



# Strategies for promoting and encouraging breastfeeding in primary health care: experience of a multiprofessional family health residency

Estratégias para a promoção e incentivo ao aleitamento materno na atenção básica de saúde: experiência de uma residência multiprofissional em saúde da família

Estrategias para promover y fomentar la lactancia materna en la atención primaria de salud: experiencia de una residencia multiprofesional de salud familiar

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## Abstract

Breastfeeding is an important factor in promoting the health of newborns, both for the prevention of the main injuries and diseases responsible for hospitalizations of children under five years of age, and for stimulating the healthy biopsychosocial growth and development of infants. **Objective:** to describe the strategies used in a Basic Health Unit during the experience of the Multiprofessional Residency in Family Health to encourage and support breastfeeding. **Method:** This is an experience report developed in a Multiprofessional Residency Program in Family Health that takes place in a Family Health Unit in the city of Aracaju-SE. The report was delineated in three phases: analysis of the technical-scientific literature to define the guidelines for the strategies, observation of the behavior of pregnant women in prenatal

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### Authors' contributions:

LMMS: Study design, methodology, data collection and study outline.

MVSP: Critical review and guidance.

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consultations and implementation of the strategies (Health Education, prevention actions, specific care in pre-breastfeeding) and postpartum and tongue test). **Results:** All defined strategies were implemented according to the demand of the health unit. Postnatal consultations arising from breastfeeding difficulties have increased over time, while interest in prenatal guidance has gradually decreased. All children seen at postnatal consultations were subjected to a tongue test. **Conclusion:** the strategies were implemented with acceptance by the population and enabled the prevention, diagnosis and rehabilitation of changes in the breastfeeding process.

**Keywords:** Breastfeeding; Family Health; Speech, Language and Hearing Sciences.

### **Resumo**

O aleitamento materno se constitui como um fator importante para a promoção da saúde de recém-nascidos, tanto pela prevenção dos principais agravos e doenças responsáveis pelas hospitalizações de crianças menores de cinco anos, como pelo estímulo ao crescimento e desenvolvimento biopsicossocial saudável de lactentes. **Objetivo:** descrever as estratégias utilizadas em uma Unidade Básica de Saúde durante a experiência da Residência Multiprofissional em Saúde da Família para o incentivo e apoio ao aleitamento materno. **Método:** Trata-se de relato de experiência desenvolvido em um Programa de Residência Multiprofissional em Saúde da Família que se desenvolve em uma Unidade de Saúde da Família do município de Aracaju-SE. O relato foi delineado em três fases: análise da literatura técnico-científica para definir os norteadores das estratégias, observação do comportamento das gestantes nas consultas de pré-natal e implementação das estratégias (Educação em Saúde, ações de prevenção, atendimentos específicos em amamentação pré e pós parto e teste da linguinha). **Resultados:** Todas as estratégias definidas foram implementadas de acordo com a demanda da unidade de saúde. As consultas pós-natais oriundas de dificuldades de amamentação aumentaram ao longo do tempo, ao passo que o interesse nas orientações pré-natais diminuiu gradativamente. Todas as crianças atendidas nas consultas pós-natais foram submetidas ao teste da linguinha. **Conclusão:** As estratégias foram implementadas com aceitação pela população e possibilitou a prevenção, diagnóstico e reabilitação de alterações no processo de amamentação.

**Palavras-chave:** Aleitamento Materno; Saúde da Família; Fonoaudiologia.

### **Resumen**

La lactancia materna es un factor importante en la promoción de la salud del recién nacido, tanto para la prevención de las principales lesiones y enfermedades responsables de las hospitalizaciones de niños menores de cinco años, como para estimular el crecimiento y desarrollo biopsicosocial saludable de los lactantes. **Objetivo:** describir las estrategias utilizadas en una Unidad Básica de Salud durante la experiencia de la Residencia Multiprofesional en Salud de la Familia para incentivar y apoyar la lactancia materna. **Método:** Se trata de un relato de experiencia desarrollado en un Programa de Residencia Multiprofesional en Salud de la Familia que se realiza en una Unidad de Salud de la Familia en la ciudad de Aracaju-SE. El informe se delineó en tres fases: análisis de la literatura técnico-científica para definir los lineamientos de las estrategias, observación del comportamiento de las gestantes en las consultas prenatales e implementación de las estrategias (Educación para la Salud, acciones de prevención, cuidados específicos en pre-lactancia) y posparto y prueba de lengua). **Resultados:** Todas las estrategias definidas se implementaron de acuerdo a la demanda de la unidad de salud. Las consultas posnatales derivadas de las dificultades para amamantar han aumentado con el tiempo, mientras que el interés por la orientación prenatal ha disminuido gradualmente. Todos los niños atendidos en las consultas posnatales fueron sometidos a una prueba de lengua. **Conclusión:** las estrategias fueron implementadas con aceptación de la población y permitieron la prevención, diagnóstico y rehabilitación de cambios en el proceso de lactancia.

**Palabras clave:** Lactancia Materna; Salud familiar; Terapia del lenguaje.



## Introduction

Given the nutritional function, chemical and physical components, bioactives and immune function provided by breastfeeding in child development, the World Health Organization (WHO) and the Ministry of Health of Brazil (MS) recommend exclusive breastfeeding up to six months of life and supplemented breastfeeding for up to 2 years or more, with no other type of food being required for up to 6 months.<sup>1</sup>

Breastfeeding provides the child with the proper development of orofacial structures (tongue, lips, jaw, oral musculature, cheeks, soft and hard palate and dental arches), which provides adequate growth, strength and mobility for the development of the sucking, breathing, swallowing and speaking functions.<sup>2</sup>

According to data from the last national survey published on the prevalence of exclusive breastfeeding (EBF) in Brazil, only 41% of children under six months were on EBF in Brazilian capitals and the Federal District, with a median duration of 54.1 days. Although 96% of women initiate breastfeeding, only 11% give EBF within four to six months, while 41% continue breastfeeding until the end of the first year of life and 14% until two years of age. Among the regions of the country, the Northeast had the worst EBF rate, with a prevalence of only 37%.<sup>3</sup>

According to one study, mothers reported that the early weaning was caused by lack of milk (45.5%), difficulty breastfeeding (30%), early return to work (12.5%), illnesses of the mother or the child (10.5%) and medical advice (2.5%). Cases of breast engorgement and cracked nipples were the most common problems reported. Most mothers tend to claim lack of milk based on the opinions of family members and older women who believe that milk alone may be “weak” in keeping the child fed.<sup>4</sup>

Breastfeeding has been shown to be an important factor in the context of public health in promoting health and preventing harm to the health of the child and the mother, thus showing the potential to reduce malnutrition rates and respiratory and diarrheal diseases in primary health care preventing and treating the main causes of hospitalization and infant death in the 0-5 year age group.<sup>5</sup>

With regard to collective health, the Brazilian Unified Health System (SUS) developed the National Policy for Primary Care aiming

to organize the care of the population, which is characterized as:

A set of health actions at the individual and collective scope that covers health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance, in order to develop a comprehensive care that impacts the health situation, the autonomy of people and the health determinants and conditions of communities. These health actions are developed through democratic and participatory care and management practices, in the form of teamwork, and are directed at populations in defined territories based on the dynamism existing in the territory in which these populations live.

The Family Health Strategy is the preferred model for organizing primary care in the SUS.<sup>6</sup>

The health promotion actions developed in the Unified Health System are guided by instruments such as the National Policy for Health Promotion (2018), which aims to promote equality and the improvement of conditions and ways of living, expanding the potential individual and collective health and reducing vulnerabilities and health risks resulting from social, economic, political, cultural and environmental determinants. One of the specific objectives of this policy is to focus on adequate and healthy food, aiming at food and nutritional security and the human right to adequate and healthy food.<sup>7</sup>

Within the SUS and Primary Care, Speech-Language Pathology is increasingly involved with the social and collective issues and health needs of the population, in addition to the feasibility and applicability of policy guidelines and health proposals, including the aspects of health prevention and promotion with a comprehensive perspective. In this context and according to the health needs of the population, speech-language pathologists involved in the Family Health Strategy are able to develop actions that favor child development, with regard to their areas of expertise; develop health promotion and communication activities, through topics such as maternal and child health, child development and conduct a multidisciplinary consultation with the Family Health Team.<sup>8</sup>

According to the specificities of SUS policies and the speech-language pathology activities in the SUS and in primary care, this study aimed to describe the strategies used in a Primary Health Unit during a experience in the Multiprofessional





Residency in Family Health to encourage and support breastfeeding.

## Methods

This is an experience report from an experience in the Multiprofessional Residency in Family Health developed in a Family Health Unit in Aracaju, SE (Brazil).

The Multiprofessional Residency Programs in Health are a *lato sensu* graduate program characterized by in-service education with a total workload of 5,760 hours, including 80% of practical activities and 20% of theoretical activities.<sup>9</sup> The Multiprofessional Residency in Family Health in Aracaju is developed in the practical scope in Family Health Units (determined in partnership with the University with the Municipal Health Department), while in the theoretical scope it is regulated by the *Lato Sensu* Graduate Program of Universidade Federal de Aracaju-SE.

The Multiprofessional Residency includes Nurses, Pharmacists, Physical Education Professionals and Speech-Language Pathologists, in order to work in Primary Health Care following the principles of the SUS and favoring the promotion, prevention and recovery of health in addition to matrix support and reference and counter-reference among the different levels of health care.

Therefore, the study aims to report the participation of Speech-Language Pathology and Audiology in the routine of breastfeeding, a specific aspect of Primary Care. Speech-Language Pathology and Audiology was included based on the demand of the Primary Health Unit, requiring speech-language pathology and audiology strategies to support families against the early weaning habits and raise awareness of the guidelines related to this demand that are reported by the National Policy for Comprehensive Child Health Care (PNAISC), the Ministry of Health and the World Health Organization.

In this sense, the experience was didactically divided into three stages: analysis of technical-scientific literature, observation of the behavior of pregnant women in prenatal consultations and implementation of the strategies selected from the previous stages.

This work was carried out during the first year of Multiprofessional Residency in a Family Health

Unit (USF), which included practical activities during this period.

## Results and Discussion

The experiences of Speech-Language Pathology and Audiology with breastfeeding in Primary Care started from multidisciplinary consultations at the USF, especially in combination with nursing, whether in childcare, postpartum or prenatal consultations. Given the demand of the unit with the already overcrowded schedules of primary care professionals, in addition to a restricted time to apply these guidelines, these consultations showed the need for a specific environment and time to deal with issues about breastfeeding in addition to the standardized consultations.

Thus, speech-language pathologists developed the idea of an environment in which women had a care to exclusively address breastfeeding and its challenges, guidelines based on current scientific literature that prepare them for this moment in addition to geographically close support in cases of potential difficulties in breastfeeding.

In addition, the speech-language pathology and audiology assistance aimed to solve the organic causes that required this specific care, which, if solved at the USF, would result in a decrease in demand in Secondary Health Care, thus reducing the waiting lines and creating a bond between the families and the USF teams, from doctors to Community Health Agents, generating the possibility of continued care.

This work was based on an analysis of the technical-scientific literature through the research and definition of documents and public policies that support the work of breastfeeding in Primary Health Care, organizing the objectives and goals proposed by the Ministry of Health, in addition to the obtaining national guidelines that would allow local communication in the Primary Health Unit (UBS) in which the residence should be the same as in other points of the health network.

After analyzing the publications, especially regarding breastfeeding in Primary Health Care as a form of prevention and health promotion, the following documents were defined to guide practical strategies and guidelines:

1. *Caderno de atenção Básica* [Primary Care Notebook], no. 23 - CHILD'S HEALTH: Breastfeeding and Complementary Feeding





- 2<sup>nd</sup> edition - Importance of breastfeeding<sup>1</sup>, breastfeeding counseling (from pregnancy to weaning), prevention and management of the main breastfeeding difficulties, the importance of family and community in the breastfeeding process.
2. *Caderno de atenção Básica* [Primary Care Notebook], no. 33 - The arrival of the child to the family, home visit to the newborn's family, the newborn's first appointment, healthy eating<sup>10</sup>
  3. Breastfeeding observation form<sup>11</sup>
  4. Lingual frenulum assessment protocol<sup>12</sup>
  5. *Caderneta da Criança* [Child's Handbook]

Then, the study moved to the second stage, which aimed to find out if there really was a demand for this work that was being developed, in addition to listening to the target audience to record the most impactful aspects of their breastfeeding and postpartum reports. The behavior of pregnant women in the prenatal period and nursing mothers was observed by monitoring visits to pregnant women and mothers and listening to their complaints regarding breastfeeding during prenatal and postpartum visits. The study followed regular prenatal consultations over 3 months, observing the stories related to breastfeeding, main difficulties, fears and causes of early weaning, as well as general data in a subjective way through spontaneous reports of pregnant women during consultations.

Then, strategies were selected after scientific structuring and observation of the target audience in order to assist these families, facilitating the difficulties of the mother-infant dyad and providing specific care in cases that emerged after this intervention.

Initially, the following strategies were adopted:

- Organization of a meeting with professionals from the Primary Health Unit in order to explain the importance of a service aimed at breastfeeding, each strategy used, as well as the importance of qualified referrals and promotion of services through leaflets.
- Definition of mothers who are potentially at risk for early weaning: mothers who have not been able to breastfeed since prenatal care, previous experiences of failure or painful breastfeeding, postpartum women with acute complaints of pain and wounds in the breasts, primiparous women and those who show a willingness to learn more

about breastfeeding, in addition to the information in the leaflets.

- Biweekly lecture: while waiting for the collection of exams during pregnancy that took place at the UBS, the professionals offered conversations, lectures and dynamics about the maternal-infant universe. Especially those involving breastfeeding aimed to present services related to breastfeeding and a point of contact for support in case of help.

In addition, the study defined and carried out the specific assistance on breastfeeding as follows:

1. Prenatal breastfeeding consultations: mothers from the third trimester of pregnancy, who meet the requirements defined as potential risk of early weaning mentioned above. All information made available to the mothers was recommended by the Ministry of Health in the Primary Care Notebooks 23 and 33. In addition, professionals conducted screening strategies for mothers who would return to work before the child's 6 months of life and who needed to introduce other types of milk and/or food early.
2. Postpartum breastfeeding consultation: the postpartum follow-up visit included the evaluation of the breasts and the mother-infant pair through the Breastfeeding observation form<sup>11</sup>, the evaluation of nutritive and non-nutritive sucking, orofacial myofunctional evaluation of the child, clinical management of difficulties in breastfeeding, execution of the Tongue-tie Test (Lingual frenulum assessment protocol<sup>12</sup>) and awareness and guidance regarding the baby hearing screening.
3. Tongue-tie Test From pregnancy to postpartum, mothers were encouraged to perform the Tongue-tie Test on their children, either at the UBS or at another health facility. In addition to preventing the main consequences of the short and/or anterior lingual frenulum in childhood and adulthood, the Tongue-tie Test also provided a time to assess breastfeeding with no previous contact of the mother-infant dyad with breastfeeding services.

After the implementation period of the aforementioned services, the following aspects were observed:

All activities proposed in the literature analysis and strategy implementation stages were implemented at the UBS, according to the demand from



the dissemination of services among the community and the professionals of the unit.

During implementation, the professionals detected a growing demand for postnatal consultations arising from complications in breastfeeding and postpartum, such as breast engorgement, breast mastitis, orofacial disorders in term babies and difficulties in managing breastfeeding as a whole. At the same time, the acceptance of prenatal preventive consultations and guidelines showed a linear decrease, thus decreasing significantly until the end of the study.

These results are in line with data showing that the main causes of difficulty in breastfeeding come from the nursing mother's lack of knowledge about breastfeeding processes and management, as reported in other studies. In addition, guidance and counseling from prenatal care are protective factors in preventing health problems and difficulties in the process of breastfeeding in the postpartum period.<sup>13,14,15</sup>

After reassessment, the need to collectively highlight the moments of prevention was detected, thus resulting in an active search for these mothers in strategic places and moments, such as in the waiting rooms at the time of vaccines and Guthrie test, in the waiting room to carry out laboratory tests during pregnancy and in the waiting room and individual approach to the newborn's companions at the Primary Health Unit. At the time of this reassessment, the Primary Health Unit did not have any group of pregnant women actively linked to the UBS.

During the postnatal consultations, whether by spontaneous demand or referrals from other professionals, the Tongue-tie Tests were performed (Lingual frenulum assessment protocol<sup>11</sup>) of all babies after the consent of each family. During this period, no child was referred to breastfeeding care at the Primary Health Unit already with the Tongue-tie Test or any proof of its execution in other health institutions. After evaluation, cases diagnosed with lingual frenulum alteration with impact on tongue movement and breastfeeding were referred to the dental service for further evaluations and possible procedures for releasing the frenulum.

The study also observed that the offer of the Tongue-tie Test at the UBS, both due to the geographic proximity to their places of residence and work and due to the proximity and bond between the user and the professional, proved to be a sensi-

tizing factor for postpartum breastfeeding consultations, enabling early interventions in breastfeeding situations that favor early weaning as the actual diagnosis of oral changes. In addition, this diagnosis showed the presence of changes in the lingual frenulum related to difficulties in breastfeeding, which, after being resolved, may have a positive impact on child development and its relationship with stomatognathic functions in childhood and adulthood.<sup>16,17</sup>

As shown by the availability of a specific room for breastfeeding care, as well as the promotion of other nurses in the unit for nursing mothers and pregnant women who reported doubts or difficulties about the breastfeeding processes and routine referrals to the services offered during the study period, there was support and acceptance of the professionals involved for the services offered at the UBS.

## Conclusion

The implementation of health promotion and breastfeeding strategies allowed the diagnosis, prevention and rehabilitation of the main causes of early weaning in the population served at the Primary Health Unit, enabling the promotion of breastfeeding and healthy eating, in addition to the possibility of carrying out the Tongue-tie Test in a geographically favorable area for the family.

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