

Nursing practice in clinical management of breastfeeding: strategies for breastfeeding*

Atuação do enfermeiro no manejo clínico da amamentação: estratégias para o aleitamento materno

La práctica de enfermería en el manejo clínico de la lactancia materna: estrategias para la lactancia

Evelyn Farias Gomes da Costa¹; Valdecyr Herdy Alves²; Rosangela de Mattos Pereira de Souza³; Diego Pereira Rodrigues⁴; Márcia Vieira dos Santos⁵; Fernanda Lopes de Oliveira⁶

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ABSTRACT

Objective: to understand the orientation of strategies undertaken by nurses during the process of the clinical management of breastfeeding. **Methods:** this is a descriptive and exploratory qualitative study, whose participants were 10 nurses working in the conjoint rooming of the University Hospital Antonio Pedro, located in the city of Niterói, State of Rio de Janeiro. Data collection was conducted during the months of January to March 2013 through semi-structured interviews. **Results:** from the content analysis, three categories emerged: support from the clinical management of breastfeeding: perspective of care; technical and practical support from the clinical management of breastfeeding; and the clinical management of breastfeeding from the guidance of nurses in rooming. **Conclusion:** the nurses have the understanding of the strategies of clinical management of breastfeeding, such as woman support actions with emphasis on humanized care and not systematic, focusing its assistance in the form of guidelines.

Descriptors: Nursing, Breastfeeding, Counseling.

¹ Nurse, graduated by the School of Nursing Aurora de Afonso Costa, Universidade Federal Fluminense, Niterói, Rio de Janeiro, Brazil. Email: evelynfarias@id.uff.br.

² Doctor in Nursing. Full Professor of the Maternal-Infant and Psychiatric Department of the School of Nursing Aurora de Afonso Costa, Universidade Federal Fluminense. Niterói, Brazil. Leader of the Maternity, Women's and Children's Health Research Group, Universidade Federal Fluminense (UFF). Email: herdyalves@yahoo.com.br.

³ Master in Maternal and Child Health, Faculty of Medicine, Universidade Federal Fluminense, Niterói, Brazil. Nurse of the Human Milk Bank of the University Hospital Antônio Pedro, Universidade Federal Fluminense. Niterói, Brazil. Member of the Maternity, Women's and Children's Health Research Group, Universidade Federal Fluminense (UFF). Email: rosangelademattos@yahoo.com.br.

⁴ Master in Nursing, School of Nursing Aurora de Afonso Costa of Universidade Federal Fluminense. Niterói, Brazil. Member of the Maternity, Women's and Children's Health Research Group, Universidade Federal Fluminense (UFF). Vice-president of the Brazilian Association of Obstetricians and Obstetric Nurses of the State of Rio de Janeiro (ABENFORJ). Rio de Janeiro, Brazil. Email: enf.diego.2012@gmail.com.

⁵ Nurse, Master in Maternal and Child Health, Faculty of Medicine, Universidade Federal Fluminense, Niterói (RJ), Brazil. Email: enfa.marcia@oi.com.br.

⁶ Master in Collective Health, Universidade Federal Fluminense, Niterói, Brazil. Nutritionist of the Human Milk Bank of the University Hospital Antônio Pedro, Universidade Federal Fluminense. Niterói, Brazil. Email: karufe_21@hotmail.com.

RESUMO

Objetivo: compreender as estratégias de orientação realizada pelos enfermeiros durante o processo do manejo clínico da amamentação.

Métodos: trata-se de estudo descritivo-exploratório de natureza qualitativa, cujos participantes foram 10 enfermeiros atuantes no alojamento conjunto do Hospital Universitário Antônio Pedro, situado no município de Niterói, Estado do Rio de Janeiro. A coleta de dados foi realizada durante os meses de janeiro à março de 2013 por intermédio de entrevista semiestruturada.

Resultados: na análise de conteúdo emergiram três categorias: O apoio no manejo clínico do aleitamento materno: perspectiva do cuidar; o apoio técnico-prático do manejo clínico da amamentação; e o manejo clínico da amamentação a partir da orientação dos enfermeiros no alojamento conjunto.

Conclusão: os enfermeiros possuem o entendimento das estratégias do manejo clínico da amamentação, tais como ações de apoio à mulher com ênfase na atenção humanizada e não sistematizada, focando sua assistência na forma de orientações.

Descritores: Enfermagem, Aleitamento Materno, Aconselhamento.

RESUMEN

Objetivo: para entender la orientación de las estrategias llevadas a cabo por personal de enfermería durante el proceso del manejo clínico de la lactancia materna. **Métodos:** se trata de un estudio cualitativo descriptivo y exploratorio, cuyos participantes fueron 10 enfermeras que trabajan en el Hospital Universitario Pedro Antonio alojamiento conjunto, ubicados en la ciudad de Niteroi, Estado de Río de Janeiro. La recolección de datos se llevó a cabo durante los meses de enero a marzo 2013 mediante entrevistas semiestructuradas. **Resultados:** el análisis de contenido emergieron tres categorías: apoyar el manejo clínico de la lactancia materna: la perspectiva de la atención; apoyo técnico y práctico en el manejo clínico de la lactancia materna; y el manejo clínico de la lactancia materna de la orientación de las enfermeras en el alojamiento conjunto. **Conclusión:** las enfermeras tienen la comprensión de las estrategias de manejo clínico de la lactancia materna, tales como las acciones de apoyo de la mujer, con énfasis en el cuidado humano y no sistemática, centrándose su asistencia en forma de directrices.

Descriptores: Enfermería, Lactancia Materna, Consejo.

INTRODUCTION

The act of breastfeeding is millenarian, at no cost and essential for the human being, not only determined by natural and biological aspects, but also constructed by the daily life of families, in their social and cultural environments.^{1,2}

Breastfeeding is to breastfeed; suckle; to nurse; lactate; feed; nourish. On the other hand, breastfeeding is synonymous with breastfeeding, from the point of view of its definition, with the same functional connotation of breastfeeding or raising the child with the milk it produces. Therefore the meaning of both words is not restricted to the purely biological aspect of action; On the contrary, surpasses it by translating the emotions that involve the woman's relationship with her child, family and the world around them.^{2,3}

Breastfeeding is an ideal source of nutrition for the baby, and should be exclusive for up to six months of life. The most difficult period for breastfeeding occurs

in the first two weeks in the woman's residence, because the inexperience of the puerpera before a new situation, different from all her experience, tends to leave her frightened leading to the feeling of impotence that can last. With this, some problems related to the initial difficulty of breastfeeding, or the lack of knowledge regarding the practice of breastfeeding, can cause complications and lead to early weaning.⁴

The World Health Organization recommends that human milk should be the only food in the first six months of a child's life and that after this period it may be supplemented with other nutritionally adequate food until the child reaches two years or older.⁵ Despite this recommendation, the country still has difficulty promoting exclusive breastfeeding for Brazilian children, even considering the significant advances.⁶

The clinical management of breastfeeding when performed by a qualified professional aims to stimulate breastfeeding by demonstrating to women correct practices, observing and correcting some common problems such as sucking and sucking error, maternal insecurity, as well as preventing diseases such as nipple infections and mastitis, which could interfere with the establishment of healthy breastfeeding and favor early weaning.⁷

In this sense, nurses should contribute to the strengthening of their professional practice in the clinical management of breastfeeding, since the nursing education is intertwined with the perspective of the caring process, closely linked with the health care that goes through the guidance strategies in the management of clinical breastfeeding, which promotes exclusive breastfeeding and complementary, supported by the Public Policy on the breastfeeding area.

Thus, the objective of the study was to understand the orientation strategies performed by nurses during the clinical breastfeeding management process.

METHODS

This is a descriptive-exploratory research with a qualitative approach,⁸ realized in the joint housing of the maternity hospital of the Antônio Pedro University Hospital, located in the municipality of Niterói, Metropolitan Region II of the State of Rio de Janeiro.

The study participants were ten (10) nurses working in the joint housing of this hospital unit. All were chosen in a simple random manner, provided they met the inclusion criteria, namely: working in the joint accommodation, not on vacation, medical leave or maternity in the period of data collection and have an interest in participating in the research.

The technique of data collection was the semistructured interview, using a script developed with open and closed questions. The data collection took place during the months of January to March 2013 in the study scenario.

The search for new testimonials was interrupted when saturation, by repetition, of the information collected. Subjects were identified as nurses and received a sequential alphanumeric code (E1, E2, ... E10) to ensure the confidentiality and anonymity of the respective statements.

The interviews were recorded on magnetic tape with the consent of the participants, after signing the Term of Free and Informed Consent (TCLE), as provided in Resolution 466/12. The research was approved by the Research Ethics Committee of the Hospital Universitário Antônio Pedro under protocol nº 190/2011.

The transcript of the testimonies was submitted to the interviewees for validation, prior to the accomplishment of the content analysis in the thematic modality, which has as stages: pre-analysis; Exploitation of the material; And treatment of the results. First, the organization and reading of the material seeks to record impressions about the data messages; The exploitation of the material, several readings of the material to enable the organization of its content, and methodological rigor for the applicability of formulated plans and objectives; And the treatment of the results comprises an analysis of the data, following the criterion of choice for the construction of the categories.⁹

Thus, it was possible to construct three categories, namely: Support in the clinical management of breastfeeding: care perspective; Technical-practical support of the clinical management of breastfeeding; And Clinical management of breastfeeding from the orientation of nurses in joint housing.

RESULTS AND DISCUSSION

Support in the clinical management of breastfeeding: perspective of caring

The strategy is a way of thinking about the future, integrated in the decision-making process based on a formalized procedure and articulator of results.¹⁰ It should be implemented as an educational strategy for health, with professionals as educators. However, the development of educational practices for pregnant women and nursing mothers mainly highlights the biological and technical aspects of breastfeeding, devaluing the social and cultural issues that permeate this act.

It is understood that only information is insufficient for women to be motivated and successful in the practice of breastfeeding. However, having information does not necessarily mean having knowledge, and knowing something does not mean that there will be a change in attitudes, just as the decision of breastfeeding passes through the act of performing breastfeeding.¹¹

In this sense, it is assumed that the formulation of the concept and significance given to breastfeeding is based on the socio-cultural context of each individual, and can

influence the way in which he deals with this practice. Thus, the nurse's role in the breastfeeding process needs to be valued so that it can implement the promotion, protection and support of breastfeeding.¹¹ In this sense, the emotional support indicated by nurses encompasses the strategies they use, according to the statements:

I disturb their heads a lot, I talk so much that they end up convincing themselves that breastfeeding is important [...] is guidance and conversation. (E5)

I try to make the mother feel good and feel responsible, feel the protagonist of that action. (E7)

Emotional support during breastfeeding suggests an emotional support from the health professional that aims to contribute to the woman to overcome her obstacles in the breastfeeding process, as well as to deal with the ambiguities of the feelings she expresses and that involve breastfeeding. Most often by influence of the cultural, social and economic factors of the environment in which they live, some of which are harmful to the practice of breastfeeding.¹² Thus, the nurse has as strategy the emotional support that constitutes an important action to achieve better rates of breastfeeding practice in view of the decline in infant mortality.^{2,3,6,7} It is not excessive to remember that the experience of the practice of breastfeeding is still below the expectations of the Public Policies that deal with the subject. Thus, nurses are highly important professionals to promote breastfeeding support to the nursing mother, providing them with a welcome and active listening, so that she is responsible for the care, thus promoting the practice of breastfeeding.

Nurses should be aware of their importance in the process of care and education, acting with interest, responsibility and commitment to all population according to the guidelines of the professional exercise, an ideal of performance that is confirmed in the statements below:

It is to listen more than to speak, to return that communication that one does not use verbal communication, but only [...] more to use the look, the expression, the contact, the positioning near her. (E1)

You establish a bond, which I think is fundamental, and when you establish this bond, the patient trusts you, comes to trust you, and that trust is fundamental for her to listen to you, if she is sensitized by your idea, what you are going to She think that's fundamental. (E9)

The above statements make clear the need for a posture of dialogue in place of the current basically prescriptive conduct, so that the network can act effectively in promoting, protecting and supporting breastfeeding. The use of a nonverbal language by the

nurse must be in her work focused on the clinical management of breastfeeding, considering that emotional support represents a strong and important strategy for the breastfeeding success building process.

Therefore, it is necessary for health professionals to observe some basic principles, such as active listening, in which the professional must take into account all information that the woman provides warm language, with nonverbal expression of respect and patience, inhibiting any barriers between Professional-woman; Attention and empathy towards women's feelings without any prior judgment, in addition to decision-making to promote their autonomy.^{2,3,13} Acting in this way, the health professional has a greater possibility of ensuring the success of breastfeeding, and for that to happen, it runs through emotional support, not forgetting that dialogue, co-responsibility, fostering and creating a bond of trust will undoubtedly favor clinical management breastfeeding and appreciation of this practice.

Another testimony confirmed that the presence of the companion with the nursing mother represents a strategy to encourage breastfeeding:

We are lucky where we work, in the joint accommodation, with the presence of a person of choice, a relative of the woman's choice. And so it is. This was one of the best strategies to encourage breastfeeding. Allow the companion, which is law. (E10)

Incidentally, Federal Law 11.108 / 2005, known as the "Accompanying Law", provides that the parturient has the right to have a companion of her choice during labor, delivery and immediate postpartum, under the System Single Health.^{14,15} Thus, the woman who has the possibility of experiencing the experience of having her companion during the labor process tends to calm down and collaborate with the process, which will undoubtedly favor the family bond and, above all, between mother and child.^{2,3,16}

In this way, not only the professional, but also the family, can act positively during the labor, delivery and postpartum period, as well as the learning of breastfeeding management care, since the companion favors the early practice of maternal breastfeeding, being an important factor of emotional support for the nursing woman. However, it should be emphasized that guaranteeing the presence of the companion is not a strategy to encourage the woman to breastfeed, since it only means a legal right to be fulfilled by all Brazilian hospitals and health institutions.

Technical and practical support of the clinical management of breastfeeding

During the clinical management process, the nurse must provide guidance on the advantages and importance of breastfeeding on demand, manual milking, handholding and

correct positioning of the baby, frequency of feeding, among others.¹⁷ However, not all health professionals dealing with the mother-child relationship have sufficient knowledge and skills to adequately manage the various situations faced by the infant, and that the inclusion of counseling in training has a significant effect on the improvement of professional practice,^{18,19} proving that the clinical competences and technical skills of the professionals involved in the care process are related both to the assistance and counseling of clinical management, always based on communication and listening.¹¹

Practical help is an important breastfeeding counseling skill for developing communication and active listening, as well as respect for the individuality and feelings experienced by the woman.¹⁷ The technical-practical support skills used by the nurses were mentioned in some testimonials:

When I get to talk to the mother and I see that is not the right handle, I try to talk to her. (E4)

Look, I think this is about raising awareness, explaining what the baby is going to suck on, which is good for him and what is good for the mother and the examples, so we give. (E9)

The nurses mentioned the importance of promoting and supporting breastfeeding using as a strategy the orientation of the nursing woman. Guidance is an educational practice, carried out mainly by health professionals. However, it can not be conceived in its practice as a mere transmission of knowledge, but rather conceived in order to promote the autonomy of the nurse, in function of her practice of breastfeeding.¹⁹

In this sense, the promotion and support to breastfeeding by health professionals as a strategy for orientation with an educational focus favors the knowledge of the child's adequate position in the mother's womb, inhibiting the risks of breast complications, one of the main reasons for breastfeeding. Early weaning. In addition, information about the benefits of human milk and the harmful effects of other types of milk should always be present in this educational process.

According to the following testimonies, it is possible to observe the importance of the sensitive gaze of the professional focused on the nursing woman:

It's observation. Because [...] first I observe if the mother is breastfeeding correctly! If she is, [...] I remain still. If not, we will make the guidelines regarding the handle, the manual milking. (E6)

It is you identify the patient, the woman who is in trouble and stay with her, giving both the technical guidelines [...] she needs. (E7)

The nursing woman is a unique person, who must be cared for and treated with equality and equity, and it is the responsibility of the health professional to be interested in the moment she has experienced in such a way that she realizes that she is the most important figure for success of breastfeeding.²⁰

The use of a simple and accessible language during the care given to nursing women in the immediate postpartum is described as an instrument that facilitates the understanding and sensitization of the nurse, demonstrating the value of breastfeeding both for her health and for the health of her son. Thus, the recommended communication, together with the counseling and observation techniques, are strategies used by nurses who provide and collaborate to promote breastfeeding.¹⁷

The identification of the health professional regarding the obstacles and difficulties, for the success of breastfeeding, is one of the important assistance strategies of the clinical management of breastfeeding. This demonstrates the commitment and the valorization of the Public Policies of Breastfeeding, both essential for the promotion of the health and well-being of the mother and her son.

The clinical management of breastfeeding from the orientation of nurses in joint housing

The clinical management of breastfeeding in the joint housing is considered an important tool of great value for the nurse's learning about breastfeeding and to ensure the continuity of breastfeeding after hospital discharge. In this regard, the World Health Organization issued the Innocenti Declaration setting out the 10 steps to successful breastfeeding, a set of measures to promote, protect and support breastfeeding. Step 5 aims to show mothers how to breastfeed and how to maintain lactation, even if they become separated from their children.²¹

CAs in various social realities, women do not have enough information to correctly carry out breastfeeding the information transmitted by health professionals to the nursing woman within the health unit, they are the only correct source of clarification provided to this woman about the importance of breastfeeding According to the following statements:

There are some who are half-headaches, who will get home and give milk, but we will do our part. And guidance is conversation. (E5)

I say: It's wrong, you have to do it, understand? We talk and see her reciprocity. Start talking, within the possibilities she gives you. So you do not want to [...]. It does not

have to be this way! You have to see what she's going to say to you, so you can start to say something. (E6)

The health professional should be an incentive and a facilitator of the practice of breastfeeding using adequate information and accessible to the understanding and knowledge of the nursing woman.²² It is necessary to demonstrate to each nurse, in professional practice, how the clinical management of breastfeeding takes place, thus favoring exclusive breastfeeding up to 6 months of age.^{7,23}

It is important to highlight that the reduction of the size of the families had a noticeable influence on the nursing mothers' lack of preparation to breastfeed, influencing their ability to manage breastfeeding. It is therefore incumbent upon the health professional to have knowledge, adequate attitudes and specific skills to recognize the main difficulties that the puerpera encounters, being able to accomplish even a collective or individualized theoretical-practical education.¹⁷

During the interviews the strategies pointed out by the professionals that they used in everyday practice, such as: empathy, active listening, risk choice, orientation, conversation, sensitization, approximation, emotional support, support and orientation in the child's hand and position emerged Along with breast, patience and bonding / trust.

The 5th step of the Baby-Friendly Hospital Initiative is directly linked to the clinical management of breastfeeding, aiming to assist in the learning and protection of breastfeeding. However, the nursing woman should be willing to receive information from health professionals for the promotion and support of breastfeeding, and are often the only information they will have access to in order to carry out this practice.

When the practitioner performs the strategies described above, he / she performs and promotes breastfeeding in order to support both women and effective lactation. It was noticed that among the deponents, there is a high quantitative that uses techniques of sensitization, counseling and non-verbal communication, while there are those who carry out a differentiated, technical demonstration of the clinical management of breastfeeding, not only informing but also demonstrating the The positioning of the child next to the mother's breast and the correct handle for breastfeeding. The result is explained by the professionals who adopt the second approach prioritizing the care of the nurses whose cases they consider more critical:

To elect those who offer some risk, perhaps we have few people working, [...] from these to others. (E1)

It is you identify the patient, the woman who is in trouble and stand by her side. (E10)

Counseling techniques constitute a proposal for intervention to promote, protect and support breastfeeding, which should be used both in the hospital network and in primary care. It is critical that health professionals dealing with counseling develop interpersonal skills to develop specific breastfeeding counseling skills in order to promote breastfeeding self-confidence in order to ensure the improvement of breastfeeding indicators.¹⁸ These techniques require the professional to know how to listen, to help empathetic decision-making, to promote the development of trust, and to support nursing women. Because it is the professional that most closely relates to nursing mothers, nurses play an important role in health education programs as a facilitator of breastfeeding, promoting not only the autonomy of women, but also the understanding of the importance of the nursing process. breast-feeding.¹⁷

CONCLUSION

The results of this study made it possible to identify and understand the strategies used by nurses from the joint housing during the clinical management of breastfeeding, as well as the positives and negatives in the care and difficulties encountered in the accomplishment of this work process.

It was noted that the interviewed nurses have an understanding of the strategies of the clinical management of breastfeeding as actions to support the woman and her child, describing a humanized and non-systematized care, focusing their assistance on the clinical management of breastfeeding in the form of non-verbal communication. However, they emphasized in their testimonies that the work in some cases is not performed in the manner and with the regularity and attention it should deserve, due to lack of human quantitative, as well as the limitation of time in which the mothers stay in the joint accommodation in the postpartum period. However, these professionals were aware of their weaknesses and actions in the performance of their care practice, hence the prioritization of attention to puerperal women considered to be at greater risk.

It is inferred that, despite the nurses' performance being relevant to the practical teaching of the nursing mother in relation to breastfeeding and the support provided to her, the full success of breastfeeding will only achieve absolute success when there is involvement and participation in an effective manner of all joint housing professionals, extensively to the entire health team.

The nurses' full performance should be achieved when the nurse's critical view of the need for practical teaching for women, as well as the emotional support given to her, are embraced and practiced by all of the team, not only from the joint accommodation.

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Author responsible for correspondence:

Diego Pereira Rodrigues
Rua Dr. Celestino, 74, Centro
Niterói/RJ, Brazil
ZIP-code: 24020-091