



# Maternal experience in the context of breastfeeding of the hospitalized newborn and submitted to surgical intervention

*Vivência materna no contexto da amamentação do recém-nascido hospitalizado e submetido à intervenção cirúrgica*

*Vivencia materna en el contexto de la lactancia materna del recién nacido hospitalizado y sometido a la intervención quirúrgica*

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## ABSTRACT

**Objective:** Describe the maternal experience in the context of breastfeeding of a newborn child, hospitalized in a neonatal intensive care unit (NICU) and submitted to surgical intervention. **Method:** Qualitative, descriptive and exploratory research, conducted at a Federal Institute of Rio de Janeiro, through audio-recorded interviews with eight women who experienced breastfeeding of hospitalized children, for data treatment was used content analysis thematic modality. **Results:** Through the content analysis thematic modality three categories were elaborated: Facing difficulties in breastfeeding before hospitalization and surgery of the child; Building a bond with the child in the face of limiting conditions of the lap and chest; Needing support to breastfeed the child undergoing surgery. **Conclusions and Implications for practice:** The maternal bond should always be stimulated in all neonatal care scenarios, especially in situations of greater vulnerability that may interfere making the breastfeeding process difficult, such as hospitalization for performing surgical procedures. Dialogue and joint processes between the sectors of support for breastfeeding women and newborns strengthen maternal security, making evident the importance of the exchange of experiences between the teams for the construction of the reception, encouragement and support for this breastfeeding woman and her child.

**Keywords:** Breast Feeding; Congenital Abnormalities; Surgical Procedures, Operative. Newborn; Intensive Care, Neonatal.

## RESUMO

**Objetivo:** Descrever a vivência materna no contexto da amamentação do filho recém-nascido, hospitalizado em Unidade de Terapia Intensiva Neonatal (UTIN) e submetido à intervenção cirúrgica. **Método:** Pesquisa de abordagem qualitativa, descritiva e exploratória, realizada em um Instituto Federal do Rio de Janeiro, através de entrevistas audiogravadas com oito mulheres que vivenciaram a amamentação de filhos hospitalizados, para o tratamento dos dados foi utilizado a análise de conteúdo modalidade temática. **Resultados:** Por meio da análise de conteúdo modalidade temática foram elaboradas três categorias: Enfrentando dificuldades na amamentação diante da hospitalização e cirurgia do filho; construindo vínculo com o filho diante de condições limitantes do colo e do peito; necessitando de apoio para amamentar o filho submetido à cirurgia. **Conclusões e Implicações para a prática:** O vínculo materno deve ser sempre estimulado em todos os cenários de cuidado neonatal, principalmente em situações de maior vulnerabilidade que podem interferir dificultando o processo de amamentação como a hospitalização para realização de procedimento cirúrgico. Diálogo e processos conjuntos entre os setores de apoio às lactantes e recém-nascidos fortalecem a segurança materna, tornando evidente a importância da troca de experiências entre as equipes para construção do acolhimento, incentivo e apoio a essa nutriz e seu filho.

**Palavras-chave:** Aleitamento Materno; Anormalidades Congênitas; Procedimentos Cirúrgicos Operatórios. Recém-nascido; Cuidado Intensivo Neonatal.

## RESUMEN

**Objetivo:** Describir la experiencia materna en el contexto de la lactancia materna de un recién nacido, hospitalizado en una unidad de cuidados intensivos neonatales (UCIN) y sometido a intervención quirúrgica. **Método:** Investigación cualitativa, descriptiva y exploratoria, realizada en un Instituto Federal de Rio de Janeiro, a través de entrevistas grabadas en audio con ocho mujeres que experimentaron la lactancia materna de niños hospitalizados, para el tratamiento de datos se utilizó el análisis de contenido modalidad temática. **Resultados:** A través del análisis de contenido modalidad temática se elaboraron tres categorías: Enfrentar dificultades en la lactancia materna antes de la hospitalización y cirugía del niño; Crear un vínculo con el niño ante las condiciones limitantes del regazo y el pecho; Necesitando apoyo para amamentar al niño sometido a cirugía. **Conclusiones e Implicaciones para la práctica:** El vínculo materno siempre debe ser estimulado en todos los escenarios de atención neonatal, especialmente en situaciones de mayor vulnerabilidad que pueden interferir dificultando el proceso de lactancia, como la hospitalización para realizar un procedimiento quirúrgico. Diálogo y los procesos conjuntos entre los sectores de apoyo a las madres lactantes y a los recién nacidos fortalecen la seguridad materna, evidenciando la importancia del intercambio de experiencias entre los equipos para la construcción de la recepción, el estímulo y el apoyo para esta madre y su hijo.

**Palabras clave:** Lactancia Materna; Anomalías Congénitas; Procedimientos Quirúrgicos Operativos; Recién nacido; Terapia Intensiva Neonatal.

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## INTRODUCTION

Breast Milk (BMS) is recognized as having many benefits for the nutrition of babies by containing all the nutrients, antibodies and other components necessary for healthy development, in addition to ensuring protection against various infections. Its superiority when compared to other foods is mainly associated with the presence of protective factors against infections, thus reducing the severity of diarrhea, episodes of respiratory infection, decreased incidence of otitis; decreased risk of allergies, beyond lower financial costs and improved quality of life for family members.<sup>1</sup>

International bodies such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) and national bodies such as the Ministry of Health (MH) recognize the advantages of maternal breastfeeding (MB) and therefore recommend exclusive breastfeeding for the first six months of a child's life and continued until two years of age or older together with appropriate complementary feeding for the age of the child.<sup>2,3</sup>

In view of all the benefits and advantages pointed out, we can infer that MB is extremely important also for babies born with congenital anomalies and submitted to surgical procedures, because breast milk can offer fundamental substances for the growth and development of the infant, provide faster recovery, shorter hospitalization time in a NICU, avoid complications of the surgeries. Furthermore, it is known that human milk improves gastric emptying and has greater digestibility due to its composition, making it also the best food for newborns with congenital surgical abnormalities.<sup>4</sup>

In this context, surgical newborns are those who underwent surgery in the neonatal period and were admitted to the NICU. These children who are hospitalized and need surgical care are separated from their mothers to receive the necessary and adequate assistance to maintain their vital functions, temporarily delaying or interrupting breastfeeding, contrary to what is recommended by national and international agencies, which reinforce the benefits of the initiation and maintenance of MB.<sup>2</sup>

It is important to point out that the bond between mother and newborn can be harmed and suffer several interferences during the period of hospitalization in the NICU, thus being possible to highlight that the routine of the NICU is a factor of interference in the mother-child bond.<sup>4</sup>

From the challenges observed between the neonatal surgical procedure and breastfeeding, it is questioned: How do mothers experience breastfeeding their newborn babies during hospitalization in the NICU, submitted to surgical intervention?

This study aimed at: Describing the maternal experience in the context of breastfeeding the newborn child, hospitalized in NICU and submitted to surgical intervention.

## METHOD

This is a descriptive, exploratory study of a qualitative nature, carried out in a NICU specifically intended for newborns who have undergone some surgery, at a National Institute of Women's, Children's and Adolescents' Health, located in the

south zone of the city of Rio de Janeiro. It is an institution linked to the Unified Health System (SUS) that receives patients from various locations through the National Regulation System (SISREG) and is considered a reference in various areas, including high complexity maternal-fetal care. According to Minayo<sup>5</sup>, the qualitative approach enables the understanding of social phenomena by reading the interactions between the subjects who experience them. Descriptive research aims to describe the characteristics of a population, phenomenon or experience.<sup>6</sup> The theoretical framework used in the research was based on policies of humanized newborn care and policies to encourage MB.<sup>3-7</sup>

This institution is considered a "child-friendly hospital", such titling and recognition are granted to institutions that promote, protect and support the MB. The sector of the NICU in question has six hospital beds being exclusive for newborns with congenital abnormalities who need surgery in their first days of life.

Inclusion criteria were defined as: Lactating mothers of children in the postoperative period who have released MB on medical prescription and exclusion criteria: Lactating mothers with HIV or HTLV 1 and 2, with mental disorder or disease; they present in a situation of substantial decrease in their capacity of consent and reasoning.

In order to identify the target population, a search and analysis of medical records of newborns admitted to the NICU took place. Subsequently, the mothers of these children who met the inclusion and exclusion criteria previously established were identified. Finally, a total of ten women were selected. Initially, an initial contact was made with the mothers and an invitation was made to participate in the study. Among the selected women, one refused to participate in the study and another was not in emotional conditions to participate in the interview, thus totaling eight lactating mothers who were accompanying their children.

The data collection took place from March to May 2017. The collection technique was the individual and semi-structured interview. A form was used, constructed and validated by the authors, containing open and closed questions dealing with questions related to social characteristics to trace the identification and characterization of the participants, aspects related to the congenital anomaly of the newborn and the trajectory of the child's feeding. The open questions questioned what breastfeeding was like during the period of hospitalization. What were the orientations received about breastfeeding; if there was support from health professionals and if there was any difficulty in relation to breastfeeding during hospitalization.

The interviews lasted an average of 30 minutes and were recorded on MP3 with prior authorization and then transcribed in full, which allowed the data to be organized. The interviews were carried out at times when there were no accompanying persons or people from the health team close to the puerperal women, to preserve the women intimacy. All of them participated voluntarily, by explaining the objective of the study and signing the Term of Free and Informed Consent (TFIC). The TFIC was signed in two copies, one being delivered to the study participant and the other

being under the responsibility of the principal researcher. Only one participant was a minor and the Term of Free and Informed Agreement (TFIA) was also signed by the responsible for the minor. In order to ensure anonymity, identification codes were adopted using the letter E, followed by numbering in ascending order (E1 to E8), according to the interviews. To close the data collection, the researchers chose to interrupt the survey after interviewing eight mothers, as the data already answered the guiding question.

The recording of the interviews and the transcripts are under the responsibility of the main researcher until they complete five years of the data collection period. After this period, the texts will be incinerated and the recordings deleted.

The research project was submitted in the Brazil Platform to the Research Ethics Committee of IFF/FIOCRUZ respecting the Resolution nº 466/2012 of the National Health Council<sup>8</sup>, under no. 1.959.018, and the data collection only started after the favorable opinion.

For the treatment of data, content analysis<sup>9</sup> was used by means of the categorical thematic technique, systematized by the Oliveira model.<sup>10</sup> After the performance and initiation of the thematic analysis with the choice of Registration Units (RU) by means of sentences, the RU survey was carried out and, later, the survey of the theme or Meaning Unit (MU).

The categorical analysis started from the determination and quantification of the themes found, which were grouped and originated the categories presented, considered pertinent according to their frequency of appearance.<sup>10</sup> After following the systematized technique of Content Analysis of the thematic-categorical type, 250 MU were elaborated in this study, which were organized in 40 MU and originated three major categories explained below: CATEGORY I: Facing difficulties in breastfeeding before hospitalization and surgery of the child; CATEGORY II: Building bond with the child before limiting neck and breast conditions; CATEGORY III: Needing support to breastfeed the child submitted to surgery.

## RESULTS

The results bring, initially, a social characterization to trace the identification and characterization of the participants and referring to the history of the newborn. Only one participant was a minor, the others were between 20 and 38 years old. As for schooling, five have completed high school, one, incomplete high school, one, incomplete higher education. In relation to the occupation of women, four had an employment relationship, one was in the home, one was unemployed, one said she was autonomous and the other was a student. All of the participants in the study performed prenatal care in the public service, with one having performed only two prenatal care consultations and the others having performed more than six.

When asked about comorbidities during pregnancy, three presented no problem during pregnancy, one said she had pre-eclampsia, one polyhydramnios, another woman had hypertension, two reported deep anemia and two presented

urinary tract infection. Regarding the type of delivery, five had their children by caesarean section and three by vaginal delivery.

Regarding the congenital abnormalities of the participants' babies, two babies were born with gastroschisis, two were born with anorectal anomaly, one with intestinal obstruction and duodenal membrane, one with esophageal atresia, one was born with omphalocele and one with poor intestinal rotation. Regarding the length of stay in the NICU, two babies were hospitalized for less than 20 days, five were hospitalized between 20 and 40 days, and one baby was hospitalized for 77 days until the time of the interviews. When asked about bottle use, seven mothers said they didn't use and only one said she did. As for the use of the pacifier, six said they use the pacifier for pain relief.

From the analysis of the interviews, categories emerged that point to great personal questions focused on the difficulties of breastfeeding, the construction of the bond between mother and child and the need for support.

### Facing difficulties in breastfeeding in the face of hospitalization and surgery of the child

The hospitalization and the need for surgical procedures on the baby imply factors that make it difficult to breastfeed in the hospital environment. The difficulties cited by mothers who experience the routine of accompanying their children in the NICU were: tiredness, discomfort and stress.

*Ah, I think that the tiredness of being hospitalized, of not being in such a comfortable place and the stress of you also being in a hospital because it influences... ah, I think that's it... the difficulty is that, because the rest is just information that we have, but the difficulty is that, the stress and the tiredness of being hospitalized. (E2)*

The separation due to the hospitalization and the surgical intervention of the baby was one of the difficulties to breastfeed highlighted by the mothers. In addition, these women experienced the distance from their homes and their relatives to remain inside the hospital, which does not have the physical resources to house them. The mothers interviewed lived in the city of Rio de Janeiro and in the metropolitan area, only one was from outside the state. In this sense, the participants to be able to accompany the baby during hospitalization made long trips to get to the hospital, and still suffered from the lack of resources for transportation.

*[...] so I got very nervous... Very nervous! And I got worse inside the hospital... I had recently had a cesarean section, I had no place to stay, by far, isn't it? I didn't know anything here in Rio, nor anyone to be able to stay in a person's house, do you understand?! I had to run to stay in a support home, in a different place, different people, different situation, far from my husband because he couldn't stay with me, it was like this...a lot of small situations like this that generated a bigger situation, so it was very difficult, very difficult [...]. (E6)*

*There, what made it difficult was to be away from him, because I couldn't be in the room with him, from where I was I had to be making an appointment, of 3/3h I had to be there, maybe if I had a closer accommodation to be able to stay, a straighter place would be easier, because I breastfed and had to be in the hospital all day, leaned against the chair, did you understand? Many times, I had to go into the bathroom and stay leaning (...) so that's a little embarrassing, did you understand?! (...) You're leaning over there like you have nowhere to stay... it's embarrassing! Many mothers I've seen sleeping on a pillow in the hallway, did you understand?! (...) [E9]*

There are certain conditions for newborns hospitalized in NICU that may become difficult to breastfeed. In this study, the clinical and surgical health status of the newborn was a barrier to the onset of the AM. However, considering the benefits of MB for such babies, only in very rare situations the MB is contraindicated.

*[...]then I had the experience of putting him on the breast 2 or 3 times, but due to esophagostomy he choked a lot. I would put him on the breast and then he would pull, then the milk would come. I stimulated the breast, a little bit of milk still appeared, but he choked a lot, I put it on and he didn't realize that he swallowed the milk because of the esophagostomy, he was tiny, he didn't... he didn't swallow like that... everything he pulled, then he started to choke, then I gave up... Then I was forced to give up because I was afraid he would choke and bronchospasm [...](E6)*

The difficulty of milk production was also a complicating factor for these mothers, as the babies spent a long period with diet restriction, which delayed the stimulus to breastfeeding.

*[...]I had difficulty because even with the firecracker, so, even with the firecracker to suck the milk, to encourage, isn't it, because it did not suck in the first days so I picked up the firecracker, stimulated, but only had no success because I was very nervous, I had a lot of stress, so no ... like this... it didn't really come out. The milk got... I think I had no experience of milk [...](E6)*

*It started with a lot... when I was giving there last week I was almost out of milk, but she started sucking all my milk... almost twice as much as she was. (E7)*

Although these mothers encounter difficulties in the breastfeeding process, they have presented in their statements the desire to breastfeed or to give only their own milk to their child.

*So that's the only thing I want to give her, you understand? The only thing she's going to need is my milk, because it has several things and as they say it has nutrients, it has vitamin, so, everything she needs is in my milk, it doesn't have something to replace. (E1)*

## **Building a bond with your child in the face of limiting neck and chest conditions**

The characterization of the limitations involved in the discourse of the interviewees concerns the complexity of the clinical situation of the baby, especially with regard to the technological apparatus necessary for its treatment and survival, such as the time of intubation, stay in the incubator, time in zero oral diet, the wires and devices. This complex conjunction of care performed in the NICU interferes in the bonding process between mother and baby, according to the statements below:

*I think it's the time he stays in the incubator, so he feels very cozy, so he sleeps more than he wakes up. I had to keep waking him up, doing the whole process until he got the breast. (E3)*

*Ah... the wires that they stay, the devices that she stays... ah... the wires that he stays... only he took out yesterday, so he made it a lot easier, after he took out... That's when he got the breast, after he took it off. And then after he took the access, it flowed better. (E5)*

Situations that favor the mother-baby bond can be interrupted by technological support, pointed out as one of the limiting conditions for a mother to hold her child in her arms. Faced with this impossibility, one of the mothers proved resilient, seeking strategies to promote the bond, summoning the affective responses of her child's life.

*[...]in her case who was intubated for a long time, so there is no way to breastfeed, just give her physical support and care, talk to her, so she reacts, so she does not get discouraged and goes on. (E1)*

During hospitalization, the mother needs to deal with the clinical complexity of the baby and with the difficulties that involve this hospital follow-up, but when faced with the recovery of her child, she feels fulfilled in contributing to this process of evolution, associating the success of the treatment with the offer of the MM.

## **Needing support to breastfeed the child undergoing surgery.**

The study relied on reports from mothers who were not oriented towards breastfeeding during prenatal care, one of them referred to it as a world discovered after her experience.

*In prenatal I had no guidance. At the post where I did most of the prenatal, I was not oriented. And here too, unfortunately as it was very fast, I had to come here at 32 weeks, I ended up not taking any course at the milk bank, but at the post I was not oriented at anything, nothing at all. For me it was a world discovered after I came here, so I could breastfeed my son. (E2)*

*I wasn't oriented because I was breastfeeding because I already had a daughter and I was already breastfeeding her (E4).*

When the mother does not receive prior guidance and begins breastfeeding within the context of her child's hospitalization, she faces a great challenge, which until then was unknown. One of the interviewees pointed out some discoveries during the period she breastfed her baby in the NICU, such as: increased milk production and correct handling. In the following section, she still characterizes breastfeeding as a very detailed process, demystifying the simple act of putting the baby to the breast.

*So, for me it was a real discovery, because there were a lot of things that I didn't even know, details... Anyway... about the increase of milk production, even the baby's breasts, anyway... for me it was all new, so... nowhere is it said... it's a very detailed process, so, for you to breastfeed... it's not just putting the baby there and we go there and start breastfeeding, it's not only that... for me it was much more. (E2)*

These reports highlight the need to strengthen prenatal care and to invest in actions that promote breastfeeding and to address the issue everywhere, such as the talk of E2:

*[...] I even commented that with other people about breastfeeding not being publicized so much ... in no advertising, it only speaks like this 'breastfeeding your child' and point. They don't talk about how this process could be, the details, anyway? I don't know... it's just breastfeeding your child... breast milk is the best, anyway... I think I should explore it more, in my opinion, like this. (E2)*

The mothers highlighted in their experiences the importance of the support offered by professionals from UTIN and HMB. Regarding the NICU, the following care was highlighted: administration of diet, guidance, assistance to breastfeeding, supervision and presence of professionals such as nurses and speech therapists, as well as referral to BLH. Regarding the latter sector, mothers highlighted as support actions, technical management of massage and milking, information, observation of breastfeeding, links and professional attitudes of welcome as persistence and sensitive listening. The statement below represents such experiences:

*Oh yes, with the guidance and the professionals helped me, all those who were there all the time, looking, seeing if I was doing it right, in short, I was being guided 100%. I think that the best thing that really happened: to be hospitalized together with my son and have all this access to information, right? And to know that I was doing the right thing, and then go home and know everything, right? (E2)*

During the interviews, it became evident how difficult it was for the mothers to narrate fluently about the support received in the NICU. The answers were monosyllabic, and even when faced with questions for continuity of speech there was no return, which may be related to the maternal difficulty in recognizing the support for breastfeeding in this sector in the midst of so many technological demands or even the little evidence of valuation of such practices among professionals. Some mothers report that they had little or no support to breastfeed in the NICU, as can be seen in the statements below:

*So... I didn't have much guidance there at the time, not a lot of guidance... even because he was on a zero diet, couldn't breastfeed. I was only oriented to go down to the milk bank to stimulate there, but not with him (E6).*

*[...] Some came "Oh, what's the breast like?", "Is it taking off?" and that's it! Not so, so you understand? They weren't as tall as the people at the milk bank. (E12)*

The reports cited above indicate that in the NICU mothers do not receive as much support and guidance as in the BLH, where they are referred when they need guidance and care related to breastfeeding. In the following section, one of the mothers feels satisfied with the work of the nurses who work in the BLH, highlighting that in addition to dedication and support, they offer active listening, enabling the mother to let her go during the difficulties in breastfeeding/feeding during the child's hospitalization.

*Oh, I just have to thank you for your persistence, for your dedication, because it's really something... like this... You are a very dedicated team, you know how to talk (...) She (Human Milk Bank Resident Nurse) was always instructing me, always talking to me (...) Besides you support breastfeeding, in quotation marks you are psychologists, because we talk and in the end we talk, that was a great support for many mothers here, for sure! For me, I'm very satisfied, do you understand?! [E8]*

## DISCUSSION

It is common to notice a low incidence of success in the practice of breastfeeding in the NICU, a sector that presents itself as hostile, covering factors that make the practice of breastfeeding difficult, such as: the very pathology of the newborn or infant, the surgical procedure to be performed, the time it remains on a zero diet and all the technological apparatus necessary to survive.<sup>11</sup> The prolonged time of separation between mother and child brings implications such as insecurity and anxiety of the mother and difficulties in breastfeeding her child in the face of the surgical procedure and the length of hospitalization.<sup>4</sup>

In this context of hospitalization, mothers experience challenges that trigger feelings of tiredness, discomfort, helplessness and

stress. When evaluating the stressors present in the NICU, a study showed that the altered maternal role, the baby's separation and helplessness were the main factors that led to an increase in stress levels in the parents.<sup>12</sup> These findings corroborate the present study that infers stress and its causes as one of the difficulties in the breastfeeding process.

The lack of a welcoming environment has become one of the difficulties pointed out by mothers, who understand the importance of being close to their child for the supply of breast milk, but feel helpless. When they do not resort to support houses, some mothers remain in hospital, enjoying any space that the environment can offer, feeling embarrassed by being exposed to this uncomfortable situation. The literature points out the importance of investing in welcoming and harmonious environments to contribute to the mother's permanence in the NICU and, consequently, favoring the mother-baby bond and using proximity to promote MB.<sup>12</sup>

Maintenance of lactation is also a challenge emphasized by mothers in this study. Due to the need for a zero diet to perform the surgeries, breastfeeding is interrupted and the drop in milk becomes insufficient, due to anxiety and concern about the child. Literature points out that the difficulty of success in the production and supply of milk is recurrent, and therefore, the multiprofessional team needs to value and promote the extraction of milk by the mother to ensure the maintenance of breast milk after the release of the diet and later hospital discharge.<sup>13</sup>

Feeding a newborn that has undergone a surgical procedure is a complex process that requires careful evaluation by the health team. Most of the time, it is not possible for this baby to start feeding directly at the mother's breast; it is usually necessary to use orogastric tubes for its feeding.

The prolonged use of a gastric tube for feeding may hinder the initial breastfeeding process, since the newborn does not perform the suction function and may compromise its acceptance and adaptation to oral breastfeeding later on. Suction function is of extreme importance in the life of the newborn, and with the use of a tube there is generally a delay in nutritional suction due to the lack of sensory stimuli, which can affect motor-oral development.<sup>14</sup>

The benefits of the MM are recognized by the interviewees and, although they face the difficulties of the breastfeeding process within the NICU, some mothers still express the desire to breastfeed and offer their own milk to their hospitalized child. This finding was also identified in other studies that showed this maternal desire to breastfeed, even in the face of the challenges related to breastfeeding and, moreover, identified feelings, such as anguish and frustration, expressed by the mothers who accompany the baby's hospitalization in the NICU.<sup>12-14</sup>

The neonatal unit has several situations that can generate interference in the mother-baby bond. In addition, one can notice the difficulty of health professionals in supporting mothers to establish the emotional bond. Another point to be explored, and which is also related to the professionals, are the routines

in the health services that often block the construction of the mother-baby bond.<sup>15</sup>

It is important to emphasize that family bonds are also challenged, both by the separation of the mother-baby binomial and by the suffering of accompanying a baby different from what was expected in pregnancy. Mothers idealize an uneventful birth and the return home with a healthy child, but need to experience reality with a baby that needs specialized care, presenting a complex clinical picture in a strange environment, such as the NICU, which requires the presence of a multidisciplinary team, highly technological equipment and painful procedures.<sup>16</sup>

Another aspect evidenced in this study refers to the professionals of the NICU who are not so present in relation to the support to breastfeeding, corroborating with Cherubim et al.<sup>13</sup>, which strengthens the perspective that there is still a deficit in the practice of breastfeeding within the NICU, a sector in which humanization needs to prevail in face of the technical movement. This fact may be related to the intensive care environment being not very conducive, very busy teams, professionals focused on assistance and concerned with baby survival, with a focus on invasive procedures and high technological complexity.

Mothers who experience their child's hospitalization in the NICU need encouragement and support to continue their journey of breastfeeding their child. The health professional should offer practical and emotional help, based on the counseling technique, valuing the desire of this mother to breastfeed and helping her to acquire confidence in her ability. The team should encourage mothers to be and remain with their babies as soon as possible, guiding them to touch them inside the incubator, providing and encouraging skin to skin contact in order to promote the affective bond between mother and child.

The Ministry of Health infers that prenatal care is an opportunity for health education about breastfeeding, promotion of breastfeeding, guidance to pregnant women on the breastfeeding process, and the benefits of the MRL for both the baby and the future mother.<sup>17</sup> However, this recommendation may not be fulfilled, as we identified in the results of this study, where the lack of guidance offered by the health services was observed in the statements of these women.

In this study, when faced with the challenges of breastfeeding, some mothers pointed out the HMB as a potential supporter during the difficulties of the breastfeeding process. In addition, they praised the work of nursing and were grateful for all the help they received in this sector. The professionals who work in HMB aim to support and encourage breastfeeding whenever possible, reinforcing the value of the knowledge and experience of each woman at the time of lactation as a form of management of breastfeeding.<sup>18</sup>

It follows that the nurse should listen to the mothers-in-law, adjust the technical-scientific terms for a better understanding of the guidelines. Furthermore, it is necessary to support in all forms and understand what his context of the environment, his values and his belief in having a child with congenital anomaly, with various surgical needs and/or technical apparatuses and

his relationship with nutrition, in order to reveal what is behind their statements, expressions and behaviors.<sup>13</sup>

## FINAL CONSIDERATIONS

The maternal bond should always be stimulated in all neonatal care settings, with special attention to cases where situations such as congenital abnormalities and surgical needs may interfere making this process difficult. The disease and surgery of the newborn child may generate clinical instability, pain and technological dependence that will leave marks beyond the child's scars. Emotional marks that can generate in this mother feelings of incapacity, insecurity about her maternal role and fear of loss. These marks have direct implications on the process of breastfeeding, breastfeeding and feeding your child with a view to growth and development.

In this context, the MB should not be left as a goal only after stabilization of the clinical condition and before the possibility of feeding the baby. Incentive actions, sensitive listening and counseling should be available to all mothers throughout the hospitalization process and on the return home. Besides being considered a precious food from the nutritional point of view, the MM has such a social importance to improve the quality of life.

In maternal experience, the need for support in lactating, breastfeeding and facing the challenges of hospitalization became evident. However, in the statements one notices disconnection in the support actions between the sectors, NICU and HMB. Thus, for there to be relevant implications in maternal and child care, it is necessary to join efforts, encouraging dialogue and exchange of experiences among professionals and teams to build processes and work network with shared actions to welcome, encourage and support this nurse with a newborn child hospitalized for surgical operative procedures.

Since this is a qualitative study, it is understood that the generalization of results may not correspond to other scenarios, but it is expected that this study will serve as a stimulus for new research, involving such themes in other contexts.

## AUTHOR'S CONTRIBUTIONS

Review study design. Acquisition, data analysis and interpretation of results. Writing and critical review of the manuscript. Approval of the final version of the article. Responsibility for all aspects of the content and integrity of the published article. Thaís Barbosa Moreira.

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