filho e ir pra casa, então ficá aqui é muito ruim, é muita pressão, você fica nervosa de entrá no quarto, ficá subindo toda hora, então é bem ruim [...] (Luana). [...] *it's really bad because it's not good to stay in the hospital, you really want your child to go home, so staying here is really bad, it's a lot of pressure, you get nervous going into the room, going up all the time, so it's really bad [...]* (Luana).

[...] é a gente fica nervosa, daí até a médica me deu calmante, pra ficá mais calma, pra ver se não seca o leite né, mais agora graças a Deus estou mais calma, no começo era difícil [...] (Carol). [...] *we get nervous, so the doctor even gave me a tranquilizer to calm me down, to make sure my milk doesn't dry up, but now thank God I'm calmer, in the beginning, it was difficult [...]* (Carol).

[...] estou triste, não posso ir pra casa, fico aqui sem minha mãe, aqui eu não conheço ninguém, né? (Regina). [...] *I'm sad, I can't go home, I stay here without my mother, I don't know anyone here*" (Regina).

It is important to highlight the mother's point of view in this reality, as feelings of incapacity and maternal emotional stress can lead to a decrease in milk production.^{16,17} When visiting the PTNBs during their first days in the UTIN, the mothers reported feelings of anguish, sadness, and unease, as we can see in the statements below:

[...] vim no sábado ver ela, ela estava com aqueles tubos e desmaiada, estava dormindo, chorei bastante, foi muito difícil ver ela assim [...] (Rita). [...] *I came to see her on Saturday, she had those tubes and passed out, she was sleeping, I cried a lot, it was very difficult to see her like that [...]* (Rita).

[...] muito mal, me sentia mal, porque você ver o bebê entubado não é legal, mas a gente fica por um lado feliz, até porque, sabe que ele está sendo bem cuidado, que ele precisa estar ali, então não tem como você tirar ele dali isso que conforta a gente, saber que ele tá sendo bem cuidado [...] (Luana). [...] *very bad, I felt bad, because seeing the baby intubated isn't nice, but we're happy on the one hand because we know that he's being well looked after, that he needs to be there, so there's no way you can take him out of there, that's what comforts us, knowing that he's being well looked after [...]* (Luana).

Mothers reported that they wanted to pick up the baby and go home, reinforcing the idea that parents idealize a baby that goes home a few days after birth. However, Despite feeling distressed at seeing their

PTNB hospitalized in the UTIN, some mothers felt hopeful and believed that they were being well cared for by the health team, showing confidence in the health institution for the baby's care.

A study carried out in 2018 that analyzed the reception of PTNB mothers had a similar result to this study. The mothers pointed out the desire to take the baby home and the hope that he would survive.¹⁸

Mothers also reported difficulties in letting down milk, as evidenced in the following statements:

[...] a gora tá começando a descer de novo, no começo não tinha nada, o que pode ter afetado, o nervosismo né, hoje eles me ajudam, mas nos outros dias não conseguia quase nada, porque eu só tenho essa mão, eu não consigo tirar direito [...] (Juliana). [...] *now it's starting to come down again, in the beginning, there was nothing, which may have affected it, nervousness, maybe, today they help me, but on other days I could hardly do anything, because I only have this hand, I can't get it right* [...] (Juliana).

[...] uns quatro a cinco dias depois do parto, para descer bem o leite, demorou um pouquinho [...] (Luana). [...] *about four or five days after giving birth, for the milk to come down properly, it took a little while* [...] (Luana).

The arrival of a new member in the family is always a stressful situation for the mother. Even in full-term babies, the letdown of intermediate milk can take a week, and mature milk can take up to 21 days. For mothers of PTNBs, the situation can be even more difficult. The perception of mothers of PTNBs is that they had difficulty letting down their milk, and the hypothesis for this is that stress may be associated with a decrease in oxytocin, the hormone responsible for letting down milk.¹⁹

The mothers' perception was that their milk production was reduced:

[...] e agora tem, mais tá muito pouco, no começo eles estavam dando leite lá de baixo, o lactário que dizem [...] (Rita). [...] *and now there is, but there is very little; in the beginning, they were giving milk from down there, the lactarium, they say* [...] (Rita).

[...] não tem leite, antes eu tinha, agora tá difícil [...] (Juliana). [...] *there's no milk, before I had milk, now it's difficult* [...] (Juliana).

[...] no começo era pouquinho, quando ela foi no seio aumentou mais [...] (Fernanda). [...] *at first, it was little, when she got into the breast, it increased more* [...] (Fernanda).

Mothers' perception of low milk production may be due to the fact that they are unaware of their milk production; in the first few days, they may produce small drops of milk, even mothers with full-term babies. The stress, pain and fatigue of having a baby prematurely can also produce an inhibitory factor for prolactin, the hormone responsible for milk production.¹³

When mothers start breastfeeding and succeed, it is clear that they are motivated. This process can be seen in some of the statements made by the mothers of PTNBs:

[...] e agora a gente tá vendo o quanto que é importante, porque eles vão direto para o peito. Muito bom, porque é uma coisa a mais para gente. Está na temperatura certa, vai fazer bem pra ele. Para mim é muito importante, eu cuidei muito isso, pra não perder o leite do bebê né. Foi muito bom, faz uns três dias que ele começou a sugar no peito [...] eu fiquei muito emocionada dele vim pro o peito

[...] (Maria). [...] *and now we're seeing how important it is, because they go straight to the breast. It's very good, because it's something extra for us. It's just the right temperature, it'll do him good. For me it's very important, I took great care not to lose the baby's milk. It was very good, it's been about three days since he started sucking on the breast [...]* I was very excited when he came to the breast [...] (Maria).

[...] é bem gostoso amamentar, duas vezes que eu amamentei [...] (Luana). [...] *it's really nice to breastfeed, I breastfed twice [...]* (Luana).

A study carried out in Sweden using a qualitative method that assessed the experiences of mothers of PTNBs who were breastfeeding their children found similar results to this study. Mothers who were able to breastfeed their babies felt confident and proud, while mothers who were unable to breastfeed felt frustrated.¹³

In a hospital environment, the pro-breastfeeding discourse is strong, and health professionals must take a close look, considering the mother's decisions, her difficulties, fears, emotional aspects, the woman's social support network, among others. This approach allows women to have autonomy in relation to the care and breastfeeding of their children, valuing them, listening to them and empowering them.¹⁹

Support from the health team and family members in encouraging breastfeeding

The mothers' reports showed that during the time the PTNB was hospitalized in the UTIN, they received support from the health team to encourage breastfeeding. Some expressed the importance of these professionals in encouraging the initiation and maintenance of breastfeeding:

[...] elas só querem que eu oferte o peito, incentivam pra ofertar o peito [...] (Regina). [...] *they just want me to breastfeed, they encourage me to breastfeed [...]* (Regina).

[...] foi bem, tudo certo, graças a Deus, e até agora tão me orientando como é que é, como não, tudo certinho [...] (Janaina). [...] *it went well, everything was fine, thank God, and up until now they've been giving me guidance on what to do, what not to do, everything is fine [...]* (Janaina).

[...] é pelas enfermeiras lá na UTI. Falavam para cuidar dela, não pegá só no biquinho, pegá em tudo a auréola, a médica mesmo quando ia me visitar no quarto [...] (Aline). [...] *it's the nurses in the ICU. They told me to take care of her, not just the little nipple, but the whole halo, even the doctor when she came to visit me in my room [...]* (Aline).

Guidance from the health team is essential when it comes to breastfeeding, to help with the difficulties faced by mothers in the UTIN environment and to provide more security in relation to the breastfeeding process when the PTNBs are discharged. The whole procedure of breastfeeding involves not only techniques, but also empathetic skills and attitudes.²⁰

Family support is also an important factor in successful lactation. Mothers received support from family members when it came to breastfeeding. This is evident from the mothers' reports:

[...] os parentes da gente falam também [...] (Maria). [...] *our relatives talk too [...]* (Maria).

[...] minha mãe e o marido falam que tem que amamentar [...] (Janaína). [...] *my mother and husband say I have to breastfeed [...] (Janaína).*

[...] da família sim, aqui também, claro, né? [...] (Aline). [...] *from the family, yes, here too, of course, right? [...] (Aline).*

The role of the family is very important in the mother's decision to remain inspired and persevere in breastfeeding her baby, especially the opinion of her grandmother and partner.¹³ However, fathers are often unaware of their importance in contributing to successful breastfeeding.¹³

A qualitative study carried out in Australia, which looked at the experiences of parents of low birth weight newborns in relation to breastfeeding their children from birth to 12 months of age, showed that they had feelings of equality in relation to the most correct type of nutrition for their baby, whether it be through pacifiers or breastfeeding. It is important for parents to be more involved in the breastfeeding process, and their fears may be associated with breastfeeding failure.¹³

Breastfeeding is seen by society as a natural and instinctive behavior of women, and the whole process of breastfeeding is linked to the female sphere. The act of breastfeeding is a condition that society attributes to motherhood and childcare.²²

The mother is responsible for the greatest amount of care for the PTNB; she is the family member who has the most contact with the baby in the hospital unit - all the responsibility for breastfeeding is attributed to the mother. As a result, they face many difficulties in maintaining lactation, and this doesn't mean that they love their children any less than mothers who successfully lactate. Most of the time, professionals and family members encourage breastfeeding, but it is important to understand how the mother feels about so much information being passed on, about the duty imposed on them in terms of care. Mothers must have the autonomy to decide what they think is best for themselves and their child.

The importance of humanized care

Given the countless difficulties faced by mothers of PTNBs, health professionals need to provide humanized care to create bonds with parents and reduce the pain they feel during this period.

According to the interviewees, the health professionals provided technical knowledge to the mothers of PTNBs, but they also thought about the context in which they were inserted and the difficulties the mothers faced with the hospitalization of their child:

[...] as enfermeiras falam pra tomar bastante líquido, pra ficar mais calma [...] (Luana). [...] *the nurses tell you to drink plenty of fluids, to stay calm [...] (Luana).*

[...] elas, as enfermeiras, direto conversando com a gente. As vezes até, é porque estou com pouco leite, elas falam com a gente, animavam pra não desanimar, pra ter o leite [...] (Maria). [...] *they, the nurses, talk to us directly. Sometimes, it's because I'm low on milk, they talk to us, encourage us not to get discouraged, to have the milk [...] (Maria).*

All that parents idealize is a perfect pregnancy with no complications, and when a baby is born full of frailties, often underweight and who can only survive if they are in intensive care, what can welcome the parents and the newborn is the humanized care provided by the health team.²³

Humanization is the act of looking at the individual in an integral way, of going beyond scientific knowledge, of putting oneself in the other person's shoes to understand their anxieties and what they are going through.²⁴ Humanization is important in childbirth, which often in the case of premature birth was not expected even by the health professionals. Humanization on the part of health professionals is understood as the act of having a new point of view, a more humane outlook, welcoming patients with open arms, imparting knowledge is essential.²⁵ Respect for mothers' informed choices and attention to their needs and experiences should also be considered at the time of delivery.

The mothers of PTNBs in this study had accommodation where they could stay in the hospital, but the space was small and some mothers slept in chairs due to the lack of beds; others stayed in the hospital's support home, located far from the hospital unit. This difficulty in accommodation meant that some mothers stayed at home and only visited their babies during the day, which reduced the contact between mother and child and the success of breastfeeding. Difficulties with accommodation can be seen in the speeches below:

[...] mas agora até sair a cama né, vou ter que ir pra casa, porque não tem condição de ficar no sofá[...] (Janaína). [...] *but now until I get out of bed, I'm going to have to go home, because I can't stay on the sofa [...]* (Janaína).

[...] não tinha vaga aqui, eu ficava na casa de apoio, ontem que eu vim aqui e consegui a vaga né, porque somos em duas, né, se fosse só eu ela disse que tinha vaga [...] (Juliana). [...] *I didn't have a place here, I stayed at the care home, yesterday I came here and got a place, right, because there are two of us, right, if it was just me she said there was a place [...]* (Juliana).

The presence of a place for the mother to stay in the hospital 24 hours a day is important, as it allows the mother to be closer to the PTNB and care for it, being the gateway to successful breastfeeding.¹³

Another form of humanization used in some UTINs is the Kangaroo method, according to which the baby stays on the mother's lap in contact with her skin, receiving warmth and breast milk. This method increases contact between mother and child.¹³ The mothers did not mention the Kangaroo method, although in this hospital the procedure is carried out whenever possible.

It can be seen that humanization is a complex process that depends on the dedication of health professionals in giving the best of their work, looking at the context in which the person is inserted and also in providing comfort to the mother who remains in hospital 24 hours a day.²⁵

CONCLUSION

The hospitalization and confinement of a PTNB in the UTIN generates major conflicts in the lives of mothers, causing emotional changes, nervousness and stress, which can hinder milk production and let-down. Another aspect that caused frustration for most of the women was the difficulty in breastfeeding, due to the physiological immaturity of PTNBs, which influences them to remain alert and to suck the breast, and makes it difficult for them to latch on and suck the breast.

This study is important for the creation of public health policies to support mothers of premature infants and to raise awareness among health teams of the importance of helping them with their difficulties, both technically and emotionally, so that these mothers have the autonomy to decide what is best for them and their child.

Knowing the experiences and difficulties encountered by mothers of premature infants in maintaining lactation makes it easier to establish measures to prevent early weaning.

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