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Original Article

O ALEITAMENTO MATERNO DE RECÉM-NASCIDOS PREMATUROS APÓS A ALTA HOSPITALAR

THE PREMATURE INFANT BREASTFEEDING NEWBORNS AFTER BEING DISCHARGED FROM HOSPITAL

EL AMAMANTAMIENTO MATERNO DE LOS RECIÉN NACIDOS PREMATUROS DESPUÉS DEL ALTA HOSPITALARIA

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RESUMO

Objetivo: Analisar aspectos da vida cotidiana relacionados ao aleitamento materno exclusivo de recém-nascidos prematuros após a alta hospitalar. **Método:** Pesquisa com abordagem qualitativa pautada no referencial da dialética cujo cenário foram quatorze domicílios de recém-nascidos prematuros que receberam alta da Unidade de Terapia Intensiva Neonatal do Hospital Sofia Feldman em Belo Horizonte. Para coleta de dados, foram realizadas entrevistas semiestruturadas com as mães dos recém-nascidos e observações dos participantes. Os dados foram analisados utilizando-se a técnica de análise de conteúdo e a de construção de narrativas. **Resultados:** Evidenciou-se que o aleitamento materno de recém-nascidos prematuros é vivenciado de forma singular por cada mulher em seu cotidiano. Verificou-se que a rede social funcionou como mediadora da amamentação tanto incentivando como desencorajando sua continuidade e que a experiência da amamentação, vivenciada pelas mulheres, durante a internação de seus filhos, foi identificada como uma possibilidade de aprendizado com a equipe de saúde. **Conclusão:** Afirmamos que há necessidade de continuidade da assistência ao recém-nascido prematuro para apoiar a mulher no processo da amamentação. Faz-se necessária uma abordagem tanto pelas políticas públicas como pelos profissionais de saúde, que contemple não apenas os aspectos biológicos do aleitamento, mas também os emocionais, históricos e sociais que envolvem esse complexo processo.
Descritores: Aleitamento materno; Recém-nascido; Prematuro; Relações mãe-filho; Assistência domiciliar.

ABSTRACT

Objective: To analyze aspects of everyday life related to exclusive breastfeeding of preterm infants after hospital discharge. **Method:** Research with a qualitative approach based on the dialectic referential of fourteen premature newborns who were discharged from the Neonatal Intensive Care Unit of the Sofia Feldman Hospital in Belo Horizonte. For data collection, semi-structured interviews were carried out with the mothers of the newborns and participants. The data was analyzed using the technique of content analysis and the construction of narratives. **Results:** It was evidenced that the breastfeeding of preterm infants is experienced in a unique way by each woman in their daily life. It was verified that the social network functioned as a mediator of breastfeeding both encouraging and discouraging its continuity and that the experience of breastfeeding experienced by the women during the hospitalization of their children was identified as a possibility of learning with the health team. **Conclusion:** It was affirmed that there is a need for continuity of care to the premature newborn to support the woman in the breastfeeding process, it is necessary to approach, both by public policies and by health professionals, that includes not only the biological aspects of breastfeeding, but also the emotional, historical and social implications of this complex process**.**
Descriptors: Breastfeeding; Newborn; Premature; Mother-child relationships; Home assistance.

RESUMEN

Objetivo: Analizar los aspectos de la vida cotidiana relacionados al amamantamiento materno exclusivo de los recién nacidos prematuros después de obtener el alta hospitalaria. **Método:** Investigación con un abordaje cualitativo con enfoque en el referencial de la dialéctica. El escenario fue los catorce domicilios de los recién nacidos prematuros que recibieron el alta de la Unidad de Terapia Intensiva de Neonatalogía del Hospital Sofía Feldman de Belo Horizonte. Las madres de esos recién nacidos fueron los sujetos de la investigación. La recolección de los datos fue realizada por medio de entrevistas con un guión semi-estructurado y a través de la observación del participante. Los datos fueron analizados utilizándose la técnica de análisis de contenido y la de construcción de narrativas. **Resultados:** Las evidencias fueran que el amamantamiento materno de los recién nacidos prematuros es vivido de forma singular por cada mujer cotidianamente. Se comprobó que la red social funcionó como mediadora del amamantamiento tanto incentivando como desalentando su continuidad. El estudio permitió verificar que las experiencias del amamantamiento vivido por las mujeres, durante la internación de sus hijos, fue identificada como una posibilidad de aprendizaje con el equipo de la salud. **Conclusión:** Se considera, por lo tanto, la necesidad de dar continuidad a la asistencia al recién nacido prematuro para apoyar a la mujer en el proceso del amamantamiento. Es necesario un abordaje, tanto por parte de las políticas públicas como por parte de los profesionales de la salud, que contemple no sólo los aspectos biológicos del amamantamiento sino también los emocionales, los históricos y sociales que forman parte de ese proceso complejo.
Descriptores: Lactancia materna; Recién nacido; Prematuro; Relaciones madre-hijo; Asistencia domiciliaria de salud.

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INTRODUCTION

This study was structured from the understanding that breast milk is the most appropriate food for the newborn.

Early birth, before 37 weeks of gestational age[1], brings changes at birth such as: formation of the mother and child bond, intensive care demand, interference in the establishment of breastfeeding and possibility of impaired future quality of life of the newborn, born, from their own mother and their family.

Prematurity is also important among the determinants of childhood morbidity. High-weight preterm infants present high vulnerability to cognitive, motor and neurological impairment in the first years of life and, at school, may present behavioral, psychological and educational problems[2]. Faced with this reality, different strategies have been sought in an attempt to contribute to the growth and development of this population group. The properties and benefits of breast milk were highlighted here due to the greater vulnerability presented by these newborns[3].

Studies indicate that breastmilk is important for the maturation of the gastrointestinal tract of preterm infants contributes to better neurobehavioral development and language and also emphasize the importance of the health team in promoting breastfeeding in the context of prematurity[4-5].

Premature birth has implications not only during the hospital stay. It is important to emphasize that the continuity of the care of these newborns at home by the family requires attention. Mothers of preterm infants need social support to overcome the challenges of caring for their children at home. When women feel secure, they can act with greater autonomy, which is reflected in the health promotion of these children[6].

The benefits of breast milk, breastfeeding of preterm infants during NICU stay, and even the meanings of breastfeeding for women have been demonstrated in the literature[4,7]. However, when it comes to these babies and their mothers, in the particular and initial context of life, little is known how this practice is experienced and maintained by both, after going to the home.

There are policies to encourage breastfeeding and hospitals that support breastfeeding of full-term and premature newborns. Although proven to be important, these strategies do not always guarantee the continuity of breastfeeding of preterm infants after hospital discharge and may suffer from different aspects. Considering breastfeeding as a necessary care for the newborn, it is important to consider that mothers of premature infants may need family and professional support to maintain breastfeeding at home.

Therefore, it is based on the assumption that aspects of daily life of newborn families can influence breastfeeding practices interfering with their continuity after hospital discharge.

Thus, this study aims to analyze aspects of everyday life related to exclusive breastfeeding of premature newborns after discharge.

METHOD

It is a descriptive-exploratory study of a qualitative nature, guided by the dialectical method[8]. The option of this approach allowed us to analyze aspects of daily life related to breastfeeding of premature infants at home and the contradictions that express themselves in this reality for the women when choosing this way to feed their children during the hospital stay in the Neonatal Unit and to continue it, when they no longer have the institutional apparatus.

Data collection was performed in the homes of 14 newborns who were discharged from the Neonatal Intensive Care Unit of the Sofia Feldman Hospital in Belo Horizonte - Minas Gerais. Three households are located in Belo Horizonte and eleven in the metropolitan region of this municipality.

The study included 14 mothers of preterm infants who were discharged from the NICU of Sofia Feldman Hospital in exclusive breastfeeding. The inclusion criteria were: mothers of newborns younger than 34 weeks and younger than 1500g at birth, who were discharged exclusively for exclusive breastfeeding for at least 30 days and resided in Belo Horizonte or in the Metropolitan Region of the capital.

The instruments for capturing the empirical reality were participant observation[9] and semi-structured interview. For the observation, a script was designed to apprehend the dynamics of care of the mother with the baby, the routine of baby care, the interaction between mother and child, as is the woman's role in the family. The records of the observations were made in a field diary shortly after the researcher left the participants' house. The interviews had as guiding questions: How was your experience in breastfeeding your

child during hospital stay? What has been your experience in breastfeeding your child at home? What facilities did you find to breastfeed your child at home? What difficulties did you encounter in breastfeeding your child at home? The interviews were recorded and transcribed in full. For the analysis of interview data, the Content Analysis technique was used in the thematic modality. From the description of the participant observations in the households and from the interview data, narratives were constructed with the stories of breastfeeding of each woman and newborn. The narrative is a textual structure that presents as fundamental characteristics the plot, the narrator and the narrative technique[10]. From the data collected from interviews and observations, categories emerged and allowed us to cross-analyze the cases, showing common and unique aspects in the process of breastfeeding premature infants. The categories present aspects of everyday life that have proven to be important in the process of continuity or interruption of breastfeeding of preterm newborns at home.

Data collection took place between January and May 2010, lasting four months and started after the approval of the Research Ethics Committee of the Hospital Sofia Feldman (Opinion 08/2009) and the Federal University of Minas Gerais (Opinion 556/09). Respect for the autonomy of the subjects was present in the form of Informed Consent. Anonymity was guaranteed by replacing the names of women with Olympian goddesses.

RESULTS AND DISCUSSION

The biographical situation of the participants expresses that they have an average age of 25 years, 11 have a partner, one resides only with the child, 12 did not have previous breastfeeding experience, six work outside the home, six have two complete degrees and average of 0.6 minimum salaries per person (Figure 1)

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Figure 1 - Sociodemographic characteristics of the mothers participating in the study - Belo Horizonte, MG, 2010.

Mother	Conjugal situation	Residents with their mother at home	Previous AM	Works	Age	Race	Education	Family income
Dione	friend	parents, brother and partner	no	no	29	Black	Complete High school	5 salaries (6 dependents)
Pítia	married	Husband and children	Yes	no	33	Brown	Complete High school	4.5 salaries (4 dependents)
Euríbia	friend	Husband and daughter	Yes	no	20	Black	Incomplete Primary school	1.5 salaries (3 dependents)
Afrodite	single	mother, 5 brothers and daughter	no	no	15	Black	Complete High school	1.5 salaries (7 dependents)
Tália	married	Husband and 3 children	Yes	no	21	Brown	Incomplete Primary school	1 salary (5 dependents)
Astrea	married	husband, daughter and a brother	no	Yes	36	White	Complete High school	6 salaries (3 dependents)
Íris	married	parents, maternal grandmother, husband and son	no	no	21	White	Complete Primary school	3 salaries (3 dependents)
Deméter	married	Husband and daughter	no	Yes	18 a	Black	Incomplete Primary school	1.5 salaries (3 dependents)
Ártemis	single	Grandmother, uncle and daughter.	no	Yes	24 a	White	Complete High school	3 salaries (4 dependents)
Hera	friend	Partner and daughter	no	no	17 a	Brown	Complete Primary school	1.5 salaries (3 dependents)
Héstia	married	Husband and daughter	no	Yes	34 a	Black	Completed High school	3 salaries (3 dependents)
Atena	married	Husband and daughter	no	Yes	25 a	Brown	Complete Higher Education	5 salaries (3 dependents)
Ilítia	married	husband, son and stepson	no	no	26 a	Brown	Complete Primary school	1.5 salaries (4 dependents)
Hécate	single	son	no	Yes	35 a	Black	Complete High school	1 salaries (2 dependents)

Source: Prepared by the authors

The children were mostly female, with an average birth weight of 1151g, and mean birth weight of 30 weeks and three days, were hospitalized an average of one month and 20 days. At the time of data collection, the children had a mean age of three months and 15 days, and the average time at home of one month and 24 days (Figure 2).

Figure 2 - Clinical characteristics of newborns participating in the study - Belo Horizonte, MG, 2010.

NB	Sex	Birth weight	BGA*	Age during collection	Time of hospitalization	Time at home
Dione's NB	Female	1170g	31 without	2 m 17 d	1m 10d	1 month 7d
Pítia's NB	Female	1010g	27+5	3m 12d	1m 26d	1m 15d
Euríbia's NB	Female	1310g	29 without	3m 14d	1m 4d	2m 10d
Afrodite's NB	Female	1160g	30 without	2m 22d	1m 13d	1m 9d
Tália's NB	Male	1050g	33 without	2m 27d	27 dias	2m
Astrea's NB	Female	1410g	33 without	3m 1d	22 dias	2m 10d
Íris's NB	Male	1460g	32 without	4m 28 d	1m 6d	3m 22d
Deméter's NB	Female	940g	32+2	3m 2d	1m 26d	1m 8d
Àrtemis's NB	Female	1060g	32 without	3m 8d	2m	1m 8d
Hera's NB	Female	1295g	28+6	5m 11d	1m 18d	3m 23d
Héstia's NB	Female	1280g	31 without	2m 13 d	1m 10d	1m3d
Atena's NB	Female	940g	26+6	4m 17d	3m 14d	1m 3d
Ilítia's NB	Male	1380g	33 without	2m 22d	1m 11d	1m 11d
Hécate's NB	Male	655g	26 without	4m 10d	3m 9d	1m 1d

Source: Prepared by the authors.
* IGN Birth Gestational Age.

In the data analysis, the following categories were constructed: the experience of breastfeeding a premature infant in the hospital environment, aspects of daily life in the home environment, and breastfeeding and the trajectory of the premature newborn: need for continuity of care.

The categories were constructed from the grouping of the Units of Sense identified by similarity in the excerpts highlighted by the researcher directly in the lines of the interviewees. At the same time, the annotations made in the observations in the field diary were also added bringing greater wealth to the interview data and making it possible to construct the categories and narratives of each case.

The experience of breastfeeding a premature baby in the hospital environment

From the statements, it was possible to understand that the mothers' stay in the hospital following the hospitalization of their children was a period in which they learned about the care of the child and the management of breastfeeding with the health team (Figure 3). In addition, it was presented as the initial moment of their experiences with breastfeeding and their relationship with their preterm infants. The need to comply with hospital rules and routines was revealed as a difficult aspect of the breastfeeding experience for women.

Figure 3 - The experience of breastfeeding a premature baby in the hospital setting, Belo Horizonte, MG, 2010.

Category I: The experience of breastfeeding a premature baby in the hospital environment	
Sense Unit	Interview Excerpts / Field Journal Notes
Hospital learning	"She taught little tummy in her mother's tummy, did not just pick up the little nipple... Picking up most of the areola. It was a great learning experience "(Dione). "... the experience of being a mother is very good. A rewarding thing and even more so when we have our own milk to feed the child because we know that from there the child goes, goes, it is a first vaccine, as I was taught, it is the first vaccine of the child is the breast milk, it is important for you to know that through you your child is getting healthier, becoming a healthy child, a smart child "(Illya).
The rules and hospital routines influencing breastfeeding	At the rhythm there, the nurses there ... the girls explained to us: "you have to give it every 3 hours." It was automatic, every 3 hours I was there, fucking her to suck (Dione) You did not do anything else then, knot ... It was not very good, but then we thought, if you follow the rules, the tempo is the way your doctors want it, you leave faster. So that was what gave us the strength to this parasite life not to be so bad, so suffocating for us (Ártemis).
Support received by hospital staff	It was when I was in the ICU, it was good, the techniques, the nurses helped me, supported and everything, until it was calm, she got it right (Aphrodite). .. "It's because of the guidance there from the hospital, they taught me everything right ... the way to breastfeed" (Afrodite).
Relationship between mother and child in breastfeeding	It was the best time I had to contact her after she was born. It was incredible, it was really good, it was a feeling of relief to have the milk for her sucking there at that moment that she needed (Dione) When I was taking the milk there, I was crazy to breastfeed ... So the day I gave was too good, it was a very good feeling to know that she was recovering, knowing how to breastfeed right was a good feeling too. I thought she'd never get it (Hestia).

Source: Research Data.

The data found in this research evidenced that health professionals were recognized by the women as people who advised them about the management of lactation during the hospitalization of their preterm children. A study of maternal difficulties encountered by mothers of newborns hospitalized revealed that offering practical and emotional help can also be considered as relevant actions to increase maternal self-confidence in the breastfeeding process[11].

The analysis showed that women associated breast milk use with the recovery of the child, the faster exit of the NICU and the hospital and its growth and development.

These considerations may have been the result of the knowledge acquired by women about the benefits of breast milk to the health of the child. However, it is important to highlight that only information offered to mothers about breastfeeding is not enough for them to breastfeed. Some women demonstrated knowledge about the benefits of breast milk to the child's health, but chose to introduce the formula by bottle.

"In the hospital I was giving is the breast, but after I got home and had a few problems, my milk decreased and it is not enough for her; I am giving 60 to 70 ml in the bottle "(Field diary, page 7).

This result allowed us to verify that the decision to maintain or interrupt exclusive breastfeeding is related not only to knowledge of its benefits but also to cultural issues. Thus, we can infer that, because bottle-feeding is a common practice in our society, women and the people of their conviviality may consider it an act of everyday life.

In the initial period of life, the nutrition of preterm infants is necessary every two to three hours due to their physiological needs[12]. The mothers of this study, when experiencing this routine of feeding their children during hospitalization, pointed out as a difficult aspect of breastfeeding the existence of rules and hospital routines.

As for the relationship between the mother and the premature child during breastfeeding in the hospital, it was verified that this practice allowed moments of interaction between both and the feeling of empowerment of the woman as a nurse. In addition, the desire and realization of having the child in the arms and being able to offer the own milk as a means for the recovery of the child's health was evidenced in this research.

In a study carried out on the maternal experience of mothers with infants admitted to the Neonatal Intensive Care Unit, the authors concluded that lactation is a means to establish an approximation between mother and child favoring the exercise of motherhood[13].

We consider that the experience of the mothers of premature infants in hospital attending and breastfeeding their hospitalized children was favorable to the continuity of breastfeeding after going to the home. However, only this initial experience does not guarantee the success of exclusive breastfeeding after hospital discharge. It is necessary to consider other aspects that influence this continuity or rupture of breastfeeding.

Aspects of daily life in the home environment and breastfeeding

In this category aspects of daily life that influenced the continuity of breastfeeding after hospital discharge will be presented: the home environment, social network, work and the social role of women (Figure 4).

Figure 4 - Aspects of everyday life at home and breastfeeding, Belo Horizonte, MG, 2010.

Category II: Aspects of everyday life at home and breastfeeding	
Sense unit	Interview Excerpts / Field Journal Notes
The home environment favoring freedom and comfort	At home, we're more comfortable because in the hospital, you're a doctor, you're a nurse, you look embarrassed, you find everyone strange around you, looking, it's not a thing you and your son, there's more people and not at home, it's you and your child. It is where the bond increases even more "(Iris). "Here at home, I do not correctly follow some things they taught me in the hospital, I do not follow, I'll tell you the truth. Because I think he feels better like that, on the issue of breastfeeding. It was the question of having time to breastfeed, not to breastfeed him lying down ... "(Illya).
Mother-to-child ratio during breastfeeding at home	"... even though I feel a lot of pain I let him suck, because even though (the chest) is injured you have to give, it's right". (Illya). "... that's what I like the most. More than giving a shower, more than anything else, the part that I like to do most is to breastfeed, which I feel like, it seems like the moment I'm doing something for her. Not that other things were not, you know, but other things other people can do and breastfeed only I can. So for me this moment is very special, very important. Very important indeed, I give much value "(Athena).
Support/lack of support received from family members	"At home it's being a lot better because I'm not so tense about that hospital environment anymore. It is being good here too because I have guidance from my mother, sometimes it has the guidance of the mother-in-law ... "(Aphrodite). "My husband encouraged me a lot too, right, I could have said, no, ah, let's just give NAN the same for her, let the probe come back, let it, and it will not work, it's going to work, it's going to work out, it will work, "(Athena). During the conversation with Dione, she says she feels insecure at times and even offered artificial milk during a night when her daughter cried a lot. She says she thought her milk was insufficient and offered the formula because her mother-in-law had realized that the child cried a lot and thought she was hungry. However, since her daughter did not stop crying, her mother concluded that the cause of crying was not hunger (Field Journal, page 2).
Work, women and breastfeeding	... at home is, so, for as long as we can, does not work ... we are very restricted, because it lives for the child. And I follow her schedule because this business of breastfeeding every three hours does not match because there are hours that she breastfeeds twenty minutes, there is time she sucks only ten! Then I wait for the hour she wants (Astrea). "Aphrodite is 15 years old, single and studying elementary school, but chose to stop her studies for a year to take care of her daughter" (field journal p.15).

Source: research data.

The home environment was pointed out by all the women as a space, different from the hospital environment, to breastfeed due to the freedom and the comfort offered by the home.

Breastfeeding at home was pointed out as

a more pleasant phase to be experienced by the mother when compared to the hospital due to comfort and the possibility of intimacy and privacy with the child. Women feel more capable of meeting the needs of their children in this environment. However, some women weaned in the first few weeks after discharge.

The process of breastfeeding at home is part of the daily life of these women and the decision to keep or stop breastfeeding is taken even in the face of uncertainty of consequences. They are living in their daily lives and, by choosing to keep or stop breastfeeding, are basing their decision on probability. This assertion comes against the understanding that the decision of women to breastfeed as an attitude of taking risks or securing benefits and it is from the daily life that they make that choice[14].

The observations and the analysis of the statements allowed to verify that breastfeeding at home is an integral part of the care of the premature newborn.

Considering breastfeeding as a continuum in a process of care for the newborn, it is necessary to have systematized knowledge to guide and support women during breastfeeding.

The knowledge and experience of mothers with breastfeeding during the hospitalization of their children allowed the use of the learning process as a device for the continuity of breastfeeding after discharge.

The analysis of the data shows that, although the information obtained from the scientific discourse by mothers is necessary, the common-sense information also exert an influence on the continuity of breastfeeding and can be considered of more relevance to the mothers. It can be inferred that learning may be important in supporting women in their decision about breastfeeding.

In this study, the majority of mothers identified breastfeeding as a practice that allowed them to experience motherhood and that favored contact and exchange of affection with their children.

The formation and establishment of the bond between the woman and the preterm infant proved to be an aspect that needs to be recognized and strengthened, as it has proved important to the care and breastfeeding of the premature newborn soon after the trip to the domicile.

Health professionals should offer support to the mother after discharge for continued breastfeeding because, although all the women have indicated the home as a favorable space for breastfeeding, one of the mothers reported feeling insecure to breastfeed in the first days after discharge hospital because they no longer have full-time Nursing staff.

Communication skills are critical for supporting women in the breastfeeding process. The use of simple language, listening to the needs and difficulties encountered by women in breastfeeding their children, as well as the provision of relevant information in a timely manner, can be seen as a link between health professionals and Nursing mothers[15].

Regarding the mother and child relationship during breastfeeding, the analysis of the data allowed to infer that the woman's body appears as a necessary structure for breastfeeding. The woman uses her body overcoming its limits and its possibilities.

This allows us to infer that the woman can, when experiencing motherhood, attach greater value to the needs of the child when compared to her own needs and overcome the limits of her body to meet the demand of the child.

The cultural construction of motherhood suggests a donation from the mother to the child, which may imply that there is no limit between the individuality of the woman's body and her child in the initial period of life resulting in conflicts and subjectively claim the limits of your body[16].

Mothers' statements about their ability to offer milk and nurturing as an experience that brings them closer to their children reminds us of the concept of giving as something concrete or abstract offered to the other with a view to forming, strengthening or rescuing a social bond[17]. Breastfeeding can be recognized as a gift offered by mothers through their bodies.

During the observations and interviews, it was possible to verify the presence of people who shared with their mothers both household chores and child care. It was possible to verify that this help was carried out by her companions or by other women as their mothers, sisters, mothers-in-law or friends. These people were considered the primary social network of women and premature newborns.

In this study, the social support network represents a social arrangement formed by people who relate directly to women and who share their knowledge, interests and values among themselves[18]. The notion of social

network reveals the existence of a link and the use of material and abstract resources by the people who compose it to face everyday situations[16].

In this sense, the primary social network can be perceived as an aspect that allowed the continuity of exclusive breastfeeding at home, but when the opinions of the family discouraged the practice of breastfeeding, it was observed that weaning was more present. The data allow us to infer that the social network to which a woman belongs can influence breastfeeding in order to promote or discourage her.

The participation and support of one of the parents stood out in one of the families participating in the study. He recognized breastfeeding as important to his daughter and offered support to his wife throughout the breastfeeding process both during hospitalization and after discharge. His wife recognizes the importance of the support received by the partner in the continuity of exclusive breastfeeding at home.

Women who are breastfeeding are in a phase of life that becomes more susceptible to other people's opinions. The authors add that grandmothers can influence maternal behavior during breastfeeding[19].

The maintenance or interruption of breastfeeding suffers a significant effect of the support received by the woman from her social network, since breastfeeding is a cultural practice and has social determination.

The analysis of the data allowed to verify that all participants had interference from the people belonging to their social network in the process of breastfeeding their children at home. They appeared in the daily breastfeeding of preterm newborns at home as mediators, favoring or hindering the continuity of breastfeeding.

In this sense, we can affirm that the beliefs and habits about breastfeeding are transmitted by the family, which occupies the central place of reference of Nursing mothers. Family relations, by involving the breastfeeding process, are sustained in affection, intimacy and solidarity among members, which justifies their central position for women who are breastfeeding[16].

The data obtained from the observations showed that breastfeeding requires time dedication of these women to meet the demand of their children.

Eight of the fourteen women who participated in the study did not work outside the home and four of the six who worked before their child was born chose not to return to work. However, it was possible to verify that, although some women had the help of their companion or another person from their social network, they were the main responsible for the care of the home and the children reinforcing the social role of the woman as caregiver.

One of the households visited verified this reality when a woman, mother of three, with a previous positive history of breastfeeding, had introduced cow's milk to her child after two weeks at home. The material conditions of the family were precarious, she was responsible for the care of the house and the three children in an unfavorable hygienic-sanitary situation and did not have a support network for breastfeeding.

"Upon arriving at Talia's house, I find a potty with feces in the kitchen. The pots and pans are dirty on top of the kitchen sink. During the visit, in informal conversation with her mother, she reports that the village has no water all day. "(Field journal, page 13).

This situation presents us with a contradiction since, in hygienic-sanitary conditions and unfavorable materials, the family still needs to spend resources on the purchase of milk for a child who could continue to receive only breast milk. Talia has incomplete primary school and her family is composed of five people and living with one minimum wage. There is evidence in the literature that women with higher level of education and better financial conditions maintain breastfeeding longer, when compared to those with lower schooling and lower purchasing power[20-21]. However, these studies do not point to the causes of these differences.

However, in this study, it was verified that the different opportunities for maintaining the home's infrastructure, the support received from the primary social network and the need to assume various responsibilities in daily life can contribute to the continuity or interruption of breastfeeding.

The women participating in this study were characterized as a heterogeneous group with regard to paid work. There were two women on maternity leave and four women who worked in the informal market and could not benefit from it.

Two participants, formal workers, benefited from one of the breastfeeding protection policies in the country, the maternity

leave of 120 days provided for in the legislation - Federal Constitution, article 7, paragraph XVIII[22]. Considering the recommendation of exclusive breastfeeding up to the sixth month of life for all the children, in the case of preterm births, the number of weeks to reach the term (40 weeks) should be increased by this time. Considering the guarantee of this right, the extension of maternity leave for the mothers of these newborns is necessary, however, public health policies do not yet contemplate this demand.

Data analysis allowed us to visualize that the families that participated in the study had per capita income between R$90,20 and R$902,00. Analyzing the economic profile of the families is not the objective of the study. These data, however, allow us to infer that there is a need to consider an increased risk due to social vulnerability, because they present less opportunities with respect to the material, objective conditions of their realities.

In this sense, it is necessary to create alternatives to breastfeeding protection for women who do not belong to the formal labor market. In India, a project was carried out with the support of employers of women who worked as domestic servants so they could spend their time breastfeeding their children[23].

In addition to the work, the continuity of the studies was identified as an aspect that makes it difficult to maintain breastfeeding and the care of the child by adolescent mothers. One of the mothers participating in the study chose to discontinue her studies to care for her daughter until she was one year old.

In Canada, for example, there are programs to support adolescent mothers to continue breastfeeding without interrupting their education. These programs include the flexibility of study time and even the completion of school activities at home[23].

The work, studies and social roles of women as caregivers of the home and children have been identified as aspects that, in certain situations, may influence the continuity of breastfeeding. Although breastfeeding policies in Brazil contemplate the promotion, protection and support of breastfeeding, the fragility of these policies to meet the needs of premature newborns and their mothers in conditions of social vulnerability and unfavorable materials was evident in this study.

The trajectory of the premature newborn: needing the continuity of health care

Analysis of the data showed that even women who maintained exclusive breastfeeding at home had difficulties to maintain breastfeeding. Aspects such as the difficulty of access to the Primary Health Care network and the lack of training and support by professionals were identified as difficult aspects of the continuity of care to the premature and its breastfeeding process (Figure 5).

Figure 5 - The trajectory of the premature newborn: necessitating the continuity of health care, Belo Horizonte, MG, 2010.

Category III: The trajectory of premature newborns: need of continuity of health care	
Sense unit	Interview Excerpts / Field Journal Notes
Access / lack of access to health service	Demeter reports that "the professionals of the Reference Unit in your region have claimed the lack of a qualified professional to assist the child due to his or her premature birth and that the responsibility for accompanying the child should be from the hospital where the child was born" (Field journal, p.25). Illya reports that "in the region where she lives, to be registered by the ESF, it is necessary to reside in the address for at least one year, a situation not compatible with hers" (Field Journal, page 23).
Support/lack of professional support	"It was not easy at first because I did not have a nurse here, I did not have anyone, but now it's easy, I'm used to it. When we get there, we get worried and there's no one here to call. Then it's easy for me now "(Demeter). "And she (the pediatrician) said so as soon as I get to work will switch with either NAN or mucilon. I'm worried because the gut deregulates completely when you start using these, but you'll have to use it, in May it'll start, there's going to be just the breast even four months [...] I'm going to start working, there's no way, even that there be flexible that I can come home to breastfeed, but it is not the same thing of you being available as we stay at home. At night, we can breastfeed normal, but during the day already has this obstacle (Astrea).

Source: research data.

Systematic follow-up of preterm infants after discharge is a factor that contributes to the adequate growth and development of these children and may reduce the risk of future complications[24-25].

Premature newborns, upon discharge, need to be assisted by the Family Health Team and the follow-up team of the hospital of origin[26].

However, the data showed that not all families, when they returned home with their children, were guaranteed access to the health service. In this study, it was verified that in two cases, there was a rupture in the continuity of care to the premature newborn and their mothers, since they had not been able to access Primary Health Care since they were discharged. This could compromise continuity the exclusive breastfeeding of preterm infants after hospital discharge.

The discussion on the eight millennium goals proposed by the UN in 2000, including the reduction of infant mortality[27], is relevant to this situation. The child has the right to protection of life and health, through the implementation of public social policies that allow birth and healthy and harmonious development, in conditions that are worthy of existence[26].

Although public social policies define health as a right, this concept has been used as a notion of privilege and not of citizenship. Although the right to health is covered by legislation, it has to become concrete action in health services[28].

Although some women reported having been monitoring the growth and development of their children at the Basic Health Unit (BHU), it was not evident from the data analysis that the Family Health Team (FHT) professionals were considered reference to these mothers regarding breastfeeding and the care of their children at home. The data show that the contact of the women and their children with the FHS happens in the consultations in the BHU and there were no reports of home visits by the health team.

A study carried out on the third stage of the Kangaroo Method, evidenced that the nurse has assumed a bureaucratic role in the actions of the FHS. Although they acknowledge the relevance of home visits as an important care strategy, aspects such as transportation difficulties and work overload at the BHU impede their implementation[29].

When talking about the continuity of breastfeeding at home, two mothers referred to pediatricians as professionals who monitor the growth of their children after leaving the hospital. The other twelve mothers, in their reports, did not present any other health professional as a mediator of the continuity of breastfeeding at home after hospital discharge.

In this study, the nurses of the basic health care network were not mentioned by any of the deponent mothers. This allows us to infer that health professionals need to adopt a posture that facilitates their interaction with the Nursing mothers, to understand the difficulties they encounter in the breastfeeding process and to help them solve them[30].

Guidance on breastfeeding is one of the tasks of the FHP health team. Thus, we can say that a more effective performance of the Family Health Team could contribute to improving the prevalence of breastfeeding after hospital discharge[26].

The increased biological complications of social vulnerability and disruption of continuity of health care for preterm infants after hospital discharge may result in more complex situations such as increased mortality and morbidity of prematurely born children.

Chronic conditions, including maternal and child conditions, require that health care systems be organized and act in a proactive, continuous and integrated manner. Health care for premature or full-term children during child-care is considered a chronic condition. Thus, it can be infered that breastfeeding is considered a chronic condition during childcare and therefore requires continuous actions, are integrated into the health care of children and that professionals act proactively with a view to encouraging and supporting them it[31].

It can be infered that the integration of health actions can enable timely care by the health team since the continuity of breastfeeding is important in reducing the morbidity and mortality of preterm infants and therefore must be recognized by health professionals and services, as an important action in the plan of care, in hospital and outpatient level.

The need to offer health care as a timely attention comes against the principle of care as a thread of integrality, based on the actions of health professionals. Professionals must start from the perception of the health needs of the users to direct their professional practice. These actors, in addition to providing care, need to manage the search for resources and optimization of results. Thus, it is possible to establish a relationship between professionals and users and to offer care that effectively meets

the needs of premature newborns and their families[28].

From the above, we can consider that the communication between services and the integration of actions in health are challenges to be overcome, so that the principles of integrality of care can be realized as a network allows the recognition of health demands and that offers care and services from the needs of users[32].

FINAL CONSIDERATIONS

An approach to the daily life of women who breastfeed and care for their preterm children at home enabled a better understanding of the breastfeeding process and aspects of everyday life that interfere in its continuity after hospital discharge beyond the contradictions present in this reality.

It has been shown that aspects such as hospital experience, home environment, support network, work and social role of women are aspects that may influence the continuity of breastfeeding of preterm infants after hospital discharge.

It should be emphasized that ensuring continuity of care for preterm infants after hospital discharge is essential for the maintenance of breastfeeding at home, since women need the encouragement and support of health professionals to maintain exclusive breastfeeding. To do so, it is necessary to approach both public policies and health professionals, which includes not only the biological aspects of breastfeeding, but also the emotional, cultural, historical and social aspects involved in this complex process.

The design chosen for this study does not allow us to make generalizations about the maintenance of breastfeeding of preterm infants after discharge from hospital, therefore, other studies on the continuity of care for premature newborns, their mothers and families, and the relationship to exclusive breastfeeding.

Although the meetings between the researchers and the mothers were punctual, they allowed an in-depth analysis of the data found, allowing us to affirm that breastfeeding inserts itself into the context of a woman's life in a singular way. Thus, the continuity of breastfeeding at home is related to individual aspects and is influenced by different aspects present in the daily life of each newborn, his mother and his family. This allows us to infer the need for assistance by the health professional, especially the nurse, based on the principles of integrality, who values the relationships of family ties and is carried out in a timely manner.

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