CONHECIMENTO DOS ENFERMEIROS ACERCA DO ALEITAMENTO MATERNO FRENTE ÀS MALFORMAÇÕES ORAIS

KNOWLEDGE OF NURSES ABOUT BREASTFEEDING REGARDING ORAL MALFORMATIONS

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RESUMO

Introdução: O incentivo ao aleitamento deve ser realizado desde o período de pré-natal, bem como durante a internação na maternidade para minimizar as dificuldades relacionadas ao manejo. Contudo, o desconhecimento dos profissionais de saúde diante do manejo com malformações labiopalatais, favorece ao desmame precoce. Objetivo: analisar o conhecimento dos enfermeiros atuantes no alojamento conjunto diante das práticas do aleitamento materno com recém-nascidos que apresentam lábio leporino e/ou fenda palatina. Métodos: pesquisa descritiva, exploratória, qualitativa, através de entrevista semiestruturada. Foram adotados como critérios de inclusão: ser graduado em enfermagem; trabalhar no alojamento conjunto e estar presente na Unidade, no momento da coleta; a qual as falas foram organizadas a partir da análise de conteúdo. Resultados: Participaram 07 enfermeiras. Quanto ao tempo de formação acadêmica houve uma variação de 8 meses até 31 anos, especializações todas relataram possuir alguma pós-graduação. Mediante e a análise das falas emergiram duas categorias: Aleitamento materno e suas nuances e o Manejo do aleitamento materno pelos enfermeiros em situações especiais. Conclusão: existe grande dificuldade quanto aos cuidados prestados pelos enfermeiros acerca do manejo do aleitamento em crianças com fenda labiopalatina, essa a inexperiência pode ser evidenciada, ainda, no período de formação acadêmica, bem como educação contínua. Torna-se imprescindível a participação dos enfermeiros nessa assistência, como também a preparação teórica e prática, durante a formação acadêmica e no período de atuação profissional.

Palavras chave: Aleitamento Materno; Anormalidades Congênitas; Desmame; Cuidados de Enfermagem.

ABSTRACT

Introduction: The encouragement of breastfeeding should be carried out from the prenatal period, as well as during hospitalization to minimize the difficulties related to the management. However, the lack of knowledge of health professionals regarding the management and orientation of breastfeeding among children with labiopalatal malformations favors early weaning. Objective: to analyze the knowledge of nurses working in joint housing in relation to the practices of breastfeeding with newborns with cleft lip and / or cleft palate. Methods: descriptive, exploratory, qualitative research, through a semi-structured interview, performed with 07 nurses, following the inclusion criteria: being a nursing graduate; work in the joint housing and be present at the Unit, at the time of collection; to which the lines were organized from the content analysis. Results: through the analysis of the speeches, two categories emerged: Breastfeeding and its nuances and the Management of breastfeeding by nurses in special situations. Conclusion: there is great difficulty

*Extraído do trabalho de conclusão de curso “Conhecimento e percepções referente ao aleitamento materno em RN’s com lábio leporino: Um olhar da Enfermagem”, UNILEÃO, 2016.

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regarding the care provided by nurses about the management of breastfeeding in children with cleft lip and palate, this inexperience can be evidenced, also, in the period of academic training, as well as continuing education. The participation of nurses in this care is essential, as well as the theoretical and practical preparation, during the academic training and in the period of professional practice.

**Key words:** Breast Feeding; Congenital Abnormalities; Weaning; Nursing Care.
INTRODUCTION

The benefits of breastfeeding are unquestionable, especially during the first six months of life of the child[3]. Breastfeeding should be encouraged since prenatal care, even during hospitalization in the collective lodging, so that both the pregnant as the puerperal woman are prepared and stimulated to such practice. These guidelines should be performed by a multidisciplinary team, trained to assist and guide the breastfeeding (BF) still in the first hour of life of the newborn[2].

During the process of breastfeeding, some causes can lead to early weaning, such as breast engorgement, nipple fissures, mastitis, breast abscess, the baby latches on incorrectly and even the inadequate posture during breastfeeding[5-8]. On the other hand, some specific situations that may cause difficulties for initiation and continuation of BF are those related to the infant, such as congenital malformations, which include cleft lip and palate.

Cleft lip and cleft palate are facial malformations that occur during pregnancy, and can occur separately and/or together. Cleft lip is the result of the failure in the fusion of the maxillary and middle nasal processes, and cleft palate results from the failed fusion of the two palatal processes causing a crack in the midline of the palate[5,8].

The incidence in Brazil of these lip and palate malformations is approximately 1 in every 650 live births, totaling approximately 180,000 thousand cases[6-7]. Some of the main difficulties experienced during breastfeeding of babies with these deformities are: incorrect latching on; difficulty to suckle; air intake and fatigue during feeding[5,8].

To assist the child with cleft lip and palate, the nurse must show the benefits of exclusive breastfeeding (EBF), as well as have the theoretical knowledge of this malformation, indicating resources that facilitate and mitigate the difficulties for both. One of the major benefits for the child who has this type of malformation consists of protecting oral health problems and contributes to the growth of the craniofacial bones[8].

In contrast, the lack of health professionals in the management for guidance and intervention of the BF along with children with congenital lip and palate malformations, favors the early weaning directly harming the baby's development, as well as the difficulty to form the bond between mother and child[7].

EBF depends on several factors, especially on the orientation and training of health professionals. In this way, there emerges the need to discuss the theme, stressing the importance it exerts on the optimal growth and development of children, especially regarding congenital malformations.

With that, due to the high incidence of babies with cleft lip and palate, and since the literature shows the difficulty of the healthcare professional[7], in particular nurses, guiding, caring and insert these mothers to continue the EBF, one saw the need to study the subject. It is essential to investigate how the nursing professionals are guiding these mothers, and if the conducts are occurring appropriately for the development and growth of the child.

Starting from this premise, the following hypothesis arose: the nurses from the collective lodging lack knowledge to implement the guidelines regarding the proper management of breastfeeding for mothers whose children have cleft lip and/or cleft palate, as well as encouragement and continuation of breastfeeding. In this way, the choice of the theme is justified considering the fact that nurses from collective lodging must guide the breastfeeding in all situations.

Therefore, this study aimed to analyze the knowledge of nurses working in the collective lodging regarding the practice of breastfeeding with newborns with cleft lip and/or cleft palate.

METHOD

Descriptive, exploratory research with qualitative approach, performed at the collective lodging of a public maternity hospital of reference for the city of Juazeiro do Norte - Ceará, located in extreme South Ceará, in the region of Cariri.

The inclusion criteria adopted were: being a nursing graduate; working in the CL and being in the unit during the collection. The exclusion criteria were the following: professionals who were not in the unit in the days of collections or who were on vacation and/or medical leave.

In this sense, the collection followed a semi-structured interview guide, conducted during the nursing rest, lasting an average of 30 minutes, with the audios recorded electronically, on pre-scheduled days, time and place for its realization. The question addressed the nursing care to children with oral malformations in the perspective of maintenance and continuation of breastfeeding. In order to maintain the confidentiality of participants, they received biblical names: Esther, Eve, Mirian, Sara, Noemi, Ana and Rebeca.

After the collection, there was the organization of results based on content analysis, which, according to Minayo, consists of seeking the interpretation of material of a qualitative nature. It is a procedure that uses the grouping of statements, based on the similarity of the opinions and/or equal response of content[9]. Therefore, after the interviews, the statements were fully transcribed and organized, obeying a pre-analysis, after the treatment of the results, with their interpretation consistent with the findings in the literature.

The thematic categorization occurred, evidencing two categories: Breastfeeding and its complications; Management of breastfeeding in special situations.

The study complied with the formal requirements contained in the national and international regulatory standards for researches involving human beings, being approved by the Ethics Committee of the University Center Dr. Leão Sampaio under opinion 1.810.639.

RESULTS AND DISCUSSION

The collection was carried out during September and October 2016, whose initial population would consist of eight nurses; however, since one nurse did not accept to participate in the research, the survey was conducted with seven nurses. First, data were collected regarding time since graduation, time working in the CL and specialization. Thus, when questioning these data, there was a disparity in the responses in relation to the time since graduation, which varied from eight months to 31 years.

Regarding the variable time working in the Collective Lodging of the Hospital and Maternity, the statements showed a variation from 3 months to 6 years, with the majority of the nurses ranging from 3 to 4 years.
In terms of specializations, they all reported having some post-graduation, including Family health, Urgency and emergency, Obstetrics, Medical-Surgical and Teaching. With this, the next step consisted of an interview, which, after analysis, originated two categories, namely: Breastfeeding and its nuances and Management of breastfeeding by nurses in special situations.

**Breastfeeding and its nuances**

When questioned about their opinion about the main difficulties for continuity of breastfeeding, they mentioned differentiated perceptions, including the mother's decision of not to breastfeed, and even anatomical issues and the influence of the companion.

*The biggest difficulty is with the mothers. Very difficult (Mirian).* With the mothers, who do not want to breastfeed (Esther), *The breasts and nipples. Large breasts, flat, inverted nipples, problems related to the breasts (Eve). With companions and family, when the companion is aware of breastfeeding, it helps, but most of them... (Sara). Companions and mothers (Noemi).*

Another point that drew attention was the belief of the nutritional value of milk and mothers who do not prepare their breasts during prenatal care, as seen in the statements:

*When they think they have no milk, the baby is not suckling and that the milk is not enough (Ana). The lack of preparation during prenatal care, of how to guide the mothers (Sara).*

The nurses were asked about the main difficulties they observe for mothers not to be able to keep the breastfeeding:

*Babies with difficulty to latch on, to suckle, always regurgitating within the first hours of life (Esther). When they are debilitated, children with low birth weight and more sleepy (Eve). A weak suckling hinders the process a lot (Mirian). Post-cesarean babies are more sleepy or who are born underweight (Sara).*

When asked about what the major malformations that hinder breastfeeding, they mentioned problems such as cleft lip and cleft palate, but stressed that these malformations do not interfere with breastfeeding. Nevertheless, there is difficulty to discuss the subject, once it is uncommon in the professional practice.

*I know the cleft lip and palate (Ana). No! No malformation hinders it (Esther). I do not know how much the malformation hinders breastfeeding (Eve).*

One of the participants reported the experience of contact with a child with cleft lip during the breastfeeding process:

*I have already met a child with harelip. As incredible as it may seem, this baby managed to breastfeed. He latched on greatly and went home suckling (Mirian).*

When questioned about experience of breastfeeding guidance with babies with cleft lip and cleft palate, if positive, how they had carried out the guidelines, two participants reported their experiences:

*Yes. Together with the staff of the Milk Bank, we found a way for the baby to suckle, there is a whole procedure, but we showed the mother she could do it and she succeeded. I was impressed! We feel like it won’t work (Mirian). Yes, I have. Initially I told that breastfeeding is independent, it is a process that is not easy, that needs maternal dedication and explained the necessary procedures, and care to avoid bronchoaspiration (Sara).*

When asked about the contribution and importance of breastfeeding for babies with cleft lip and palate fissures, the professionals expressed:

*The important thing would be the bond between the mother and the baby and also allergies, respiratory problems (Ana). Protection for the child and contribution to its growth (Esther). The importance is the same benefit that everyone will receive (Eve). For all children, it is extremely important (Mirian).*

Unlike the previous speeches, three interviewees mentioned the difference that breastfeeding influences in children with cleft lip and palate:

*I believe it will facilitate. The chewing, swallowing issues will become easier after the surgery (Rebeca). Breastfeeding is very important, no matter of the baby has malformations or not. I believe it will assist in the development of the facial musculature, I believe it helps a lot (Sara). Breast milk is important for everyone, including for those children, it will bring only benefits. In addition to vitamin, the sucking works as a physical therapy (Noemi).*

**Management of breastfeeding by nurses in special situations**

When questioned about the methods used to provide breastfeeding in children with oral malformations, the professionals reported not having knowledge about the techniques:

*I, I won’t lie to you, I don’t know and have never seen it in practice, our education is precarious, we study things superficially (Ana). No, I don’t know it! (Esther) / (Mirian) / (Noemi) / (Rebeca). I don’t know, honestly, I think there should be a stimulus, each child has different difficulties (Eve).*
One of the participants mentioned alternatives that can be performed with newborns for breastfeeding, but showed insecurity.

The normal breastfeeding, through the mother's breast, or probe, gavage, when the baby cannot suckle or in case of contraindication (Sara).

When asked about the difficulties implementing the maternal guidelines with children with cleft lip and palate, three interviewees reported lack of experience as difficulty to carry out their guidelines. The others, with or without experience with these mothers, reported their opinion about how to conduct the guidelines.

Since I have no experience, I won't answer it (Esther). I think it should be a multiprofessional work, from the very beginning, so that the mother keeps offering breast milk to her child (Eve). I think it is to show that the child can suckle (Mirian). It would be guiding that it is possible, that there might be difficulties, but the baby will be accompanied (Rebeca).

There is a discussion on the benefits of EBF, but associated with these benefits, the desire of mothers to breastfeed their children should also be considered. This desire can be a factor for the success of breastfeeding, more than any other factor or difficulty. Starting from this premise, some reasons lead to early weaning, highlighting the mother's decision to breastfeed or not, and baby-related problems, such as low birth weight, weak suckling, reflux, maternal surgery, among others[10].

The participation of family members and companions in the early days of the puerperium has a fundamental value for the mother's decision to continue BF, because they are considered key elements with direct and integral contact. Negative experiences around the previous experiences of breastfeeding, as well as taboos and beliefs end up generating dismay and discouraging mothers[11].

The maternal preparation about the benefits of breastfeeding during prenatal care helps in the decision and choice of breastfeeding as a source of nutrition for the child. The nurse working in the Family Health Strategy must learn how to guide mothers, considering each specific case, with care plans throughout the pregnancy-puerperal cycle.

The lack of communication between mothers and professionals, during the prenatal period or during the period of hospitalization in the maternity ward, with poor information, has results that interfere negatively in the continuity of BF. This lack of communication or difficulty in its implementation relates to maternal insecurity to use her milk as the only source of nutrition for the child. When this occurs, the solution found by nursing mothers is the introduction of artificial milk and consequently, evolution to partial or even total weaning[12].

In addition to the little information received during prenatal care, breast-related problems and/or babies with some kind of difficulty such as cleft lip and palate also interfere and lead to early weaning. Thus, women need a multidisciplinary support during the first few weeks of the puerperium, because this is the period of greatest interference and maternal sensitivity.

Oral malformations are pathologies that do not interfere in breastfeeding, even in cases with great length and complexity. The breastfeeding for these children should be recommended, advised and accompanied to succeed and continue.

There is a consensus among professionals about breastfeeding in special situations that a multidisciplinary team should accompany the mother. However, when the nursing team recognizes the maternal difficulty, they can facilitate care, so that the mother learns to breastfeed the baby, who was born with CL/CP, helping the family to integrate with this child[13].

BF has extreme relevance for the craniofacial development and maturation at bone, muscular, functional levels, preventing oral amendments, being recommended, especially in children with CL/CP[14]. Even with all of this information, mothers commonly believe that the malformation hampers the baby to suckle[9].

Breastfeeding helps prevent ear infections, reduces inflammation of the nasal mucosa, common in babies with oral malformations, prevents periodontal diseases, as well as common respiratory infections[8,15]. In this case, nurses must guide and accompany breastfeeding, respecting the difficulties and limitations of the baby, the mother and the family.

They must demonstrate the technique and/or positions, the existing instruments to feed children, such as glasses, syringes, probes, spoons and droppers. Nonetheless, the lack of knowledge of the team about the proper management may lead to early weaning.

Most nurses mentioned that breastfeeding provided the same benefits for children with and without oral malformation. They emphasized that there would be a strengthening of the bond between mother and child, reduction of diseases, allergies and even the growth and development of the child.

Furthermore, the multidisciplinary team that attends to babies with oral malformations should be aware about the biopsychosocial development of the baby. This child has a family, who must be oriented to be able to develop actions of specialized, humane and inclusive care.

The participants' showed the contribution of the EBF to the development of the orofacial muscles, and even the aid in sucking and swallowing reflexes of the baby. However, there is difficulty to know for sure the benefits that breastfeeding provided for children with congenital oral malformations.

The time a baby with oral malformation takes to suckle is different from the one without it, and other limitations may arise, since regurgitating through the nose or not latching on properly[16]. Some techniques facilitate breastfeeding and provide safety and comfort for the mother-child dyad, such as guiding the positioning of facing the maternal body[10].

Other recommended position is the “little horse”, which consists of placing the child sitting opposite his/her mother, positioning head and body so that they are aligned with the mouth. Another technique consists of placing the baby lying on a flat surface, so that the nursing mother tilts her body and breast over the child. This second position uses the gravity to place the nipple into the baby's mouth, promoting the sealing of the cleft lip/palate and the ejection of milk[8].

DOI: http://dx.doi.org/10.19095/rec.v7i1.645
The nursing professional has a great responsibility in terms of encouraging and promoting EBF (1,16). Thus, when there is an early guidance and advice for the family about the techniques of breastfeeding, children develop faster, suckle easily, and consequently, parents are calm and less anxious about the difficulties to feed their children (10).

Nurses working in the CL must recognize the importance of BF for children with oral malformations, its forms of achievement, seeking skills and training to meet this clientele. To do so, Nursing higher or technical education institutions must offer ways of teaching and learning about breastfeeding in specific situations (8).

The lack of knowledge by health professionals stands out as an important limitation for the mother to be able to breastfeed, especially in cases of babies with CL/CP (17).

The lack of information and insufficient guidance from health professionals, in maternities, bring fear and insecurity to parents, which may contribute to early weaning. There is need for training professionals who work with breastfeeding about the forms of nutrition of children with oral malformations.

Health professionals who work in the care for children with oral malformations have limited knowledge or even lack knowledge about techniques and their management. Nevertheless, the universities graduating these professionals do not consider important the cases beyond normal children, such as oral malformations (8).

Considering that many students do not receive the necessary preparation in their academic life, they begin to work without the preparation and do not seek qualifications after graduation (8). This lack of knowledge and training of health professionals in the management of BF with children with oral malformations, due to lack of information about the guidelines and interventions that should be performed soon after birth, brings uneasiness to babies and mothers, culminating with the early weaning and cessation of breastfeeding (7). When BF cannot occur naturally through the mother’s breasts, nurses may use some measures to ensure its continuation. The nurse can use special bottles with nozzles that promote the sealing of the cleft lip/palate and, thus, the mother must perform the milking and properly storage her milk. Even when there is no possibility to continue breastfeeding, the artificial milk should be offered, using the same techniques mentioned earlier, in addition to gastric probe (18).

Another important care to which nurses should pay attention is to recognize that, in the breastfeeding of a baby with oral malformation, pauses are necessary for the rest and breath. This pause results from the tiredness caused by sucking, due to the anatomical difficulty presented by the baby. Furthermore, nurses should guide a routine hygiene of the oral cavity with a flexible cane to mothers in order to minimize infections.

These findings reflect the many existing challenges to health professionals in relation to BF in infants with CL/CP. A way to minimize this deficiency in the assistance consists of implementing public policies to encourage a health care practice for this population, as well as the training of professionals from different areas of expertise, especially the professionals working in maternity hospitals (17).

Some limitations of the study were the availability of participants and the impossibility to carry out the scheduled interviews in some cases due to the tribulations of the work sector or participants’ request to re-schedule them.

In relation to the data obtained, they show the presence of a weakness, mainly due to the restriction of knowledge of the participants regarding the management of BF with children with malformations.

In this way, continuing education courses can constitute strategies for improving assistance, so that professionals can provide a safer care. Due to the inexperience of professionals about the addressed theme, further studies should be developed, even at other hospitals in the studied region, in order to observe the management along with mothers whose babies have oral malformations, in order to analyze the guidelines and care performed.

**FINAL CONSIDERATIONS**

É imprescindível a participação dos enfermeiros nessa assistência, ao bebê com malformações orais, como também a preparação teórica e prática, durante a formação acadêmica. Para isso, as instituições de ensino superior devem incluir em seus cursos atividades, treinamentos e disciplinas que viabilizem uma assistência às crianças com malformações orais, o que irá reduzir os índices de desmame precoce dessa clientela.

Sugere-se assim, que devido às dificuldades encontradas pelos profissionais em orientar as mães de crianças com fissuras labiopalatais, que a instituição viabilize cursos, capacitações, reuniões e treinamentos, no sentido de favorecer uma melhor qualidade de assistência ao binômito mãe-filho, o que levará a uma redução de desmame precoce.

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DOI: http://dx.doi.org/10.19095/rec.v7i1.645