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RESEARCH

ROOMING-IN AND BREASTFEEDING: REVIEWING THE IMPACT ON SCIENTIFIC PRODUCTION OF NURSING
ALOJAMENTO CONJUNTO E ALEITAMENTO MATERNO: REVISANDO SUA IMBRICANCIA NA PRODUÇÃO CIENTÍFICA DA ENFERMAGEM***ALOJAMIENTO CONJUNTO Y LA LACTANCIA MATERNA: REVISIÓN AL IMPACTO EN LA PRODUCCIÓN CIENTÍFICA DE ENFERMERÍA**

Jenifer Rafaela Grzeczinski Zenkner¹, Caroline Fortes Brasil Miorim², Leticia Silveira Cardoso³, Juliane Portella Ribeiro⁴, Marta Regina Cezar-Vaz⁵, Laureлиз Pereira Rocha⁶

ABSTRACT

Objective: Analyze, in the scientific production of nursing, the implications of the rooming in the process of exclusive breastfeeding. **Method:** This integrative review explored the universe of 19 articles indexed in the databases of the Center for the Improvement of Personnel of Higher Education (CAPES) and Scientific Electronic Library Online (SciELO). **Results:** The findings revealed different conceptions of rooming-in, which include the mother-son, both mother and child associated with the paternal presence, postpartum period and nursing team and nursing team and family. It becomes evident barriers to breastfeeding, related to maternal and professional limitations. Finally, it was possible to understand the implications of the rooming in for breastfeeding, which indicate the benefits to be a favorable space for teaching and support breastfeeding. **Conclusion:** There is the need to rethink the hospital practices and the professional prepare in order to achieve the policy objectives of rooming-in and breastfeeding. **Descriptors:** Rooming-in care, Breast feeding, Obstetrical nursing.

RESUMO

Objetivo: Analisar, nas produções científicas de enfermagem, as implicações do alojamento conjunto no processo de aleitamento materno exclusivo. **Método:** Trata-se de uma revisão integrativa que explorou o universo de 19 artigos indexados nas bases de dados do Centro de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) e Scientific Eletronic Library Online (SCIELO). **Resultados:** Os achados revelaram diferentes concepções de alojamento conjunto, os quais incluem o binômio mãe-filho, o binômio mãe-filho associado à presença paterna, puérpera e equipe de enfermagem e equipe de enfermagem e família. Evidenciaram-se barreiras para o aleitamento materno relacionadas as limitações maternas e profissionais. Por fim, apreenderam-se implicações do alojamento conjunto para o aleitamento materno, que indicam benefícios por ser espaço oportuno para ensino e auxílio na amamentação. **Conclusão:** Há necessidade de repensar as práticas hospitalares e preparo dos profissionais, de forma a concretizar os objetivos das políticas de alojamento conjunto e aleitamento materno. **Descritores:** Alojamento conjunto, Aleitamento materno, Enfermagem obstétrica.

RESUMEN

Objetivo: Analizar, en la producción científica de la enfermería, las implicaciones de alojamiento conjunto en el proceso de la lactancia materna exclusiva. **Método:** Se trata de una revisión integradora que explora el universo de 19 artículos indexados en las bases de datos del Centro de Perfeccionamiento de Personal de Nivel Superior (CAPES) y *Scientific Electronic Library Online* (SciELO). **Resultados:** Los hallazgos revelaron diferentes concepciones de alojamiento conjunto, que incluyen la relación madre-hijo, madre e hijo asociado a la presencia paterna, puerperio y el grupo de enfermería y grupo de enfermería y la familia. Se identificaron obstáculos para la lactancia materna relacionados con las limitaciones maternas y profesionales. Por último, las implicaciones del alojamiento conjunto para la lactancia materna, indican los beneficios de ser un espacio propicio para la enseñanza y el apoyo a la lactancia. **Conclusión:** Hay necesidad de repensar las prácticas en el hospital y la capacitación de los profesionales a fin de lograr los objetivos de la política de alojamiento conjunto y lactancia materna. **Descriptores:** Alojamiento conjunto, Lactancia materna, Enfermería obstétrica.

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INTRODUCTION

The system of accommodation set represents the importance of keeping mother and child the binomial, so that both can enjoy this moment in which a new being, which requires so many care, is part of the family. The set consists of a hospital system in which the healthy newborn infant shortly after birth, remains with the mother 12:0 am a day, in the same environment, until hospital discharge. This system makes it possible to provide all the assistance, care and guidance on the health of both mother and son.¹

Faced with a scenario where we find mother and son condensed in one place, it becomes profitable for guidance about the importance of exclusive breastfeeding. Exclusive breastfeeding is based on breastfeeding the infant offering only breast milk from his mother or milked and does not offer any other liquid or solid foods the exception of drops of vitamins, minerals and other medicines. Breastfeeding is the best way of providing ideal food for the healthy growth and development of infants, as well as being an integral part of the reproductive process with important implications for maternal health.²

Whereas, currently, many healthcare facilities have already joined the system of accommodation set, recommended by the Ministry of health by Ordinance No. 1016 of August 26, 1993, it is assumed that the nursing staff attentive to this valuable opportunity, to target mothers regarding exclusive breastfeeding. In this context, the present study aimed to analyze, in nursing

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scientific productions, the implications of accommodation set in exclusive breastfeeding.

METHODOLOGY

It is an integrative review guided by following question: What are the possible implications of accommodation set to exclusive breastfeeding? In order to explore, describe and analyze the production process across scientific.³ In the face of this, explored the scientific production of nursing, *online*, through the portal of journals of the Center for improvement of higher education personnel (CAPES) and database Scientific Electronic Library Online (SCIELO).

In SCIELO met 109 articles referring to the descriptor: obstetric nursing, 388 relating to breastfeeding ' and 19 ' concerning the ' accommodation '. In the CAPES portal found herself in availability and 44 56 30, respectively. The refined data collection by means of Boolean search, found themselves in SCIELO, 3 articles with ' rooming and breastfeeding ' 02, with ' obstetric nursing and accommodation together, and even 4 articles with breastfeeding and obstetric nursing. In the CAPES portal was obtained, respectively 10, 5 and 7. In this condition it was obtained a set of 28 somatizados articles from the search in the databases have been investigated. The overlapping of the databases constituting a final sample of 19 articles for research.

The scientific articles were elected from the following criteria: they are indexed in both databases- CAPES and SCIELO, presenting the keywords: ' obstetric nursing ', ' breastfeeding ' or ' bed set are available in full

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format, be *free* access, to be published in the languages: Portuguese, English and Spanish.

Analyzed the sample of 19 articles from the reading and rereading criticism of the title, the abstract, the completion and results in qualitative thematic approach⁴. The categorical organization of the nuclei of meaning seized consists by conceptions of Accommodation; Barriers to breastfeeding and Rooming and implications of breastfeeding (Figure 1).

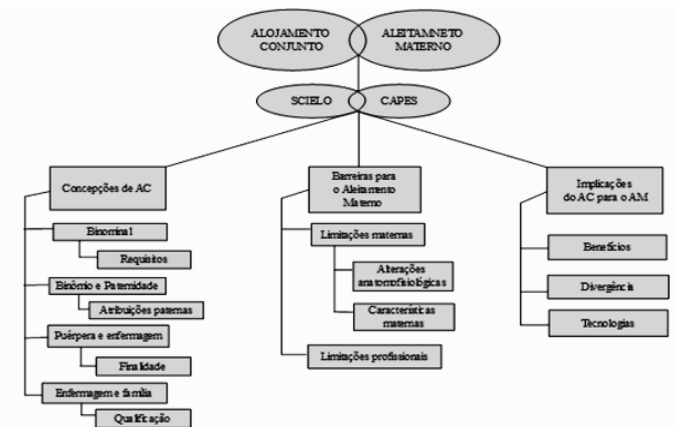


Figure 1-flow chart of presentation of the categories with their nuclei of meaning.

responsible for the care of the son featuring it as object-oriented part of the nursing staff and the expansion of this object with the inclusion of family with the purpose of support in the implementation of the maternal and child health.

Binomial

Articles, 08 03 ' indicate a binomial rooming design consisting of mother and son. The development of the seizure of the conception of rooming-in tariff binomial requirements: healthy newborn, permanence of both mother and child in a same room during 12:0 am within the hospital environment.

Presence of Accommodation Set (AC): when the newborn remains sound next to the mother, in the same environment, both in the case of normal childbirth as cesarean, during the day and the night.^{5: 574}

The accommodation set (AC) consists of a system of hospitalization in which mother and newborn sound remain together for 12:0 am.^{6: 669}

The accommodation is set in premises, therefore, contributes to maternal/child emotional bond established when the mother stays in accommodation unit set.^{7: 718}

The binomial mother-child and parent

Three articles independently conceptualized the accommodation set by paternal inclusion in both mother and child. Such inclusion is implicated in paternal responsibilities: user's rights to have the presence of the parent or chaperone, the advantage of direct nursing orientation to the father and with it greater paternal involvement in caring for the mother and the child.

The third set of principles, focusing on users ' rights, is regarded by most scholars as being implemented in various sectors, with emphasis on the AC, in tangent to the principle that calls for the importance of the

RESULTS AND DISCUSSION

The frequency distribution presented has the purpose of fleshing out the qualitative data. These are presented in the nuclear non-exclusive categories, namely, the identification of one of the nuclei of meaning, does not preclude the presence of others.

Conceptions of Rooming

This category describes the different conceptions of accommodation set, totaling a number of articles 19 08 selected. The set of articles is exposed in the following 08 subcategories: Binomial; The binomial mother/son and father; who has recently given birth and nursing staff; and, family and nursing staff. These subcategories refer respectively: only the presence of the mother and the son in the same environment; consecutively, the addition of paternal presence; has the focus on the mother as

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participation of the baby's father and/or companion.^{8:34}

be providing feedback in uninterrupted consistency.^{8:36}

Thus, during the time of stay in the hospital, it is advantageous that the mother and father participate in the baby care under direct guidance of nurse.^{9: 167}

These maternity wards housing Set (AC) system deployed in Brazil since the Decade of 90, is characterized for keeping the sound next to his mother newborn 12:0 am a day until hospital discharge. Aims to promote the development of women's care for herself and her son, besides contributing to parent participation at this point.^{10: 605}

Barriers to Breastfeeding

In this category were found several barriers to breastfeeding, totaling a number of 15 articles of the 19. Among these 15 articles, 13-point maternal limitations, as subcategory, 10 articles pointed out the limitations of the professionals as causing breastfeeding failure.

Maternal limitations

Maternal limitations trailers articles composed two distinct sets: anatomofisiológicas changes that totaled 06 articles and maternal characteristics that kept six articles.

Anatomofisiológicas changes described in 06 articles are based on different conditions that can compromise the practice of breastfeeding as changes regarding who has recently given birth, breast engorgement, mammillary fissures and prematurity.

Who has recently given birth and nursing staff

The concept of accommodation set comprising to whom has recently given birth and nursing staff corresponded to article 01. It reveals the purpose of service of the nursing staff to reduce the chances of complications breastfeeding.

The main goal was to use every resource to support to whom has recently given birth in nursing process, minimizing the intercourses, passing him trust and therefore self-efficacy in breast-feeding.^{11: 230}

The major difficulties related to the child during the "handle", both because of the difficulty of suction, as by anatomical aspect of the breast, which triggers on who has recently given birth anxiety and decision to introduce the bottle-feeding.^{12: 672}

Family and nursing staff

Found an article that includes the accommodation set as constituted by the presence of nursing and family, outlining the need for qualification of nursing staff for educational practice in health.

It might be observed that some of these women were to breastfeed because, generally, in the early days of puerperium appeared the main complications of lactation and breastfeeding.^{13: 522}

For the performance of a process of caring/educating in BC and that is consistent or congruent with the culture, there is a need for that in addition to recognize families as generating, transmitting and system modifier symbols and meanings that makes up the cultural Web, is emphasized, in vocational training and continuing education activities, cultural sensitivity and the consequent cultural competence since both should

Another dramatic experience is that of Marta, whose milk turn to stone after a cesarean unexpected: "[...] No one wanted to hear my pain, I roared in pain to give to my son dropper, milk alongside a peasant woman who was gushing breast milk below. Was forced to do this, and had no conversation [...]"^{14: 425}

Nipple trauma prevention, in the initiation of breastfeeding, is crucial to the continuation of this practice.^{15: 446}

Maternal conditions of quality of life and health needs are affected by the process of breastfeeding, particularly in their health conditions with regard to the discomforts caused by injury of nipples and breast engorgement and lack of suitability of furniture for nursing positions, lack of time for food, sleep, rest and recreation.^{16: 1366}

The greatest difficulties were in relation to the adequacy of suction, body position of mother and newborn while feeding, breast Anatomy and affection between mother and child.^{17: 271}

Other articles include maternal characteristics 05referred to barriers to breastfeeding, highlighting the skills to carry out feeding, maternal feelings and socio-economic conditions.

The greatest difficulties were in relation to the adequacy of suction, body position of mother and newborn while feeding, breast Anatomy and affection between mother and child.^{17: 271}

The opinion of women-grandmother is valid. She is heiress to a cumulative process of knowledge from his experience and experience gained over the years, making it valued and respected. However, on issues related to breastfeeding women-grandparents often interfere with encouraging the use of liquids and/or other foods. We believe that these attitudes of grandparents relate to historical context lived by them, when the practice of breastfeeding was not yet appreciated.^{18: 184}

Was the maternal insecurity and, often, family, resulting in the introduction of other foods for infant nutrition.^{13: 522}

Women see breastfeeding as a matter of taking risks, for yourself or your child, or to provide benefits to you, your child or for both.^{16: 1365}

The Act of breast-feeding for mothers, is regarded as negative sentiment, reports that produce these discomforting and unpleasant sensations, as it identifies in the following lines: [...] is very tiring [...]

comes sleep and we cannot sleep is uncomfortable [...]the girl cried and I was aperreadinha [...] with a lot of doubt [...] felt guilty [...] was the decision for me [...]^{19:36}

Professional limitations

In this subcategory, various aspects become relevant as: scientific and practical knowledge of the professionals, the devaluation of the socio-cultural aspects of hospital practices, inadequate maternal, lack of support from the pros to the mother, among others.

Most of the interactive scenes that occur between middle-level workers and families, you realize how much the cultural universe is unknown and unappreciated in scenarios involving the institutional postpartum. These results lead to findings that, in addition to not having a systematic reference, allowing the in-depth reflection on the cultural implications in the practice of nursing with families during the occurrence of the birth in the hospital level, there is also a lack of instrumental or methodological resources that could combine exchanges of experiences and knowledge, considered fundamental for the promotion of health education.^{8:34}

The results showed that the major difficulties of nursing professionals involved the execution of their duties due to inadequate physical facilities, reduction of human and material resources and the educational process and technical guidance to mothers, especially with regard to breastfeeding and caring for the umbilical stump.^{6: 669}

That, there were the lack of tracking health professionals during the puerperium.^{13: 522}

When asked about whether they had received any information from health care professionals about breastfeeding soon after giving birth, most (66.7%) of the mother has responded negatively.^{7: 717}

There are a number of myths, taboos and beliefs related to breastfeeding, often bringing disorder when we refer

to the importance of lactation to newborns.^{20: 208}

Both the lack of support in primary health care and hospital practices, such as the mother-child separation in the immediate postpartum, the onset of the first feeding and the use of supplements, contribute to the reduction of exclusive breastfeeding until 6 months of age.^{21: 656}

Some habits, very widespread among the maternity wards, resulting in extra time of the beginning of the early mother-child contact. One of the immediate care routines to the newborn found: receive the neonate in Trendelenburg position, drying, cleaning, and evaluating the newborn, perform physical examination followed by a bath, check the anthropometric data and administer medications. The highest incidence of Cesarean sections, which decreases the alertness of the baby after the birth and the wide spread of birthing analgesia's, resulting in maternal drowsiness; also hinder the achievement of early skin-to-skin contact mother-son.^{22: 999}

Among hospital practices that hinder the establishment of breastfeeding, cesarean rates, which have reached alarming rates in Brazil, and the mother-child separation in postpartum, with the indiscriminate use of nursery both for babies that present complications, pathological and healthy newborns.^{5: 573}

Implications of Accommodation Set for breastfeeding

In this category were found 07 articles dealing with the implications of accommodation set for breastfeeding. They will be presented as Benefits, Discrepancies and technologies.

Benefits

Five articles showed the benefits of accommodation set for breastfeeding, as a space appropriate for teaching and nursing, to aid in the establishment of the bond between mother and child, in addition to providing comfort and safety the who has recently given birth.

Nevertheless, it is in the AC, which establishes the time of breast-feeding; there, nurses and assistants will be tireless in teaching and in helping in the management of the breasts and nipples, milking, in position and in additional care when there are difficulties in breastfeeding. Many of these professionals use t-shirts where are printed "The ten steps of breastfeeding", present in numerous panels and posters along the corridors, full of recommendations and advice in the same direction. The high of the mother and the baby will be conditioned, among other things, a good breastfeeding forwarding.^{14: 425}

Such a system of hospitalization enables the binomial mother-child affective ties and establish receive incentives to breastfeeding guidelines of mother-to-child care and infection prevention.^{6: 670}

At that time prior to the establishment of breastfeeding, mothers need support and encouragement of health team in General, and in particular of the nurses that are present during this whole process onto the set.^{21: 656}

In an accommodation set on the premises, the mother is encouraged to spend the night in the hospital. Close baby stimulates the mother's frequent personal contact with the baby, facilitates the opportunity for breastfeeding, and promotes a sense of knowing what is happening with the baby.^{7: 715}

The accommodation set and encouraging exclusive breastfeeding, as well as its emotional impact, with the early establishment of the mother-child bond, we propose to be protective factors to the patient in their first year of life.^{23:28}

Divergence

Found an article that demonstrated the divergence between the proposed accommodation set and its application, reducing it to cost control.

Inside, the greater presence of AC appears to relate to the predominance of the private philanthropic network and the large proportion of hospitals

with small number of obstetric beds, to which the routine use of the nursery would be a financial burden, especially in terms of personnel. In this context, the presence of BC often is not associated with a quality hospital care.^{5: 578}

Technologies

An article presented the educational technologies used in accommodation set as good way to promote breastfeeding.

The judges evaluation showed that the album series constitutes a relevant content and valid instrument with regard to construct that if wanted to assess (self-efficacy of breastfeeding) with excellent individual IVC (figures and tokens-screenplay) and global.^{11: 228}

DISCUSSION

Research about rooming revealed characteristics in relation to the participants, the infant and maternal characteristics. All were seen for identification of implications of accommodation set for breastfeeding in relation to benefits, differences and application of technologies.

In the universe investigated, the accommodation set in binomial perspective; mother and son meet the guidelines printed on the content of health policies, according to Ordinance No. 1016 of August 26, 1993. Finding themselves as requirements for the practice of this possibility, the State of health of the newborn, which is to be held during the 12:00, am sound within the same hospital environment. Thus, corroborating with the realization of exclusive breastfeeding.¹

The accommodation set stimulates and motivates the exclusive breastfeeding, according to the needs of the child, making breastfeeding more natural. It promotes breastfeeding for long periods by affective strengthen ties between mother and child. Allows the constant observation

of newborn by his mother, which makes it better know your child and allow the identification of any abnormality.

The nursing staff also explores this condition, which gives the opportunity to talk with the mother to repeat comments and how must be the child care.¹ The maintenance of the bio psychosocial Exchange must also be exploited by nursing involving beyond the binomial, mother and child, the family, as a way to provide safety feelings about maternal role.²⁴

Understanding accommodation set in this way, it is possible to identify the importance of the qualification of the nursery team incorporating the peculiar aspects of the everyday way of life of the mother in the family. From the understanding of the way of life of the mother in the family environment, nursing will be qualified to promote not only the permanence of family with the mother in the puerperal period, but also to achieve the real purposes of housing policy as a whole.

Among the barriers to breastfeeding, maternal and professional limitations as the major influences to early weaning. Put in evidence the changes regarding who has recently given birth, breast engorgement, the mamillary cracks and different types of nipple, the skills to carry out feeding, maternal feelings and socio-economic conditions.

This finding to the of andmeeting of the results of a research that has investigated nursing diagnoses in a bed together, which showed that effective breastfeeding-related diagnoses were the most frequent (88.5%). It should be noted that for a breastfeeding be considered effective should provide features like correct region seizure nipple-areolar, presence of symptoms and/or signs of oxytocin release, maintenance of the child in regular breast sucking and swallowing, among others.²⁵

Between the information of all investigated include the technical and scientific knowledge, sociocultural aspects and maternal health care as factors influencing on success or failure of breastfeeding. In this sense, researchers emphasize that the nurses should have sufficient sensitivity to detect and observe the needs of the mother, the son, and the family thus individualizing care through nursing diagnoses and prescriptions prepared ethically conscious and.²⁶

To this end, assistance in accommodation set must include, in addition to the technical and scientific knowledge, the conversation and listening to the subjects involved in the puerperium, providing welfare and given, too, the emotional needs.²⁴

The effects of nursing process in addition to complications and interactions for breastfeeding is described in different references with centering element of effective breastfeeding not.²⁵ In this way, the accommodation set should not be seen only as a reduction of costs in the absence of nurseries, but as a fundamental tool for the educational practice of the nursing staff in the effective guidance on breastfeeding.

Based on the above the different implications found in research that was about rooming and breastfeeding can be referred to as a promoter of quality of care.

CONCLUSION

Based on the scientific literature investigated, different conceptions of accommodation set scientifically which highlight assistance practices disclosed that are at different levels of applicability accommodation policies set and breastfeeding. The design reveals the binomial model biocentrado with exclusive purposes to avoid clinical complications. On

the other hand, the design of the binomial mother/son and father and family and nursing staff include propositions extended the concept of most current health model, health surveillance.

In addition to this last prospect of accommodation set the impending discussion of paternal rights present from the Brazilian Constitution until the public health policies, bypassing the rights of children and adolescents. Stresses also the paternal bond's contribution to the increase of the time who has recently given birth to perform your work.

In addition, it was evidenced that the barriers to exclusive breastfeeding have been heavily exploited from the maternal limitations, investigated in the process of becoming a woman/mother, i.e. on the ability of women to keep their body care and take care of the biological needs of the child. Professional restrictions have proved as barriers to breastfeeding, due to problems in the development of care in puerperal period, for the Organization of health institutions, such as the scarcity of human resources, high demand, among others.

One of the main contributions of this study for nursing is to (re) discover the implications of housing practice set for breastfeeding. Implications of global circulation level seized, indicating, for the most part, benefits of being opportune space for teaching and nursing, to aid in the establishment of the bond between mother and child, in addition to providing comfort and safety the who has recently given birth.

Based on the findings of this study, emphasized the need to rethink hospital

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practices and preparation of the professionals in order to achieve the objectives of the policies of accommodation set and breastfeeding.

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