


The Importance Of Day-Care Centers, Preschool Environments, And Educators In Maintaining Breastfeeding, Especially Upon Returning From Maternity Leave

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ABSTRACT

This study aims to reflect on the dimension and impact of the performance of Brazilian daycare centers, nurseries, and preschools and their collaborators as

agents of breastfeeding protection. The link between the end of maternity leave and the entry and long stay of the infant in nurseries, the conduct of educators, (un)information, the (un)continuity of breastfeeding, early weaning, and the ineptitude of the current system of mother and baby care are discussed. Through the observation of the routine of mothers assisted in consultancies, colleagues, family members, and the analysis of the studies correlated herein, it became evident the lack of further research that points to practical ways to train and update the educators who directly or indirectly assist nursing mothers or act in the care of infants in daycare centers and early childhood education schools. Thus, addressing this issue is essential to protect, support, and facilitate the continuation of breastfeeding, as recommended by the competent bodies worldwide, according to the promotion of collective health.

Keywords: Breastfeeding, Continued breastfeeding, Early weaning, Daycare, Nursery, Preschools, Early childhood education, Collective health, Educators, Caregivers, Management, Breast milk supply.

1 INTRODUCTION

Exclusive breastfeeding during the first six months of the baby's life and continuously for at least two years protects the baby's health, contributes to achieving nutritional and immunological support, increases the bond between the baby and the mother, and provides numerous other socioemotional benefits for the pair (VICTORA *et al.*, 2016; MENEZES; COELHO; LOBO, 2019). However, the current epidemiological scenario shows that the prevalence of exclusive breastfeeding of Brazilian children between 4 and 5 months is only 23.3% (ENANI, 2019). While the Ministry of Health advocates exclusive breastfeeding during the child's first six months, most formally employed women (under the CLT regime) enjoy only four months of maternity leave (RIMES; OLIVEIRA; BOCCOLINI, 2019). Precisely in this period, when high rates of weaning are recorded, many babies are inserted in the daycare environment so that their mothers can return to their work activities, pointing to a possible causal relationship between the facts.

In the *Primer for working women who breastfeed* (BRASIL, 2015), the rights of women who work outside, from pregnancy to the breastfeeding period, are portrayed before the state and the employer. However, not a single paragraph is dedicated to the caregiver-mother-baby intercourse. This document also does not address how the physical separation of mother and child has repercussions on their emotional health, on lactation itself, and on how a trained professional could offer the necessary sheltering and counseling, avoiding early weaning, but also placing weaning as a feasible possibility for the mother, considering the difficulties and context of the couple, without the figure of the caregiver - once unprepared or unwilling to support breastfeeding - being the tormentor of this decision.

Although Brazil has a set of legislations, labor rights, and public policies that aim to protect, promote, and support breastfeeding, among them the 120-day maternity leave, the right to 30-minute breaks to breastfeed or express milk during the workday, without implying lunch breaks or discounts, Other authors have also pointed out the correlation between early weaning and the end of the maternity leave (OLIVEIRA *et al.*, 2020; FREIRE *et al.*, 2021).

Analyzing the official documentations and technical guidelines, one can conjecture that the success and maintenance of breastfeeding depend exclusively on the mother's decision, from the point of view that it is enough for the woman to be informed and follow the appropriate conducts on milk extraction, transportation, and storage. However, this is a narrative of multifactorial course, whose cultural and socioeconomic context are placed as active backdrops that, in some cases, even play the leading role, since the success of breastfeeding also depends on the effectiveness of the milk-baby management, precisely in the absence of the mother (KALIL, 2020).

The objective of this study is to discuss whether the current model of support, received by women when they enroll their babies in a daycare center, nursery, or preschool, is sufficient for the continuity of breastfeeding, and whether the educators are really trained to deal with the handling of human milk, including with regard to the supply of it, to actually protect breastfeeding and satisfactorily welcome the baby and the mother in this delicate process.

2 THE ROLE OF DAYCARE CENTERS AND EDUCATORS IN MAINTAINING BREASTFEEDING AND PROTECTING BREASTFEEDING

In a quantitative observational-analytical study conducted by nurses, researchers and specialists in collective health, involving more than 200 women workers in the city of Florianópolis, Santa Catarina state, with formal employment, who had children and maintained breastfeeding upon returning to work, after an average effective leave of 5 months, 81% of the participants stated "that they were not very or not at all satisfied with the way they were treated during this period" (OLIVEIRA *et al.*, 2015). A similar qualitative study, by Liana Nolibos and collaborators (RODRIGUES *et al.*, 2020), also found negative feelings and many difficulties in the return from maternity leave, in the perception of mothers, pointing to a high demand for institutional attention for their reception.

Chart 1 shows some of the factors listed as interfering with the formal worker's ability to breastfeed.

Table 1. Factors interfering in the maintenance of breastfeeding for formal workers

SUBCATEGORIES	
INDIVIDUALS	Job or position, insecurity about job stability
ENVIRONMENTAL	Distance between home, work, and daycare
ORGANIZATIONAL	Working hours and workload, lack of <i>on-site</i> childcare facilities, lack of adequate extraction and breastfeeding facilities, unavailability of breastfeeding break, lack of support from direct manager, lack of support from company, lack of support from co-workers.
CULTURAL	lack of support from society
LEGAL	insufficient maternity leave

Source: Adapted from OLIVEIRA *et al.*, 2015.

Observing the various motivations for weaning when returning to work, one can infer the role of daycare in a logistical dimension, since most mothers have as their main complaint the lack of daycare in the workplace. And this adversity is added to the problem of the distance between work, daycare, and residence (OLIVEIRA *et al.*, 2015). When the mother can enjoy a nursery with adequate conditions for the care of her child in her own workplace, the physical distance between the pair decreases and she becomes much more confident. In addition, the mother has greater convenience, agility, and safety in transportation, dispensing with the need for long trips to breastfeed during her break times, reducing costs and the time spent delivering the child to another address, which ends up improving her own work performance (FERNANDES *et al.*, 2018; KALIL, 2020; SCHULTZ *et al.*, 2020).

When the mother has the opportunity to be informed and understand that weaning is not mandatory when approaching the end of the maternity leave, the importance and possibility of extractions and breastfeeding, she is faced with an impasse: daycare centers that do not accept breast milk, or accept it, but offer it exclusively in bottles or devices with nipples. Santos and collaborators (2018) evidenced that among the variables associated with shorter duration of exclusive breastfeeding, the introduction of bottle feeding after 120 days is one of the main causes. Open cups and even ordinary spoons are safe alternatives for administering breast milk in order to avoid beak confusion and flow confusion, circumstances that can lead to early weaning. This type of utensil is inexpensive, easy to clean and sterilize, universally accessible, and does not require any special skills to use, depending only on training and adaptation by the caregiver.

Figure 1 illustrates, respectively, the commonly used feeding devices in daycare centers that can impair breastfeeding (a) and safe devices for breast milk feeding with respect to maintaining the infant's proper grip on the breast (b).

Figure 1 - Utensils for milk administration



Source: Author's personal collection.

So it begs the question: if open cups and conventional spoons are such simple items, already present in most homes and cafeterias, why are some schools and nurseries still reluctant to receive them as an accessory for infant feeding? Why are there still not a substantial number of scientific studies proving the effectiveness of these devices in providing milk, while several companies fund hundreds of thousands of researches around the *design*, "safety" and performance of their baby bottles, bottles with special straws, and cups with valves and spouts? The very fact that such conditions are not studied reinforces their non-existence and non-importance in the collective consciousness. Since they are not known, they are not researched, forming a vicious circle (BRAGA, 2009; SILVA *et al.*, 2017; SCHULTZ *et al.*, 2020).

Maciel and Veríssimo (2010) pointed out the urgent need to train the team of daycare professionals regarding the management of human milk and the supply of liquids in the glass instead of the bottle, as well as the harmful effects of using artificial nipples, including alternatives to soothe children without the use of such utensils. In the *Primer A creche como promotora da amamentação e da alimentação saudável* (BRASIL, 2018), the assertion is stated:

"As with other foods, adequate hygienic-sanitary conditions must be guaranteed for the receipt, storage, and supply of breast milk in the daycare center. When correctly stored, breast milk can be offered to the children, thus ensuring the continuity of breastfeeding after they enter the daycare center. It is extremely important that the professionals responsible for these functions (receiving, storing, and offering breast milk) are trained every semester and when new employees join the daycare center."

However, even a decade after the beginning of this discussion, there is still a scarcity of current research focusing on the extraction, transport, storage, and heating of breast milk for this specific healthy public over four months old, corroborating the myths of the "mystery" of management. As a consequence, the postulation of difficulty in using breast milk due to lack of information and time is reinforced, reflecting

the unpreparedness of the caregivers and the daycare structures. In this very booklet, the precious orientations provided by the Annes Dias Nutrition Institute of the Rio de Janeiro Municipal Health Secretariat, for receiving, storing, and offering breast milk in daycare centers, are summarized in only one page, merely posed as an annex.

In their exploratory and descriptive study, Pereira *et al.* (2018) concluded that:

The education professionals investigated consider that the municipal center for early childhood education is not a good place for the practice of breastfeeding and, among the difficulties for mothers to breastfeed in the institution are: it disrupts the established routine; it makes early weaning and adaptation difficult; there is a lack of a breastfeeding room; the mother cannot leave her work or it is located at a great distance; it awakens other children to the breast milk and smells memories of their mother.

Although there is legal support, as well as documents that help educators in the management of breast milk, there is a lack of preparation, training, updating, and dilution of beliefs and cultural half-truths such as "the glass chokes, it's dangerous" or "the bottle is easier and faster", as if the hurry to feed another human being was a virtue, placing the caregiver in a relationship of supremacy, and the baby as the inferior and dependent one, while he/she should be placed as the protagonist, the element with the greatest interest in being satisfied.

For Maciel (2010), "the caregiver is not only the one who takes care, but rather someone who cares for and actively contributes to the child's development." In line with this statement, it is understood here that the caregiver should not and cannot be the determining figure in the weaning process; he/she must be prepared and willing to support breastfeeding as an insignificant part of the child's development process, in its broad physical and emotional aspects, going beyond methodologies, welcoming mother and baby with affection and empathy. And, the daycare center manager is responsible not only for the orientation, training, and constant updating of the employees, but also for offering a healthy and cozy environment and all the necessary conditions for the breastfeeding promotion actions to be effectively executed.

3 FINAL CONSIDERATIONS

Given the current reality, in which women increasingly need or wish to return to their work activities, in contrast to the deficiency in support for breastfeeding by daycare centers, nurseries, preschools, and individuals who will be responsible for infant care, the urgency of new studies that point to more practical and updated ways to train these caregivers, including the pedagogical methodologies that will help in this process, is elucidated.

It is necessary, therefore, to draw the caregivers' attention to the importance and delicacy of the issue, but also to qualify and guide them within the formal aspects about their obligations, to enable the protection of breastfeeding through a respectful welcome, appropriate guidance to the family, and the management of appropriate breast milk, whose administration is safely performed without the use of artificial nipples.

Therefore, by aligning the mother's possibilities, responsibilities, and expectations with the assertive conduct of the educators, we will be closer to achieving a scenario that promotes breastfeeding and supports the continuation of breastfeeding, even for mothers who study or work outside the home.

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