

Application of a Questionnaire to Pregnant Women to Assess their Knowledge Regarding Breastfeeding

Gabriela Barretto dos Santos¹, Nathalia Rodrigues de Melo Beneti², Emily Tais de Souza Rodrigues³, Kisslla Gondim Barreto⁴, Jhersyka Kessin Gonçalves Carvalho Campos⁵, Clovison Carvalho Jardim⁶, André Luis Graeff⁷, Endy Kethlen Silva Lopes⁸, Renata Maria Rocha⁹, Jânio Carlos Nunes Viturino Filho¹⁰, Arlindo Gonzaga Branco Júnior¹¹

^{1,2,3,4,5,6,7,8,9,10} Department of Medicine, São Lucas University Center – UNISL- Rondônia, Brazil

¹¹ Department of Medicine, Federal University of Rondônia – UNIR – Rondônia, Brazil

Received: 11 May 2021;

Received in revised form:

12 May 2021;

Accepted: 20 Jun 2021;

Available online: 29 Jun 2021

©2021 The Author(s). Published by AI
Publication. This is an open access article
under the CC BY license

(<https://creativecommons.org/licenses/by/4.0/>).

Keywords— Breastfeeding, Child
development, Infant, Pregnant,
Questionnaire.

Abstract— Introduction: Breastfeeding is able to provide many benefits to the health of the child, the woman and the society. It is essential for a good child development and for the prevention of diseases. If the child is nurtured exclusively with breast milk until 6 months of age, it can avoid impacts on infant mortality. For this, it is essential to start the guidance on the importance of correct breastfeeding, in prenatal and postpartum, clearing doubts and frequent difficulties, as well as protecting the right to exclusive breastfeeding. Objective: to assess the level of knowledge about breastfeeding. Methodology: Exploratory research on the knowledge of pregnant women in the state of Rondônia about breastfeeding. This research was carried out in the Google Drive Forms platform, consisting of 19 questions prepared by the students, accompanied by the attached ICF. Results: It was noticed that even though the pregnant women had previous knowledge about breastfeeding, the percentage of women who breastfed exclusively with breast milk was equivalent to those who did not breastfeed. Conclusion: we can evaluate that the interviewees have good prior knowledge about breastfeeding, understanding that breast milk is the best food for the infant.

I. INTRODUCTION

Breastfeeding has the capacity to provide multiple benefits to the health of the child, the woman and society, promoting a strong impact on child mortality. If the child was nourished exclusively with breastfeeding until the age of six months and the breastfeeding was continued after the introduction of a healthy complementary diet it could prevent about 13% of deaths in children under five years of age. (SILVA, 2014).

The consensus is that breastfeeding is fundamental to provide essential nutrients for the infant development process, to strengthen the bond, and to

contribute to the development of the immune system, which is essential to protect against pathogenic microorganisms. However, many mothers face problems that interfere with breastfeeding, especially primiparous women who report lack of knowledge and proper guidance, misconceptions in multiparous women are also noted, related to their family and their cultural issues and those problems are common processes that influence early weaning. (CANDIDO DE BORTOLI et. al., 2019).

The appropriate moment for the beginning of the orientation on how to breastfeed correctly is defined prenatal care. It is also important to reinforce that is vital

to have a professional available at the maternity hospital to solve doubts and frequent difficulties, from the first hour after birth, orientate how to correctly latch on, so that the newborn sucks the milk and does not hurt the nipples of the lactating mother. Always aim to empty the first breast offered to the baby and then offer the other, and in the next feed always start with the one that was not completely emptied. These measures prevent the child from becoming agitated and crying, affecting the production of milk and insecurity in the puerperal woman (CASTRO; ARAÚJO, 2006).

Worldwide, incentive policies for maternity leave and for the practice of exclusive breastfeeding during the first six months of a child's life are developed. However, hundreds of thousands of working women still have no or inadequate maternity protection. Protecting the right to exclusive breastfeeding reduces maternal and infant morbidity and mortality (RIMES; OLIVEIRA; BOCCOLINI, 2019).

In support of nursing mothers, laws have been created to encourage and ensure the right of mothers who are in the labour market to reserve a period of 1 hour's rest for breastfeeding during the first 6 months of the child's life, in accordance with the CLT (Consolidation of Labour Laws), Law No. 5452 of 1 May 1943, Art. 396, and may have flexible working hours in accordance with the agreement between the mother and employer (BRASIL, 1943).

That being said, the determination of this research is to identify the understanding of postparturient women about the importance of exclusive breastfeeding until the first six months of life of the infant.

II. METHODOLOGY

The study is an exploratory, descriptive, and quantitative research carried out in the municipality of Porto Velho, Rondônia, with pregnant women over the age of 18 who agreed to participate in the research.

The questionnaire was conducted through an online research platform, Google Forms, consisting of 19 questions designed by the students, based on SOUZA's questionnaire (2008), regarding the knowledge about breastfeeding. Soon after answering the questions, a flyer with the theme breastfeeding, its importance to the lactating woman and the baby, and the correct breastfeeding technique will be made available.

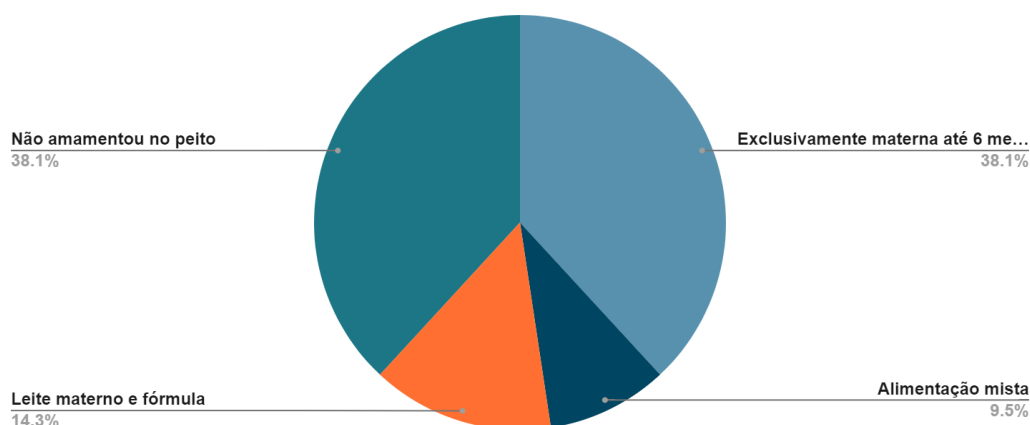
Once the data was collected, the data was saved in Microsoft Excel 2010 spreadsheets and statistical observations were made to analyze the pregnant women's knowledge about the topic.

The project was approved by the Research Ethics Committee of São Lucas University Center, CAAE: 43367421.0.0000.0013 and Opinion: 4.581.675.

III. RESULTS

Thirty-one people took part in the survey, all females aged between 18 and 59, with an average age of 27 years, most of whom have higher education (58.1%), were married or in a stable union.

Firstly, the pregnant woman was asked if she had ever breastfed, and the majority, i.e. 61.3%, answered negatively, and those who answered positively corresponded to a percentage of 38.7%, so that they are equivalent in the question type of breastfeeding between: did not breastfeed with breast milk and those who breastfed exclusively with breast milk until the six months of age of their offspring, as shown in graph 1.



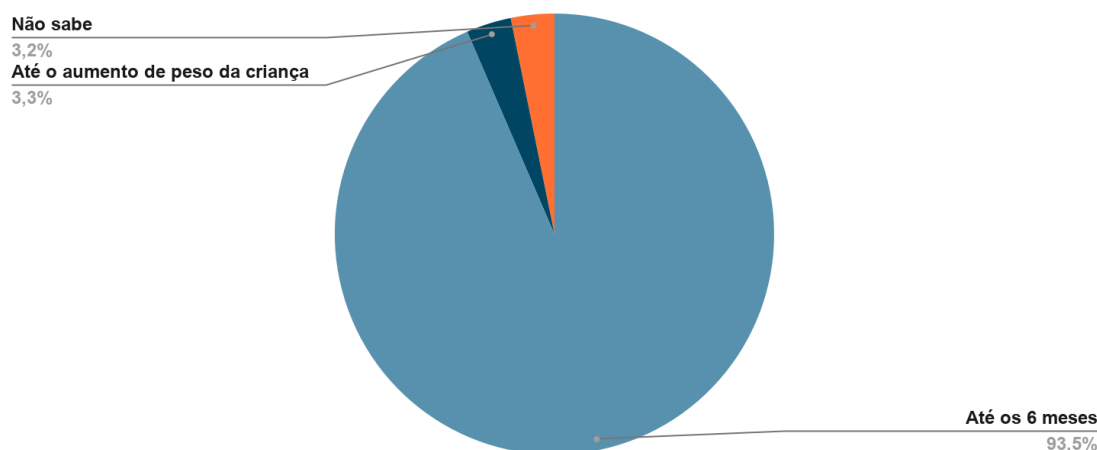
Graphic 1. Percentage of the type of food that the baby received.

Santos, G. B., et al., 2021.

In addition, data on previous knowledge on breastfeeding were included in which 83.9% of the answers were affirmative where 1/3 were acquired in the private network, approximately 1/4 in preparatory courses for childbirth and 1/4 obtained information in Basic Health Units (UBS, the acronym in Portuguese) or maternity hospital where the birth occurred.

Furthermore, 93.5% of the population acknowledges that it is recommended to place the newborn for

breastfeeding within the first hour of life, 3.3% believe that it can be placed until the third hour of life and 3.2% do not know and there were no answers for "until the sixth hour of life". Therefore, it is understandable that the group which states that the ideal is to put the baby to breastfeed in the first hour of life is the same that also recognizes that the correct lactation should be maintained until six months of age. As shown in Graph 2.



Graph 2- Percentage of required breastfeeding duration.

Santos, G. B., et al., 2021.

Subsequently, the questionnaire addressed whether breast milk contains all the essential nutrients for the baby's development, and all the answers were positive in this regard: breast milk is more adequate and certainly provides better digestion for children.

However, when asked who benefits from breastfeeding, 58.1% claim mutual benefit, i.e., respectively mother and baby; 19.4% believe it is advantageous for the whole society, 22.6% have the belief that it is convenient only for the child.

Furthermore, it was found that 96.8% of the interviewees believe that breastfeeding is able to prevent infections and allergies and only 3.2% did not know how to inform exactly. However, it is essential to emphasize that all interviewees recognize that breast milk is essential for the satisfactory progression of the child's immune system and favors the bond between mother and child.

In conclusion, it inferred questions based on breastfeeding as an ally against child obesity, and there is agreement between 87.1% but 12.9% did not know how to inform; It was verified that 64.5% of the interviewees affirm that breastfeeding helps in uterine involution and 35.5% do not know this fact. Finally the majority (93.5%)

of the respondents ratify that breastfeeding attributes to the mother's weight loss and 6.5% responded that there is no success in losing weight.

IV. DISCUSSION

The Brazilian Society of Pediatrics (SBP), (2021), recommends that breastfeeding should be exclusive until the age of 6 months, being of utmost importance due to the benefits it offers to the child, as it helps in the child's development and health protection, meeting all nutritional needs. This fact is also recommended by the Ministry of Health (2013), and is also known by most of the interviewees (93.5%); however, among those who had already breastfed, it was found that only 38.1% of the respondents had done it ideally, showing that knowledge is not necessarily linked to the practice of breastfeeding.

In addition, the Brazillian Society of Pediatrics (2021) states that breastfeeding generates benefits not only for the child, but also for the mother, since it helps her return to normal weight, reduces the chances of developing diabetes and heart attack, reduces postpartum bleeding, and prevents breast and ovarian cancer. It should also be noted

that breastfeeding is practical, economical, safe, effective and intensifies the bond between mother and child. Moreover, when asked who benefits from breast milk, most (58.1%) believe that the benefit is for both, the mother and offspring and 19.4% understand that it is beneficial for the whole society, confirming the information recommended by the BSP (2001) (SBP, in Portuguese).

According to the World Health Organization, (2015), breastfeeding can be classified into:

- Exclusive breastfeeding: when the baby only gets breast milk, with the exception of vitamins, supplementation or medication.
- Predominant breastfeeding: where the child receives water, teas and juices in addition to breast milk.
- Breastfeeding: when the child, regardless of whether or not it receives other foods, is breastfed.
- Complementary breastfeeding: in addition to breast milk the child receives semi-solid/solid food.
- Mixed or partial breastfeeding: when the child receives other types of milk in addition to breast milk.

Of the 31 women interviewed only 38.1% revealed adherence to exclusive breastfeeding until 6 months, the recommended by the World Health Organization (WHO) (2015); 14.3% adhered to mixed or partial breastfeeding, association of breast milk with formulas, and 9.5% of the interviewees claimed to have employed mixed or complemented feeding, according to WHO (2015). This reveals that, despite efforts to raise awareness about the importance of exclusive breastfeeding for up to six months, many women are still reluctant. It is important to emphasise that there are several reasons for non-adherence to exclusive breastfeeding. The lack of information corroborates, but we cannot neglect the referred pain, the emotional state of the lactating woman in relation to the act, and the return to work before the baby is six months old.

According to Damião (2008) and Sales et al (2017), breastfeeding is related to the woman's schooling and the insertion in the labour market, as this increased the production of milk formulas and decreased the exclusive breastfeeding time. Furthermore, there are analyses claiming that older women have more knowledge about the child's development, a fact that was deconstructed in our research, as the interviewees, who have an average age of 27 years, understand that breastfeeding contributes to

preventing infections, helps development, and has all the necessary nutrients for the child.

In relation to the intervals of the feeds and the offer, it is important to emphasize that in the first 10 days of life until one month the free demand is the best way. The breast should be offered whenever the baby asks for it and there is no fixed interval between feeds, the ideal being to avoid leaving the baby more than three hours without breastfeeding during the first days of life. So that the baby learns to recognize when he/she is hungry and when there is satiety, and this recognition is linked to lower rates of obesity in adulthood. This is known by the interviewees (87.1%). Moreover, sucking is the main stimulus for the production of breast milk, therefore, the more often the baby sucks the greater the stimulus for milk production, besides contributing to uterine involution, a fact unknown by 35.5% of the interviewees. The BSP (2021), postulates that the first feed should be offered in the first hour of the baby's life, preferably soon after birth, which proved to be known by the interviewees (93.5%) while only 3.3% believe that it is good to breastfeed until the third hour of life.

Therefore, the encouragement of breastfeeding should occur both in the private sector and in the Single Health System (SUS in Portuguese), since prior knowledge helps in the preparation, knowledge and practice of the mother.

According to Santiago et al (2003), the multidisciplinary breastfeeding support teams, together with the pediatrician, have great influence on the results related to breastfeeding, providing guidance on diet/nutrition and family habits. However, surveys show low demand of pediatricians for courses and training. In this research, $\frac{1}{3}$ of the interviewees reported acquiring knowledge through the private network, $\frac{1}{4}$ in preparatory courses and $\frac{1}{4}$ in Basic Health Unit/maternity/hospital. Of the 31 people interviewed in total, 83.9% said they had prior knowledge related to breastfeeding, i.e., knowledge proved to be greater than the lack of information. According to Rebouças et. al. (2020), pregnant women who receive some information, get that from nurses or nutritionists. In our study, we found that the knowledge about breastfeeding was mostly acquired (37%) in the maternity hospital where the mother gave birth, followed by information passed on private networks (33.3%) and preparatory courses for childbirth (22.2%).

V. CONCLUSION

This study was relevant in order to assess the knowledge of pregnant women about breastfeeding and provide health education to them. Furthermore, the benefits for the mother were reported, such as decreased

risks of diabetes, heart attack and postpartum hemorrhage, in addition to preventing breast and ovarian cancer, as well as being a safe, effective, economical and practical method. Orientation was given regarding the best supply for the baby, emphasizing the importance of free demand in the first month of life.

It was concluded that the interviewees have a good prior knowledge about breastfeeding, understanding that breast milk is the best food for the infant, so the flyer used was helpful in the intervention, as it added information for health education practice offering more knowledge about breastfeeding.

REFERENCES

- [1] Anniebello. Um guia prático sobre amamentação. Disponível em: <https://anniebello.com.br/wp-content/uploads/2018/01/guia-pratico-sobre-amamentacao.pdf>. Acesso em: 19 mai. 2021.
- [2] Brasil. Ministério da Saúde. Estratégia Nacional para Promoção do Aleitamento Materno e Alimentação Complementar Saudável no Sistema Único de Saúde (SUS) -Estratégia Amamenta e Alimenta Brasil. [Internet]. Vol. Cartilhas, https://bvsms.saude.gov.br/bvs/saudelegis/Gm/2013/Prt1920_05_09_2013.html. 2013. 5473–5479 p. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt1920_05_09_2013.html.
- [3] Brasil. Decreto-lei nº 5.452, de 1 de maio de 1943. Aprova a consolidação das leis do trabalho. Lex: coletânea de legislação: edição federal, São Paulo, v. 7, 1943. Disponível em: http://www.planalto.gov.br/ccivil_03/decreto-lei/del5452.htm.
- [4] Brasil. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Diário Oficial da República Federativa do Brasil, Brasília, DF, 16 jul. 1990. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/18069.htm.
- [5] Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde da criança: nutrição infantil: aleitamento materno e alimentação complementar / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. – Brasília: Editora do Ministério da Saúde, 2009. 112 p. il. – (Série A. Normas e Manuais Técnicos) (Cadernos de Atenção Básica, n. 23) <http://bvsms.saude.gov.br/bvs/publicacoes/saude_crianca_nutricao_aleitamento_alimentacao.pdf>.
- [6] Candido de Bortoli, Cleunir de Fatima; POPLASKI, Jesica Fernanda; BALOTIN, Paula Roberta. A AMAMENTAÇÃO NA VOZ DE PUÉRPERAS PRIMÍPARAS. Enfermagem em Foco, [S.l.], v. 10, n. 3, nov. 2019. ISSN 2357-707X. Disponível em: <<http://revista.cofen.gov.br/index.php/enfermagem/article/view/1843>>.
- [7] Damiao, Jorginete de Jesus. Influência da escolaridade e do trabalho maternos no aleitamento materno exclusivo. Rev. bras. epidemiol. , São Paulo, v. 11, n. 3, pág. 442-452, setembro de 2008. Disponível em <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2008000300011&lng=en&nrm=iso>. acesso em 23 de maio de 2021. <https://doi.org/10.1590/S1415-790X2008000300011> .
- [8] Da Silva, Nichelle Monique et al. Conhecimento de puérperas sobre amamentação exclusiva. Revista Brasileira de Enfermagem, v. 67, n. 2, p. 290-295, 2014.<https://scholar.google.com/scholar?hl=pt-BR&as_sdt=0%2C5&sciodt=0%2C5&cites=16311991372066785647&scipsc=&q=amamenta%C3%A7%C3%A3o+exc+lusiva&oq=%22amamenta#d=gs_qabs&u=%23p%3Dr10otuSb7o4J> .
- [9] De Andrade, Izabella Santos Nogueira. Aleitamento materno e seus benefícios: primeiro passo para a promoção saúde. Revista Brasileira em Promoção da Saúde, v. 27, n. 2, 2015.
- [10] Machado, Mariana de Oliveira Fonseca et al. Aleitamento materno: conhecimento e prática. Revista Esc. Enfermagem USP 2012, v 1, p. 809 - 814, 15 www.ee.usp.br/reeusp/ <<http://www.scielo.br/pdf/reeusp/v46n4/04.pdf>> .
- [11] Moreira Franca Vieira, I.; Ismael Oliveira Da Conceição, S. Conhecimento materno e de responsáveis por crianças sobre amamentação e alimentação complementar. Revista Brasileira de Pesquisa em Saúde/Brazilian Journal of Health Research, [S. l.], v. 22, n. 1, p. 79–88, 2020. DOI: 10.21722/rbps.v22i1.27483. Disponível em: <https://periodicos.ufes.br/rbps/article/view/27483>. Acesso em: 23 maio. 2021.
- [12] Oliveira. R.L; Silva. A.N. Aspectos legais do aleitamento materno: cumprimento da lei por hospitais de médio e de grande porte de Maceió. Revista Brasileira de Saúde Materno Infantil, Recife, v.03, n.1, janeiro/março.2003. Disponível em <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292003000100007>.
- [13] Perinatal. Dicas de amamentação. Disponível em: https://perinatal.com.br/pdf/amamentacao/dicas_de_amamentacao.pdf. Acesso em 19 mai. 2021.
- [14] Rebouças, N. P. et al. avaliação do conhecimento das mães sobre aleitamento materno em Fortaleza. Brazilian Journal of Developmente. Curitiba, v.6, n.9, p72378, set/2020.
- [15] Rimes, Karina Abibi; OLIVEIRA, Maria Inês Couto de; BOCCOLINI, Cristiano Siqueira. Licença-maternidade e aleitamento materno exclusivo. Revista de Saúde Pública, v. 53, p. 10, 2019. <<https://www.scielo.org/article/rsp/2019.v53/10/pt/>>.
- [16] Rocci E, Fernandes RAQ. Breastfeeding difficulties and influence in the early weaning. Rev Bras Enferm [Internet]. 2014; 67(1). Available from: <http://www.gnresearch.org/doi/10.5935/0034-7167.20140002>.
- [17] Santiago, Luciano B. et al. Incentivo ao aleitamento materno: a importância do pediatra com treinamento específico. J. Pediatr. (Rio J.), Porto Alegre, v. 79, n. 6, pág. 504-512, novembro de 2003. Disponível em <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0021-75572003000600008&lng=en&nrm=iso>. acesso em

23 de maio de 2021. <https://doi.org/10.1590/S0021-75572003000600008>.

- [18] Saúde, Ministério Da; Cadernos de Atenção Básica: Saúde da Criança: aleitamento materno e alimentação complementar. 2. ed. Distrito Federal: Ministério da Saúde, 2015. p. 13-30.
- [19] Sociedade Brasileira de Pediatria. A importância do aleitamento materno. Disponível em: <https://www.sbp.com.br/especiais/pediatria-para-familias/nutricao/a-importancia-do-aleitamento-materno/>. Acesso em 19 mai. 2021.
- [20] Sociedade Brasileira de Pediatria . Com que frequência eu devo amamentar meu filho?. Disponível em: <https://www.sbp.com.br/especiais/pediatria-para-familias/nutricao/com-que-frequencia-eu-devo-amamentar-meu-filho/>. Acesso em 23 mai. 2021.