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Human Milk Bank: possibilities of speech therapy activities

Banco de Leite Humano: possibilidades de atuação fonoaudiológica

Banco de leche humana: posibilidades de actuación fonoaudiológica

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Abstract

Introduction: human milk banks were created to support and encourage breastfeeding, acting as a public policy strategy to reduce neonatal mortality and protect the health of the binomial. Because it is a space for multidisciplinary activities, milk banks become an ideal environment for the performance of the speech therapist, a professional who contributes to support mothers, especially during the establishment of exclusive breastfeeding. **Objective:** to report the possibilities of speech therapy activities in a human milk bank. **Description of the experience:** a qualitative descriptive study of an experience report type, carried out between March and July 2020, at a Human Milk Bank of a public maternity hospital in the Brazilian Northeast, accredited by the Baby Friendly Hospital Initiative. The experience comprised two segments: technical performance and assistance performance. The experiences were presented through discursive narration. The area of performance of Speech Therapy in a human milk bank can be diversified, as it covers technical and assistance activities, from the receipt of donated human milk to assistance to the puerperal woman and the newborn. Specific training is necessary for the professional to be inserted into the team of a human milk bank. **Final considerations:** It was possible to identify, through experience, the role of the speech therapist in the human milk bank, as well as to understand the need for his insertion in the team of this sector in the hospital environment.

Keywords: Milk Banks; Speech, Language and Hearing Sciences; Milk, Human; Breast Feeding; Professional Practice Location.

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Resumo

Introdução: os bancos de leite humano foram criados para apoiar e incentivar o aleitamento materno, atuando como estratégia de política pública na redução da mortalidade neonatal e proteção à saúde do binômio. Por se tratar de um espaço de atuação multidisciplinar, os bancos de leite tornam-se um ambiente ideal para a atuação do fonoaudiólogo, profissional que contribui no suporte às mães, especialmente durante o estabelecimento da amamentação exclusiva. **Objetivo:** relatar as possibilidades de atuação fonoaudiológica em um banco de leite humano. **Descrição da experiência:** estudo de abordagem qualitativa descritiva do tipo relato de experiência, realizado entre os meses de março e julho de 2020, em um Banco de Leite Humano de uma maternidade pública do Nordeste, credenciada na Iniciativa Hospital Amigo da Criança. A vivência compreendeu dois seguimentos: atuação técnica e atuação assistencial. As experiências foram apresentadas por meio da narração discursiva. O espaço de atuação da Fonoaudiologia em um banco de leite humano pode ser diversificado, pois abrange a atuação técnica e assistencial, desde o recebimento do leite humano doado à assistência a puérpera e ao recém-nascido. É necessário capacitação específica para que o profissional seja inserido dentro da equipe de um banco de leite humano. **Considerações finais:** Foi possível identificar, por meio da experiência, o papel do fonoaudiólogo no banco de leite humano, bem como compreender a necessidade da sua inserção na equipe deste setor no âmbito hospitalar.

Palavras-chave: Banco de Leite; Fonoaudiologia; Leite Humano; Aleitamento Materno; Área de Atuação Profissional.

Resumen

Introducción: los bancos de leche humana fueron creados para apoyar e incentivar en el amamantamiento materno, actuando como estrategia de política pública en la reducción de la mortalidad neonatal y la protección de la salud del binomio. Por tratarse de un espacio de actuación multidisciplinar, los bancos de leche se convirtieron en un ambiente ideal para la actuación del fonoaudiólogo, profesional que contribuye en apoyo a las madres, especialmente durante el establecimiento del amamantamiento exclusivo. **Objetivo:** relatar las posibilidades de actuación fonoaudiológica en un banco de leche humana. **Descripción de la experiencia:** estudio de abordaje cualitativo descriptivo de tipo relato de experiencia, realizado entre los meses de marzo a julio del 2020, en un Banco de leche humana de una maternidad pública del Noroeste, bajo la iniciativa del Hospital Amigo de los Niños. La vivencia comprendió dos seguimientos: actuación técnica y actuación asistencial. Las experiencias fueron presentadas por medio de la narración discursiva. El espacio de actuación de la fonoaudiología en un banco del hecho humana puede ser diversificado, pues comprende tanto la actuación técnica como la asistencial, desde el recibimiento de la leche materna donada a la asistencia, la matrona y al recién nacido. Es necesario capacitación específica para que el profesional sea inserto dentro del equipo de un Banco de leche humana. **Consideraciones finales:** fue posible identificar, por medio de la experiencia del papel del fonoaudiólogo en el banco de leche humana, así como comprender la necesidad de su inserción en el equipo de este sector en el ámbito hospitalario.

Palabras clave: Bancos de Leche; Fonoaudiología; Leche Humana; Lactancia Materna; Ubicación de la Práctica Profesional.

Introduction

The Pan American Health Organization/World Health Organization (PAHO/WHO) recommends starting breastfeeding in the first 60 minutes of life, as well as breastfeeding as an exclusive form of feeding until six months of age, and in a complementary way, up to two years of age; however, even with the advance of breastfeeding in Brazil, it is observed that its practice falls short of the recommendations of the WHO and the Ministry of Health (MH). Breast milk is the ideal food for the baby, containing all the nutritional, immunological, physiological and affective benefits. In addition, breast milk reduces the risk of diseases for the mother and the newborn (NB) during their development[1].

Actions to encourage breastfeeding have been configured in the promotion of the mother-infant binomial. A study showed that 13% of infant deaths, up to 5 years of age, can be reduced with the practice of breastfeeding, and, when performed in the first hours of life, it reduces between 19 and 22% of neonatal morbidity and mortality. Several public policies, over the decades, were created to support and encourage breastfeeding, such as those related to the Human Milk Bank (BLH) and the National Breastfeeding Incentive Program (PNIAM)[2].

The first BLH, in Brazil, was implemented in 1943 at the Fernandes Figueira Institute/Oswaldo Cruz Foundation (Fiocruz), with the objective of providing a post for the collection, storage and distribution of milk as an alternative for mothers who were unable to breastfeed their children or for children who could not be fed by formula. The scenario at the time contributed for the MH to elaborate the PNIAM, in 1981, which was an important milestone in the reduction of infant mortality. In 1988, in partnership with MH and Fiocruz, the BLH became hierarchical in networks, creating the Brazilian Network of Human Milk Bank (rBLH), acting as a public policy strategy for reducing neonatal mortality and protecting the health of women and children[3,4]

BHL is linked to a maternal-infant hospital, containing a center specialized in the process of milk collection, selection, classification, processing and distribution. Pasteurized human milk is indicated for premature and low birth weight newborns that do not suck, infected newborns, among others, containing all the nutritional and immunological support for the baby. Currently, there are 224 BLHs and 208 human milk collection points in Brazil. It is noted that the actions carried out by the BLH became a supporting role in the strategic process of promotion, prevention and support for breastfeeding[2,5,6].

In the context of breastfeeding, Speech-Language Pathology and Audiology is inserted from the prenatal and postpartum period, making up the multidisciplinary team, which aims to contribute to the support of mothers, especially during the establishment of exclusive breastfeeding. The Speech-Language Pathologist (SLP) also promotes the identification, performing the intervention earlier, of orofacial alterations that may compromise this establishment, bringing countless benefits to the mother-infant binomial and ensuring the act of pleasurable breastfeeding. From the perspective of prevention, Speech-Language Pathology and Audiology enables the reduction of: nipple fissures, inefficient sucking pattern, inadequate grip and uncoordinated pattern of sucking, swallowing and breathing functions[7,8]

Some studies have shown several factors that have configured early weaning from breastfeeding, highlighting the importance of educational actions in health, recognizing the integrality of mothers, their doubts, fears and insecurities during the breastfeeding period. Speech-Language Pathology and Audiology actions are focused on aspects of the NB's craniofacial development and the stomatognathic system[9,10]

As it is a space for multidisciplinary action in the promotion and encouragement of breastfeeding, the BLH becomes an ideal environment for the performance of SLPs, although this practice is little discussed, constituting a space to be conquered by Speech-Language Therapy. The purpose of this study was to describe, through an experience report, the possibilities of Speech-Language Pathology and Audiology in a Human Milk Bank.

Experience description

Descriptive, qualitative and experience report study. As this is a report mentioning the institution, approval by the Ethics Committee for Research on Human Beings was required under the number: 4,241,737.

The field of practice took place at the BLH of the Amaury de Medeiros Integrated Univer-

sity Health Center (CISAM) of the University of Pernambuco (UPE), which is part of the Baby-Friendly Hospital Initiative and the rBLH. The technical/assistance practices at the BLH are part of the Graduate Program of the Multiprofessional Residency Program in Neonatology, a program established in the maternity hospital in 2020, being the first residence of the state in this area. For one month (rotating mode), the resident remains on duty for 12 hours a day (totaling 60 hours per week), assisting puerperal women, NBs and human milk donors. The internal practices at BLH took place in March. From April to July, the resident stayed in the rooming-in, a BLH assistance space, continuing the multi-professional work developed with the milk bank team.

The BLH area is divided into seven spaces: management, portioning, pasteurization, assistance to the breastfeeding, cleaning of milk donors, milking room and reception of external milk. The BLH team is composed of a pediatrician, nurses and nursing technicians. The BLH provides assistance to mothers present in the delivery room, in rooming-in (comprised of five wards), mothers who have their NBs hospitalized in the Neonatal Unit and external demand.

The report was divided into two parts: technical work and assistance work. The first part will address the participation of the resident SLP in the technical scope of the BLH, which involved: pasteurization, quality control of human milk, storage, distribution and data management. In the assistance work, it will address the screening of donor puerperal women, breastfeeding management, clinical assessment of the mother-infant binomial and health education.

Technical work

The participation of the SLP, within the scope of the BLH, can occur in two scenarios: the technician, who concerns the entire collection, processing and storage of expressed human milk, on the premises of the BLH, and the assistance, directly related to interventions with the binomial. In this topic, the contribution of Speech-Language Pathology and Audiology experienced by the resident will be addressed, in view of the technical issues of the BLH.

It is believed that the contribution of the SLP, in the technical scope of the BLH, is little known and, consequently, little publicized. To work in this scenario, training is necessary, as it requires technical knowledge for the handling and preparation of expressed milk that will be pasteurized and distributed to the neonatal unit of the maternity hospital. rBLH determines, through technical standard number 1 April 2020, that all professionals who work at the BLH need to undertake training courses such as: Processing and Quality Control of expressed human milk, Clinical Management of Lactation, Counseling in Breastfeeding and Monitoring of Brazilian Standards for the Marketing of Food for Infants[11], offered on demand by the MH and the State Health Departments. The courses are offered in the Distance Education modality, with limited places and subject to the appointment of the Technical Coordinator of each BLH, the practical activities, when necessary, are offered by state references.

Due to the brief period of rotation, the Speech-Language Pathology and Audiology resident did not fit into the human resources trained with the aforementioned courses. A minimum period of three continuous months of work with the BLH is necessary for the professional training to be requested. This factor may have been considered by the authors as a negative and limiting point, as taking the course would bring gains to the professional and training area of the resident.

The process of pasteurization of expressed milk is governed by technical standard number 34 of 2011 of rBLH, which provided a great leap in terms of quality control of expressed human milk, as it allowed the storage of this milk for a longer period and safely biological and nutritional. The pasteurization technique is performed through heat treatment, conducted at 62.5°C for 30 minutes and is commonly used in the area of Food Technology, as it promotes the inactivation of 100% of pathogenic microorganisms likely to be present, either by primary contamination or secondary, in addition to 99.99% of the saprophytic or normal microbiota[12].

A low stock of expressed human milk at the BLH was observed, a common reality in this bank and in the national context, as there are periods when there is low milk donation and the volume of donated milk is almost always less than the necessary demand. That is why pasteurizations took place twice a week. The resident closely follows and knows the quality control process for expressed human milk. The pasteurizers described the entire

flow before starting the pasteurization process, as well as during each stage of the process, enabling the solidification of knowledge by experiencing the theory-practice interaction.

The expressed human milk that reaches newborns in neonatal units receives a "treatment" of control and quality. Knowing this process reinforces the certainty that the food being offered, through the cup or orogastric/nasogastric tube, has undergone strict analysis and quality criteria, minimizing the loss of its properties necessary for nutritional and immunological support.

There are no reports in the literature on the role of SLPs in BLH, although it is known that SLPs received training in the use of the pasteurization technique through the Distance Education course offered by rBLH, but the performance of these professionals in the technical staff of the database milk is not described. Nowadays, the BLH can be a space for Speech-Language Pathology and Audiology, as it improves technical-scientific knowledge related to procedures and quality control of expressed human milk.

It is noteworthy that, despite being an established norm, the professional is not necessarily responsible for carrying out the pasteurization process, as it is known that, despite the training offered by rBLH, the security regarding the execution of such technical activity can vary from a professional to another. Another important point is that, for the functioning of a BLH, a team is established and trained in advance, eliminating the need for all professionals to perform the same technical functions as pasteurization

In addition to the pasteurization process, the SLP, as a member of the multidisciplinary team, can monitor the storage of pasteurized human milk and manage the stock, because, after the pasteurization process, the milk is stored in freezers with a shelf life of six months[13]. Each freezer has control of minimum and maximum temperatures that must be monitored and recorded in a control form. Another point related to technical performance is the data collection of the human milk production system at the BLH, as all donated, pasteurized and distributed milk is registered in protocol books and the monthly balance is sent to the rBLH, which is available for public consultation, on the Fiocruz website.

Assistential work

The routine of those who work at a BLH is dynamic, as it is the place where mothers who are hospitalized in the maternity hospital, or who are outside the institution, seek help related to breastfeeding. Postpartum women can also contribute to BLH by becoming human milk donors. In the BLH, for a mother to be a human milk donor, it is necessary that she fulfill some requirements established by the rBHL[14]. In the BLH of this study, there is a registration form in which the professional with higher education, nurses or pediatrician, seeks to understand a little about the profile of this mother who wishes to donate her milk.

The SLP's contribution in this process is of great value, as information about complaints related to breastfeeding is one of the factors questioned during the interview. It is known that poor attachment of the baby to the breast, cracked nipples, inadequate position and affective difficulties trigger conditioning factors for the failure of breastfeeding, leading to the abandonment of the practice[15-17], and, during the interview, some questions are raised in consideration

At this time, the SLP can address issues related to the difficulties in establishing breastfeeding and even perform an assessment of the interference of lingual frenulum fixations in the nutritive suction of the maternal breast, applying the Protocol for Assessment of Tongue Frenulum in Babies[18], commonly called " tongue test" (teste da linguinha) developed by a Brazilian SLP, considered a mandatory test in maternity hospitals and hospitals, through Law No. 13.002, of June 20, 2014[19].

Furthermore, disorders related to the baby's sucking, such as oral disorders, choking and inadequate attachments to the breast are complaints in which the SLP can intervene. It is noteworthy that these interventions are major contributions, already scientifically evidenced, with the SLP the professional qualified for the development of orofacial functions necessary for baby feeding[20].

This screening also seeks information related to lifestyle and the use of psychoactive substances, medications, alcoholism and smoking, factors that may be unfavorable to the inclusion of this mother as a human milk donor for the BLH. Despite these obstacles for a mother to be an eligible donor, it is necessary to look beyond the questions, as one may be facing a vulnerable mother. Thus, a biopsy-

chosocial approach is necessary, as the emotional can interfere in the breastfeeding practice of this mother[21].

It is noteworthy that, despite the contribution of the SLP and/or nurse in the screening of the donor, the woman can only be considered a "donor" after a pediatric medical evaluation. The use of medications and infections are clinical factors that can impact the inclusion or not of this as a donor. Thus, clinical laboratory tests are necessary to complement this mother's data and information and, thus, she can make donations.

It is important to note that, in the BLH scenario of this report, there is an interprofessional relationship between SLP, Pediatrics and Nursing. The professionals mentioned understand and recognize the importance of assessment and SLP in maternal and child care. When an alteration in the lingual or oromiofunctional frenulum is observed in newborns assisted by the BLH, the SLP are notified. With the inclusion of the resident SLP in this scenario, it was possible to reduce this time period between the request and the approach, as the constant presence of the professional at the BLH allowed the intervention and speech therapy knowledge to occur in loco during the assistance. The authors do not know if there are experiences like this in other BLHs across Brazil, but this factor was considered positive in their experience.

Another factor considered important is related to the need for SLP to know the anatomophysiology of the breast. It is essential that the professional understand the process of the psychophysiology of lactation, the different types of milk (colostrum, transition and mature), the breast intumescence period (apojadura), as well as the composition of human milk. The association between the anatomophysiology of the breast and the development of orofacial functions is intrinsic[22]. The SLP also needs to know the breastfeeding techniques, which enable a more pleasant breastfeeding for the binomial, reducing the risk of factors that disturb the success in breastfeeding, such as: cracks, pain, engorgement and/or low milk production. Knowing the process of milking and preserving breast milk encourages the maintenance of breastfeeding, even in cases where the mother needs to be absent or resume her work routine after the period of maternity leave.

The SLP assessment in neonates regarding the triad of orofacial functions sucking, swallowing and breathing is essential. Although other professionals may observe or report that the NB does not "suck well", it is the responsibility of the SLP to assess the orofacial functions that permeate oral feeding[23,24]. Some of the main complaints presented by the mothers during the approach to the BLH are related to the difficulty in the suction function, which may be associated with anatomical and functional alterations of the orofacial structures (hypotonia, ankyloglossia, posteriorization of the tongue, absence of lip closure, among others)[22]. This expertise requires the assessment and clinical look of a qualified SLP. In this scope of the BLH, the role of the professional will be basically focused on consulting and evaluating breastfeeding. However, health education must be based on the practice of professionals.

Thus, a schedule is prepared by the preceptor, establishing days and sectors that should receive breastfeeding-related health education activities. It is worth noting that knowledge about breastfeeding is the duty of every professional who is involved in maternal and child care and is part of the ten steps of the Baby-Friendly Hospital Initiative, a strategy launched worldwide through the OMS and the United Nations Children's Fund (UNICEF), in order to promote, protect and support breastfeeding in the hospital environment[25].

Sectors such as the delivery room, rooming-in and prenatal care are included within the constructed schedule. It was possible to notice that, despite the theme "breastfeeding" is common for postpartum women, it is still surrounded by myths, doubts and insecurity. During the explanations, questions are launched to the mothers and companions as a way to break the "ice" and to the difficulties being heard.

The SLP, in this context, has a very important role, as their role in the breastfeeding scope has been highlighted by several studies[7,8,10,26], which make it clear how much puerperal women and newborns tend to gain when the look of a qualified professional, facing the issues of human communication disorders are present. Therefore, the professional inserted in a BLH must master the use of manual milking techniques, holding, position and handling of breastfeeding, making approaches more humanized.

Thus, it was possible to identify the performance scenarios and contributions of Speech-Language Pathology and Audiology, within the

scope of the BLH, in order to understand the importance of this professional, whether in technical or assistance performance. It is noteworthy that this work is only a report of professional experience at a BLH. Studies with methodological designs different from the one used in this study can be carried out, with the purpose of investigating the participation of SLP in Brazilian BLHs and identifying their technical-scientific contribution to the breastfeeding process.

Final considerations

It was possible to identify, through an experience, the broad role of the SLP in the human milk bank, as well as to understand the need for their insertion in the team of this sector, in the hospital environment. It is believed that, despite the SLP being able to actively participate in the technical process in this scenario, the greatest contribution of this professional may be aimed at direct assistance with the binomial, given the needs of more specific interventions, such as those related to oral disorders and breastfeeding.

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