

BREASTFEEDING A HOSPITALIZED NEWBORN: DIFFICULTIES OF MOTHERS WITH CHILDREN IN NEONATAL INTENSIVE AND INTERMEDIATE CARE UNITS

ALEITAMENTO MATERNO DE RECÉM-NASCIDOS INTERNADOS: DIFICULDADES DE MÃES COM FILHOS EM UNIDADE DE CUIDADOS INTENSIVOS E INTERMEDIÁRIOS NEONATAIS

LA LACTANCIA MATERNA DE LOS RECIÉN NACIDOS: DIFICULTADES DE LAS MADRES CON NIÑOS EN LA UNIDAD DE CUIDADOS INTENSIVOS NEONATAL E INTERMEDIARIO

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Submitted on: 10/31/2012 Approved on: 10/18/2013

ABSTRACT

Breastfeeding is the wisest natural strategy of link, affection, protection and nutrition for the child. This study aimed to investigate the difficulties of mothers in the process of breastfeeding children in the Neonatal Intensive Care Unit (NICU) and the Intermediate Medical Care Unit (IMCU). The research is exploratory-descriptive, with a qualitative approach, conducted at the Mother's House, a support house of a reference hospital in Sobral-CE. Data was collected from a semi-structured interview with 12 mothers. The focal group technique was also used for completion of the information. From the interpretation and analysis of the information reported, puerperal difficulties were organized into four categories: mother-child separation; conditions of newborn hospitalized in NICU and IMCU; hospitalization as the generator of anxiety, and milking expression as an exhaustive process. The hospitalization of a newborn child is an event that involves emotional, socioeconomic and cultural factors and that may hinder the process of breastfeeding. It was possible to perceive this process as a difficult experience that requires effort and persistence to overcome, in addition to technical difficulties, feelings of fear and anxiety generated by the situation. Thus, the nursing professional must be present at all times, offering practical and emotional help, supporting the mother to acquire self-confidence in her ability to breastfeed.

Keywords: Breastfeeding; Nursing; Newborn.

RESUMO

O aleitamento materno é a mais sábia estratégia natural de vínculo, afeto, proteção e nutrição para a criança. Com este estudo, propôs-se a investigar as dificuldades de mães no processo de aleitamento dos filhos em unidade de cuidados intensivos (UCI) e intermediários neonatais (UTIN). A pesquisa é do tipo exploratório-descritiva, com abordagem qualitativa, tendo como cenário a Casa da Mamã, casa de apoio de um hospital de referência de Sobral-CE. A coleta de dados se deu a partir de uma entrevista semiestruturada realizada com 12 mães. Também foi utilizada a técnica do grupo focal para complementação das informações. As informações foram organizadas em quatro categorias: separação mãe-filho; condições do recém-nascido hospitalizado em UTIN e UCI; a hospitalização como evento gerador de ansiedade; e a ordenha como processo exaustivo. A hospitalização de um filho recém-nascido é um acontecimento que envolve aspectos emocionais, socioeconômicos e culturais, podendo dificultar o processo de amamentação. Foi possível perceber esse processo como uma experiência difícil que exige esforço e persistência para superar, além das dificuldades de ordem técnica, os sentimentos de medo e ansiedade gerados pela situação vivenciada. Assim, o profissional de enfermagem deve estar presente em todos os momentos, oferecendo ajuda prática e emocional, auxiliando a mãe a adquirir autoconfiança em sua capacidade de amamentar.

Palavras-chave: Aleitamento Materno; Recém-Nascido; Enfermagem.

RESUMEN

La lactancia materna es la estrategia natural de vínculo, afecto, protección y nutrición más sabia para el niño. Con este estudio se propuso investigar las dificultades de las madres en el proceso de lactancia materna de niños en la unidad de cuidados intensivos (ICU) y neonatal intermediarios (NICU). Se trata de una investigación exploratoria descriptiva con enfoque cualitativo cuyo escenario fue la "Casa de Mamá", casa de apoyo de un hospital de referencia de Sobral, Estado de Ceará. La recogida de datos se realizó a través de una entrevista semiestruturada con 12 madres. También se utilizó la técnica de grupo focal para completar la información. A partir de la interpretación y el análisis de la información, las dificultades mencionadas por las parturientes fueron organizadas en cuatro categorías: separación madre-hijo; condiciones del recién nacido (RN) hospitalizado en UCIN y UCI; la hospitalización como hecho que genera ansiedad y la extracción de la leche como proceso exhaustivo. La hospitalización de un niño recién nacido es un hecho que involucra aspectos emocionales, socioeconómicos y culturales y puede obstaculizar el proceso de lactancia. Se observa que este proceso es una experiencia difícil que requiere esfuerzo y persistencia para superar, además de las

dificultades técnicas, los sentimientos de miedo y ansiedad que se generan. Por lo tanto, el profesional de enfermería debe estar presente en todo momento para brindar ayuda práctica y emocional, con miras a que la madre adquiera confianza y se sienta capaz de amamantar.

Palabras clave: Lactancia Materna; Enfermería; Recién Nacido.

INTRODUCTION

Breastfeeding is the wisest natural strategy of bonding, affection, protection and nutrition to a child and its advantages are numerous. For the mother, it is a possible protection against breast and ovarian cancer; and for the child, the main benefits include protection of airways and gastrointestinal tract from infectious diseases. Breast milk promotes proper weight gain; it is free from contamination, thus provides immune protection, and stimulates the affective bond between mother and child.¹

Breast milk is capable of meeting the needs of children up to six-months old, and after that age, should be complemented with proper food to achieve nutritional needs and prevent infant morbidity and mortality. Therefore, the World Health Organization (WHO) recommends breastfeeding up to two years or more, being exclusively fed during the first six months of life.¹

All women are physiologically capable of breastfeeding, however, this innate potential does not ensure the occurrence of it.

Early weaning makes the practice of only breastfeeding difficult until the age of six months, which is recommended by WHO. The trend of early weaning can be related to families' lower socioeconomic levels and educational level of the mothers, besides factors such as young motherhood, smoking and having a cesarean section.²

According to the United Nations Children's Fund, each year 20 million newborns are born premature and underweight, of whom a third die before reaching one year of age. For every 10 newborns weighting less than 1,000 g, nine do not survive beyond the first month of life. Concurring to the literature, for the survival of these children, breastfeeding is critical because mothers of premature newborns produce milk with a difference in the protein and energy composition and in the immune constituents when compared to milk produced by mothers of full term newborns.³

Premature and low birthweight babies breastfed by the mother, present shorter duration of hospitalization, a better prognosis for neurological development, decreased weight loss, reduction in the incidence of acute and chronic diseases and increased survival compared to those fed with industrialized milk.⁴

It is understood that prematurity and low birth weight appear as conditions of a newborn (NB) that will need specialized care which can only be provided through hospitalization.

The hospitalization of a child, either in the Neonatal Intensive Care Unit (NICU) or in the Intermediate Medical Care Unit (IMCU) is a situation that can cause emotional damage for the

whole family, especially for the mother, as it is a frightening environment, which inhibits direct contact between mother and child. Commonly, longer hospital stays for neonates arise in parents the feelings of anxiety, insecurity and guilt.⁵

In this context, a child's hospitalization at NICU requires removal of the mother from family life and submission to a stressful hospital routine, with daily observation of painful and invasive procedures, part of the health care assistance to newborn, and feelings of fear, insecurity and uncertainty regarding the child's survival.⁵ Thus, these aspects resulting from hospitalization are characterized as one of the interfering factors in the breastfeeding process of these children.

In the situations where it is not possible to use human milk for nutritional therapy, it is necessary to utilize special infant formulas through enteral nutrition or solutions formulated for parenteral nutrition, and both can be combined. Currently, methods that decrease the time using tubes for preterm NB, such as non-nutritive suction are used and have the function of evolving rapidly neurological and motor stimuli, enabling the newborn to breastfeed.⁶

Therefore, it is necessary to know the aspects related to the hospitalized newborn and the nursing mother, thereby encouraging the breastfeeding. This should be started early by the oral route, attention and special support must be given to maintaining maternal lactation, starting skin to skin contact between mother and child, and direct suction from the breast should begin at the earliest possible stage.⁵ Another factor to be observed in promoting breastfeeding is related to identification of the needs and difficulties experience by the mother.

Also, mothers of children who require special care in Neonatal Intensive Care Units and Intermediate Medical Care Units experience uniquely personal situations related to breastfeeding. They consider placing a gastric tube in their child an obstacle for both, making the child's suction difficult, as well as the management of breastfeeding by the women. Moreover, they experience the imminent failure in breastfeeding due to the numerous variables to which they are exposed that occasioned decreased production and secretion of milk.⁷

Thus, these maternal difficulties resulting from their child's hospitalization can disrupt the process of breastfeeding. Early weaning in these situations occurs, in many cases, due to the extended hospital stay, maternal stress, lack of systematized routines that promote breastfeeding and the baby's clinical condition, which blocks direct suction of the maternal breast. When

these factors are associated with physiological and clinical conditions of premature newborns, it ceases to have oral reflexes or they are deficient, producing ineffective suction and causes a lack of coordination between swallowing and breathing.^{8,9}

Thus, perceptible difficulties for mothers occur in maintaining lactation during the hospitalization of their children, and often they are not being exclusively breastfed, although the mothers are oriented to stimulate lactation and breastfeeding. Therefore, questioning about which factors, besides biological ones, might be part of the lactation and breastfeeding conditions of mothers of preterm infants who are currently in NICU and IMCU.

This reflection motivates the present study, aimed to investigate maternal difficulties in the process of breastfeeding preterm infants hospitalized in the Neonatal Intensive Care Unit and Intermediate Medical Care Unit. For that, it is considered that the knowledge about factors that may interfere in lactation and breastfeeding processes of premature newborns will allow better conditions for planning assistance focused on the needs of these nursing mothers.

METHODS

This is an exploratory-descriptive research with a qualitative approach. The study design was chosen due to the fact that qualitative studies are capable of incorporating both the meaning and intention as inherent to actions, relations and social structures, being the last ones considered in their advent and transformation as significant human constructions.¹⁰

The exploratory-descriptive research has the object of providing more familiarity with the problem, in order to make it more explicit or build hypotheses, emphasizing the description of characteristics of a given population or phenomenon. It can also provide clarification of relationships between variables.¹¹

The study scenario was the Mother's House. This is part of the Santa Casa de Misericórdia of Sobral, a philanthropic hospital of secondary and tertiary reference for the municipalities of northern Ceará. It is also recognized as a teaching hospital.

The Mother's House was inaugurated on July 20, 2001 and has as objective to solve geographic and socioeconomic barriers common in the region, lodging mothers whose infants born in the hospital and need hospitalization. It is a familiar and welcoming environment, with 256 m², located next to the hospital. Its physical structure comprises two living rooms, one kitchen, three bathrooms and three bedrooms, where 15 beds are distributed. In order for the puerpera be admitted in the House, it is necessary that she has been discharged from the hospital and her newborn (NB) is still in need for specialized care, which implies staying in the Intermediate Medical Care Unit (IMCU) or in the Neonatal Intensive Care Unit (NICU); it

is also required that the puerpera go to the hospital everyday to perform milking and breastfeed her baby.

While staying in this shelter, the mothers go to the hospital during three shifts: morning, afternoon and evening. During each shift, the mothers do manual expression of breast milk to feed the newborns who haven't yet developed the reflex of suction and they can also have access at any time to the neonatal unit, staying with their children who are still in the incubator. The infants who have suction reflex are breastfed. There is an exclusive room for them, where they can breastfeed and do expression of breast milk with privacy and tranquility.

The study subjects were the 12 mothers, who were sheltered at the Mother's House during data collection of the study, being five of the infants hospitalized at NICU and seven at IMCU.

Data collection occurred through a semi-structured interview applied at the Mother's House, covering questions about socio-economic data, information on pregnancy and aspects related to breastfeeding, seeking to meet the proposed goal of this research.

The first contact with the mothers happened at the study site, where the research objectives were presented, and then, it was asked if they agreed to participate. After acceptance of voluntary participation in the study, the interview step was carried out.

Once all the interviews were performed, the mothers were invited to participate in a focal group. This activity took place at the Mother's House, in the moment where the mothers returned from the hospital and were all together. The focal group was performed to complement the information collected through interviews and it arose through discussion generated by the following guiding questions: *Are you breastfeeding? How is the process of breastfeeding going?*

All researchers performed the interviews and the focal group. The information collected was recorded and subsequently, transcribed, read and reread to obtain better analysis.

It is noteworthy that the focal group represents a source which enhances the access to information about a phenomenon, whether by possibly generating new ideas or by analysis and questioning an idea in depth.¹²

The technique used for data analysis was categorization of speech, in which the research results were arranged in categories that were based on the participants' discourse and then contrasted with relevant literature. Information provided by the participants tend to be more varied, so, for these to be analyzed properly, they need to be organized, what is done by placing them in a number of categories.¹³

The research sought to address the ethical principles adopted by the Resolution 196/96 of the National Council of Health. This resolution directs the ethical aspects of research involving humans. It should be emphasized that only the mothers who were available and that then, gave consent through signature in the Informed Consent (IC) participated in the study. The IC is

understood as a negotiation process, which demands respect to the rights and dignity of the individual.¹³ At this moment, it was presented the research objective and emphasized the importance of the collaboration of the individuals to the society.

In order to preserve the anonymity of the study participants, codenames of flowers were utilized, chosen to relate the sensitivity of flowers to mothers during this period of their child's hospitalization. This study was submitted to evaluation of the Subcommittee on Research of the Santa Casa of Misericórdia in Sobral/CE.

RESULTS AND DISCUSSION

This study sought to understand the difficulties experienced by mothers of newborns hospitalized in NICU and IMCU in the breastfeeding process. From the analysis and interpretation of information it was possible to extract four thematic categories: mother-child separation; conditions of the NB hospitalized in NICU and IMCU; hospitalization as the generator of anxiety; and milking expression as an exhaustive process.

Before presenting the categories, we considered it necessary to identify the profile of mothers with hospitalized newborns, by understanding this as an important step to comprehend the experience of women who experience this process.

PUERPERA CHARACTERIZATION

The interviewees' age ranged from 14 to 41 years old. Regarding education, half (six) of the sample had finished middle school, four completed high school and two had not earned their high school diploma yet. All the study participants were stay at home mothers, with the exception of one, who reported working in agriculture with her spouse. In relation to household income, most of the subjects mentioned receiving less than minimum wage because their spouse did not have a steady job. As to marital status, eight mothers were married and four declared having a stable relationship. All the interviewees lived with their husband and children, except one (14 years old), who still lived with her original family, because her partner was residing in another city.

Concerning age, education level, employment and household income, a relationship is perceived among those variables, since the majority of mothers were more than 30 years old, had completed middle school, none had steady jobs and earned an average income less than minimum wage.

Regarding the number of children, five interviewees reported having the first child and the others had between two to nine children, and all of them were experiencing for the first time a hospitalization of a newborn. The study participants were from nearby areas of Sobral, which reflects the difficulty

of transportation for these mothers and reinforces the need for availability of the Mother's House as a support place for them to stay near their hospitalized newborns.

MOTHER-CHILD SEPARATION

As evident in the statements of the participating mothers, separation is a source of anguish and suffering for many of them, because not being able to hold their child produces anxiety and insecurity, especially in the case of being the first child, and also compromises the development of breastfeeding process, an important factor for installation and strengthening the bond between mother and baby.

I got to breastfeed and it was good. Now I am even missing it, because I cannot breastfeed. So... for a mother that never had a child, and then comes breastfeeding, it is such a good thing... (Dahlia).

This one still hasn't taken the breast. I am not feeling very well no (Gerbera).

It is a wish, every minute that passes is a wish that we have [...] I am dying to get him, put him here [lap] (Calla Lily).

The moment of seeing and touching the baby is joyful motivation, but it is also a motive of some uncertainty for mothers, mainly when the newborn requires hospitalization. Situations that indicate forwarding the NB to NICU or IMCU contribute to mother and child separation, sometimes for a shorter period, and often for a long one. This separation during the first hours and days after giving birth leads mothers to experience difficulties in the development of attachment.¹⁴

This process of separation of mother and child complicates the formation of an affective bond and breastfeeding, since the birth and hospitalization of a premature infant alters the family dynamics, triggering a series of difficulties. The family tries to accommodate visits and hospital stays to professional and domestic life, and it is also considered difficult to go to the hospital, due to the low socioeconomic level of some families.¹⁵

The connection of mother to child is not innate and breastfeeding is an opportunity to start this bond or of intensify it, because it is known currently that there is much more in the act of breastfeeding than simply ensuring the survival of species. The breast milk, in addition of being indicated as the best food for babies, it is recognized for offering advantages in strengthening the mother-child bond.¹⁶

Successful breastfeeding awakens in a woman the feeling of deep connection with the child, and of realization as a woman

and mother. If the woman is not encouraged to have contact with her child, her maternal feelings suffer a deficit, since the mother is afraid of taking care of the child for fear of hurting it.

Regarding the importance of mother and child contact, the Mother's House is configured as a local support place that contributes to the strengthening of this bond, fundamental in the process of breastfeeding, since the hospital experiences large demand from surrounding towns.

CONDITIONS OF THE NB HOSPITALIZED IN NICU AND IMCU

There are certain conditions of newborns admitted in NICU and IMCU that can complicate breastfeeding these babies. The clinical status of a NB, which is characterized as unstable in this period, and body size, in case of premature and low birthweight, will configure themselves as obstacles to the mother in the breastfeeding process, as can be identified in the following statements:

I was breastfeeding, but she got a little worse and now I am not breastfeeding [...]. I breastfed after nine days, and then she got a little worse and went back to NICU (Dahlia).

Sometimes we get desperate, because a mother is a mother. Since the time she knows that she is pregnant, she has to protect, has to take care and sometimes we cry because we see our children full with medical devices, and when they got out of the appliances and we think that is coming to our hands, they have a small complication, but that it is huge for us (Calla Lily).

This aspect was identified as a barrier to the beginning of the breastfeeding process, given the fragile state of health, immaturity of organ systems, possibility of complications and necessity of adaptation of the NB to its new reality. Hospitalized premature NBs with low birth weight, clinical and surgical dedicated states, in most cases, benefit from breastfeeding. Only in very rare situations, is breast milk contraindicated.¹⁷

Mothers of hospitalized NBs also face difficulties due to low birthweight, as can be observed in the statements below:

I have difficulties in getting the baby because he is very tiny [...] plus the baby being tiny, we are afraid of reaching and grabbing him with all those medical devices (Little Christmas Flower).

The girl (nursing technician) who put him in my arms. I still have major difficulty to get him in my arms (Amaryllis).

This difficulty, attributed by the mothers to the breastfeeding process, may be related to the fragility of their babies, since the perception of their baby not being equal to the idealized image can cause the mother to take sometime to face her new reality. When, unexpectedly, the birth of a premature or low birthweight child occurs, many mothers feel uncomfortable in dealing with these such delicate babies and may erroneously conclude that they are unable of breastfeeding the babies at that moment.¹⁸

Feeding a hospitalized newborn is a complex process that requires careful evaluation. In most cases it is not possible that this baby start directly breastfeeding; usually, an oral gastric tube is required for his or her nourishment.

I am pumping milk right now because my baby is in the incubator. I am praying to God that my son is out soon (Gardenia).

The doctor said that he is going to take the little tube out of my son's mouth tomorrow to breastfeed him. I am not feeling very well (Gerbera).

With prolonged use of gastric tube for feeding, the initial process of breastfeeding is hindered, because the newborn does not perform the suction function, that may compromise its acceptance and adaptation to oral feeding at the mother's breast later.

The suction function is of utmost importance in the life of the newborn and with the use of tubes, generally delays nutritive suction due to lack of sensory stimuli, which may affect the oral-motor development.¹⁹

From there, it is noted as important to stimulate non-nutritive suction of preterm newborns as soon as possible, as they do not have an effective spontaneous suction, for reasons of maturity, they require a period of training suction movements and coordination of this suction with breathing and swallowing. Therefore, the stimulation of non-nutritive suction aims to prepare the baby for efficient suction.²⁰

Women value physical contact with her fragile baby, showing this approximation as an essential element for the progression of the child's health. The birth of a baby different from what was expected, as the premature, the low birthweight or other diseases, can cause the mother and family emotional distress.

HOSPITALIZATION AS THE GENERATOR OF ANXIETY

Prematurity and consequent NB hospitalization are expected as moments of anxiety and fear for these NBs' mothers. They affirm that lactation is a phenomenon strongly influenced by their emotions, realizing that their stress and anxiety interfere in the quantity of milk produced; when stressed,

nervous, anxious, they observe reduction or even blockage in milk production.

Mine today during the mother breastfed well, but in the afternoon he did not want it, I do not know if it was the milk or my anxiety, I received a call that let me... I started to breastfeed today [...]. I think that was my anxiety that let me down, sometimes words get us. Then I had a headache, became angry and little milk came out, but I think it was enough for filling his belly. He breastfed quickly and then did not want it anymore, and I was saying come on boy. So, we stay like this... looks like it is psychological (Calla Lily).

When we are nervous or anxious, the milk just disappears [...] when it is said oh, he got worse, oh, he returned to oxygen, the milk disappears (Little Christmas Flower).

The need of the interviewees to accompany their child hospitalized in the neonatal unit leads to detachment of her other family members, making them to feel divided, pressured and overwhelmed by desire to fulfill their duties to the hospitalized child and the other family members.

The anxiety experienced by these mothers is a reflex of concern with the health status of their child or lack of information about it. Often, this feeling culminates in creating a barrier between these mothers and their children, which makes it impossible to fully enjoy the moment with the NB. Not breastfeeding their children due to their clinical conditions is a factor of stress for mothers of newborns admitted to the neonatal unit.

This one I did not breastfeed yet [...]. I am not feeling very good because I love to breastfeed my children since the time they are born, that is for them to grow strong and to not have problems [...]. I am anxious waiting for the day to feed mine (Gerbera).

I am hoping to breastfeed soon. I am excited because I know what is important to his health (Amaryllis).

While these children fight for their lives, their mothers, at the same time, try to adapt themselves to the psychological consequences generated by an unexpected situation. In addition to physical exhaustion, they feel insecure in relation to their child's health when they perceive their instability. It is attributed to this context, the physical and emotional conditions as factors that aggravate the mothers' milk production. In a study conducted with mothers of premature infants hospitalized in the Neonatal ICU, it was found that in order for these mothers to succeed in maintaining lactation during this period,

it is necessary that they feel safe, have guidance and family and professional support.⁷

It was observed during the process of data analysis, that some mothers were able to express themselves better during the focal group than during interviews, since in the group it was possible to share similar feelings related to hospitalization of their child, leaving them more comfortable.

THE MILKING EXPRESSION AS DAILY ROUTINE

All the mothers accompanying babies hospitalized in NICU and IMCU affirmed receiving professional guidance of the sector professionals about the need to stimulate lactation through milk expression. Even those who are breastfeeding are advised to perform such procedures so that their children can receive breast milk during the period that the mother is not in the hospital.

He still did not breastfeed. I make milk expression and take there (Amaryllis).

I take milk to leave midday that I am not here and for six o'clock (Sunflower).

According to the physiology of lactation, milk production is associated with frequency of removal. Therefore, mothers of premature newborns who not breastfeed must be oriented to perform milk expression at least six times per day. There is increased milk production in the second week after premature birth. The delay to start milk expression and inhibition of milk secretion due to anxiety and concern with the child, may cause lactic failure.²¹

The decreased amount of milk is a problem pointed by the interviewees, which leads one to refer the act of milking expression as a punishment.

I do not have much milk, then just little comes off, so it is not possible for me to take it every night (Jasmine).

I spend the day in the punishment there, waiting for the little drops, because I do not have milk at the time I want to (Jasmine).

Problems in the beginning of lactic stimulation and milk expression performance can justify the low production of milk. The manual extraction should be done carefully, because the lactating breasts are sensitive, delicate and can easily be traumatized when the technique is not appropriate.¹⁸

The volume of breast milk may vary depending on recommended demand and frequency with which it is extracted. The mammary gland obeys the law of supply and demand: the higher the drainage, the greater the volume produced. There-

fore, the professionals should emphasize along with the mothers, the importance of milk expression at the predetermined times and in the right way, even if their children are still not being fed. During this period (before breastfeeding), it is necessary to educate mothers that, as uncomfortable milk expression can be, the more the lactic production is stimulated, the easily it will keep good production later.

However, it can be noticed in Jasmine's statements, that even she considers milk expression a sacrificing process, when providing breast milk to the NB in the NICU, the mothers feel important in the recovery process of their child's health.

[...] but even this way it works. It gives 20, 25 ml, which is enough to my son (Jasmine).

But she is drinking milk through the tube, my milk (Dahlia).

I did not breastfeed him yet, but when they say: "take out your milk, little mom", it is such a great satisfaction! (Calla Lily).

The maternal milk expression has been important to strengthen the emotional bond between mother and child, because it awakens the feeling of being part of the therapeutic process of the baby and the satisfaction of feeding it, being able to give it something that it is hers. This makes them to have an impression of being close to a situation of normality, which gives them the opportunity to consider themselves less excluded from the child care assistance process and feel less insecure.²¹

Maternal preparation can ease those feelings and, for that, the health professional must offer practical and emotional assistance, based on the counseling technique, helping the mother to gain confidence in her own ability to breastfeed. The health professional team in the neonatal sector should encourage the mothers of hospitalized infants to go see them as soon as possible, guiding them to touch their babies inside the incubator, because from that contact, an affective mother-child bond is initiated.

FINAL CONSIDERATIONS

It was found that the hospitalization of a newborn child is an event that involves emotional, socioeconomic and cultural aspects. The mothers, when faced with the hospitalization of their child and subsequently with the impossibility of breastfeeding him or her after birth, become anxious and with some difficulties in this new reality.

It was possible to observe that the breastfeeding process for these mothers is a difficult experience, which demands effort and persistence to overcome, in addition to technical dif-

iculties, feelings of fear and anxiety created by the lived situation. Mothers who are not breastfeeding their child, despite judging the act of milk expression as an exhaustive process, feel proud, happy and satisfied, due to the feeling of being part of the child's therapeutic process and the gratification of feeding it, considering themselves less excluded of the care assistance process and less insecure.

It is important to emphasize that in this experience of breastfeeding the hospitalized child, the House constitutes itself as a relevant social institution to the region, allowing the approach of mother and hospitalized newborn, encouraging breastfeeding, with positive effects on the recovery of the child.

Given the above, the importance is perceptible of comprehensive care to women, as a way to minimize the resulting impact of the newborn hospitalization. Furthermore, it should be considered that for women who give birth to a child at risk, it is necessary to establish with the child an affective connection different from the one idealized, and breastfeeding is a practical and positive manner of dealing with this type of birth. For achieving this, the nursing professionals of NICU and IMCU must be sensitive to these feeling experienced by mothers and need to provide all necessary information about the newborn's health status, as well as assisting the mothers from the first contact with their children.

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