HUMAN MILK BANK: EASINESS AND DIFFICULTIES TO KEEP THE STORAGE

BANCO DE LEITE HUMANO: FACILIDADES E DIFICULDADES PARA MANUTENÇÃO DO ESTOQUE

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RESUMO

As redes de Banco de Leite Humano foram criadas para garantir a qualidade do leite humano destinado às crianças recém-nascidas, prematuras ou de baixo peso, para o incentivo ao aleitamento materno, orientações e apoio às puérperas e lactantes com dificuldade na prática da amamentação. O presente estudo objetivou identificar as facilidades e dificuldades para a manutenção do estoque de leite do banco de leite humano. Trata-se de um estudo descritivo de abordagem qualitativa desenvolvido no município de Juazeiro do Norte-CE, no Banco de Leite Humano do Hospital e Maternidade São Lucas, os sujeitos do estudo foram 10 doadoras de leite e 5 profissionais de saúde. Os instrumentos de coleta utilizados foram dois questionários semiestruturados, sendo um utilizado para as doadoras e outro para os profissionais de saúde. Para análise dos dados, utilizou-se a técnica de análise de conteúdo de Bardin, que consiste na transcrição das falas dos sujeitos do estudo para posterior análise e discussão. O estudo mostrou que os principais aspectos favoráveis à doação foram os sentimentos de solidariedade com o próximo e o apoio familiar. Simultaneamente possibilitou identificar como fatores limitantes para o estoque, a deficiência no serviço prestado durante o pré-natal, no que refere ao repasse de informações sobre os bancos de leite e a doação. Diante disto, com base na prerrogativa de um estoque de leite humano que atenda a demanda, desperta-se a atenção para a realização de mais campanhas na mídia de forma constante associada a um maior incentivo dos profissionais de saúde às mulheres doadoras.


ABSTRACT

The Human Milk Bank networks were created to assure the quality of human milk for newborns, premature or low birth weight, to encourage breastfeeding, guidelines and support to puerperals and breastfeeding women with breastfeeding difficulties. The present study aimed to identify the facilities and difficulties to keep the milk supply of the human milk bank. This is a descriptive study of a qualitative approach developed in the city of Juazeiro do Norte-CE, at the Human Milk Bank of the Maternity Hospital São Lucas; the subjects of the study were 10 milk donors and 5 health professionals. The collection instruments used were two semistructured questionnaires, one of which was used for donors and another for health professionals. To analyze the data, we used the Bardin content analysis technique, which consists of the transcription of the speeches of the subjects of the study for further analysis and discussion. The study showed that the main aspects favorable to donation were feelings of solidarity with others, and family support. Simultaneously, it was possible to identify as limiting factors for the storage, the deficiency in the service given during prenatal care, regarding the transfer of information about milk banks and the donation. Given this, based on the prerogative of a stock of human milk that meets the demand, attention is drawn to the performance of more campaigns in the media in a constant way associated to a greater incentive of health professionals to the donor women.

Key words: Donation, Human Milk Bank, Health Professionals, Breastfeeding, Preterm Newborn.

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INTRODUCTION

Breastfeeding is the best way of feeding the infant, being considered gold standard for the supply of the newborn, both term and pre-term. Human milk (HM) provides a unique combination of proteins, lipids, carbohydrates, minerals, vitamins, enzymes and living cells, as well as nutritional, immunological, psychological and economic rights recognized and unquestionable. For pre-term newborns, these qualities acquire special importance for their greater vulnerability¹.

In view of the benefits of breastfeeding for the child, there were created networks of assistance from Human Milk Banks (HMB) constituting a specialized service tied to a hospital, focused on maternal care and/or childish, responsible for the promotion, protection, and support of breastfeeding, as well as the execution of activities of collection of surplus production dehydrogenase of breastfeeding, by means of processing, quality control and distribution of milk collected²-⁴.

The National Policy on Food and Nutrition emphasizes the importance of the health care network supporting breastfeeding and healthy complementary feeding. Also emphasizes the importance of encouraging the donation of human milk in various health services, in an clear manner to Human Milk Banks, to expand the supply of human milk in the situations of maternal and child injuries that render the practice of breastfeeding at the breast⁵.

The practice of breastfeeding is strongly related to the environment where it is inserted the nursing mother. For a successful breastfeeding, the mother needs constant encouragement and support not only of health professionals, but their family and community⁶.

Women donor of human milk are, by definition, healthy mothers who present higher lactic production to the needs of their son and who are willing to donate the surplus for free and spontaneous desire. In addition to these, those mothers who are temporarily unable to breastfeed their children directly at the breast and that milk human milk for stimulation of production or for exclusive consumption of their children are also classified as donors¹-⁷.

For Alencar⁸; Weschenfelder et al.,⁹ the implementation of educational actions, quality and humane, during the prenatal and in maternity wards, contributes to the recruitment of donor human milk.

It is remarkable that the network of HMB is not able to meet all the demands of the Neonatal Unit of high and medium risk exists, this is because the HMB are still little known by the general population and is a small number of donors. According to the statistical data of the Brazilian Network of Human Milk Banks, FIOCRUZ, the total amount of milk collected in the State of Ceará, until March 2017, estimated at: 1,023.6 liters, taking as donor number 1,333 women¹⁰.

Based in this background, it is essential that the Human Milk Banks provide human milk in sufficient quantity to allow meet, in times of emergency, all infants that have proven specific needs.

Before the exposed, it is assumed that among the main problems from the HMB there is the difficulty for keeping the storage. This referred to as chances the limited access to cars available in the municipality to conduct milk collection in the homes of donors. The implementation of campaigns geared to the collection of bottles, essential for milk collection, and early clarification to pregnant women in the period of pre-natal care about the importance of donating their milk, when in excess to their son. To support of the entire health team to encourage mothers to contribute in breastfeeding to other children in situations of risk to health.

In this perspective, the research has its relevance by analyzing the easinesses and difficulties experienced in the HMB’s, adding possible solutions to a permanent storage of milk, which meets in sufficient quantity children newborn preterm, low birth weight or hospitalized in Intensive Care Units (NICU). In addition, contribute to the inclusion of more women donors, considering the awareness of themselves and how this attitude can save lives. The objective of this study was to analyze the perceptions of donor and health professionals about the donation of milk, as well as investigate the facilities and existing difficulties for storage for sufficient milk to the demand.

METHOD

The research was performed with the approval of the Research Ethics Committee of the College of Juazeiro do Norte as the record N 2.244.747. It is a descriptive study of a qualitative approach. The present study was carried out at the Hospital and Maternity São Lucas - HMSL, located in the city of Juazeiro do Norte-CE, during the period from August to October 2017.

The study sample was composed of 5 (five) health professionals, among them: pharmacists, pediatricians and/or neonatologists, nurses and nursing technicians, included those acting on the HMB, in the neonatal ICU and rooming-in of the referred to Hospital and there were excluded from the study professionals who were on vacation, and yet, those whose link with the institution was a trainee. For selection of donors there was used as an exclusion criterion mothers seropositive for HIV. And as inclusion criterion there were active donors indexed at the HMB who accepted to participate in the research; from the 22 donors indexed at the HMB after entering the criteria, remained 10 donors those comprised the study subjects. All study participants were asked to sign the Informed Consent and Consent, as established by Resolution N 510 of April 7th, 2016 of the National Health Council regarding research with human beings.

For verification of the effectiveness of the instrument for data collection there was contemplated a test pilot; however, the same is not held due to bureaucratic impediments. Subsequently, the data collection occurred through semi-structured interviews, composed by subjective issues. Where there were recorded and then transcribed in full based on the method of Content Analysis of Bardin¹¹, which enabled the formulation of categories for analysis and interpretation of data. To guarantee the anonymity of the participants in the study were attributed to these codenames. The donors were identified from D1 to D10 and the health professionals from PS1 to PS5.

RESULTS AND DISCUSSION

The results obtained were organized in two parts: the socioeconomic profile of the subjects, which enables you to view the diversification of aspects, such as schooling, socioeconomic level, marital status, and others, aiming at the

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composition of a sample with distinct characteristics. And the other part refers to the full transcripts of speeches, as suggested by the technique of Bardin\textsuperscript{15}, comprising pre-analysis, material exploration and treatment of results - the inference and interpretation.

1. Socio-economic profile of the study subjects

The study showed that the socioeconomic profile of the active donors indexed at the HMB of HMSG, as presented in Table 1.

Table 1. Socioeconomic profile of active donors indexed at the HMB of the Hospital and Maternity São Lucas in Juazeiro do Norte, Ceará, Brazil, 2017.

<table>
<thead>
<tr>
<th>FEATURES</th>
<th>QUANTITIES</th>
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<tbody>
<tr>
<td>Age (years)</td>
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<td>18 and 19</td>
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<td>20 – 24</td>
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<td>25 – 29</td>
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<td>35 years old</td>
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<td>Schooling</td>
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<td>Complete/Incomplete Elementary</td>
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<td>Complete/Incomplete High School</td>
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<td>Complete/Incomplete Higher Education</td>
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<tr>
<td>Family Monthly Income</td>
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<tr>
<td>Up to 1 Minimum Wage</td>
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<td>From 2 to 3 Minimum Wages</td>
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<td>Up to 4 Minimum Wages</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Unemployed</td>
<td>4</td>
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<td>Employed</td>
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<td>Number of children</td>
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<td>1</td>
<td>7</td>
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<td>Marital Status</td>
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<td>Married</td>
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<td>Stable Union</td>
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<td>Cohabiting</td>
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</table>

We interviewed 10 (ten) donors milk and 5 (five) health professionals, among them: 1 pharmacist, 2 technical nursing, 1 nurse, 1 physicians Pediatricians, all with employment relationship with the referred hospital. They were given the codenames from D1 to D10 for the donors and PS1 to PS5 for health professionals.

With respect to gender, there was exclusive predominance of females in both groups of subjects evaluated. The female gender prevailed mainly when the research subjects were nurses and nursing techniques, in the group of health professionals, which was also found in studies of Lopes\textsuperscript{12}, which showed that the majority of the nurses are women, this figure was always evident, and which seems to us, today, still "unnatural" to question. For those who always took care of health care in the private domain (domestic), it is natural that combines all the qualities to ensure the predominance in the professional field.

The age of the donors ranged from 18 to 35 years of age. From the point of view of reproduction, the age range of 20 to 30 years old is considered of great, because it presents lower perinatal risk\textsuperscript{13}. However, with respect to the age of donor human milk, there is research showing that there is no influence of age on donation\textsuperscript{14}.

The age group most predominant among donors was 18 and 19, a fact that calls attention, since it demonstrates the insertion each time sooner than young women informed about the donation within the HMB’s. What was also identified in a study of Suzin et al.,\textsuperscript{15} who reported the growth in the number of women who sought a clinic of breastfeeding in Fortaleza, State of Ceará, among them, 22.2% were teenagers in search of help due to lack of information about breastfeeding. This demonstrates that adolescent mothers are part of the group most benefited by the educational activity for promoting breastfeeding. This demonstrates that adolescent mothers are part of the group most benefited by the educational activity for promoting breastfeeding. Divergent to what was found in a study on differences in breastfeeding among teenage mothers and women, no difference was found in the breastfeeding in these two groups but influenced by other factors such as level of education and activity outside of the home\textsuperscript{16}.

Regarding schooling, the greater representativeness was in: complete secondary education and complete higher education. This result is similar to that found in other studies that depict the level of education of women is directly proportional to the duration of breastfeeding. It is perceived that the level of instruction of the donor interferes in capturing the message about the practice of breastfeeding and, therefore, the decision of donation of HM.

In relation to the monthly household income showed that the largest number of donors were from low-income families presenting an income of up to one minimum wage. In contrast, in studies of Alencar and Seidl\textsuperscript{6}, found socioeconomic levels varied between donors. The majority of donors who have had some employment similarly to other studies, it was observed that the majority of the nursing mothers assessed had functional situation of working people. It follows then, that in spite of exercising an activity outside of the home, mothers are stimulus to breastfeed their children and donate the surplus to be intended benefit of other needy children.

As to the number of children noted that more than half of the donors was primiparous. This result reinforces the findings of Escobar et al.,\textsuperscript{17} it is possible that donors with only one child to have more time to devote to milking, preparation of materials and storage of milk than those with two or more children. Allowing to infer that, by inexperience with breastfeeding, feelings of insecurity and some complications, these women are in search of aid knowing well the HMB’s and becoming donors.

In relation to marital status, the results showed that a large part of the interviewees had a companion, consulting with the message about the practice of breastfeeding and, therefore, the decision of donation of HM.

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2. Categorization of the lines of the subject

The interpretation of the interviews were largely in the second phase of the method proposed by Bardin, exploration of the material, with the aggregation of common characteristics emerged the formulation of four categories: Category 1 - Advantages and difficulties in the process of donation of milk, Category 2 - Importance of prenatal care in encouraging the donation of milk, Category 3 - Initiatives from the HMB and of health professionals in the acquisition of more donors, Category 4 - Perception of donors about the importance of the dietician within the HMB and category 5 - Importance of media in the insertion of more donors.

2.1 Category 1 – Advantages and difficulties of the milk donation process

In relation to the advantages in donating their milk, most donors have emphasized the excess milk and the feeling of altruism in being able to help those in need. How to describe the testimonials below:

The advantages in my case it's because I have a lot of milk, it is a way to empty. (D1)

[...] why kids need, I'm happy to donate, to know that I'm helping the little babies that are interned there. (D3)

Help other children and also not to waste, because it's pretty. (D6)

Making an analysis with work already published, it can be inferred that the altruism is one of the reasons studied, in the context of the donation of human substances, in that it is remarkable the voluntary act by donors. Studies have identified that the “desire to help others” contributes to the loyalty in the donation process.

Staying in this line of reasoning, looking for explanations by which people want to help others, without receiving anything in exchange, it is possible to reflect that there are probably several related factors. As shown by Robinson et al., in their findings that factors such as personality characteristics, education, family structure and social customs, as well as the circumstances in which this event occurs, in addition to the emotional aspects of the donor.

Seeking the perceptions of health professionals about the advantages of the act of donating the HM, there was a vision more directed to the recovery of newborns, in relation to early discharge of preterm infants hospitalized in neonatal ICU.

[...] mothers have their babies hospitalized are more hopeful, knowing that her baby is getting a good food, best food after her milk. (PS1)

[...] for newborns (NB) high, quicker recovery, reducing the risk of infections, of changes that can lead to death this NB. (PS4)

As pointed out in the speech of PS1, that the LH received by NBS in situation of risk, through the donation, it is the best food after his own mother, was also noted in other studies that depict the HM as the most natural and safe method for feeding the premature newborn.

Regarding the difficulties related to the donation, only the group of health professionals identified them, as shown by the reports:

[...] difficulties can find would be the issue of transport for collection, the resistance of the mothers in the donation, and also in storage of bottles, [...] sometimes we don't have suitable containers for the storage of milk. (PS1)

In the case of PS1, it was noticed that among the main difficulties related to the maintenance of the milk at the HMB, are the lack of transport for collection, the resistance of mothers, the collection of bottles and the lack of containers for the storage of milk. In the case of PS1, it was noticed that among the main difficulties related to keeping the milk at the HMB, are the lack of transport for collection, the resistance of mothers, the collection of bottles and the lack of containers for the storage of milk.

Another fact that was highlighted, in what concerns the perception of health professionals about the difficulties of donation, were the lack of initiative and interest of mothers in contribute to the collection of milk, emphasized by PS3:

[...] those mothers who arrive home, and say: “Oh didn't, didn't have time” [...] and is that thing, we know that they have some nice little mother milk that doesn't hurt because there lazy [...], other say they are tired of working, is where the milk collection. (PS3)

What was also evidenced in studies of Neves et al., where found as main difficulties for the donation, the lack of milk, feelings of selfishness, laziness, fear, lack of time to get back to work and serious diseases.

2.2 Category 2 – Importance of prenatal in encouraging the donation of milk

It was notorious deficiency of information received by donors during the pre-natal, as regards the escalations of clarifications about the donation of HM. Easily identified in the following arguments:

I got the information of breastfeeding up to six months but not about donating milk. (D4)

Not exactly like that, which has a bank of milk she needs, but somehow I heard about [...] but not by the doctor and by patients. (D8)

The donors who have demonstrated in their statements that in health services is not speaks of the donation of human milk, as well as there is a lack of support by health professionals in the period of pre-natal care, when it comes to encouraging the donation of milk. This fact which corroborates with the findings of Lourenço; Bardini e Cunha, who highlighted the importance of health professionals in the
passthrough of guidelines on the donation of HM in the HMB, since the beginning of gestation until the puerperium.

In this context, it is necessary a change in attitude of health professionals in terms of clarification and exchange of information on the donation of HM allowing the accession of more donor and the guarantee of a stock maintainer capable to meet the health and nutrition of newborn infants of HMSL. It follows, therefore, the lack of public policies regarding the subject, before hearing the work of professionals who work in primary care/strategy of the family, to remedy the doubts and encourage the donation of milk.

2.3 Category 3 - HMB initiatives and health professionals in acquiring more donors

Analyzing the testimonies of health professionals was notorious the commitment of same in attracting more donors to the HMB. Through campaigns, lectures, giveaways, medical care pediatricians and other strategies developed by the team. It is a fact that the act of giving is voluntary, but does not prevent the recognition and appreciation of those mothers who contribute to an effective social work. As stated in the following statements:

Through campaigns that are held [...] lectures that are made daily at the lodge set [...] as well as through encouraging other donors to ask and make campaigns for this donation. (PS1)

 [...] we take gifts to them, we advise, ask them to bring the baby to the pediatrician [...], that meets, I mean it’s an incentive in you have a pediatrician for the child [...], while they are donating they can bring the son of them [...], is an incentive for more like they have more goodwill. (PS3)

The support of health professionals from the HMB, represented for these women a great importance to the decision to donate. Thomaz et al.,26 found also as a strong reason for donating the motivation of health professionals. However, the work must occur in conjunction with the management of the hospital entity for which not only the burden of health professionals. Explicit in reporting of PS2:

I believe you also have to have the support of the hospital, the managers have to encourage milk banks to not be a fight just for professionals [...], the professionals do their job but also have to have the support of the direction, to which campaigns are made and the stimulus is taken to more people. (PS2)

2.4 Category 4 - Perception of donors about the importance of the nutritionist in the HMB

The nutritionist who acts within the scope of HMB should be one of the responsible for encouraging breastfeeding, in addition to guiding the users from the HMB, regarding the milking, handling, storage and preservation of human milk. It is the duty of the nutritionist: to provide nutritional care to mothers of infants hospitalized and who are in need of HM. As well as guide regarding the preservation and stimulation of lactation, mothers away from their children for admission of these or mother, as well as those who exhibit breastfeeding difficulties. However, the presence of this professional is still scarce within the centers of HMB’s, as reported the transcripts:

I haven’t had a chance to chat with no, not yet. (D6)
Well I have not had contact with nutritionist not the milk bank. (D8)

During the period of lactation, the nutritional needs of mothers are increased. However, studies show that some end up restricting the ingestion of certain food groups, which could lead them to a nutritional risk. The question of restrictions is the fear that the food may trigger adverse reactions; in particular, colic in infants26. The testimony of D2 demonstrates understanding about feeding in lactation period:

 [...] because there are many people that think if donating milk you can eat everything and in fact cannot, you have to have a diet primarily of fruits, vegetables, protein but none of those derived from canned goods, soft drinks, chocolates, cannot. (D2)

This fact is relevant for the presence of the professional nutritionist within the HMB’s, for clarification and follow-up to these donor mothers about the most appropriate nutrition during this period. As well as ensuring the Resolution CFN N 380/200527 to the tasks specific to the nutritionist in Human Milk Banks:

1. Encourage breastfeeding;
2. Participate in the promotion of campaigns to encourage the donation of human milk, highlighting the importance of breastfeeding and publicizing the activities of the Human milk bank;
3. Develop and deploy the Manual of Good Practices of the Service, overseeing its execution;
4. Guide the users of the Human Milk Bank, as for milking, handling, storage and conservation of human milk;
5. Supervise the processing steps, pasteurization, microbiological control and other involving handling, ensuring quality sanitary hygienic human milk, since the collection to distribution;
6. Supervise the quantitative control of human milk collected and distributed;
7. Overseeing the survey of statistical data generated in HMB and send them periodically to the Center of reference in the region;
8. Provide nutritional care to mothers of newborns hospitalized and are in need of human milk;
9. Guide as the maintenance and encouragement of breastfeeding, mothers from children for hospitalization or of the mother, as well as to those who have difficulty in breastfeeding;
10. Plan and/or run programs of training and continuing education for employees;
11. Draw up the annual plan of work, including the procedures adopted for the development of competence;
12. Perform periodic control of the work performed;
13. Collaborate with the supervisory professional authorities and/or health.

2.5 Category 5 – Importance of media in the insertion of more donors

In the speech of one of the donors it was possible to highlight the importance of more campaigns and educational actions on the promotion of donation, using the means of communication in general:

I think I disclose more, disclose in social network campaigns [...], could put on TV, on the radio, and would be much better. (D1)

According to Coll, Amorim and Hallal28, currently the media is an important tool for conduct of information to the population to be able to influence both positively and negatively affect the style of life of the people. Similar to that encountered Mesquita29, in his research with the media and democracy in Brazil, which demonstrates the importance of the media to society, reporting to influence the decisions of Brazilian citizens, and that the TV has odd role in relation to the means of communication.

For other donor disclosure should occur mainly in basic care, due to a greater expansiveness of the public interest present there:

[...] they should disclose more on PSF, because that’s where the population is. (D2)

As identified in the speech of D2 primary care must be the entrance door in disseminating and encouraging the donation of milk, concomitant with the tool of the media that range of information can become even greater. Strengthens the findings of Akira et al.,30 which highlighted that the media could be an important intervention mechanism, allowing a quick and comprehensive social penetration which, for the intervention programs, it is of utmost importance.

FINAL NOTES

The study demonstrated the favorable aspects to the donation, it was evidenced in the reports the act of donating as a form of solidarity, to save the lives of children hospitalized in the Neonatal ICU at the hospital.

As regards the difficulties identified by health professionals, highlighted the lack of suitable containers for the storage of milk collected, leaving a reflection about the lack of interest and investments by inventory management for a maintainer to demand.

It was also observed, the lack of information provided to these women, which directly influence the success to attract more donors. In this way, it reinforces that the work of health professionals from the HMB in encouraging the donation contributes directly to the insertion of donor women.

In this perspective, through the difficulties experienced by the service to accommodate the demand, it is imperative that are drawn more strategies for acquisition of more donors, initiated since the pre-natal care. Nevertheless, it is indispensable to the development of more public policies that meet the particularities of each municipality that holds in its territory of a specialized center of HMB.

In this context, with the aim to propose mediators for a permanent stock of milk, it is therefore suggested the use of the media as a mechanism for disseminating such information to reach a larger number of lactating women, in order of increasing awareness of the need of infants admitted that depend on the donations received by the HMB.

However, it is suggested that this study be conducted with mothers, and that be deleted primiparae; however, the lack of experience has not contributed to the discussion of the theme. Therefore, health education must be implemented in schools, public and private institutions, in order to elucidate the importance of the Human Milk Bank, bringing balance between mother and son.

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