

Mothers' protective rights to breastfeed preterm newborns: cross-sectional study

Direitos protetivos à prática do aleitamento materno de mães de recém-nascidos prematuros: estudo transversal

Derechos protectores a la práctica de la lactancia de madres de recién nacidos prematuros: estudio transversal

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ABSTRACT

Objective: to analyze the guidance received by mothers of preterm infants on protective rights to breastfeeding. **Method:** this cross-sectional study was conducted with 31 mothers of premature infants in a neonatal unit at the Baby Friendly Hospital, a university hospital in Rio de Janeiro city. Data were collected between August 2017 and December 2018 through interviews.

Results: 45.16% of the participants received guidance from health personnel on maternity leave rights; 35.48% on paternity leave; 25.81% on job security; 6.45% on the right to day care; and 77.42% on the right to have a companion present during labor, delivery and immediately postpartum. **Conclusion:** the study evidenced the need to invest in continued education for health personnel as regards the promotion, protection, and support for breastfeeding of preterm infants, including the rights perspective on this practice.

Descriptors: Neonatal Nursing; Infant, Premature; Legislation; Breast Feeding.

RESUMO

Objetivo: analisar as orientações recebidas pelas mães de prematuros sobre direitos protetivos ao aleitamento materno.

Método: estudo transversal, realizado com 31 mães de prematuros de uma unidade neonatal de um hospital universitário do Município do Rio de Janeiro, que possui o título de Hospital Amigo da Criança. A coleta dos dados ocorreu entre agosto de 2017 e dezembro de 2018, através de entrevista. **Resultados:** os profissionais de saúde orientaram 45,16% das participantes em relação aos direitos de licença maternidade; 35,48%, sobre a licença paternidade; 25,81%, sobre garantia de emprego; 6,45%, sobre direito à creche; e 77,42% acerca do direito à presença de acompanhante durante o trabalho de parto, parto e pós-parto imediato. **Conclusão:** evidencia-se a necessidade de investir em ações de educação permanente para os profissionais de saúde sobre a promoção, proteção e apoio ao aleitamento materno do prematuro, incluindo a perspectiva dos direitos relacionados a esta prática.

Descritores: Enfermagem Neonatal; Recém-Nascido Prematuro; Legislação; Aleitamento Materno.

RESUMEN

Objetivo: analizar la orientación que reciben las madres de prematuros sobre los derechos protectores a la lactancia materna.

Método: estudio transversal, realizado junto a 31 madres de prematuros en una unidad neonatal de un hospital universitario de la ciudad de Rio de Janeiro, que tiene el título de Hospital Amigo del Niño. La recolección de datos se llevó a cabo entre agosto de 2017 y diciembre de 2018, a través de entrevistas. **Resultados:** los profesionales de la salud orientaron al 45,16% de las participantes con relación a los derechos de licencia maternidad; el 35,48% sobre licencia paternidad; el 25,81% sobre seguridad laboral; el 6,45% sobre el derecho a la guardería; y el 77,42% sobre el derecho a la presencia de un acompañante durante el trabajo de parto, parto y posparto inmediato. **Conclusión:** se evidencia la necesidad de invertir en acciones de educación continua a los profesionales de la salud sobre la promoción, la protección y el apoyo a la lactancia materna del prematuro, incluyendo la perspectiva de los derechos relacionados con esta práctica.

Descritores: Enfermería Neonatal; Recién Nacido Prematuro; Legislación; Lactancia Materna.

INTRODUCTION

Breastfeeding (BF) is one of the main strategies for reducing the morbidity and mortality rates. In the context of prematurity, human milk improves and protects intestinal maturation, which reduces the occurrence of necrotizing enterocolitis¹. In addition to that, it has effects on the brain, contributing benefits in the visual and cognitive development of premature newborns (PTNBs)².

Despite countless scientific evidence showing the efficacy of exclusive breastfeeding (EBF) in the first six months of life for the newborn, its prevalence in Brazil is still below the value recommended by the World Health Organization (WHO), especially among hospitalized PTNBs, due to greater difficulty initiating and maintaining EBF until hospital discharge³.

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A prospective and longitudinal study carried out in Pennsylvania (United States) showed that the physiological factors of prematurity predispose to difficulty in breastfeeding, causing these infants to initiate it later, even due to their immaturity, which also contributes to the delay in breastfeeding⁴.

Another study, a prospective cohort⁵, conducted with postpartum women in preterm postpartum at a maternity hospital in Alagoas (Brazil), found that, of the 132 mother-infant binomials studied, 71.12% abandoned BF early and only 28.8% had EBF until up to six months of life.

In addition to prematurity, other factors are associated with early weaning, such as low maternal schooling level and lack of information about BF⁶. In addition, the need to resume the routine, stress and working hours cause changes in the physiology of lactation, reducing milk production and, consequently, leading to weaning.

In this context, it is important that health professionals clarify to PTNB mothers as to their rights, guaranteed in the Unified Health System (*Sistema Único de Saúde*, SUS) services, and based on the Brazilian legislation for protecting the practice, through actions to promote and protect BF in prenatal care, delivery and puerperium.

A cross-sectional study carried out in Rio de Janeiro revealed that of the 429 mothers of children under six months old assisted in basic health units, 78.8% reported having received guidelines on breastfeeding during prenatal care; 93.9% had received at least one guideline on BF; 59.7% reported having no paid work or being self-employed; and 40.3% (n=173) reported having an employment contract. Of these mothers, 17.2% (n=74) reported that they had already returned to work at the time of data collection. Less than a quarter of the breastfeeding women were on maternity leaves during the interview and had a 91% higher EBF percentage when compared to those who were not on leave. Therefore, it was verified that the fact that the mothers have not been instructed on breastfeeding was associated with lower EBF prevalence, and that the mothers being on maternity leave was associated with higher EBF prevalence⁷.

Given these notes, the following question arose: How are the mothers of PTNBs instructed regarding their rights guaranteed by legislation, during their PTNBs' hospitalization? Therefore, the objective of this study was to analyze the guidelines received by mothers of preterm infants on protective rights to maternal breastfeeding.

Justification of this study lies in the fact that the health professionals' participation is fundamental in the sense of informing and ensuring the BF protection rights, namely: breastfeeding during hospitalization; having a companion during the parturition process; and taking maternity and paternity leaves; as well as having guaranteed employment, with the specificities of the working day for working women who breastfeed^{8,9}.

LITERATURE REVIEW

Data from 28 countries in Africa, Latin America, the Caribbean and Asia confirmed that having legislation on maternity leave and complying with the WHO International Code of Marketing for Breast Milk Substitutes is fundamental to achieving the supportive environment necessary for successful EBF promotion¹⁰.

In relation to the maternity leave, in the European Union there is a guideline to ensure it so that women shall have at least 14 weeks of leave, of which two can be compulsory and allocated to before and/or after delivery. However, these countries have freedom for deciding how to apply the directive or not. If the leave is paid, it can be paid by the company, the government or by means of a combined payment¹⁰.

In Brazil, it is known that the legislation on the protection to breastfeeding is one of the most advanced, where every woman with an employment contract has the right to be absent from work for 120 days to breastfeed, without this affecting her salary and maintaining her job for up to five months after giving birth. Other initiatives are encouraged, such as changing the extension of maternity leave from 120 to 180 days granted by companies that have the title of "Citizen Company", where, in addition to the benefit for women and newborns, such company is granted tax incentives¹¹.

In the paternity leave, a working father with a formal work contract is granted only five days to dedicate himself exclusively to the infant. This can be a negative factor in the development of the parent-infant bond. In the case of Citizen Companies, there is a longer established period: 15 days⁸. However, few Brazilian companies fit the criteria established for this model. Fathers of PTNBs feel impacted by the fact that they are away from the infants much of the time and, for that reason, they need to reorganize the daily routine between work and the hospital so that they can be close to their child¹².

In the hospital context, the right to breastfeed during hospitalization is guaranteed, and health establishments are obliged to monitor the breastfeeding practice, providing guidelines on the proper technique⁸. Another right established by law is the presence of a companion during delivery, as a source of support for the woman, who is under the influence of several feelings, in addition to insecurity and fear. A cross-sectional study carried out in Porto Alegre with 586 postpartum women showed that 86% of the women interviewed had their right met; 40% were informed on this

right already at the obstetric center, although others were informed through prenatal appointments (18.4%), friends and family members (22.9%) and the media (18.9%)¹³.

When returning to work, women with a formal contract are entitled a guaranteed right to an appropriate place for their children to be cared while they are working¹⁴. The 1988 Federal Constitution also ensures the right to day care and preschool to children of female workers from birth to five years of age¹⁵. The right to breaks for breastfeeding during the working day is ensured. Two 30-minute breaks are allowed during office hours until the infant turns six months old¹⁶. This is extremely relevant since, in addition to maintaining the mother-infant bond, it also contributes to women's mental health, as revealed by a study which shows that the emotional impact generated by the absence, as a result of returning to work, can add stress, insecurity and guilt to the woman's routine¹⁷.

Therefore, it is noticed that protective legislation on breastfeeding must advance in all countries of the world, especially in Brazil, where such labor rights are only guaranteed for women with a formal employment contract.

METHOD

A cross-sectional and descriptive study, carried out from August 2017 to December 2018 in the neonatal unit of a teaching and Child-Friendly Hospital (*Hospital Amigo da Criança*, HAC) from the city of Rio de Janeiro. Considering a non-probabilistic sample, the study population consisted of 31 mothers of PTNBs, who had their children hospitalized in the Neonatal Intensive Care Unit (NICU). The inclusion criteria were as follows: the mother should be accompanying the PTNB during hospitalization and PTNB minimum hospitalization time of 48 hours. Mothers who did not give birth in the maternity hospital were excluded, as well as those who did not express the desire to breastfeed, those infected with the Human Immunodeficiency Virus and/or with human T-lymphotropic virus 1, in use of medications that prevented breastfeeding, and those who had preterm infants with classical galactosemia/leukinosis/phenylketonuria.

Recruitment of the study participants took place according to the mothers' availability. To approach the mothers, the researcher and the research assistant carried out visits at different times in the NICU and in the mother's room, when provided by the unit, in order to invite them to participate in the research. The data were collected through individual interviews, with the support of a form divided into two parts: the first, containing nineteen closed questions on sociodemographic and obstetric characteristics; and the second, with eight open and closed questions that dealt with the rights to protect the BF practice guaranteed by law.

It is noteworthy that, before each question in the second part of the instrument, the researcher explained about the right in question, in order to ensure that the participants knew what it was about. In addition, when the woman claimed to have received guidelines on a specific right, she was asked about the moment when this guidance had been provided and by which health professional. The interviews lasted a mean of 15 minutes and were conducted by a researcher and/or a research assistant, in a private room in the mother's accommodation. There were no losses or refusals in the data collection process.

It is noted that, in order to verify adequacy of the data collection instrument regarding clarity and content, a pilot test was carried out with eight women, not included in the final sample of the study. No adjustments were necessary in the data collection instrument. The data collected were entered into Microsoft Excel® spreadsheets, version 2010, and analyzed by means of simple descriptive statistics using absolute and relative frequencies. The research was approved by the Research Ethics Committees of the proposing and co-participant institutions. The participants signed the Free and Informed Consent Form and/or Assent Form.

RESULTS

The study participants were 31 mothers of PTNBs, with a mean age of 29.77 years old, minimum of 18 and maximum of 43. Of the interviewees, 45.16% (n=14) declared being single; 35.48% (n=11), married; 12.90% (n=4), in a stable union; and 3.23% (n=1), widows; 61.29% (n=19) had a job and 78.95% (n=15) had a formal labor contract.

Regarding the gestational data, 93.55% (n=29) of the women attended prenatal care, and 68.97% (n=20) had 6 or more appointments. Of the 31 interviewees, 77.42% (n=24) received some guidance from the professionals and 22.58% (n=7) were not instructed on any of the BF protective rights.

Table 1 describes the percentage of mothers of PTNBs who received guidelines from the health professionals and which of their rights related to BF protection were addressed.

Of the 24 mothers who received some type of guidance, 66.67% (n=16) reported having been instructed during prenatal care; 45.83% (n=11), during their stay in the room; and 4.17% (n=1), during the infant's hospitalization in the neonatal unit.

TABLE 1: Percentage distribution of the guidelines received by the mothers regarding the rights that protect the breastfeeding practice. Rio de Janeiro, RJ, Brazil, 2018.

Variables	Guidelines received (n=31)	
	Yes (n%)	No (n%)
Receiving of some guidance from the health professionals about the pregnancy-puerperal rights	24 (77.42)	7 (22.58)
The child's right to be breastfed during hospitalization	20 (64.52)	11 (35.48)
The pregnant women's right to have a companion during labor, delivery and postpartum	24 (77.42)	7 (22.58)
Maternity leave	14 (45.16)	17 (54.84)
Paternity leave	11 (35.48)	20 (64.52)
Right to job assurance	8 (25.81)	23 (74.19)
Right to day care center	2 (6.45)	29 (93.55)
Break to breastfeed at work	6 (19.35)	25 (80.65)

Source: Research database.

Regarding the professionals who offered the guidance, of the 24 mothers who were mentored, 29.17% (n=7) reported that they were instructed by social workers; 29.17% (n=7), by physicians; 54.17% (n=13), by nurses; 8.34% (n=2), by professionals from the Human Milk Bank; 4.17% (n=1), by psychologists; and 12.50% (n=3) were unable to inform the professional category that offered the guidelines to them.

DISCUSSION

The results of this study showed that most of the mothers (77.42%) received some guidance by the health professionals on the BF protective rights. However, with regard to the guidelines on labor rights, most of the participants reported not having been instructed in relation to the right to maternity leave (54.85%), paternity leave (64.62%), job assurance (74.19%), assistance in day care center (93.55%) and breastfeeding break during the workday (80.65%).

A quantitative study carried out in Londrina (Brazil) showed that 21 (58.3%) of the 36 interviewees received guidelines from professionals on the importance of EBF during prenatal care, and these actions exerted a positive effect on the participating women's behavior, as EBF prevalence at 6 months was higher than the one recommended by the WHO¹⁸.

Another study, conducted in Florianópolis (Brazil), verified that, although all the health professionals informed on breastfeeding in the prenatal period, many pregnant women indicated that they did not feel secure in understanding some information; on the other hand, and others stated they did not receive any information during the prenatal consultations¹².

Other studies show that most of the guidelines on breastfeeding issues were offered during prenatal and postpartum and follow-up consultations in the health units. Thus, such data show the need for these guidelines to be provided also during hospitalization^{12,19}.

Regarding the professional category that instructed the mothers of PTNBs, in the current study, it is observed that most (54.17%) of the guidelines were given by nurses. The same pattern of results is presented in other research studies^{18,20}. A descriptive study that analyzed the guidelines on breastfeeding given by professionals showed that 50% of the guidelines were offered by prenatal nurses in primary care and that, at the time of admission to the maternity hospital, 87.6% of the women were instructed by professionals in this category¹⁸.

Regarding the right to have a companion, in this study, 77.42% of the mothers received information, differently from the survey carried out in Sergipe (Brazil)²¹, which showed that only 35% of the women interviewed were informed during prenatal care about the right to have a companion, that 57.5% of them were unaware of the law and 66.2% of the parturients were not allowed access to a companion throughout the entire process. Such data show the need for

women to be informed about this right during prenatal care and to have this information reinforced by the health professionals during their stay in the maternity ward and, after discharge, in the basic health units.

Thus, the fundamental role of advocacy in health that the Nursing team can exercise, guiding them and with zeal for their rights to be guaranteed²², for example, the right to have a companion during labor, which is now quite widespread, as it increases confidence in the birth process since, even assisted by several health professionals, women can feel alone for not being in their family and social contexts¹².

Women's entry into the labor market led to many changes in the constitution of society, even in the way of thinking of modern women. In this context, labor laws were extended to working women in Brazil from 1935 onwards, based on the 1919 International Labor Organization Convention. Decree-Law No. 5,452/1943, which deals with the Consolidation of Labor Laws (*Consolidação das Leis do Trabalho*, CLT), ensures protection to motherhood²³.

In order for the women's rights to be guaranteed, it is necessary that they be informed on how and when these rights should be applied during the pregnancy-puerperal process, so that they are equipped for their effective implementation. A cross-sectional study²¹ showed that 55% of the pregnant women interviewed had no knowledge about the right to maternity leave, which is guaranteed to all formal workers. A similar result was found in the current study, where 54.84% answered not having been informed about the maternity leave.

It is to be noted that, in March 2020, the extension of the beginning of the maternity leave for mothers who have their infants hospitalized for more than 3 days was approved, on a preliminary basis, by the Brazilian Supreme Court, so that such right starts to be counted from hospital discharge. It is noted that there is a proposal for a constitutional amendment that has been in progress since 2015 so that the right to extend the maternity leave can be introduced in the case of premature infants in the Federal Constitution^{24,25}. Therefore, it is necessary that health professionals know the preliminary decision and start to instruct the mothers during prenatal care and hospitalization.

When it comes to the paternal figure, the challenges are even greater, given the lack of legislation to ensure accompaniment of the PTNB by the father, which can contribute to distancing between father, mother and infant. A qualitative research carried out in an NICU in Paraná (Brazil) showed that the fathers face countless challenges to accompany their children during hospitalization. Many report not having flexibility at work, returning in 5 days, or that they don't even have the right to paternity leave²⁶.

A cross-sectional study²¹ showed that 51% of the pregnant women interviewed were unaware of the existence of the right to the paternity leave, information that can be compared with this study, where 64.62% of the participants did not know about this right. The importance of the father at this moment has been perceived by the multidisciplinary team as something positive since, in addition to strengthening ties with the partner, it is also important to strengthen the bond with the newborn²⁶. Therefore, it is fundamental that, during prenatal care, the father attends the consultations and that the health team informs and clarifies doubts about the rights. Promotion and support of the fathers regarding their rights must also be provided during their children's hospitalization in the neonatal units.

The postpartum period is full of changes and adaptations in the fathers' lives, which add to the concerns and uncertainties on their children's health status. In this context, it becomes fundamental that the right to guaranteed work be assured.

In the current study, when women were asked about their right to not being dismissed, only 25.81% answered that they were aware of job assurance. Despite being a low percentage, it was still slightly higher than the one found in a cross-sectional study carried out in Goiânia, where only 19% of the interviewees were aware of this right²¹.

According to the Consolidation of Labor Laws (CLT), where 30 or more women aged over 16 years old work, the right to have an appropriate place where they can take care of and assist their children during the period of breastfeeding is guaranteed. When this is not possible in the company itself, it must be done through an agreement or directly, for the right to be implemented, in institutions such as SESI, SESC, LBA or union entities²³.

Although breastfeeding has been extensively studied, few studies were found that address guidance of pregnant women and women in general about the right to the guarantee of a day care center. A study²⁷ with the objective of investigating working women's struggle for the education of their children in day care centers verified that enjoyment of this right is reflected in its results, reports of mothers who wished to enjoy this right. The current study shows that almost all the women were not instructed on the right, which can lead to its non-enjoyment.

Most of the women (80.65%) in this study were unaware of the labor right to take a break to breastfeed during the workday. National studies^{21,28} found similar results, evidencing that, although this right is contemplated in the law,

most of the women are not aware of it due to lack of information. In this sense, it is up to us to reflect on the role of the professionals involved in BF. There seems to be certain fragmentation in our practices allowing gaps at a high cost for PTNBs and families.

Study limitations

The study limitations were related to the use of non-probabilistic sampling and to the fact that collection was carried out in only one neonatal unit, hindering generalization of the results found. The memory bias in relation to the data collected regarding the professional category that carried out the guidance is highlighted. The mothers may not remember or know precisely the professional category that offered the guidelines to them.

CONCLUSION

It is concluded that less than half of the mothers of premature newborns that were interviewed had received guidelines regarding the rights to maternity leave, paternity leave, job assurance and day care center. The protective right most frequently discussed by the health professionals was that of the pregnant woman having a companion during labor, delivery and puerperium.

Among the professionals who provided the guidelines to the mothers on the protective rights guaranteed by the Brazilian legislation regarding BF, the Nursing team stands out as the category that was most present in clarifying doubts and caring for the families. Physicians, social workers, psychologists and human milk bank professionals also provided guidance, but in a reduced number.

Thus, the need to strengthen the triad of promotion, protection and support for PTNB breastfeeding is pointed out, through permanent education actions that train the professionals from the interdisciplinary team, to develop strategies for disclosing women's and children's protective rights.

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