



NURSING DIAGNOSES RELATED TO BREASTFEEDING: AN INTEGRATIVE REVIEW

DIAGNÓSTICOS DE ENFERMAGEM RELACIONADOS AO ALEITAMENTO MATERNO: UMA REVISÃO INTEGRATIVA

DIAGNÓSTICOS DE ENFERMERÍA RELACIONADOS A LALACTANCIA: UNA REVISIÓN INTEGRATIVA

Vanessa Aparecida Gasparin¹, Daiane Broch², Thaís Betti³, Deise Lisboa Riquinho⁴, Lilian Cordova do Espírito Santo⁵

ABSTRACT

Objective: to identify in the scientific literature the nursing diagnoses that are directly related to breastfeeding, as well as to list those most used in this practice. **Methods:**this is an integrative review, carried out in November 2016, in the LILACS, CINAHL, SCOPUS, PubMED and SciElo databases. For the selection of the studies, the Health Sciences Descriptors "Nursing Diagnosis" and "Breastfeeding", as well as their synonyms and corresponding Medical Subject Headings were used. **Results:** the nursing diagnoses that stood out in the search were effective breastfeeding and ineffective breastfeeding. **Conclusion:** the articles included in this study allowed an overview of what nurses find in their care regarding the development of breastfeeding, as well as the most relevant diagnoses in this practice.

Descriptors: Nursing Diagnosis; Breast Feeding; Nursing.

RESUMO

Objetivo: identificar na literatura científica os diagnósticos de enfermagem que se relacionam diretamente com o aleitamento materno, bem como elencar os mais utilizados nessa prática. **Métodos:** trata-se de uma revisão integrativa, realizada em novembro de 2016, nas bases de dados LILACS, CINAHL, SCOPUS, PubMED e SciElo. Para a seleção dos estudos foram utilizados os Descritores em Ciências da Saúde "Diagnóstico de Enfermagem" e "Aleitamento Materno", bem como seus sinônimos e *Medical Subject Headings* correspondentes. **Resultados:** os diagnósticos de enfermagem que se sobressaíram na busca realizada foram amamentação eficaz e amamentação ineficaz. **Conclusão:** os artigos incluídos neste estudo permitiram uma visão do que os enfermeiros encontram na sua assistência frente ao desenvolvimento do aleitamento materno, bem como os diagnósticos mais elencados nessa prática.

¹ Enfermeira. Mestranda no Programa de Pós-Graduação em Enfermagem da Universidade Federal do Rio Grande do Sul. Porto Alegre (RS), Brasil. E-mail: <u>vane-gasparin@hotmail.com</u>

² Enfermeira. Mestranda no Programa de Pós-Graduação em Enfermagem da Universidade Federal do Rio Grande do Sul. Porto Alegre (RS), Brasil. E-mail: <u>daiane_broch@hotmail.com</u>

³ Acadêmica de Enfermagem da Universidade Federal do Rio Grande do Sul. Porto Alegre (RS), Brasil. E-mail: <u>thaisbetti@hotmail.com</u>

⁴ Doutora em Saúde Pública. Professora Ajunta da Escola de Enfermagem da Universidade Federal do Rio Grande do Sul. Porto Alegre (RS), Brasil. E-mail: <u>deise.riquinho@gmail.com</u>

⁵ Doutora em Ciências Médicas. Professora Associada do Departamento de Enfermagem Materno Infantil da Escola de Enfermagem da Universidade Federal do Rio Grande do Sul. Porto Alegre (RS), Brasil. E-mail: <u>lilian cordova@hotmail.com</u>

Descritores: Diagnóstico de Enfermagem; Aleitamento Materno; Enfermagem.

RESUMEN

Objetivo: identificar en la literatura científica los diagnósticos de enfermería que se relacionan directamente con la lactancia materna, así como enumerar los más utilizados en esa práctica. **Métodos:** se trata de una revisión integrativa, realizada en noviembre de 2016, en las bases de datos LILACS, CINAHL, SCOPUS, PubMED y SciElo. Para la selección de los estudios se utilizaron los Descriptores en Ciencias de la Salud "Diagnóstico de Enfermería" y "Lactancia Materna", así como sus sinónimos y Medical Subject Headings correspondientes. **Resultados:** los diagnósticos de enfermería que se sobresalen en la búsqueda realizada fueron la lactancia materna eficaz y la lactancia ineficaz. **Conclusión:** los artículos incluidos en este estudio permitieron una visión de lo que los enfermeros encuentran en su asistencia frente al desarrollo de la lactancia materna, así como los diagnósticos más enumerados en esa práctica. **Descriptores:** Diagnóstico de Enfermería; Lactancia Materna; Enfermería.

INTRODUCTION

Breastfeeding is considered one of the pillars for children development worldwide. This single strategy is the most effective in preventing infant death. Such practice plays a fundamental role in the prevention of gastrointestinal, respiratory and urinary infections, in addition to having a protective effect on allergies.¹ It is estimated that breastfeeding has the potential to reduce death in children under five years old by 13%, as well as to reduce neonatal deaths by 19 to 22% if practiced in the first hour of life.²⁻³

In addition, the breastfeeding practice ensures benefits to the healthy nutrition of children by providing them with adequate nutrients. It also plays an important role in promoting physical, mental and psychic health in children by promoting and strengthening the bond between mother and child.⁴⁻⁵ Mothers are also benefited by breastfeeding, since it acts to reduce postpartum bleeding and consequent occurrence of anemia, providing protection for ovarian, breast and osteoporotic cancers.⁶

The initial breastfeeding moments affected by clinical may be and pathological conditions that negatively interfere with the process of establishment and success of breastfeeding. Gestational hypertension, pre-gestational and gestational diabetes mellitus, obesity, medication consumption, mammoplasty, cesareans and psychic suffering, such as depression and anxiety, are the most common problems in postpartum women.⁷

The events that lead to failure in the breastfeeding process are related to decreased milk production, hormonal or anatomical changes in the breast, the side effects of substances used by mothers, newborn prematurity and maternal inability to exercise the care of the baby.⁷ Breast engorgement, nipple trauma and low milk production are the most common obstacles to establishing breastfeeding and are mainly due to poor breastfeeding technique, pre-defined schedule for breastfeeding and incomplete emptying of the breast.⁸

The II Survey on Breastfeeding Prevalence in the Brazilian Capitals and Federal District identified prevalence of breastfeeding in 41% of children under six months. The breastfeeding rates in Brazil, despite being on the rise, are still far below what is recommended by the World Health Organization (WHO) and the Brazilian Ministry of Health (MS). In this sense, it is believed that the Nursing care provided resolutely and adequately constitutes one of the contributing factors for increasing this rate.⁹

In this context, the use of Nursing Diagnosis (ND) is essential since it allows the standardization of problems related to Breastfeeding and consequently the elaboration of nursing interventions focused on the main problems reported by the mothers. Such interventions contribute to improving the care provided, to promoting, protecting and supporting breastfeeding.

Health professionals interpret the responses, health problems and the life process of their patients, families and community through diagnosis. Nursing is based on the taxonomy of the North American Nursing Diagnosis Association (NANDA), where diagnosis can be turned to a problem, situations that will promote health or a condition in which the patient may be at potential risk.¹⁰

The ND is presented as a dynamic, systematic and complex stage of the nursing process (NP), involving critical evaluation and decision making. This stage provides the articulation and direction of actions, contributing to the care quality of the individual as a bio-psycho-social being, and to the exercise of the clinical reasoning and judgment by the nurse.¹¹

ND importance is related to the process of interpretation and grouping of health data from the patient. Such interpretation will guide the nurse in the decision making related to which set of care will be provided to the patient, that is, diagnosis are the basis for selecting interventions or care with which to achieve expected results.¹²

In order to verify the presence of ND directed to Breastfeeding, the guiding question of this study is set as follows: Which are the ND identified in the literature related to Breastfeeding, according to NANDA classification?

This study aims to identify, in the scientific literature, the ND that are directly related to Breastfeeding, as well to list those which are mostly used in this practice.

Rev Enferm Atenção Saúde [Online]. Jan/Jul 2018; 7(1):228-240

METHODS

In order to answer the guiding question, literature integrative review was selected as the research method, since it allows assimilation of the evidence in clinical practice through gathering and synthesis of the results of a search on a certain subject.¹³

In this way, the systematization of the search followed six stages¹³, which describe: establishment of the research question, literature search, categorization of studies, evaluation of the studies included in the review, interpretation of the results and synthesis of knowledge.

The search for the studies took place in November 2016, in the electronic databases: Latin-American and Caribbean Literature in Health Sciences (LILACS), *Cumulative Index to Nursing and Allied Health Literature* (CINAHL), SCOPUS, PubMed and in the electronic library *Scientific Electronic Library Online* (SciELO).

The introduction of the Nursing Process (NP) in Brazil took place in the 1970s with Wanda de Aguiar Horta, starting with the publishing of the book "Nursing Process", which brought the ND as the second stage of the NP.¹⁴ Still in the same decade, in 1973, the group later called North American Nursing Diagnosis Association (NANDA) began developing a list of ND organized in alphabetical order, based on what nurses experienced in their care practice. Such list of ND has been improved over the years, resulting in the most widely used Taxonomy.¹⁵ For this reason, we searched articles published from the 70s until 2015.

For selecting the studies, the following Health Sciences Descriptors were used: "Diagnóstico de Engermagem" and "Aleitamento Materno", along with their synonyms "amamentação" and "alimentação ao peito", in addition to the corresponding Medical Subject Headings (MeSH), "nursing diagnoses" and its synonym "nursing diagnosis" and "breastfeeding". The use of the Boolean operators "[AND]" e "[OR]" enabled an advanced search with descriptors and their synonyms to be carried out concomitantly.

The inclusion criteria established was: studies which responded to the guiding question in English, Portuguese and Spanish, available in full, free and online. It were excluded: repeated publications, manuals, letters, editorials, comments, abstracts, theses, dissertations, final papers (for undergraduate degree), reviews, books, letters to the editor and previous notes.

RESULTS

Rev Enferm Atenção Saúde [Online]. Jan/Jul 2018; 7(1):228-240

The initial search for descriptors in the selected databases resulted in 277 references. Of these, 45 publications were excluded due to duplicity, so 232 publications remained for selection of reading by titles and abstracts in order to evaluate which ones would respond to our proposed study.

After that, 38 publications were selected, of which seven were not available

online and free, and other six did not meet the inclusion criteria for being categorized as manuals, previous notes, theses and reviews.

Thus, 25 publications were fully read by the researchers in a critical and concomitant way. 11 articles responded to the guiding question, and so they composed the final corpus of the study (Figure 01).

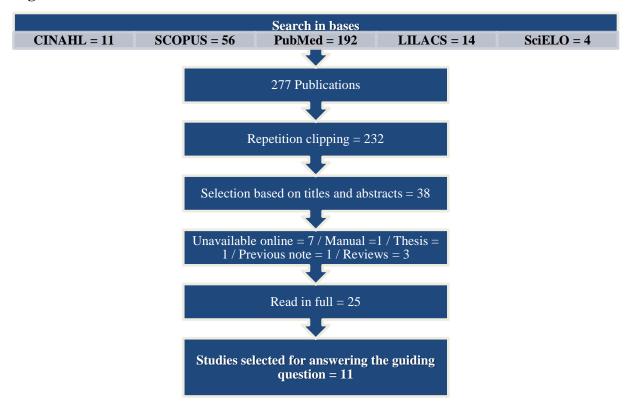


Figure 01: Flowchart for selection of studies.

Source: Research data, 2016.

The third step for data categorization¹³ includes extraction, organization and summarization of information, in addition to the creation of

databases, as represented in the tables that follow.

The present integrative review is composed of 11 publications, which are categorized in the table below (Table 01).



Table 01: Characterization of selected studies

AUTHORS AND YEAR	TITLE	OBJECTIVE	WHERE RESEARCH WAS CONDUCTED	INDIVIDUALS STUDIED
Mascarenhas D, Cruz ICF (2006) ¹⁶	Lactation counseling in the Intensive Care Unit – an exploratory study	To trace the demographic profile of mothers of newborns (NB) admitted to the Neonatal Intensive Care Unit and to identify the predictive factors for ineffective breastfeeding.	Neonatal Intensive Care Unit (ICU) at a public Hospital in the State of Rio de Janeiro	Mothers of NB at the ICU
Inácio CCN, Chaves EMC, Freitas MC, Silva AVS, Alves AR, Monteiro AR (2010) ¹⁷	Nursing diagnoses in joint housing units	To identify the most frequent ND in newborns from a joint housing unit and to describe related factors and risk factors according to 2007/2008 NANDA II Taxonomy	Public Maternity Care in Fortaleza – state of Ceará	35 newborns
Vieira F,Tonhá ACM, Martins DMC, Ferraresi MF, Bachion MM(2011) ¹⁸	Nursing Diagnoses related to breastfeeding in the immediate Postpartum	To evaluate the occurrence of nursing diagnoses related to breastfeeding during the immediate postpartum, considering the community context in which the mother is integrated	Distrito Sanitário Leste of Goiânia – state of Goiás	30 mothers
Silva EP, Alves AR, Macedo ARM, Bezerra RMSB, Almeida PC, Chaves EMC (2013) ¹⁹	Nursing diagnoses related to breastfeeding in a rooming-in unit	To identify nursing diagnoses related to breastfeeding of newborns from a rooming-in unit, according to NANDA-I Taxonomy II	Distrito Sanitário Leste of Goiânia – state of Goiás	83 mothers
Carvalho OMC, Silva KR, Andrade LZC, Silva VM, Lopes MVO (2014) ²⁰	Prevalence of breastfeeding Nursing Diagnoses in the mother-infant dyad at a Basic Health Unit	To identify breastfeeding nursing diagnoses, determining their frequency of occurrence, their defining characteristics and the value of maternal confidence based on the breastfeeding self-efficacy scale	Basic Health Unit at Fortaleza – state of Ceará	28 mother-infant pairs
Abrão ACFV, Gutiérrez MGR de, Marin HF (1997) ²¹	Use of Nursing Diagnosis according to NANDA's classification in order to systematize nursing care in breastfeeding	Reformulation of a data collection instrument based on the classification of nursing diagnoses proposed by NANDA's revised Taxonomy I; Identification of the most frequent nursing diagnoses related to breastfeeding with use of the redesigned instrument	Maternity outpatient for mothers support	12 mothers
Freitas LJQ, Melo NCCC, Valente MMQP, Moura ERF, Américo CF, Souza CSP (2014) ²²	Ineffective breastfeeding among nursing mothers assisted at basic health units	To identify the prevalence of nursing diagnosis: ineffective breastfeeding in nursing mothers	Basic Health Units at Region VI in Fortaleza – state of Ceará	95 nursing mothers

Abrão ACFV, Gutierrez MGR, Marin HF (2005) ²³	The ineffective breastfeeding nursing diagnosis – study on identification and clinical validation	Identification and clinical validation of the characteristics defining nursing diagnosis of ineffective breastfeeding, according to the North-American Nursing Diagnosis Association	Nursing Outpatient Clinic at the Federal University of São Paulo -Brazil	124 Women and children in the breastfeeding process
Viera CS (2004) ²⁴	Risk of ineffective breastfeeding: a nursing diagnosis	To present the nursing diagnosis risk of ineffective breastfeeding in mothers of premature infants hospitalized in a neonatal Intensive Care Unit	Hospitalization Unit at the Obstetrics Joint Housing of a Regional Hospital	Puerperas who had their premature babies hospitalized
Araújo EC de, Lopes ND, Vasconcelos EMR de, Vasconcelos MGL de, Bezerra SMMS (2004) ²⁵	Risk For Ineffective Breastfeeding: An Ethnographic Report	To increase the use of Ineffective Breastfeeding Diagnosis through the phenomena that may interfere with breastfeeding	State of Paraíba – Brasil	Postpartum patients through home visits
Lethbridge DJ, McClurg V, Henrikson M, Wall G(1993) ²⁶	Validation of the Nursing Diagnosis of Ineffective Breastfeeding	To test the validity of the definition, risk factors and defining characteristics of ineffective breastfeeding diagnosis and to set up characteristics that are relevant to breastfeeding interruption in order to check whether it can be included in the ineffective breastfeeding diagnosis	United States and Canada	66 Nurses in the first round and 34 in the second round

Source: Research Data, 2016

Regarding the year of publication, 27,2% (3) of the studies were published in the past 5 years. Regarding the language of publication, 81,8% (9) were in Portuguese and 18,2% (2) in English.

Of the total number of studies, 90,9% (10) are national and 9,1% (1) are

international. As for the subjects of study, 81,8% (9) were performed with puerperas, one of them still including pregnant women, 9,1% (1) had the nurses as subjects and 9,1% (1) had the newborns as subjects.

Table 02: Identification of the observed diagnoses.

AUTHORS AND YEAR	APPROACH	PRESENTED DIAGNOSES
Mascarenhas D, Cruz ICF (2006) ¹⁶	Exploratory study	Ineffective breastfeeding
Inácio CCN, Chaves EMC, Freitas MC, Silva AVS, Alves AR, Monteiro AR (2010) ¹⁷	Descriptive exploratory study	Effective breastfeeding; Ineffective breastfeeding;
Vieira F,Tonhá ACM, Martins DMC, Ferraresi MF, Bachion MM(2011) ¹⁸	Cross-sectional descriptive study	Effective breastfeeding Ineffective breastfeeding Risk of ineffective breastfeeding;
Silva EP, Alves AR, Macedo ARM,	Descriptive exploratory	Effective breastfeeding

Bezerra RMSB, Almeida PC, Chaves EMC (2013) ¹⁹	study	Ineffective breastfeeding Interrupted breastfeeding
Carvalho OMC, Silva KR, Andrade LZC, Silva VM, Lopes MVO (2014) ²⁰	Cross-sectional study	Effective breastfeeding Ineffective breastfeeding Interrupted breastfeeding
Abrão ACFV, Gutiérrez MGR de, Marin HF (1997) ²¹	Descriptive study	Ineffective breastfeeding
Freitas LJQ, Melo NCCC, Valente MMQP, Moura ERF, Américo CF, Souza CSP (2014) ²²	Cross-sectional descriptive study	Ineffective breastfeeding
Abrão ACFV, Gutierrez MGR, Marin HF (2005) ²³	Analytical descriptive study	Ineffective breastfeeding
Viera CS (2004) ²⁴	Case study	Risk of Ineffective breastfeeding
Araújo EC de, Lopes ND, Vasconcelos EMR de, Vasconcelos MGL de, Bezerra SMMS (2004) ²⁵	Cohort study	Risk of Ineffective breastfeeding
Lethbridge DJ, McClurg V, Henrikson M, Wall G(1993) ²⁶	Methodological study	Ineffective breastfeeding

Source: Research data, 2016.

Of the total number of publications, 72,7% (8) have descriptive design, 9,1% (1) is case study, 9,1% (1) is methodological study and 9,1% (1) is characterized as cohort.

"Ineffective breastfeeding" was the most common diagnosis in the studies, reported in 81,8% (9) of them, followed by "Effective breastfeeding", present in 36,3% (4) of the studies. The "Interrupted breastfeeding" diagnosis was present in 18,1% (2) of the selected studies, and "Risk of ineffective breastfeeding" showed up in 27,2% (3). It should be highlighted that some ND appeared more than once in the selected studies. Since the classification system used is regularly studied and analyzed, we have noticed changes in the nomenclature of the ND "Effective breastfeeding", which was replaced in NANDA-International 2012-2014 version for "Readiness for enhanced breastfeeding".¹¹

DISCUSSION

Breastfeeding is one of the indispensable factors in promoting health of children, providing adequate growth and development. Therefore, it is essential to study NDs since it is the basis for appropriate preparation of interventions and reach of positive results in the nursing care of mother-child pairing. The search in our study resulted in four NDs related to the practice of breastfeeding: ineffective breastfeeding and risk for breastfeeding, effective breastfeeding and interrupted breastfeeding.

Ineffective breastfeeding is defined as "difficulty in offering milk to an infant or young child directly from the breasts, which may compromise the nutritional status of the infant/child".¹⁰ Use of supplementary feeding is closely related to its occurrence, as well as the use of bottles and little knowledge about the importance of breastfeeding.²⁷

Anomalies present the newborn or in the mothers' breast, anxiety, lack of family support and previous difficulties related to breastfeeding are also aspects observed in the use of ND.¹¹ The professional entitled to work with these difficulties is the nurse, a professional who can carry out educational and assistance actions, aiming at the prevention of aspects that may result in early weaning.²⁸

The risk of ineffective breastfeeding was also present. Risk diagnosis, one of the diagnoses modalities brought by NANDA are based on a "clinical judgment about the vulnerability of an individual, family, group or community towards the development of a human undesirable response to health conditions / life processes".¹⁰ Thus, it is applied to situations in which the particularities found – in this case in the mother and/or in the baby – open precedents to doubts concerning the effective execution of the action, representing an intermediary diagnosis between effective breastfeeding and ineffective breastfeeding.

The NDs of risk reinforce the application of NP's on risk management that may interfere in the development of the mother-child pair, what demonstrates the importance of actions aimed at preventing and promoting health of puerperal women in order to avoid that such risk factors become real problems.²⁹

The Effective Breastfeeding ND has often appeared, however its nomenclature has been modified to "Readiness for enhanced breastfeeding", which is defined as "standard for breastfeeding an infant or young child directly from the breasts that can be enhanced".¹⁰ Its practice is essential for the mother-child pair since it favors the affective bond between them, which can be reflected in the family relations. Some of the breastfeeding benefits are: reduction of of infant mortality, reduction hospitalizations and lower financial costs.³⁰

Child survival in developing countries depends on whether the mother practices breastfeeding or not.³¹ Due to the vital importance of breastfeeding, in both cases – effective or ineffective breastfeeding –, they should be assisted in face of difficulties and guidance in case of doubts. These are fundamental actions to ensure that the practice continues being effective after the discharge.²⁸

Another ND that was also evidenced in our study was Interrupted Breastfeeding, defined as "a break in the continuity of milk supply to an infant or young child, directly from the breasts, which may compromise the success of breastfeeding and / or the nutritional status of the infant/child" ¹⁰ It can be related mainly to prematurity, return of the mother to the labor market, low schooling, use of pacifiers and bottle feeding, as well as the introduction of supplementary feeding, often preceded by mothers' lack of knowledge concerning the breastfeeding process or still due to the lack of support from the partner of the family.^{19,30,31}

Regarding the year of publication of the studies, there is a growing importance in working on issues related to breastfeeding currently. Such issues have been possibly leveraged by the strategies established in the country in recent years to encourage the development and maintenance of breastfeeding.

Since the 1980s, many actions and public policies have been developed to stimulate the breastfeeding practice in Brazil. The baby-friendly Hospital Initiative (IHAC in Portuguese), created in 1991, aims at promoting, protecting and supporting breastfeeding through mobilization of health professionals for changes in routines and behaviors responsible for high rates of early weaning.³²

However, it is worth noting the unknown extent of the measures adopted by this initiative in the long term, since follow-up is not always effectively carried out in spaces where children are received, such as Basic Health Units (UBS in Portuguese), for example.³³ Of the selected articles, only one study²⁵ refers to this monitoring at UBS through home visits.

CONCLUSION

The articles included in this study allowed an overview of what nurses find in their care service during breastfeeding development, as well as the most highlighted diagnoses in this practice.

It was observed that the two most "effective prevalent NDs were breastfeeding" and "ineffective breastfeeding". Although contradictory, the transition from one to the other is easy to happen, and the responsible aspects can come from different fronts, related to disgualified assistance, physical and psychological factors.

Knowledge on the defining characteristics and factors related to each ND, although not explicit in this study, is extremely relevant for the suggested course of action to meet the success of the action, increasingly seeking the establishment of the ND called "Readiness for enhanced breastfeeding", so we suggest studies that address these aspects.

The nursing work is another important issue in this scenario, since it works on the prevention of grievances that may interfere in the breastfeeding development, administering and guiding the problems to which the mother-child pair is subject.

The use of ND helps professionals in the direction of care, in meeting the needs of each individual and in choosing appropriate interventions. NDs guide decision-making in a variety of situations, facilitating the delivery of customer care as а holistic being. However. the implementation of NDs is still an obstacle due to the accumulation of tasks in the work environment, unprepared staff and lack of interest of the nurses. In this sense, this issue needs to be addressed, since NDs are an instrument for better definition of clinical practice within the nursing care.

This review has some limitations, such as access limited to free publications, as well as the search only for descriptors, factors may have limited the access to other researches that discuss this subject. 1. Marques ES, Cotta RMM, Priore SE. Mitos e crenças sobre o aleitamento materno. Ciênc Saúde Colet. 2011; 16(5):2461-2468. 2. Jones G, Steketee RW, Black RE, Bhutta ZA, MorrisSS.How many child deaths can we prevent this year? Lancet.2003; 362(9377):65-71. 3. Mullany LC, Katz J, Li YM, Khatry SK, LeClerq SC, Darmstadt GL et al.Breast-feeding patterns, time to initiation, and mortality risk among newborns in southern Nepal. J Nutr. 2008; 138(3):599-603. 4. Neves CV, Marin AHA. A impossibilidade de amamentar emdiferentes contextos. Barbarói. 2013; 38:198-214. 5. Ministério da Saúde (Brasil). Aleitamento materno e alimentação complementar: normas e manuais técnicos. Brasília, DF: Ministério da Saúde; 2009. 6. Pereira e Moura L. Oliveira JM. Noronha DD, Torres JPRV, Oliveira KCF, Teles MAB. Percepção de mães cadastradas em uma Estratégia Saúde da Família sobre aleitamento materno exclusivo. Rev Enferm UFPE [Internet]. 2017[citado em 13 jul 2018]; 11(Supl. 3):1403-1409. Disponível em: https://periodicos.ufpe.br/revistas/revistaen fermagem/article/viewFile/13983/16836 7. Souza EB. Condições especiais da nutriz. In: Carvalho MR, Gomes CF. Amamentação: bases científicas. 4ed. Rio de Janeiro: Guanabara Koogan; 2017. p.230-55. 8. Souza Filho MD, Gonçalves Neto PNT, Martins MCC. Avaliação dos problemas relacionados ao AM a partir do olhar da enfermagem. Cogitare Enferm. 2011;16(1):70-75. 9. Ministério da Saúde (Brasil), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas e Estratégicas. II Pesquisa de prevalência de aleitamento materno nas capitais brasileiras e Distrito

Federal. Brasília, DF: Ministério da Saúde;

2009.

REFERENCES

10. North American Nursing Diagnoses Association. Diagnósticos de enfermagem da NANDA: definições e classificação 2015-2017. Porto Alegre: Artmed; 2015. 11. North American Nursing Diagnoses Association. Diagnósticos de enfermagem da NANDA: definições e classificação 2012-2014. Porto Alegre: Artmed; 2013. 12. Conselho Federal de Enfermagem (Brasil). Resolução COFEN nº 358/2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem, e dá outras providências [Internet]. Brasília, DF: COFEN; 2009 [citado em 13 jul 2018]. Disponível em:

http://www.cofen.gov.br/resoluo-cofen-3582009_4384.html

13. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto & Contexto Enferm. 2008; 17(4):758-764. 14. Kletemberg DF, Siqueira MTD, Mantovani MF, Padilha MI, Amante LN, Anders JC. O processo de enfermagem e a lei do exercício profissional. Rev Bras Enferm. 2010; 63(1):26-32. 15. Negreiros RV, Silva KL, Nóbrega MML, Fontes WD. Diagnóstico de enfermagem: segunda fase do processo de enfermagem. In: Nóbrega MML, Silva KL. Fundamentos do cuidar em enfermagem. 2ed. Belo Horizonte: ABEn; 2008/2009. cap.3, p.41-53. 16. MascarenhasD, Cruz ICF. Aconselhamento para lactação na Unidade de terapia intensiva neonatal: estudo descritivo. Online Braz J Nurs. [Internet]. 2006[citado em 13 jul 2018]; 5(2):121-9.Disponível em:

http://www.redalyc.org/pdf/3614/3614539 72015.pdf

17. Inácio CCN, Chaves EMC, Freitas MC, Silva AVS, Alves AR, Monteiro AR. Diagnósticos de enfermagem em unidades de alojamento conjunto. Rev Bras Enferm. 2010; 63(6):894-899.

18. Vieira F, Tonhá ACM, Martins DMC, Ferraresi MF, Bachion MM. Diagnósticos de enfermagem relacionados à amamentação no puerpério imediato. Rev Rene. 2011; 12(3):462-470.

19. Silva EP, Alves AR, Macedo ARM, Bezerra RMSB, Almeida PC, Chaves EMC. Diagnósticos de enfermagem relacionados à amamentação em unidade de alojamento conjunto. Rev Bras Enferm. 2013; 66(2):190-195.

20. Carvalho OMC, Silva KR, Andrade LZC, Silva VM, Lopes MVO. Prevalência dos diagnósticos de enfermagem de amamentação no binômio mãe-filho em Unidade Básica de Saúde. Rev Rene. 2014; 15(1):99-107.

21. Abrão ACFV, Gutiérrez MGR de, Marin HF. Utilização do diagnóstico de enfermagem segundo a classificação da NANDA, para a sistematização da assistência de enfermagem em aleitamento materno. Rev Latino-am Enferm. 1997; 5(2):49-59.

22. Freitas LJQ, Melo NCCC, Valente MMQP, Moura ERF, Américo CF, Souza CSP. Amamentação ineficaz entre nutrizes atendidas em unidades básicas de saúde. Rev Enferm UERJ. 2014; 22(1):103-110.
23. Abrão ACFV, Gutierrez MGR, Marin HF. Diagnóstico de enfermagem amamentação ineficaz: estudo de identificação e validação clínica. Acta Paul Enferm. 2005; 18(1):46-55.

24. Vieira CS. Risco para amamentação ineficaz: um diagnóstico de enfermagem. Rev Bras Enferm. 2004; 57(6):712-714. 25. Araújo EC de, Lopes ND, Vasconcelos EMR de, Vasconcelos MGL de, Bezerra SMMS. Risk for ineffective breastfeeding: anethnographic report.Internet J AdvNursPract [Internet]. 2004[citado em 13 jul 2018]; 7(2):1-5.Disponível em: https://print.ispub.com/api/0/ispubarticle/6848

26. Lethbridge DJ, McClurg V, Henrikson M, Wall G. Validation of the nursing diagnosis of ineffective breastfeeding. J

Obstet Gynecol Neonatal Nurs. 1993;22(1):57-63.

27. Abrão ACFV, Gutierrez MGR, Marin HF. Diagnóstico de enfermagem amamentação ineficaz: estudo de identificação e validação clínica. Acta Paul Enferm. 2005; 18(1):46-55.
28. Patine FS, Furlan MFFM. Diagnósticos de enfermagem no atendimento a puérperas e recém-nascidos internados em alojamento conjunto. Arq Ciênc Saúde.
2006;13(4):202-208.

29. Lemos RX, Raposo SO, Coelho EOE. Diagnósticos de enfermagem identificados durante o período puerperal imediato: estudo descritivo. Rev Enferm Cent.-Oeste Min. 2012; 2(1):19-30.

30. Caminha MFC, Serva VB, Arruda IKG, Batista Filho M. Aspectos históricos, científicos, socioeconômicos e institucionais do aleitamento materno. Rev Bras Saúde Matern Infant. 2010; 10(1):25-37.

31. Santos VLFD, Soler ZASG, Azoubel R. Alimentação de crianças no primeiro semestre de vida: enfoque no aleitamento materno exclusivo. Rev Bras Saúde Matern Infant. 2005; 5(3):283-291.

32. Ministério da Saúde (Brasil). Iniciativa Hospital Amigo da Criança. Brasília, DF: Ministério da Saúde; 2011.

33. Caldeira AP, Fagundes GC, Aguiar GN. Intervenção educacional em equipes do Programa de Saúde da Família para promoção da amamentação. Rev Saúde Pública. 2008; 42(6):1027-1033.

RECEIVED: 03/11/2017 APPROVED: 02/01/2018 PUBLISHED: 07/2018

241