

## Childbirth care for primiparas: reflexes in breastfeeding

*Partejar de primíparas: reflexos na amamentação*

*Cuidado al parto de primiparas: reflejos en la lactancia materna*

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### ABSTRACT

**Objective:** to analyze the relationship between the care received during normal delivery and the immediate postpartum and its effects on breastfeeding, from the experience of primiparous women. **Method:** qualitative and descriptive study, approved by the Ethics Committee, held in a Normal Birth Center in Petrolina-Juazeiro Center, Brazil, in 2018. Seventeen primiparous women participated through semi-structured interviews, treated by thematic content analysis. **Results:** breastfeeding occurred positively, as this locus is appropriate for this practice, favoring it naturally. Supporting and understanding are primordial and should go beyond assistance focused only on quick, technical and generalized information. **Conclusion:** the wishes and particularities of each postpartum woman need to be respected and met, valuing the increment in health policies that emphasize humanized care for each woman. Therefore, health education needs to establish reflection, discussion and learning in this process that transcends the biological.

**Descriptors:** Assistance; parturition; breast feeding; postpartum.

### RESUMO

**Objetivo:** analisar, a partir da experiência de primíparas, a relação entre a assistência recebida durante o parto normal e o pós-parto imediato e seus reflexos na amamentação. **Método:** qualitativo, descritivo, aprovado pelo Comitê de Ética, realizado em um Centro de Parto Normal, do polo Petrolina-Juazeiro, em 2018. Participaram 17 primíparas, através de entrevista semiestruturada, sendo os dados submetidos a análise temática de conteúdo. **Resultados:** a amamentação ocorreu positivamente, pois esse *locus* é apropriado para essa prática, favorecendo-a de maneira natural. O apoio e a compreensão são primordiais e devem superar uma assistência focada apenas em informações rápidas, técnicas e generalizadas. **Conclusão:** os anseios e particularidades de cada puérpera precisam ser respeitados e atendidos, valorizando o investimento em políticas de saúde que enfatizem o cuidado humanizado para cada mulher. Logo, a educação em saúde precisa estabelecer reflexão, discussão e aprendizado nesse processo que transcende o biológico.

**Descritores:** Assistência; parto; aleitamento materno; pós-parto.

### RESUMEN

**Objetivo:** analizar la relación entre la atención recibida durante el parto normal y el posparto inmediato y sus efectos sobre la lactancia materna, a partir de la experiencia de las mujeres primíparas. **Método:** estudio cualitativo y descriptivo, aprobado por el Comité de Ética, realizado en un Centro de Parto Normal en el Centro Petrolina-Juazeiro, Brasil, en 2018. Diecisiete mujeres primíparas participaron a través de entrevistas semiestructuradas, tratadas por análisis de contenido temático. **Resultados:** la lactancia materna ocurrió positivamente, ya que este lugar es apropiado para esta práctica, favoreciéndolo naturalmente. El apoyo y la comprensión son primordiales y deben ir más allá de la asistencia centrada solo en información rápida, técnica y generalizada. **Conclusión:** los deseos y particularidades de cada mujer posparto deben ser respetados y cumplidos, valorando el incremento en las políticas de salud que enfatizan la atención humanizada para cada mujer. Por lo tanto, la educación sanitaria necesita establecer reflexión, discusión y aprendizaje en este proceso que trasciende lo biológico.

**Descriptores:** Asistencia; parto; lactancia materna; posparto.

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## INTRODUCTION

The assistance recommended by obstetric and neonatal nursing is centered on humanization as a tool for parturient care. In view of this, Ordinance 985/GM of August 5<sup>th</sup>, 1999 was implemented, ensuring access to childbirth care in the Services of the Unified Health System (*Sistema Único de Saúde, SUS*), in addition to actions aimed at reducing maternal and child morbidity and mortality, humanization and improvement in the quality of care. Thus, the establishment of the Normal Delivery Centers (NDCs) for the care of women in the pregnancy cycle was established, with the provision of quality and humanized services in the care of normal birth<sup>1,2</sup>.

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Along the same path, Ordinance 1459/11 established the *Rede Cegonha* Program with the purpose of carrying out childbirth and birth care actions in order to guarantee full access, reception and resoluteness<sup>3</sup>. Thus, the Good Practices of Attention to Childbirth and Birth contained in the document of the World Health Organization (WHO) of 1996 and fomented in *Rede Cegonha* guarantees the rights of the pregnant woman and guides the professionals. The emphasis of the initiative is to ensure the parturient the right to the companion during labor and postpartum, to encourage women's autonomy in the process of choosing the position to give birth, as well as to ensure immediate and prolonged contact between both, first-hour breastfeeding and late umbilical cord clamping, among others<sup>4</sup>.

In the expectation that women within this process of childbirth care experience peculiar conditions, but which are associated according to the physiological mechanism and the model of childbirth care, we ask: How was the normal and immediate postpartum delivery of primiparous women and their reflections on breastfeeding? The objective was to analyze, from the experience of primiparous women, the relationship between the care received during normal delivery and the immediate postpartum and its reflexes in breastfeeding.

The relevance of the study lies in the possibility of understanding the significance of experiences in the process of labor, birth and breastfeeding, in primiparous women, in order to ensure quality care through its peculiarities, as well as to disseminate the effectiveness and importance of applicability of good childbirth and birth practices to normal delivery centers. Thus, it contributes for health professionals to evaluate the conditions experienced by parturient women, in a unique way, considering their limits and desires, as well as cooperating for the awareness in services through health education, stressing the importance of quality care in the childbirth, birth and breastfeeding.

## LITERATURE REVIEW

The WHO determines as the primary action, after childbirth, and already established by the Good Practices of Attention to Childbirth and Birth, the stimulation of breastfeeding after birth, as soon as possible, with immediate and uninterrupted skin-to-skin contact. Such action is based on the mother-infant relationship in the first minutes of life, in which the child establishes skin-to-skin contact, and is positioned over the mother on alert to breastfeed<sup>5-7</sup>.

Thus, breastfeeding, when established early, provides numerous benefits, such as: strong nutritional content, reduction of neonatal morbidity and mortality, development of immune defenses, sensory and cognitive improvement, bond consolidation, and prolongation of exclusive breastfeeding, up to the 6th month, complementing up to 24 months or more<sup>8</sup>.

Converging with the previous assertion, the practice of breastfeeding, as soon as possible, still presents some obstacles to the institutions, although the importance and advantages for mother and baby are obtained. Thus, in order for breastfeeding to be established early, it is necessary the scientifically based joint action of professionals, founded on competence, empathy and manual dexterity, especially with regard to primiparous women<sup>8,9</sup>.

Constantly, situations arise in which primiparous women do not have the possibility to express their wishes, intentions and welfare conditions for the full establishment of breastfeeding. Thus, far beyond the nursing role, women in the immediate postpartum have conditions of exhaustion, pain, and unexpected behaviors that may hinder the course of breastfeeding and should be carefully evaluated<sup>9</sup>.

## METHODOLOGY

A qualitative and descriptive study<sup>10</sup>, conducted in an NDC, in the Region of Integrated of Development (RIDE), Petrolina and Juazeiro pole. The institution is a unit focused on the usual risk delivery, in the care of women who demonstrate a physiological gestational process and no complications<sup>11</sup>.

The following inclusion criteria were listed: Puerperal women, adolescent or adult, primiparous, newborn (NB) who obtained Apgar score above 8 in the first and fifth minutes of life and normal postpartum 12 hours. The semi-structured interview was applied to a group of 17 primiparous women, number determined by the theoretical saturation range<sup>12,13</sup>. Thus, 17 primiparous women were included.

The interview script contained participant characterization questions: age, marital status, education, duration of labor and length of stay in the unit. The interviews were guided by the following questions: How was the delivery experience for you? Was the newborn put in skin to skin contact with you as soon as was born? Tell me more about this. Did you successfully breastfeed your baby as soon he/she was born? Tell me more about this. Here at the maternity ward did you receive breastfeeding guidance? At this time how is breastfeeding? Why?

Collection took place between November and December 2018, after approval by the Ethics Committee of the Federal University of Vale do São Francisco, opinion No.: 2,997,164. A selection was previously made through medical records, in which the hospitalized mothers who met the pre-established inclusion criteria were evaluated. Subsequently, after their consent, the interviews were held in the ward.

The statements were recorded in audio, mp3 format, and fully transcribed. Participants were identified by codes P1, P2, and so on, successively. After transcription, the empirical material was submitted to thematic content analysis, organized in three phases, as they follow ahead: pre-analysis, sorting stage, in which the selection of the material to be analyzed occurs, subsequent to the exploration of the material in which the coding and enumeration was performed, and then the treatment of the acquired results, through the inference and the interpretation in which the data found had meanings and validation<sup>14</sup>.

## RESULTS AND DISCUSSION

Seventeen primiparous women, aged 18 to 24 years old, mostly married, with incomplete high school, with labor time between 8 and 12 hours and hospitalization time between 12 and 24 hours, participated in the study. The following are the 4 thematic categories listed.

### Experience of childbirth and its nuances in breastfeeding

This category addresses the perception of postpartum women regarding the experience of normal childbirth and breastfeeding. The testimonies characterized a care provided with welcoming, good delivery and birth practices, as well as encouraging early breastfeeding, being evaluated by women as important for the moment. Thus, there were reports of useful practices, cited in the national guideline for normal birth care that should be encouraged.

*They received me very well, wonderful, I lay in bed, I chose, I took good care, I liked the conduct. (P5)*

*Everything was great, [...] They gave all the assistance they could give me, they told me about the positions to give birth, I was well attended, I chose the position I wanted to give birth, I gave birth squatted. (P7)*

In this regard, welcoming is a practice present in all care relationships, in real meetings between health care providers and in the acts of receiving and listening to people. It is a distinctive practice in the care process. Thus, welcoming is offering welcoming, offering listening, accepting differences, feeling the need of the user, regardless of the professional performing it or the environment where the user is. It is the attitude of "being with" and "being close to," is including it in the face of your needs<sup>14</sup>.

In view of this, the welcome assumes importance for a humanized process, which implies a warm and attentive reception, with emphasis on the anguish, insecurities and complaints presented by these women and which must be assured. Thus, the initial reception of parturients and their caregivers in the normal delivery centers is essential as a method of mitigating the discomfort arising from the course of delivery<sup>15</sup>.

Thus, good care practices during childbirth and birth are fully intertwined with the humanization process, as they are able to provide protagonism on the part of women, with emphasis on less interventionist practices and confirmed effectiveness in conducting labor and birth, as well as reduced maternal morbidity and mortality<sup>16</sup>.

Several practices are recommended by the National Normal Birth Care Guideline, including: the right to a free choice companion throughout the course of delivery, emotional physical support in care, offering fluids, choosing movement and positioning to give birth, offering non-pharmacological methods to ease discomfort, skin contact immediate skin between mother and baby, guidance and encouragement of breastfeeding in the first hour of life. Such practices reduce labor time, as well as stimulate the bond between mother and baby, as well as provide a natural parturition process and conditions favorable to early breastfeeding<sup>16,17</sup>.

This category emphasized the relevance of the welcoming process directly linked to humanization as an indispensable tool for bond formation, as well as holistic care, so that these women are assured good care practices during the parturition and postpartum process, emphasizing to the empowerment of these women, physical, emotional support and immediate skin-to-skin contact between the binomial.

In the same category, still regarding the perception of women about their experience, the sensation of pain was explicitly evidenced by negative reports attributed to normal childbirth as a painful process.

*Painful, [...] I felt a lot of pain [...]. (P2).*

*Horrible, (laughs) because of suffering [...], boy it's too much pain, it's too boring, you feel pains in places you think don't even exist. (P4)*

Although the sensation of pain is part of the physiological conduct of childbirth, it is linked to several cultural and psychological aspects, such as fear. Thus, childbirth being a unique experience that involves several factors does not mean that this experience involves only positive or only negative feelings<sup>18</sup>.

It is observed that pain and suffering appear as inevitable questions to the normal childbirth process, linked to an unknown and unpredictable experience<sup>19</sup>. Thus, care should be provided in order to alleviate the stressors experienced by the parturient throughout the course of delivery, so that comfort and safety are guaranteed. For this process, practices that are useful and should be encouraged by the birth care directive are encouraged, such as the use of non-pharmacological methods, such as massage, movement, warm shower, music therapy, breathing exercises, that should be offered and freely chosen for each woman, in order to reduce discomfort and provide uniqueness<sup>18,19</sup>.

### **Skin-to-skin contact and breastfeeding reflexes during postpartum**

This category allowed the grouping of statements regarding the experience of skin-to-skin contact early after delivery and its relationship with breastfeeding in the first hour of life. It was mentioned in the reports immediate contact between mother and baby, bonding, ease of breastfeeding, as well as feelings such as emotion and love.

*The newborn was placed on top of me, almost crying. I was able to breastfeed, it was easy. (P3)*

*The newborn was placed at the same time, spent an hour on top of me, it was good to have him/her for the first time in my arms, a huge emotion, a huge love, I managed to breastfeed. (P12)*

Immediate skin-to-skin contact consists of placing the child, under normal, active and reactive conditions, without wearing clothes, only from a warm field, directly over the mother immediately after birth, in order to provide better adaptation to the child's external environment, strengthen bonds, as well as stimulate and expedite breastfeeding in the immediate postpartum period<sup>20</sup>.

This conduct enables the newborn, sensory incentives through contact, smell and noises, which contributes to the bond between mother and baby, as well as greater likelihood of successful breastfeeding. Through this interaction, skin-to-skin contact develops feelings of love, protection, well-being, warmth and comfort for both of them. Smelling the mother and breast milk helps the baby to discover the breast, facilitating the beginning of breastfeeding. Similarly, the beating of the mother's heart and the sound of the mother's voice soothe and provide emotional stability for the newborn<sup>21</sup>.

Thus, it was possible to observe the incentive and the existence of this practice to promote humanization in the parturition process, as well as the guarantee of less interventionist behaviors based on beneficial practices for the monitoring of birth and birth, which favor this immediate contact and support in breastfeeding, evidenced in reports of success in immediate postpartum breastfeeding.

There were also reports of mothers who experienced skin-to-skin contact, but found it difficult to breastfeed immediately.

*They put on me, had a good time, I liked the way they left the newborn, [...] When the newborn was delivered, the newborn didn't want to take the nipple, I don't know if it's because he doesn't have it, [...] the same day he did. (P7)*

*The newborn passed some hour over me, I put him/she in the chest, but it was no good, it was difficult, he/she came to pick up today, [...]. But I put and he/she refused. (P10)*

These facts may be associated with numerous processes, since the conduct of breastfeeding is associated with bio-psychosocial conditions, as well as the performance of health professionals included in the entire process<sup>22,24</sup>. From this perspective, self-efficacy is highlighted as a direct influence on the process of health promotion in breastfeeding, such that trust is a contributing factor to the choice of breastfeeding. This sets the level of motivation, so that confidence related to knowledge and skills corroborates breastfeeding success<sup>25</sup>.

In this sense, the reports intrinsically demonstrated the need for more effective management by professionals when adversities may arise amid the complexity of the moment that is early breastfeeding.

### **Breastfeeding and the relationship with the guidelines received**

This category emerged from the mothers' reports regarding the clarification and assistance of professionals in the process of breastfeeding in the maternity ward. According to the mothers, immediate postpartum guidelines were given, such as: Importance of breastfeeding, techniques for correct handling, techniques to avoid engorgement, post-breastfeeding child care.

*A woman came in, instructed me how to massage, how to make the fish pout, how to pick up the boy. (P2)*

*They came in the room, and said that when breastfeeding it is not good to use the scissor-shaped hand, which is better in the C-shape, than in the scissor-shaped hand, it holds the baby's milk and breathing. (P14)*

Although the process of breastfeeding is intrinsically associated with women, considered as a natural act, it is also the result of behavioral factors, so that it can be worked on and assimilated, especially in first-time mothers. Given this, it is necessary to stimulate, guide and provide support for the mothers to start breastfeeding early and last exclusively until 06 months of life<sup>26,27</sup>.

From this perspective, one emphasizes the relevance of guidance and offer of help by health professionals, since upon the birth of the newborn, the mother will start the practice of breastfeeding, if this is her will. Thus, this moment is paramount for guidance on the importance of exclusive breastfeeding, correct breastfeeding, breastfeeding on demand, demystification of popular customs, care of the child after breastfeeding, corrective interventions according to needs of each postpartum woman<sup>28</sup>.

Also in this same category, it was possible to observe reports that show summarized guidelines, which require little time from professionals, or that they received no breastfeeding guidance at the NDC.

*Not at the time, but at home my mother-in-law taught me right. (P4)*

*I will not lie no, I have not received guidance. (P7)*

It is noteworthy that the support in a welcoming manner, in which the professional shows concern and interest for the postpartum woman, is fundamental for encouraging and success in the breastfeeding process, since breastfeeding is closely related to guidelines, instructions, techniques and, mainly, by the listening process and the conjuncture in which the mother is inserted<sup>29</sup>.

At this juncture, support and guidance for mothers and families need professional engagement in order to ensure effective breastfeeding practice, as well as encouragement, emphasizing the benefits and relevance, as it is a natural, low-cost method and is efficient for mother and baby<sup>30</sup>.

Thus, it is relevant that professionals analyze the context of the postpartum and demonstrate commitment to practices that should be encouraged to positively influence lactation.

### **NDC breastfeeding outcome**

Regarding the outcome of breastfeeding in the NDC, the reports showed the mothers' perception of success and difficulties in immediate postpartum breastfeeding, so that most reported ease in the process, positive experience, correct handling and pleasant relationship upon breastfeeding.

*Okay, easy, she is taking the chest right, a very good feeling. (P1)*

*It's easy for me, I don't feel pain when she sucks, it's pleasant. (P6)*

Given this, mothers who have had positive experiences are likely to be more likely to establish immediate and continuous breastfeeding when correlated with those who experienced negative situations<sup>31</sup>.

It is noteworthy that breastfeeding is a process to be managed, understood and understood by mothers and that in the course of it, it needs to be influenced, supported and directly assisted. Inexperienced mothers who do not receive technical and emotional support are more vulnerable to breastfeeding discontinuity, stressing the need for a support network to understand the demands and particularities experienced by each woman<sup>32</sup>.

Another important factor observed was the correct grip, which reflects in an adequate suction and, consequently, in a greater stimulation to the milk production and sensation of well-being and pleasure, since it causes the stimulation of oxytocin, besides the benefits for the newborn nutrition and satiety<sup>32</sup>.

That said, it is understood that ANC is an adapted environment for delivery and birth care to take place as naturally as possible, based on humanization and mother and baby welfare, and that immediate postpartum is the crucial time for a positive outcome in this process, as this is where the greatest difficulties occur. Therefore, it must be ensured that a complete and continuous orientation occurs, and that the professional is alert to the specificities of each infant, encouraging and promoting early breastfeeding.

On the other hand, there were reports of difficulties in breastfeeding, being mentioned by the mothers as incorrect grip and lack of guidance by the health team.

*It is difficult to breastfeed because I do not know if he is feeding or not, he pulls and nothing comes out, this weak milk comes out, [...]. (P1)*

*Breastfeeding is a little difficult, because it is hurting the nipple of the chest, it is injured, [...]. (P13)*

It is known that primiparous women can demonstrate significant difficulties in relation to breastfeeding because they do not have previous experiences, therefore, in the immediate postpartum period, greater support and guidance is needed<sup>33</sup>. However, it was observed that there are flaws in the care process of the immediate postpartum period, regarding breastfeeding, since some professionals obey the guidance only partially. Thus, considering that the environment has characteristics that favor full breastfeeding, equity is necessary for a warm and humanized care throughout the process of the lactation cycle.

## CONCLUSION

It was possible to identify that the process of breastfeeding in the NDC occurred satisfactorily for most mothers, being a positive experience, pleasant and easy to practice. It was evident that childbirth in the NDC contributes to this practice happen naturally and immediately, since this space provides proximity between mother and baby and strengthening the bond. In addition, it ensures, through the quality assistance of professionals, that the wishes and particularities of each postpartum woman are respected and corrected at this crucial moment for the continuation of breastfeeding. It is found that it is not only technical guidance in a quick and unique way that mothers need, but support and understanding, establishing proximity and shortening paths.

It is relevant to maintain the investment in health policies, emphasizing the humanized, holistic care, and each woman's needs. Sensitivity on the part of health professionals is needed, as well as the use of health education to provide reflection, discussion and learning in this process that transcends the biological.

Regarding the found limitation, one cites the scarcity of primiparous women during this period, which implied the postponement of deadlines, as well as the small number of participants in a single field of research.

Even so, the research contributes for health professionals to evaluate and understand the peculiarities of women, considering their opportunities, as well as cooperating in the sensitization of other professionals and services through health education, and stresses the relevance of quality health care in the delivery, birth and breastfeeding.

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