

# Experience of Breastfeeding in the Immediate Postpartum Period from the Perspective of Puerperal Women

Vivência da Amamentação no Pós-Parto Imediato Sobre a Ótica das Puérperas

Experiencia de la Lactancia Materna en el Posparto Inmediato Desde la Perspectiva de las Puérperas

## RESUMO

**Objetivo:** Conhecer a vivência de puérperas no pós-parto imediato sobre amamentação. **Método:** Estudo qualitativo realizado com 14 puérperas no Alojamento Conjunto de um Hospital Amigo da Criança. Foram aplicadas entrevistas semiestruturadas e analisadas pela Técnica de Análise de Conteúdo. **Resultados:** Os principais desafios apontados foram a pega, o posicionamento e a crença no leite fraco. Aspectos que facilitam a vivência da amamentação foram as orientações e apoio prático oferecidos pela enfermagem. **Conclusão:** A Educação em Saúde faz-se necessária desde o pré-natal, permitindo identificar as necessidades de cada mulher, com a finalidade de realizar intervenções individualizadas e favorecer a amamentação como uma experiência exitosa.

**DESCRIPTORIOS:** Aleitamento materno. Enfermagem. Período pós-parto.

## ABSTRACT

**Objective:** To know the experience of puerperae in the immediate postpartum period about breastfeeding. **Method:** A qualitative study was conducted with 14 postpartum women in the rooming-in unit of a Baby-Friendly Hospital. Semi-structured interviews were used and analyzed using content analysis techniques. **Results:** The main challenges identified were latch, positioning, and the belief in "weak milk." Aspects that facilitated the breastfeeding experience were the guidance and practical support offered by nursing staff. **Conclusion:** Health education is necessary from the prenatal period onwards, allowing for the identification of each woman's needs, with the aim of carrying out individualized interventions and promoting breastfeeding as a successful experience.

**DESCRIPTORS:** Breastfeeding; Nursing; Postpartum period.

## RESUMEN

**Objetivo:** Conocer la vida de los puérperos en el pós-parto inmediato sobre la amamantamiento. **Método:** Se realizó un estudio cualitativo con 14 puérperas en la unidad de alojamiento conjunto de un Hospital Amigo del Niño. Se utilizaron entrevistas semiestruturadas se analizaron mediante técnicas de análisis de contenido. **Resultados:** Los principales desafíos identificados fueron el agarre, la postura y la creencia en la "leche débil". La orientación y el apoyo práctico del personal de enfermería facilitaron la experiencia de la lactancia materna. **Conclusión:** La educación sanitaria es necesaria desde el período prenatal, permitiendo identificar las necesidades de cada mujer, con el fin de implementar intervenciones individualizadas y promover la lactancia materna como una experiencia exitosa.

**DESCRIPTORIOS:** Lactancia materna; Enfermería; Período posparto.

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## INTRODUCTION

Motherhood marks a new phase in a woman's life, with the postpartum period accompanied by a lot of information and psychological and emotional instability<sup>(1)</sup>. In this context, women experience various challenges, especially the process of breastfeeding.

The World Health Organization

(WHO) recommends that exclusive breastfeeding (EBF) be initiated within the first hour of life and continued exclusively until six months of age. However, in Brazil, according to the 2019 National Study on Child Food and Nutrition (Enani), the rate of exclusive breastfeeding in babies up to six months old reached 45.8% in the country.

EB is the ideal form of feeding,

promoting healthy growth and development, strengthening the immune system, and allowing for mother-child bonding<sup>(3)</sup>. Although it is a physiological process, it is directly influenced by sociocultural, psychological, and emotional issues<sup>(4)</sup>.

The literature describes that among the most frequent difficulties are the belief of insufficient milk production, incorrect latching, and positioning.

In the hospital environment, routines, formula feeding, and elective cesarean sections can negatively interfere with breastfeeding<sup>(7)</sup>. The WHO recommends actions to promote and encourage breastfeeding, such as the Baby-Friendly Hospital Initiative, through strategies such as skin-to-skin contact and breastfeeding within the first hour of life.

Despite public policies, the continuity of breastfeeding after discharge is not guaranteed, making it important to understand the experiences of postpartum women in the immediate postpartum period to guide educational actions and professional practices. This study aimed to understand the experiences of postpartum women with breastfeeding in the immediate postpartum period.

## METHOD

This is a qualitative descriptive-exploratory study<sup>(10-11)</sup> to understand the experiences of women with breastfeeding in the immediate postpartum period.

Data collection was carried out at a philanthropic institution, certified as a Baby-Friendly Hospital since 1995, in Belo Horizonte, MG. Fourteen postpartum women participated, selected by lottery after verification of the inclusion criteria in their medical records: women in the immediate postpartum period; hospitalized in the same room as their newborn (NB); more than twelve hours postpartum; in clinical and cognitive conditions; and consenting to participate in the study. The following were excluded: mothers with newborns admitted to the Neonatal Unit, contraindicated for breastfeeding, and under 18 years of age.

Semi-structured interviews were conducted, recorded, and transcribed in full, with an average duration of 26 minutes, addressing the aspects that

avored and hindered breastfeeding since the baby's birth.

Data collection took place between October 2020 and January 2021, after approval by the institution's Ethics and Research Committee (Opinion 4.184.831). The researchers who conducted the interviews ensured that the participants signed a free and informed consent form, remained anonymous, and were interviewed in a private, reserved location.

The Content Analysis Technique, Thematic modality<sup>(12)</sup>, allowed the creation of two categories to understand the breastfeeding experience from the perspective of postpartum women, coded with the letter P.

## RESULTS

The results were presented in two categories: Women's feelings about breastfeeding and Challenges and Facilitators of breastfeeding during the immediate postpartum period.

### Women's feelings about breastfeeding

When asked about their breastfeeding experience, some participants (P2, P6, P7, P8) reported difficulties in the initial process of establishing breastfeeding, correlating this with a lack of experience and *insecurity*. Their statements reveal that they overcame these difficulties as they came to understand the dynamics of the relationship. "Now it's easier. But in the beginning, I had a little difficulty, insecurity in putting him to my breast, a different experience, right?" (P7). "I am adapting well, I think it is easier now, in the beginning I was afraid of not being able to breastfeed" (P8).

Women who had breastfed before their current pregnancy (P3, P4, P9) had a more positive and successful experience when asked about their breastfeeding experience. "I am finding *it easier* because I already had experience with breastfeeding during

my first pregnancy, so it hurts (...) but the willpower to want to breastfeed is greater than the pain" (P4). "It is going well, I learned a lot during my previous pregnancy, and that made me *feel more confident* (...)" (P9).

Other reports showed that cultural beliefs, tiredness, and fear also affected the breastfeeding process. "Because they cry sometimes, we think that the milk isn't enough, you know? Is their tummy full? The *cruel* and worst *doubt* is this: if you don't have to give them milk or something, is that little drop that sometimes comes out when we squeeze enough for them?" (P1). "The *exhaustion* of putting them to the breast, then waiting, then they cry, then you take them off, put them back on the breast (...) it's more like this struggle where you want to breastfeed and the child is crying and doesn't want to, and you want to and are *afraid* you won't be able to breastfeed" (P4).

### Challenges and Facilitators in Breastfeeding during the Immediate Postpartum Period

When asked what was contributing positively and facilitating breastfeeding, there were reports from participants who considered the role of health professionals to be relevant, highlighting the nursing team. "(...) from the first latch, the nurse came to see if he was latching on correctly, if my nipple wasn't hurt" (P5). "The team's patience helped me a lot. When I asked something, they helped me and came to guide me" (P2). "Here they helped me put her on my breast, to position her correctly so that when she latched on she wouldn't hurt me. During prenatal care, I also received some guidance from my doctor about breastfeeding" (P8).

The anatomy of the breasts was identified as facilitating this process. "(...) I already had nipples, so I think that helped me when it came to po-

sitioning and latching on correctly, you know?" (P1). "(...) My nipples are already hardened, right, so when he latched on, as they say (...) 'he latched on right away,' he latched on perfectly, I was able to identify it more easily" (P6). "I think it was because I had nipples, my sister had a lot of difficulty because she didn't have them. She got it right the first time (...)" (P9).

Regarding the challenges of breastfeeding, most of the postpartum women reported difficulties in establishing the latch and positioning, "(...) she has a very small mouth, so she was only latching on to the nipple. I didn't know how to put it in her mouth correctly, so I asked the nurse for help. She came and taught me how to latch her on. I think the most challenging thing so far has been maintaining the correct latch all the time (...)" (P9). "I felt a lot of pain when she started to latch onto my breast, but now I'm better, I'm calmer, and the staff here helped me to position her correctly on my breast" (P8).

## DISCUSSION

The reports of insecurity show that the postpartum period is marked by physical and emotional changes and permeated by feelings of fear at the beginning of this process, which are gradually overcome with maternal experience. This finding corroborates the literature, where breastfeeding is a skill built through observation and practice<sup>(13)</sup>.

Understanding the multiple experiences at the beginning of breastfeeding allowed us to identify differences in maternal feelings. Women experiencing motherhood for the first time show greater insecurity and fear, while those with previous experience demonstrate greater self-confidence when breastfeeding<sup>(14)</sup>.

Previous breastfeeding history has positive or negative influences on the

current experience. Postpartum women with previous positive experiences tend to maintain BF<sup>(2,6)</sup>. In the present study, respondents demonstrate greater self-confidence associated with previous successful experiences.

Regarding difficulties related to improper latching and positioning, analysis of the statements showed that, as these difficulties arose, postpartum women received assistance from the nursing staff. When not identified and managed properly, such difficulties can trigger breast complications and compromise BF<sup>(8)</sup>.

“The literature<sup>(13)</sup> emphasizes the importance of nursing in the clinical management of breastfeeding, based on demonstrating, observing, and correcting latching and positioning<sup>(15)</sup>.”

Studies point to the belief in "weak milk" as one of the determining factors of early weaning<sup>(16)</sup>, generally related to maternal insecurity and the interpretation of frequent feedings as a sign of hunger in the newborn<sup>(17)</sup>.

Analyses have shown that educational actions by the health team are well received by women, reinforcing that health education should begin

during prenatal care. It is up to nurses to encourage breastfeeding throughout the pregnancy and postpartum cycle, as an important link in the support network<sup>(18)</sup>.

Although different types of nipples can influence breastfeeding, they do not prevent lactation<sup>(19)</sup>, and it is essential for health professionals to demystify this belief.

The beginning of the breastfeeding process is surrounded by challenges that can be overcome with the maturation of maternal experience and the support of the support network, especially the nursing team, as a facilitator, aiming at the continuity of breastfeeding after hospital discharge.

Limitations of the study include the absence of sociodemographic information and information on the labor and postpartum process of the interviewees, aspects that may influence the breastfeeding experience.

It is hoped that the findings will help health professionals support women during the immediate postpartum period, with a view to establishing a positive experience and on-demand breastfeeding, with benefits for both mother and child.

## CONCLUSION

The study allowed us to understand that the breastfeeding experience in the immediate postpartum period is permeated by difficulties such as pain, insecurity about milk, and previous negative experiences. Breast anatomy, previous positive experiences, and support networks were identified as facilitating factors.

It is important to emphasize the need for educational actions on breastfeeding starting in the prenatal period, involving the pregnant woman and her support network, in order to identify challenges early on and promote individualized interventions that favor a successful experience.

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