

## Breastfeeding counseling for high-risk pregnant women: experience report

Aconselhamento em aleitamento materno para gestantes de alto risco: relato de **experiência**

Consejería em lactancia para mujeres embarazadas de alto riesgo: reporte de experiencia

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### ABSTRACT

**Objective:** to report the structures of the breastfeeding counseling experience for high-risk pregnant women in hospitalized situations. **Method:** Structured experience report on the experience in the development of an extension project aimed at counseling 23 high-risk pregnant women in hospitalization, from May to November 2023, in a teaching hospital in the interior of Minas Gerais. **Results:** All pregnant women demonstrated great acceptance of the action, with openness to dialogue and clarification of doubts. All academics expressed satisfaction in having participated and cited as positive points the interaction and the perception of acceptance of the approach based on the pregnant women's dialogical responses. **Conclusions:** the use of the breastfeeding counseling approach is highlighted to encourage dialogue with high-risk pregnant women and its impact on academic training. **Descriptors:** Cousenling; Breast Feeding; Pregnancy, High-Risk.

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## RESUMO

**Objetivo:** relatar os estruturantes da experiência do aconselhamento em aleitamento materno para gestantes de alto risco em situações de internação. **Método:** Relato de experiência estruturado na vivência de desenvolvimento de um projeto de extensão voltado para aconselhamento de 23 gestantes de alto risco em situação de internação, no período de maio a novembro de 2023, em um hospital de ensino do interior de Minas Gerais. **Resultados:** Todas as gestantes demonstraram grande aceitação da ação, com abertura para o diálogo e retirada de dúvidas. Todas acadêmicas sinalizaram satisfação em ter participado e citaram como pontos positivos a interação e a percepção da aceitação da abordagem a partir das respostas dialógicas das gestantes. **Conclusões:** ressalta-se uso da abordagem de aconselhamento em aleitamento materno para favorecer a dialogicidade com gestantes de alto risco e seu impacto na formação acadêmica.

**Descritores:** Aconselhamento; Aleitamento Materno; Gravidez de Alto Risco.

## RESUMEN

**Objetivo:** informar las estructuras de la experiencia de consejería en lactancia materna para gestantes de alto riesgo en situación hospitalaria. **Método:** Reporte de experiencia estructurado sobre la experiencia en el desarrollo de un proyecto de extensión destinado a asesorar a 23 gestantes de alto riesgo en internación, de mayo a noviembre de 2023, en un hospital universitario del interior de Minas. Gerais. **Resultados:** Todas las gestantes demostraron gran aceptación de la acción, con apertura al diálogo y aclaración de dudas. Todos los académicos expresaron satisfacción por haber participado y citaron como puntos positivos la interacción y la percepción de aceptación del abordaje basado en las respuestas dialógicas de las gestantes. **Conclusiones:** se destaca el uso del enfoque de consejería en lactancia materna para incentivar el diálogo con gestantes de alto riesgo y su impacto en la formación académica.

**Descriptores:** Consejo; Lactancia Materna; Embarazo de Alto Riesgo.

## INTRODUCTION

Scientific evidence points to the superiority of breastfeeding and its benefits for the health of newborns and postpartum women, as well as the socioeconomic and environmental advantages of this practice. For this reason, exclusive breastfeeding is recommended until the sixth month of life and its continuation after the introduction of solid foods that extends for two years or more of the child's life.<sup>1-2</sup>

However, even in the face of established evidence, globally, 48% of

children are exclusively breastfed as recommended<sup>3</sup> and in Brazil, according to the National Study of Child Feeding and Nutrition, carried out in 2019; the prevalence is similar, reaching 45.8% of six-month-old children.<sup>4</sup>

It is worth noting that breastfeeding is not an instinctive process, but rather a complex and multi-level process.<sup>5</sup> It consists of hard, unpaid, and often unrecognized work in the field of care, which requires skill, learning, and exclusive time from the puerperal woman.<sup>6</sup>



In this sense, several factors can influence a woman's desire and decision to breastfeed, such as having a supportive partner or close family members (support network), previous positive experience with breastfeeding, access to information and guidance during prenatal care, socioeconomic conditions, employment issues, among others, and even if she has had any complications during pregnancy or if it was classified as a high-risk pregnancy.<sup>7</sup>

Therefore, to effectively promote and protect exclusive breastfeeding in the first months of life, it is necessary to raise awareness and educate about the importance of breastfeeding for women and children and to prepare for its implementation during prenatal care.<sup>8</sup>

Breastfeeding counseling (BCC) is a strategy with proven evidence of effectiveness and is based on the interaction between counselors and women who breastfeed or wish to breastfeed.<sup>9</sup> The interaction uses advanced communication techniques and the breastfeeding woman is empowered by answering her questions and concerns, respecting the woman's reality and personal desires. This approach is completely different from clinical management and health education focused on breastfeeding<sup>9</sup>, which are focused on

the topic or problem-solving, without considering specificities.

AAM is based on Carl Rogers' "Counselling" or Client-Centered Therapy. According to Rogers, the individual is the best judge of himself, of his personal adjustment, and it is within himself that he finds all the resources necessary to achieve this adjustment, and it is up to the counselor to listen actively and without judgment.<sup>10</sup> Its pillars are the skills of listening and learning and of building trust and giving support.<sup>9</sup>

In general terms, when using the counseling strategy, the professional does not tell the woman what she should do, but offers elements and help so that she can decide what is best for her and her child.<sup>9</sup> To implement it in practice, professionals need specific training, with theoretical and practical hours, ranging from 20 to 40 hours, where communication skills are worked on.<sup>11</sup>

As women are seen in their particularities, AAM is seen as one of the main ways to encourage women to breastfeed and should be implemented during prenatal care, since the interaction can help the pregnant woman feel more secure about the amount of milk she will produce, about the anatomy of the breast and nipple, which often ends up being a concern.<sup>12</sup>



Contextualizing the target audience of this report, the diagnosis of a high-risk pregnancy is complex. Individual characteristics, sociodemographic conditions, previous reproductive history, and clinical conditions prior to pregnancy may predispose to the risk of developing pathologies or aggravating pre-existing diseases. Therefore, it is not a static and immutable classification, and is performed at the first prenatal consultation as well as at subsequent ones.<sup>13</sup> High-risk prenatal care is characterized by a higher frequency of consultations, additional tests for diagnosis, and often there may be a need for hospitalization.

High-risk pregnancies, such as gestational diabetes, hypertensive disorders, imminent premature birth, among other conditions, often require women to spend time in hospital. In these scenarios, fear about breastfeeding is more present, whether due to lack of information, the risk of premature birth, or the greater propensity for cesarean sections, factors that can delay the onset of pregnancy. Therefore, in cases of hospitalization, it is essential that the multidisciplinary team dialogue, interact, guide, and clarify the doubts of women who are going through a difficult time away from home and unable to seek information elsewhere.<sup>14</sup>

In view of the above and given the urgent need for breastfeeding support in the context of hospitalization of high-risk pregnancies, the objective was to report the structuring factors of the experience of breastfeeding counseling for high-risk pregnant women in hospitalization situations.

## METHOD

This is a descriptive study of the experience report type, structured around the experience of an extension project.

The experience was carried out in the context of a university hospital in the interior of Minas Gerais. In 2021, 1,429 births were performed at the institution. It is a reference for the resolution of high-risk pregnancies, infectious diseases in the pregnancy-puerperal cycle, patients assisted in pathological prenatal care in municipalities in the Southern Triangle of Minas Gerais (27 municipalities) and normal pregnancies in prenatal care carried out in the institutional outpatient clinic and in District I of Uberaba (approximately 150,000 inhabitants) and in all cities in the Southern Triangle of Minas Gerais that do not have a hospital. It has six beds for assistance with complications of high-risk pregnancies and in cases of prolonged hospitalization, these are allocated in the Gynecology wards, subject to availability.



All high-risk pregnant women admitted to the institution's wards during the project's execution period who agreed to participate were selected to participate in the outreach action. Pregnant women with hemodynamic or clinical instability, with fetuses with non-reassuring patterns, with pathologies that contraindicated breastfeeding (HIV, HTLV positive), in imminent surgical delivery and in cases of possible miscarriage or fetal death were not included in the action.

The study scenario was based on the extension project entitled "MAMAR – Mothers advised to breastfeed their newborns", which had the participation of four nursing students, classified through a selection process and enrolled from the eighth period of the course. The period was determined as a criterion, because the student had already experienced the disciplines of the maternal-child cycle. In addition, it had the participation of a master's student and a supervising professor during the execution.

The project aimed to develop counseling skills in dialogic interaction with pregnant women to empower them in the decision to breastfeed. To this end, group or individual counseling sessions were held with institutionalized high-risk pregnant women.

All selected students completed remote training with a workload of 60 hours, with theoretical content on clinical management of Breastfeeding, an AVASUS course, promoted by the Federal University of Rio Grande do Norte. Prior to the activities, a rotation schedule was established by mutual agreement among the students, with at least one student per session.

In the sessions, interactions lasted approximately 30 minutes and teaching materials (breast and newborn mannequins) were used in the approach. All sessions were led by the professor and postgraduate student, with training in counseling and accompanied by the academics.

The experience described took place through breastfeeding counseling sessions in the wards of a teaching hospital that is a reference for high-risk pregnancies from May to November 2023.

The results are presented based on the experience of undergraduate nursing students observing breastfeeding counseling sessions with high-risk pregnant women conducted by a professor/postgraduate student. The study followed the *Consolidated Criteria for Reporting Qualitative Research (COREQ)*.<sup>15</sup>



As this was an extension proposal, without data collection, the project was not submitted to the Research Ethics Committee. However, all ethical precautions were taken when writing the report.

## RESULTS

### *Counseling sessions*

In total, eight counseling sessions were held, and 23 pregnant women benefited from the action. The most common clinical conditions of the hospitalized pregnant women were: diabetes (gestational and poorly controlled type I), inhibited premature labor, amniotic fluid disorders (oligohydramnios and premature rupture of membranes), need for labor induction due to poorly controlled clinical conditions, hypertensive syndromes (gestational hypertension and preeclampsia), bronchial asthma, sickle cell anemia, hyperemesis gravidarum, cholecystitis requiring surgical intervention and hospitalization until continued treatment with high-cost medications (enoxaparin) was guaranteed. It is worth noting that many pregnant women participated in more than one session, in cases of prolonged hospitalization.

Pregnant women were approached in pairs (in high-risk pregnancy wards) or

individually (prolonged hospitalizations with removal to the gynecology ward).

The teacher or postgraduate student approached them carrying a newborn baby dummy and an apron with breasts and upon contact said: "*This is my first child. What advice would you give me?*". In this first contact, many reported the advantages of breastfeeding and/or aspects of the technique. Once the dialogical relationship was established, I asked, "*And you, do you have any questions? Are you afraid? Tell me about...*". At this point, the participants were told about their particularities regarding the counseling approach. At the end, they were offered the opportunity to perform the technique using the mannequins, if they wished. All participants demonstrated great acceptance of the action, with openness to dialogue and the clarification of doubts.

### *The experience of breastfeeding counseling from the perspective of future professionals*

All academics responded to an anonymous form and *online* evaluation and indicated as ten (on a scale of zero to ten) their satisfaction in having participated in the project.

Among the positive points, interaction and the perception of acceptance of the approach based on the pregnant women's dialogic responses were





mentioned. As negative points, they mentioned that there were few meetings and that they would have liked to have participated in more sessions, although it is difficult to reconcile extension schedules with academic activities. As points for improvement, they requested that new editions of the project be made, since according to them its benefits for the target audience were clear. There was also a comment about the importance of participation in the project for professional training, mainly due to the reflection on the relevance of communication skills.

## DISCUSSION

All pregnant women who participated in the action demonstrated acceptance of the approach and opened up to dialogue, expressing doubts and concerns regarding breastfeeding.

Such actions are relevant since a study with postpartum women who participated in a prenatal program indicated that although mothers have basic knowledge about breastfeeding maternal, issues such as the ideal time for the first breastfeeding, the appearance and importance of colostrum and nutritional aspects related to the nursing mother need to be better clarified during prenatal and postpartum periods immediate.<sup>16</sup>

Similarly, a study conducted in Malaysia with 421 postpartum women who

participated in prenatal education classes on breastfeeding found that 99% considered the information they received useful. However, when asked about points that should be addressed, they mentioned: milk extraction and storage and how to overcome difficulties related to low production. An association was observed between program participants and higher rates of exclusive breastfeeding. It was also indicated that individualized sessions should be prioritized and that communication should be at an appropriate level and in an appropriate language<sup>17</sup>, principles advocated by the counseling approach used in the project.

A study conducted in Austria with 140 primiparous women interviewed at three different times (pre-partum admission; postpartum hospitalization and in the sixth month of the child's life) found that 58% were exclusively breastfeeding at six months of age. The attitudes of the lactating women strongly influenced the practice, and among those who stated a strong intention, even in the face of breast problems or the need for supplementation with infant formula, they breastfed exclusively for a significantly longer period than those who stated they wanted to at least try to breastfeed.<sup>18</sup> The main reasons for early weaning were reported as the belief that the quantity of milk would



be insufficient (76.1%) and the child's insufficient weight gain (41.9%).<sup>18</sup> In this same study, women who were concerned about the quantity of milk to be produced or about the quality of the newborn's nighttime sleep during prenatal care, as well as those who feared failure in the practice, were more likely to wean early. Receiving guidance through health education or individualized counseling increased the levels of confidence and intention of the puerperal woman to breastfeed<sup>18</sup>, demonstrating positive evidence of the approach.

When dealing with high-risk pregnancies, as in the case of the target audience, actions to promote and protect breastfeeding become even more challenging, especially when they require hospitalization. A cohort study with 47 pregnant women with type I and II diabetes indicated that 68% were exclusively breastfeeding at three months. Prenatal maternal intention to breastfeed was the only variable associated with maintaining exclusive breastfeeding.<sup>19</sup> A review study that evaluated exclusive breastfeeding practices in-hospital with women with diabetes during pregnancy indicated that the main associated factors were having a strong intention to breastfeed, being confident, feeling supported, and having continuity of

education and support.<sup>20</sup> These studies reinforce the importance of support for these women.

Similar to the action carried out, the experience of a multidisciplinary project aimed at high-risk pregnant women and their companions was reported, through dialogic moments of conversation circles. In total, 11 meetings were held with an average of four pregnant women, all in hospital conditions. It was noted that the participants were receptive and interested in the topics proposed for the conversation circle, which were gradually worked on, each one contributing with their experiences, as well as with their doubts and questions.<sup>21</sup> This study reinforces the viability and opportunity of carrying out exchanges during the hospitalization of these pregnant women who are often deprived of the possibility of participating in prenatal care.

Regarding the experiences of nursing students in relation to the project, all of them identified the impact of actions on interaction and communication skills. The complexity of nursing care is highlighted, which relies on communication to outline the care plan and at the same time consider the individual's singularities, constituting a therapeutic action.<sup>22-24</sup>





Therapeutic communication needs to be further explored by nurses and should be present in interactions throughout the care process. However, it is a learned skill and not an instinctive one.<sup>25</sup> Thus, graduation is the ideal time to develop the skills and abilities associated with humanized nursing care, which are often covered in training courses and experiences in extension projects<sup>26</sup>, as presented in this report.

Extension actions provide opportunities for active participation, discussion and group reflection and gain greater expression in health promotion through the reformulation of knowledge in the combination of technical-scientific and popular knowledge.<sup>27</sup> These results are perceived in the participants' statements that contemplate dialogical exchanges with pregnant women.

It is worth noting that the project developed communication skills, benefiting both pregnant women and participants. Dialogue based on individuals' narratives allows for the verbalization of frustrations, fears, doubts, and anxieties, and opens a channel of communication, which is essential for nursing practice. Exchanges based on the context of individual life favor directing support, stimulating empowerment and

autonomy, and should be encouraged in daily practice.<sup>28</sup>

Regarding the limitations of the study, its nature is cited, since it is based on the construction of a restricted group of participants (academics and pregnant women), which does not allow generalizing its results, but is restricted to its description.

As potential advances for the nursing field, the relevance of the use of breastfeeding counseling is highlighted, given its benefits, and more specifically for this target audience (high-risk pregnant women). In addition, the importance of experience for the training of nursing students is highlighted. Finally, the importance of training for its effective implementation (counseling) in nursing practice is reinforced.

## CONCLUSION

This report defends the use of the breastfeeding counseling approach to promote dialogue with high-risk pregnant women. For this, ongoing professional training and education are necessary. In addition, the approach highlights individualities and particularities, and studies indicate its effectiveness in the decision for exclusive breastfeeding and in the duration of the breastfeeding process.



Furthermore, it is worth noting that because they are hospitalized, sometimes for a long period, these women may be deprived of protective actions and promotion of breastfeeding during prenatal care.

Furthermore, the impact of interaction with pregnant women and improvements in the communication process emerged in the evaluations of the academics participating in the project, essential tools for the professional future.

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