148 - SITUATION OF THE BREASTFEEDING PRACTICE ON PRIMARY CARE OF MACAÉ, 2014

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INTRODUCTION

In all world, be able to raise breastfeeding rates is still a challenge. Although it was already known the advantages that breast milk provides both for the infant and for the mother, breastfeeding rates in general are still low, even in developed countries. According to the World Health Organization (WHO, 2009), it is estimated that in developed countries, the prevalence of children exclusively breastfed until six months of age is 24-32%. Venâncio et al. (2010), show that exclusive breastfeeding rates in the capitals of Brazil were below 50%.

Breastfeeding is a physiological process and the best way to provide adequate food for the healthy growth and development of the newborn, as well as being an integral part of the reproductive process with important implications for maternal health (WHO, 2005).

Unfortunately, today, there are still taboos, myths and prejudices built on breastfeeding in society. This fact may influence, discourage and impair the act of breastfeeding (CARRASCOZA et al, 2005).Studies show that factors such as return to work, the lack of support from the health team, the wide dissemination of infant formula in the media, socioeconomic status, education and even culture influence the duration of breastfeeding (GUIMARÃES et al., 2013).

The World Health Organization (WHO) recommends exclusive breastfeeding starts in the first half hour after birth and lasts until the baby reaches six months of age. Breastfeeding should continue along with appropriate complementary feeding up to two years of age or older (BRAZIL, 2010).

This study aimed to estimate the monthly prevalence of exclusive breastfeeding (EBF) and mixed breastfeeding (MB) in less than 4 months infants assisted in primary care health Macaé, in 2014.

SUBJECTS AND METHODS

We conducted a descriptive study of secondary basis, between January and December 2014, using the database of SIAB/SUS - Datasus/Ministry of Health, and the variables were collected: Children under 4 months in exclusive breastfeeding (EBF); Children under 4 months with mixed breastfeeding (MB); infants under 4 months assisted in the Family Health Strategies (FHS); and months of the year.

First, it was collected absolute and total data EBF. The sum of EBF and MB we found a value below the Total, being the difference categorized in Other. Subsequently, the ratios were calculated: total number of children under four months in EBF in each month by the total number of infants under four months assisted in the FHS; the total number of children under 4 months in MB in each month by the total number of infants under four months assisted in the FHS; the total number of infants under four months in the "Other" category in each month by the total number of infants. We used the Microsoft Excel 2013 software.

The authorization of the data for analysis and dissemination of results has been granted by the Coordination Area Food and Nutrition Technical - Catan/Municipal Health Secretariat of Macaé - Semusa Macaé, Rio de Janeiro.

Into account all the rules and guidelines for research involving human subjects contained in Resolution 466/2012, the National Health Council/Ministry of Health, the National Health Council / Ministry of Health (BRAZIL, 2012). The project was approved by the Ethics Committee of the Faculdade de Medicina de Campos dos Goytacazes, under protocol number: 30378514.1.0000.5244.

RESULTS AND DISCUSSION

We analyzed a total of 3,085 records of infants under four months, assisted by the Primary Care of Macae in 2014.

Figure 1 shows the distribution of breastfeeding according to type of feeding and months of 2014. It turned out that in January no data was computed. In February (n=242), the data show that the prevalence of EBF and MB were 75.4% and 22.7%, respectively. In March (n=214) were 71.1% and 26.2%. In April (n=212), 68.4% and 29.7%. In May (n=211), 71.3% and 26.3%. In June (n=198), 68% and 28.5%. In July (n=199), 68.4% and 29.9%. In August (n=218), 67.5% and 30%. In September (n=237), 71.8% and 27.6%. In October, no data was computed. In November (n=204), 68.5% and 28.2%. In December (n=240), the prevalence of AME and AMM were 74.1% and 24.1%, respectively.

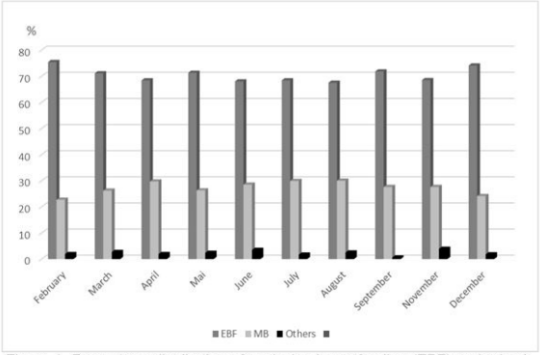

Figure 1. Percentage distribution of exclusive breastfeeding (EBF) and mixed breastfeeding (MB), the second month, infants under four months, assisted in Basic Health Care Network of Macaé, in 2014.

In the year 2014, EBF increased by 7.9 percentage points between the months of lower adherence (August/2014 to

67.5%) and the month with the highest adhesion (February/2014 to 75.4%).

Pires et al. (2014), analyzing the monthly prevalence of EBF and MB, in the same database, in 2013 a total of 3,752 records of children under four months assisted in the FHS of Macaé family in 2013, observed in January (n=295), the prevalence of EBF and MB 73.9% and 24.4%, respectively; February (n=282), 72% and 24.8%; March (n=279), 73.5% and 26.5%; April (n=291), 73.2% and 24.7%; May (n=334), 77.2% and 22.5%; June (n=358), 77.1% and 20.4%; July (n=363), 76.3% and 22.6%; August (n=333), 72.7% and 26.4%; September (n=285), 73.0% and 26.3%. In October (n=309), 76.1% and 23%; November (n=276), 88.6% and 9.8%; December (n=275), 87% and 10.7%, respectively.

The above authors, in 2013, found that the practices of EBF/MB ranged from 72% (February)/9.8% (December) and 86.6% (November)/25.5% (March), presenting increase 16.6 points over this period to EBF (PIRES et al., 2014).

When comparing the results of Pires et al. (2014) with our data, it was found that the greater adherence to the EBF in 2014 was slightly higher than the lower adherence to the AME in 2013, surpassing it in only 3.4 percentage points. The MB followed this variation inversely.

Sena et al. (2007) analyzed in the year 1999, the prevalence of breastfeeding in Brazilian state capitals and the Federal District, minus Rio de Janeiro, as claimed already to have done research recently. It analyzes a total of 10,778, and 1,259 to 30 days of age, 120 to 4632 days old and 4.887 at 180 days of age. The authors found that in Brazil the prevalence of breastfeeding is around 87.3% in infants who are breastfed in the first month of life. This figure decreases to 77.5% at 120 days and 68.6% at 180 days. The North and Midwest regions had higher prevalence percentages for all ages. As for EBF the percentage of prevalence in the first month of life is low, around 47.5%. With 120 days reaches 17.7% and 180 days, 7.7%. In this case the South has featured with highest prevalence for all ages.

To conduct a comparative analysis between breastfeeding rates at 30 days and 180 days old, the aforementioned authors also observed a 21% reduction in the prevalence of breastfeeding and 84% in the exclusive breastfeeding (SENA et al., 2007).

In 2008, the Ministry of Health conducted a research that aimed to analyze the prevalence of breastfeeding in 227 Brazilian municipalities, with approximately 120.000 children under one year. In the North, Northeast, Midwest, Southeast and South there was participation, respectively, 30 municipalities, 56 municipalities, 13 municipalities, 97 counties and 12 municipalities, including the capital (BRAZIL, 2010). The survey revealed that in the North the prevalence of EBF was less than 10% in four municipalities of Acre. In Pará, the municipalities had higher national average of 60%. In the Northeast most municipalities had a lower prevalence the national average. However, the municipalities of Victoria da Conquista - BA, New Russian - CE, Barrier - EC Ararendá - EC Sao Luis - MA, Sao Jose de Ribamar - and Paco do Lumiar MA - MA had results above the national average. In the Midwest most municipalities also showed lower prevalence the national average, except for the municipalities of Campo Grande, Corumbá and Garden located in Mato Grosso do Sul that had an average higher than in Brazil. In the Southeast about 80 municipalities had lower prevalence the national average, but the states of Minas Gerais and Rio de Janeiro, showed prevalence above 40% and the state of São Paulo about 25%, highlighting the municipality of Peruibe – SP. It showed that prevalence of 72.9%. However, in the South, the capital Curitiba - PR and Florianópolis - SC were the ones that had an average higher than that of Brazil, the others had lower results, especially for the city of Vacaria - RS presenting lower prevalence in the region around 20.6% (BRAZIL, 2010).

The practice of EBF plays a fundamental role in the process of motherhood that brings numerous biopsychosocial advantages for mothers and infants, the prevention of anemia, allergies, and in the long term, helps to reduce the risk of the child developing in adulthood, chronic diseases not transferable as obesity, diabetes mellitus and hypertension (FERREIRA et al, 2011), as well as strengthen the bond between mother and child, prevent bleeding and ovarian cancer (MARTINS & SANTANA, 2013).

In this year, WHO sets a target for the year 2025, increase to 50% the AME rate in the first six months, worldwide. Some actions were recommended to achieve the goals, including: limiting the marketing of artificial formulas, support paid maternity leave; strengthening health systems; and support mothers (UNICEF, 2015).

Regarding the Brazilian government, various programs, laws, ordinances and resolutions have been designed and implemented to promote the practice of breastfeeding among them the creation of public policies such as the National Program to Encourage Breastfeeding, in 1981; MS Ordinance/GM No. 1016/2003 on the Rooming (SCHMIDT & LESSA, 2013).

In 2012, the Ministry of Health launched the "National Strategy for Promotion of Breastfeeding and Complementary Feeding Healthy SUS - Breastfeeding Strategy and feeds Brazil", aimed at qualification of primary care professionals working process, to strengthen and encourage the promotion breastfeeding and healthy eating for children under two years. The Breastfeeding Strategy and Food Brazil is therefore the result of the integration of Breastfeeding Brazil Network and Enpacs (BRAZIL, 2015).

CONCLUSION

It was detected a decline in the practice of EBF and increased MB between the years 2013 and 2014. The lack of data for two months of 2014 impaired the most comprehensive analysis, bringing the need to understand the reasons for that data on breastfeeding have not been disclosed in these months.

Knowing that the actions aimed at encouraging the EBF conducted in 2013 in Macaé were continued in 2014, it is necessary to analyze the possible causes for the drop in EBF prevalence as, for example, the under-recording of information.

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SITUATION OF THE BREASTFEEDING PRACTICE ON PRIMARY CARE OF MACAÉ, 2014.

ABSTRACT

Breast milk should be offered exclusively to the infant during the first six months of life, and sets an important strategy against child mortality. This study aimed to estimate the monthly prevalence of exclusive breastfeeding (EBF) and mixed breastfeeding (MB) in infants under four months assisted in primary care of Macaé in 2014. We conducted a descriptive study of secondary basis, between January and December 2014. We used the database of the SIAB/SUS - Datasus/Ministry of Health. We analyzed data from 3.085 infants under 4 months. In January, no data was computed. In February, the data show that the prevalence of EBF and MB were 75.4% and 22.7%, respectively. In March, they were 71.1% and 26.2%; in April, 68.4% and 29.7%; in May, 71.3% and 26.3%; in June, 68% and 28.5%; in July, 68.4% and 29.9%; in August, 67.5% and 30%; in September, 71.8% and 27.6%; in October, no data was computed. In November, 68.5% and 27.6%; and in December, the prevalence of EBF and MB were 74.1% and 24.1%, respectively. In the year 2014, AME increased by 7.9 percentage points between the months of lower adherence (August / 2014 to 67.5%) and the month with the highest adhesion (February/2014 to 75.4%). It was concluded that there was a decline in the practice of EBF and increased MB between the years 2013 and 2014.

KEYWORDS: Breastfeedind, Child Health, Infant.

SITUATION DE LA PRATIQUE DE L'ALLAITEMENT MATERNEL SUR SOINS PRIMAIRES DE MACAÉ 2014.

RÉSUMÉ

Le lait maternel doit être offert exclusivement au nourrisson pendant les six premiers mois de la vie, ce qui présente une stratégie importante contre la mortalité infantile. Cette étude visait à estimer la prévalence mensuelle de l'allaitement maternel exclusif (l'AME) et de l'allaitement mixte (l'AMM) en nourrissons moins de 4 mois assistée dans les soins primaires de Macaé, en 2014. Nous avons effectué une étude descriptive de base secondaire, entre Janvier et Décembre 2014. Nous avons utilisé la base de données SIAB/SUS - Datasus/Ministère de la Santé a analysé les données de 3.085 nourrissons de moins de 4 mois. En Janvier, aucune donnée n'a été calculé. En Février, les données montrent que la prévalence de l'AME et l'AMM étaient 75,4% et 22,7%, respectivement. En Mars, ils étaient 71,1% et 26,2%; en Avril, 68,4% et 29,7%; mai, 71,3% et 26,3%; en Juin, 68% et 28,5%; en Juillet, 68,4% et 29,9%; en Août, 67,5% et 30%; en Septembre, 71,8% et 27,6%; en Octobre, aucune donnée n'a été calculé. En Novembre, 68,5% et 27,6%; et en Décembre, la prévalence de la AME et de la AMM étaient 74,1% et 24,1%, respectivement. En l'an 2014, l'AME a augmenté de 7,9 points de pourcentage entre les mois de l'adhésion inférieur (Août/2014 à 67,5%) et le mois avec le plus de membres (Février/2014 à 75,4%). Il a été conclu qu'il y avait un déclin de la pratique de l'AME et augmenté de l'AMM entre les années 2013 et 2014.

MOTS-CLÈS: L'allaitement Maternel, La Santé des Enfants, Du Nourrisson.

SITUACIÓN DE LA PRÁCTICA LA LACTANCIA MATERNA EN ATENCIÓN PRIMARIA DE MACAÉ, 2014.

RESUMEN

La leche materna se debe ofrecer en exclusiva para el lactante durante los primeros seis meses de vida, y esto representa una importante estrategia contra la mortalidad infantil. Este estudio tuvo como objetivo estimar lo predominio mensual de la lactancia materna exclusiva (LME) y la lactancia mixta (LM) en lactantes abajo de 4 meses asistidos en atención primaria de Macaé, en el año 2014. Se realizó un estudio descriptivo de título secundario, entre enero y diciembre de 2014. Se utilizó la base de datos de SIAB/SUS - Datasus/Ministerio de La Salud analizó los datos de 3.085 bebés abajo de 4 meses. En enero, no hay datos se calculó. En febrero, los datos muestran que lo predominio de la LME y LM fueron 75,4% y 22,7%, respectivamente. En marzo, fueron 71,1% y 26,2%; en abril, el 68,4% y 29,7%; en mayo, 71,3% y 26,3%; en junio, 68% y 28,5%; en julio, 68,4% y 29,9%; en agosto, 67,5% y 30%; en septiembre, 71,8% y 27,6%; en octubre, no hay datos se calculó. En noviembre, el 68,5% y 27,6%; y en diciembre, lo predominio de la LME y LM fueron 74,1% y 24,1%, respectivamente. En el año 2014, LME aumentó en 7,9 puntos porcentuales entre los meses de menor adherencia (agosto / 2014 a 67,5%) y el mes con mayor número de miembros (febrero / 2014 a 75,4%). Se concluyó que hubo una disminución en la práctica de la LME y aumentó LM entre los años 2013 y 2014.

PALABRAS CLAVE: La Lactancia Materna, Salud Infantil, Infantil.

SITUAÇÃO DA PRÁTICA DE ALEITAMENTO MATERNO NA ATENÇÃO BÁSICA DE MACAÉ, EM 2014.

RESUMO

O leite materno deve ser oferecido exclusivamente ao lactente durante os seis primeiros meses de vida, configurando-se em uma importante estratégia contra a morbimortalidade infantil. Objetivou-se estimar a prevalência mensal de aleitamento materno exclusivo (AME) e aleitamento materno misto (AMM) em lactentes menores de 4 meses assistidos na Atenção Básica de Macaé, em 2014. Realizou-se um estudo descritivo, de base secundária, entre janeiro e dezembro de 2014. Utilizou-se a base de dados do SIAB/SUS – Datasus/Ministério da Saúde. Foram analisados dados de 3.085 lactentes menores de 4 meses. No mês de janeiro, nenhum dado foi computado. Em fevereiro, os dados obtidos revelam que as prevalências de AME e AMM foram de 75,4% e 22,7%, respectivamente. Em março, foram de 71,1% e 26,2%; em abril, 68,4% e 29,7%; em maio, 71,3% e 26,3%; em junho, 68% e 28,5%; em julho, 68,4% e 29,9%; em agosto, 67,5% e 30%; em setembro, 71,8% e 27,6%; em outubro, nenhum dado foi computado. Em novembro, 68,5% e 27,6%; e em dezembro, as prevalências de AME e AMM foram 74,1% e 24,1%, respectivamente. No ano de 2014, o AME apresentou um aumento de 7,9 pontos percentuais entre os meses de menor adesão (agosto/2014 – 67,5%) e o mês de maior adesão (fevereiro/2014 – 75,4 %). Conclui-se que houve uma queda na prática de AME e aumento de AMM entre os anos de 2013 e 2014.

PALAVRAS-CHAVE: Aleitamento Materno, Saúde da Crian