

# Knowing about the Nutritional and Immunological Benefits of Breast Milk Does not Reduce Early Weaning

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**Abstract** — *Breastfeeding brings great benefits to the child and the mother, however it is known that the practice requires encouragement and proper guidance. Even knowing the nutritional and immunological benefits of breastmilk, many mothers interrupt lactation and add artificial formulas in infant feeding, most often due to myths or difficulties in breastfeeding management. The aim of this study was to identify factors that influence early weaning in Ibiá, Minas Gerais, Brazil. It was an exploratory, transversal and quantitative research, conducted through questionnaires administered to mothers of children of 0-6 months. As for the most common problems related to breastfeeding experienced by respondents, the main reported was the presence of "milk weak" or "little milk" with 53.84%. When asked if their children were using pacifiers, 69.73% of respondents reported so. The family and professional support is of utmost importance to the practice of breastfeeding. Nursing should advise on lactation management as well as on the numerous benefits of breast feeding. The nursing team has an important role in this regard, promoting breastfeeding, with preventive actions that contribute to this important stage of the children's life, thus, breast feeding can be valued fully and satisfactorily.*

**Keywords** — *Breast milk, breast feeding, early weaning, breast feeding myths.*

## I. INTRODUCTION

The first two years of life are a critical period for the growth and development of children. Thus, for the potential physical and cognitive development to be achieved, it is crucial that the nutritional status is highly satisfactory. Otherwise, malnutrition states are not only associated with delays in growth and worse cognitive abilities, with consequences for adult life, but also the worst health status and increased mortality and morbidity (Black et al., 2013).

Breastfeeding has been set up as the best and most efficient source of nutrition for the infant, specially when offered exclusively until six months of age, as recommended by the World Health Organization (WHO), and supplemented by the two years or more. Breastfeeding is a process that involves deep interaction between mother and child, with positive repercussions on the nutritional and immune status of the infant. Breastfeeding is important because the immaturity of the immune system of the newborn makes it vulnerable to infections (WHO, 2011).

The human milk varies as the composition on a daily basis and throughout lactation, infants and providing nutrients to specific components appropriate for each age and condition. Thus, there is no technique to artificially reproduce the complete and dynamic effects of bioactive substances present in human milk (Silva et al., 2014).

Specifically for premature babies, breastfeeding can bring some more advantages because the nutritional and immunological properties of human milk favor gastrointestinal maturation, strengthening the mother-child bond, increased psychomotor performance, antioxidant protection, lower incidence of infections, shorter hospital admissions and lower incidence of new infections (Sassa et al., 2014).

Breastfed children have lower rates of diarrhea, respiratory tract infections, otitis media and other infectious and lower mortality from these diseases compared to non-breastfed (Leon-Cava et al., 2002).

Exclusive breastfeeding, defined as the offer only milk, not even water or tea, allowing only vitamin drops or medications are recommended until the sixth month of life of children. When they receive other types other than breast milk foods before completing 180 days of life, you can assign that was the beginning of the weaning process early. According to Brazil (2015), the early introduction of food can influence early weaning interfere with the absorption of nutrients from human milk increase the risk

of contamination and allergic responses in the same way that the late introduction can lead to the slowing of the growth of child, increasing the risk of malnutrition and micronutrient deficiencies. The correct practice of exclusive breastfeeding until six months is as important as the proper introduction of foods from this age. The additional power is timely six months, introducing a variety of foods, slowly and gradually, in solid and pasty consistency.

There are several factors that are intertwined with the abandonment of this feeding practice, acting negatively or positively, the main ones being: socioeconomic status, level of maternal education, maternal age, maternal employment, urbanization, labor conditions, spouse of encouragement and relatives, the intention of the breastfeeding mother and previous experience (Araújo et al., 2008).

The nutritional benefits and protectors of breastfeeding are widely known and accepted, however, the management of breastfeeding is hard work, requiring broad support for breastfeeding (Santos; França-Botelho, 2010).

There are numerous factors that contribute to the increasingly early weaning, it is possible to highlight the complexity of modern lifestyles and their implications, as the division of labor by the couple and return to employment for the mother. Also noteworthy infections such as AIDS; Breast diseases (mastitis, fissures, engorgement, abscesses and other); problems with the newborn (phenylketonuria, galactosemia). External influences of family, friends and neighbors can also impact negatively on breastfeeding, as well as the culturally ingrained myths for generations (little milk, low milk and aesthetic implications, such as sagging and the fall of the breasts). These factors seem to exert greater influence on breastfeeding than the benefits and advantages of breast milk over formula and artificial milks (Barreira; Machado, 2004).

Breastfeeding brings great benefits to the child and the mother, however it is known that the practice requires encouragement and proper guidance. Many mothers interrupt lactation and add artificial formulas in infant feeding, most often due to myths or difficulties in breastfeeding management. The objective of the study was to identify factors that influence early weaning in the PSF (Health Family Program) in Ibiá, Minas Gerais, Brazil.

## II. MATERIALS AND METHODS

This is an exploratory, transversal and quantitative study. The research site was the Unit Polyclinic Jose Austernio where the same location also works PSF Santa Cruz, in the city of Ibiá, Minas Gerais, Brazil. During the period of August and September 2015 all mothers of babies from 0 to 6 months of age, who were waiting for pediatric care for their children were invited to participate.

The instrument for data collection was a semi-structured questionnaire, which aimed to identify the factors that influence early weaning and advise mothers during the interview about the importance of breastfeeding. This instrument was adapted from Araujo et al. (2013) and Santos and França-Botelho (2010) addressing socioeconomic aspects and mainly related to breastfeeding.

The procedures adopted in this study met the criteria Ethics in Human Research, according to Resolution 466/2012 of the National Health Council of Brazil, which is based regulatory rules and guidelines for research with human beings, including the submission and approval of this project to the Board of Ethics in Research of UNIARAXÁ.

## III. RESULTS

The sample consisted of 26 women, aged between 19 and 42 years, most being, 9 women (73.07%) between 19 and 29 years. As for education, 12 women (46.15%) have primary education, 10 (38.46%) have high school and only 4 (15.38%) has a background in higher level. Regarding marital status, most are married or living in a stable union, 17 (65.38%), only 9 women (34.61%) are single. The predominant family income in the sample is 1-2 minimum wages, corresponding to 20 volunteers (80.76%). Those who are working, on maternity leave and unemployed are respectively 10 (38.46%) 4 (15.38%) and 12 (46.15%) women.

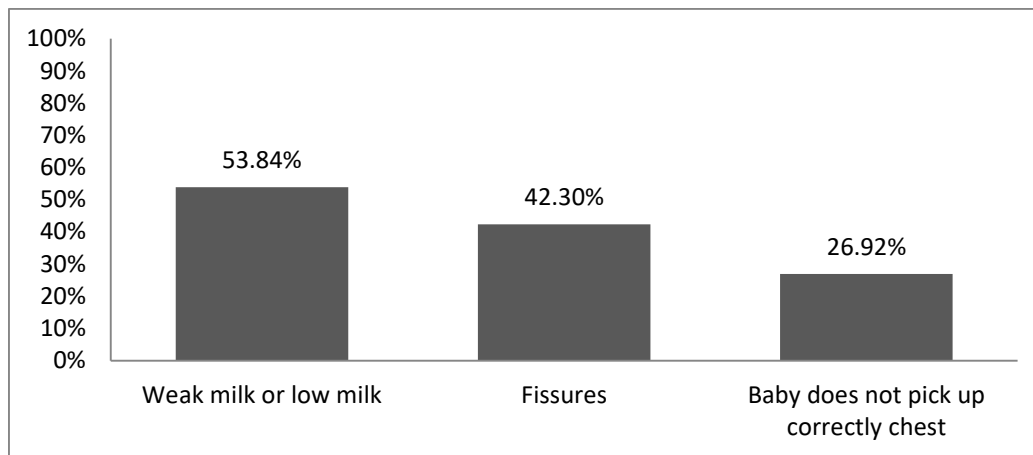
Still order to know aspects that may hinder breastfeeding, mothers were asked about the type of delivery, term pregnancy and number of children. According to Table 1 the predominant type of cesarean delivery was (76.92%). As for prematurity 23.07% of babies were premature. The first pregnancy corresponded to 34.61% of the sample, most of the women interviewed have two children (61.44%).

**Table.1:** Distribution of respondents as the type of delivery, prematurity, first pregnancy and number of children.

| Variable           | Classification | N (%)       |
|--------------------|----------------|-------------|
| Type of delivery   | Caesarean      | 20 (76.92%) |
|                    | Normal         | 6 (23.07%)  |
| Prematurity        | Yes            | 6 (23.07%)  |
|                    | No             | 20 (76.92%) |
| First pregnancy    | Yes            | 9 (34.61%)  |
|                    | No             | 17 (65.38%) |
| Number of children | 1              | 9 (34.61%)  |
|                    | 2              | 16 (61.44%) |
|                    | 3 or more      | 1 (3.84%)   |

All mothers reported knowing benefits of breast milk, but said they had difficulties in breastfeeding. Figure 1, referring to the most common problems related to breastfeeding, there is experienced by respondents. The main was reported the presence of "weak milk" or "little milk" with 53.84% rate.

And when mothers were questioned in relation to the main reasons why stopped breastfeeding major reports were "not have milk" (33%), "the bottle is more practical" (29%), "the child does not want the breast" (28%).



*Fig.1: Main difficulties related to the interviewees experienced breastfeeding.*

Table 2 refers to questions about the initiation of breastfeeding, pacifier use, diseases that contraindicate breastfeeding and family influence on breast feeding. Regarding the child indeed have been breastfed in the first hour 73,07% of respondentes reported so. When

questioned about the diseases that contraindicate absolutely breastfeeding, the success rate was 53.84%. When asked if their children were using pacifiers, 69.73% of respondents reported so.

**Table.2:** Distribution of respondents as the initiation of breastfeeding, use of pacifiers, diseases that contraindicate breastfeeding and family influence.

| Variable   | Classification   | N (%)       |
|--|------------------|-------------|
| First hour   | Yes              | 19 (73.07%) |
|  | No               | 7 (26.92%)  |
| Use pacifiers  | Yes              | 18 (69.23%) |
|  | No               | 8 (30.76%)  |
| Diseases that contraindicate breastfeeding                         | Answer correctly | 14 (53.84%) |
| Family influences, taboos, beliefs, prohibitions on breastfeeding. | Yes, a lot       | 9 (34.61%)  |
|  | Yes, little      | 3 (11.53%)  |
|  | No               | 14 (53.84%) |

Professional guidance is needed for successful breastfeeding, as is noted in Figure 2, 46.15% of respondents received guidance from doctors, 46.15% and 11.53% of nurses were not guided by any professional.

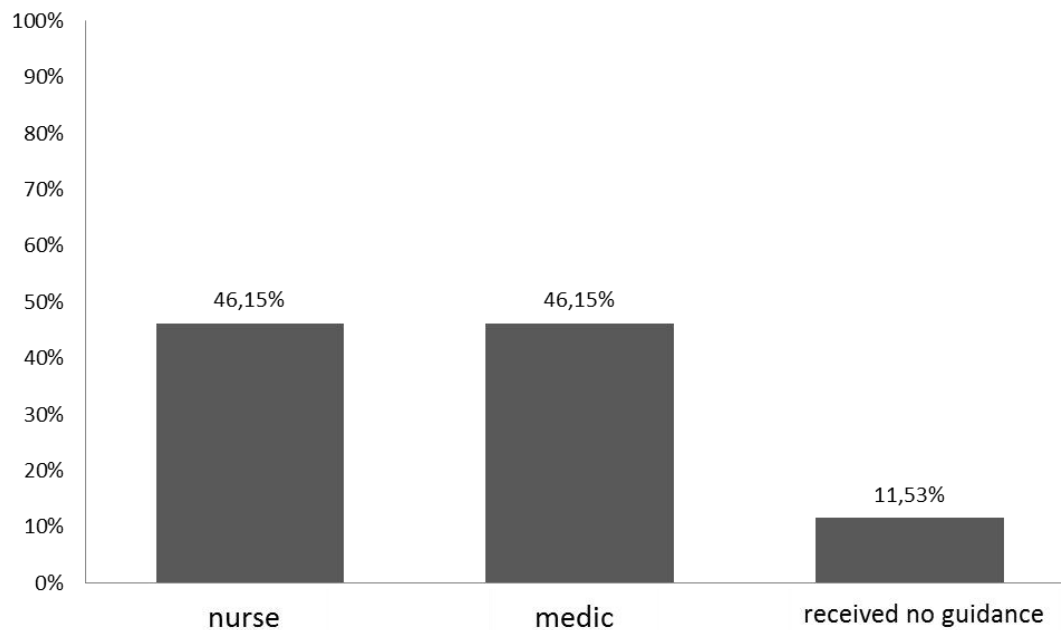


Fig.2: Guidance on breastfeeding.

According to figure 3 the early introduction of water was reported by 73.07%; showers by 65.38% and other milk by 61.53% of the sample.

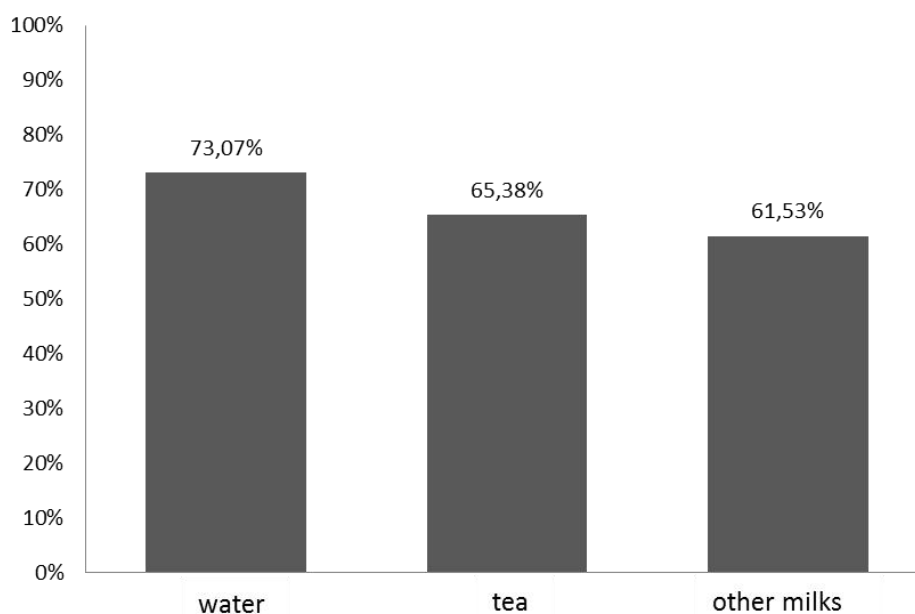


Fig.3: Main foods introduced early to the infant.

#### IV. DISCUSSION

The return to work is aspect that may impair exclusive breastfeeding for that reason the volunteers were questioned about your current work situation. The misconception of weak milk is a major cause of the alleged early completion by mothers, and the comparison of human milk with cow served as the basis for this belief. The watery appearance of breast milk, especially

colostrum, makes the mother considers her inferior milk, believing it does not serve to meet the child's demands differ from popularly known as strong milk (Souza; Almeida, 2005).

As for the volume of milk, the myth of the milk does not hold the baby for being little, may be supported in the baby crying, which is usually associated with hunger or because the milk is not being appropriate to the needs of

the child. However, hypogalactia is a very rare phenomenon among nursing mothers (Cury, 2003).

In the study of Santos and França-Botelho (2010) as the myths that can harm breastfeeding in Perdizes (MG - Brazil) 74.7% of women believed that there are women who have little milk and 36% said they had weak milk.

The act of breastfeeding is not always effective and peaceful way, since the cases are common in that nursing mothers give up breastfeeding their babies due to problems with lactation. Such issues may involve aspects related to postpartum, newborn or both, and, in most cases correspond to an important predisposing factor to early weaning (Brazil, 2015).

The cracks are nipple lesions by improper positioning and attachment of the newborn to breast feeding. no prolonged use nutritive sucking is also considered a predisposing factor of nipple trauma, application of the milk it self in areola complex, sun bathing is a practice for treatment of cracks and prevention of complications. It is very important on the complaint of pain related to breastfeeding technique nipples to be re-evaluated in order to fix it by avoiding the establishment of nipple trauma (Brazil, 2015).

In the study of Castro, Oliveira and França-Botelho (2009) all interviewees said that breast milk is the best food for your child. However, as the management of breastfeeding, about half of the sample claimed to have had difficulties in this regard, had problems with the breasts, especially cracking, pain, a small amount of milk and baby difficult as the act of sucking.

There are beliefs that pacifier use leaves the child calmer and quiet provide back maternal absence, whom believes to leave the appearance of the baby more beautiful, are culturally inserted in our midst. There is concern that their use might cause early weaning of breastfeeding owing to "nipple confusion" (Goldman, 2013).

Pacifier use is not recommended to have risk of contamination, affecting the health of children, promote early weaning due to the difference between breast suction technique and pacifier sucking. Moreover, their use can lead to decreased feedings reducing mammary stimulation and removal of milk produced, leading to reduced production and, consequently, the introduction of milk or other liquids for feeding infants (Lamounier, 2003).

As for the family influence in the transmission of beliefs, taboos and prohibitions on breastfeeding, about half of the sample claims to have had family influence and half of the sample answered this question negatively.

Several problems in child health as diarrhea, respiratory diseases, anemia, malnutrition, can be associated with the early introduction and inadequate supply of food before six months of life. For proper growth and development

and for the physical and psychological health of the child breastfeeding plays a fundamental role.

Health care professional who provide care for women in prenatal care and childbirth, such as, medicand nurse, should know the reality, the practice related to breastfeeding and consider the culture and beliefs that influence breastfeeding. So can assist, guide and answer questions, as well as implement preventive or curative measures that contribute to breastfeeding, avoiding early weaning.

## V. CONCLUSION

With the results, we conclude that the sample needs more guidance for exclusive breast feeding, to overcome myth and effectively live successful breastfeeding. The main reasons cited by volunteers for abandoning exclusive breast feeding were "weak milk" and "low milk." In addition, it is note worthy that most participants made early introduction of water, tea and other types of milk, and the use of pacifiers as a means to "reassure" the baby, which impaired breastfeeding.

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