



Research-care in the breastfeeding process of babies with cleft lip and palate in light of Kolcaba's theory

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ABSTRACT

Objective: to unveil the experience of mothers of babies with cleft lip and palate as to breastfeeding, identify the care needs of these mothers and propose nursing care to mothers and babies in light of Kolcaba's theory. **Method:** this is a research-care with a qualitative approach with 20 mothers of babies with cleft lip and palate through nursing consultation. Content analysis was adopted. **Results:** the context units emerged: physical and private comfort during breastfeeding; baby satiety; breastfeeding management; support from health professionals. **Conclusion:** it is concluded that the most important need reported by most mothers is babies' hunger satiety. It is notorious to transfer mother comfort to baby comfort, which can configure transcendence in this aspect, i.e., comfortable newborn, comfortable mother.

Descriptors: Cleft Palate; Breastfeeding; Nursing Theory; Patient Comfort; Nursing Care.

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INTRODUCTION

Cleft lip and palate is a congenital craniofacial malformation that occurs in one out of 650 live births in Brazil, the most common being unilateral left cleft lip in males and cleft palate in females⁽¹⁻²⁾. It occurs due to the lack of fusion between the embryonic facial processes and the palatal processes, with multifactorial etiology and can cause difficulties in quality of life⁽³⁾.

Cleft lip and palate can bring functional disorders related to breastfeeding, however such disorder does not constitute an impediment factor for early skin-to-skin contact between mother and child⁽⁴⁾. In addition to the nutritional benefits of breast milk for physical growth, neuropsychological development, immune resistance and caloric intake, the bond established by breastfeeding is quite significant and desired by motherhood, and failure to breastfeed is a cause for frustration for many mothers^(2,4-6).

In view of this, breastfeeding management in children with cleft lip and palate is a health need of people being cared for, mother, baby and family, for which nursing care should result in actions that provide their comfort⁽⁷⁾.

For Kolcaba, comfort is reported "as an immediate experience, strengthened by a feeling of relief, tranquility and transcendence, considering the physical, psycho-spiritual, sociocultural and environmental context" ⁽⁸⁾. The author defines relief as "the state of having a specific need for comfort met", calm as "the state of contentment", and transcendence as "the state in which problems or pain can be overcome". Relief, calm, and transcendence constitute the first dimension of the theory, the second dimension referring to the contexts in which comfort occurs, mentioned above⁽⁷⁾.

Based on this premise, breastfeeding in children with cleft lip and palate is a need for comfort that must be strengthened in the practice of nursing professionals from the maternal perspective. Therefore, the guiding question of this study emerges: what are the contributions of Kolcaba's Theory of Comfort in the care of mothers of babies with cleft lip and palate during breastfeeding?

Therefore, this research aimed to unveil the experience of mothers of babies with cleft lip and palate regarding breastfeeding, identify care needs of mothers in the process of breastfeeding babies with

cleft lip and palate and propose nursing care to mothers and babies with cleft lip and palate during breastfeeding in light of Kolcaba's theory.

METHOD

This is a research-care with a qualitative approach⁽⁹⁾. The steps pertaining to the research-care method are: approximation with the object of study; encounter with beings researched and cared for; establishment of research, theory and practice connections; distance from being a researcher-caregiver and from being researched-care and analysis of the understood.

When approaching the object of study, there was a literature review, identification of knowledge in the field and the retrieval of references used for nursing consultation.

The encounter with the researched and cared for took place in a center for the treatment of craniofacial deformities, located in southern Brazil. Twenty mothers of children with cleft lip and palate assisted. Mothers of babies with orofacial clefts from

15 days to 2 years of age who tried or failed to breastfeed and who had at least one consultation with a pediatric doctor and one with a speech therapist, consult this in order to clarify the type of craving, treatment and expectations regarding children's recovery were included.

The establishment of research, theory and practice connections was the moment when the interaction between researcher and caregiver beings and researched and cared for beings happened. In this phase, the information was collected through an audio-recorded nursing consultation after oral application and signing an Informed Consent Form. To preserve anonymity and confidentiality, participants received the code "MOTHER", plus a number in ascending order. An instrument was used with questions related to the sociodemographic profile, personal, gynecological, and obstetric history, incorporated by the following open-ended questions: how was your breastfeeding experience? Considering your experience in breastfeeding, what would be comfort for you during breastfeeding?

The distance from being researcher and caregiver and from being researched and

cared for configured the end of the relationship established in the research-care process and was prepared throughout the research trajectory so that, at the end of the meetings, researched and care beings were ready to the distance from researcher and caregiver beings.

For the fifth and last stage, analysis of the understood⁽⁹⁾, Minayo's content analysis technique⁽¹⁰⁾ was chosen, consisting of pre-analysis (text skimming and constitution of the communication corpus). It is at this moment that registration units and context units are decanted: exploration of the material, which consists of a classificatory operation to reach the core of understanding the text; treatment of data obtained and interpretation, a stage in which it is possible to reveal a profound meaning arising from participants' reporting and conduct.

The research followed the resolution NHC/MoH 466/2012 and was approved by REC/FPP under opinion number 3,498,082 and by REC/HT under opinion number 3,580,839.

RESULTS

Mothers of children with cleft lip and palate were aged between 14 and 36 years old, 14 (70%) between 21 and 31 years old. As for the mothers' education, 11 (55%) had complete high school, three (15%) had higher education and six (30%) had less than high school education. Regarding children, 18 (90%) had cleft palate and two (10%) had cleft lip only. Of the 18 children with cleft palate, 14 (77.8%) had unilateral cleft lip, three (16.6%) had bilateral cleft lip and one (5.6%) had no cleft lip. Regarding breastfeeding, 11 (55%) were able to breastfeed and nine (45%) reported that they did not.

Of the 11 children who were breastfed, one (9%) had no cleft palate and ten (91%) had unilateral cleft lip. No child with bilateral cleft lip was able to breastfeed.

Moving through the steps indicated by Minayo, anchored by Kolcaba's Theory of Comfort, the following context units emerged: physical and private comfort during breastfeeding; baby satiety; breastfeeding management; support from health professionals.

Physical and private comfort during breastfeeding is referred to by mothers who managed or failed to breastfeed, as an

intimate moment with their baby during the attempt to breastfeed or to feed with other devices, this being in a reserved, silent and preferably individualized place so that the promotion of the bond between mother and child happens without interruptions. Cuddling the baby, adopting a comfortable position with pillows and cushions, eye to eye and exclusive dedication to the moment of feeding make mother and baby calm down in sync.

I felt comfort when I was breastfeeding, I was always calmer, I tried to go in a quiet environment and be alone too, it was my moment. (MOTHER 10)

On the other hand, for some mothers, the place or the company, are not considered relevant, what really comforts is the moment of breastfeeding, especially when it is effective.

And the comfort of taking the child in your arms, of looking at you like that, her smell close to us. Many mothers are unable to have this pleasure, but thank God I had this opportunity. (MOTHER 8)

Child comfort in a safe position that facilitated breastfeeding was mentioned by participants, since many of them were afraid that the children would suck the milk, due to cleft palate.

The nurse taught me how to get her to breastfeed, gave me the bottle and said I had to keep squeezing it slowly, so she could learn to suck. Then the nurse taught me to always put the nipple of the bottle in the hole of the cleft so that it sucks and doesn't drown. (MOTHER 14)

Therefore, for many mothers, baby satiety is considered the main comfort regardless of how the feeding happens.

It is to satisfy her will, whether with my milk or not. (MOTHER 9)

However, many mothers are only completely satisfied when breastfeeding management feeding occurs, due to its importance and nutritional value. During the whole pregnancy, they were probably oriented to feed their children with breast milk because of its benefits, which results in an adequate and healthy growth.

I thought it would be better, because it says that children who breastfeed are healthier. (MOTHER 20)

However, for some mothers, the importance of breastfeeding is in the sentimental and emotional value.

It is the affection that we transmit to each other, the look and the security that you are breastfeeding, giving your own milk to a human being there. There's no way to describe it, it's a moment that is only...

...from mother to son. (MOTHER 16)

In some speeches, the mothers report that they were not informed about breastfeeding. As a result, for many mothers, comfort could have been achieved if there was a support and support from health professionals, which in most cases was debauched, making the chances of breastfeeding scarce.

I wish there was someone to guide me better, right, and there at the hospital there wasn't. Only the nurse tried to help me, but I wanted it to be other people too, the pediatrician said she was going but she didn't, then I got sad, right? (MOTHER 1)

On the other hand, participants reported positive experiences, which culminated in the comfort understood by the mother, as help and collaboration from a health professional, managing to convey confidence, assistance and welcome to her.

I was well advised on breastfeeding, all professionals tried their best to help me to breastfeed, because her gap is not so big, so most of them said it was possible for her to get it, so they told me to keep trying. (MOTHER 2)

Some reports reveal that trying is not always synonymous with promoting the comfort she needs; to know what is

important for puerperal women, it is necessary to listen to them before making any decision.

I've been preparing my psychological since pregnancy, but even so, when he was born, he still had an impact. But even so, it was only on the first day, back at the hospital, I think more because of the nurses' insistence, of insisting on something that I was already prepared that might not work. So, I think more because of their insistence that I ended up getting more frustrated. (MOTHER 11)

Some showed that if they were prepared before the child was born, they would feel better, not only about breastfeeding, but also about cleft lip and palate.

[...] there should be something like that, for us to get ready, because there were cases of girls who were with me, who had ultrasound scans and didn't show up and they only found out at the time. If they had attended a lecture, even if we were taken by surprise, we would be a little bit prepared. (MOTHER 7)

From this perspective, the suffering and frustration reported by mothers during breastfeeding of children with cleft lip and palate are configured as a need for comfort in the psychospiritual context, since

frustration is expressed not as physical pain but as emotional pain, as they will not be able to carry out this long-awaited experience.

DISCUSSION

The birth of a baby is the beginning of a new stage in the life of a woman and her family, a stage that demands “the construction of a healthy bond between the mother and the baby”⁽¹¹⁾, which is “established based on maternal sensitivity, because in breastfeeding, in addition to food, babies look for mothers”⁽¹¹⁾.

It is important to note that the general guidelines for breastfeeding management are the same for mothers of a baby with cleft lip and palate⁽¹²⁾; however, a more reserved place is convenient, where their intimacy can be preserved, since the specific assistance to this mother may differ from that usually provided to other mothers in rooming-in, which may attract speculation⁽¹³⁾.

Moreover, attention to latching on and position of a baby with cleft lip and palate during breastfeeding is fundamental to its success; “these babies should be

positioned facing the mother’s body, semi-seated or in an upright position or lying on a flat surface, with the head tilted towards the mother’s lap, while the mother leans her body on it”⁽⁴⁾. This position provides a more effective grip, since the ejection of milk improves according to the cleft occlusion, which also minimizes reflux and the risk of bronchoaspiration^(2,4).

Kolcaba’s Theory of Comfort advocates that relief occurs when the patient has mitigated discomfort; is the satisfaction of a need that causes discomfort, which can immediately promote a state of calm or contentment. Tranquility is a state of calm or satisfaction related to specific needs, which cause discomfort or interfere when obtaining comfort. It is a more lasting and continuous state of contentment and well-being⁽⁶⁻⁸⁾.

The achievement of transcendence is understood as a condition that is above problems or pain itself, and is considered the highest level of comfort. It can be achieved from the satisfaction of education and motivation needs, carried out by nursing professionals, who can enable clients to develop their potential and take on habits to carry out their activities with the maximum independence possible⁽¹⁴⁾.

Some mothers transcend pain during breastfeeding because they consider it a normal process to satisfy their child, highlighting a greater concern about the bond they are establishing. When puerperal women are calm and calm, their bodies release oxytocin, which favors uterine contraction, in addition to increasing the contractility of the myoepithelial cells of the breast alveoli, which promotes the ejection of breast milk and facilitates breastfeeding^(11,14-15).

It is important that children with oral malformations are breastfed, as breastfeeding decreases middle ear infections and reduces inflammation of the nasal mucosa caused by reflux of milk, common in these children. Breastfeeding also promotes the balance of the orofacial muscles, favors the adequate development of the structures of the oral motor system, reduces tooth malformation, boosts and trains the muscles of chewing and the speech process, promoting better diction and offering tranquility to babies^(2,4,15-18).

Therefore, it is essential to pay close attention so that mothers' needs are early identified and resolved. It is necessary that the health professional has technical and

scientific knowledge about anatomy and physiology of lactation, sucking, the emotional and psychological factors involved as well as communication skills with puerperal women during this moment^(11,19-22).

Nurses are indispensable in this process and the interaction between professionals and users, since the nursing team has a significant role in encouraging breastfeeding, in all phases of this follow-up, such as prenatal care, lectures, groups of pregnant women and maintenance in the puerperal period⁽¹⁹⁻²²⁾.

Educating in health is a practice that accompanies nurses: knowing how to listen, understanding what this woman knows, guiding and allowing her to decide what to judge best. It is essential to discuss the needs in relation to assistance with the health team during the breastfeeding process in order to verify whether the actions performed are capable of meeting the demand^(11,19-22).

Educational actions can prepare the pregnant woman about the frequent problems related to breastfeeding, because in addition to the possible difficulties due to children's cleft lip or palate, problems related to the breast itself, such as clefts and

mastitis, may occur⁽¹⁹⁻²⁴⁾.

Guidelines for mothers with cleft babies are the same as for mothers with babies without malformation; however, the type of cleft must be taken into account. When suction is not possible, it is recommended to express breast milk and offer using utensils, often associated with a milk formula to ensure adequate weight gain⁽²⁾.

When the diagnosis of cleft lip and palate occurs in the prenatal period, referring pregnant women to reference centers with the ability to advise on the pathology and carry out planning of future actions is vital. Empathy, using accessible language and emotional welcome by professionals contribute to the strengthening of those involved for the challenges to come⁽²⁵⁾.

Therefore, 11 proposals for nursing care for mothers in the breastfeeding process of babies with cleft lip and palate were developed in line with the experiences reported by the interviewees and based on literature, shown in Chart 1.

Providing such care, breastfeeding in children with cleft lip and palate may be seen in a lighter way. However, it is necessary for

nurses to fulfill their function, being accessible to this mother and promoting the indispensable comfort for her to have a satisfactory experience.

As a limitation for this study, the reduced number of participants can be considered, which can delimit a regional reality.

CONCLUSION

The experience of mothers of babies with cleft lip and palate regarding breastfeeding unveiled in this study permeates frustration and concern about their babies' health conditions for fear that they will be malnourished due to lack of breast milk, which results in emotional pain, with breastfeeding management identified as a health need to achieve comfort.

While for some, comfort is provided through physical comfort, for others, it is accomplished by the emotional aspect of breastfeeding. It is notorious to transfer mother comfort to baby comfort, which can configure the transcendence in this aspect, i.e., comfortable newborn, comfortable

Chart 1 – Nursing care for mothers breastfeeding babies with cleft lip and palate. Paraná, Brazil, 2019

1	Identify mothers' desire for breastfeeding, as their feelings and decisions must be respected.
2	Instruct the correct baby positioning technique to prevent bronchoaspiration of the milk: semi-sitting or in an upright position, facing the mother's body or lying on a flat surface, with the head tilted towards the mother's lap, while mothers lean their body about it ^(2,4) .
3	Guide how to position the nipple inside the cleft palate in order to obstruct it, providing the oral pressure necessary for babies to be able to perform effective sucking ^(2,4) .
4	Assure mothers how significant it is that they are in a comfortable and adequate position at the time of breastfeeding so that the act is not harmful to their health ^(11,13-15) .
5	Guide family members about the importance of privacy during breastfeeding ⁽¹³⁾ .
6	Encourage breastfeeding on demand ^(12,17) .
7	Advise to be calm during breastfeeding, as this will also calm the child, minimizing the turbulence of the moment and ensuring newborn satiety ^(11,13-15) .
8	Encourage the removal of breast milk, if suction is not possible ^(12,17) .
9	Guiding mothers on the importance of keeping babies at the right weight and demonstrating other ways to satisfy their hunger ^(12,17) .
10	Encourage the bond between mother and baby even from other means of feeding.
11	Ensure that in any doubt, mothers can count on nursing professionals, who will attend to them and will help to resolve their doubts.

Prepared by the authors from mothers' reports and studies used^(2,4,11-15,17).

mother.

Thus, it was evidenced that the a health need to achieve comfort.

While for some, comfort is provided through physical comfort, for others, it is accomplished by the emotional aspect of

breastfeeding. It is notorious to transfer mother comfort to baby comfort, which can configure the transcendence in this aspect, i.e., comfortable newborn, comfortable mother.

Thus, it was evidenced that the

comfort for some mothers is breastfeeding, due to its nutritional value; however, for others, the bond that this practice provides is more relevant. In contrast, the most important need reported by most mothers is baby satiety, regardless of how it is performed.

To this end, 11 nursing care was proposed to mothers who are breastfeeding babies with cleft lip and palate; it is important to highlight respect for mothers' wishes, baby positioning techniques and breastfeeding failure, maintaining a routine of withdrawal and offer of breast milk, with a view to preserving breastfeeding.

The findings of this study are expected to contribute to nursing care practice in improving care by providing scientific evidence adjusted to the context of breastfeeding babies with cleft lip and palate

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