



## ORIGINAL ARTICLE

# Duration of breastfeeding in preterm infants followed at a secondary referral service



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Received 8 June 2015; accepted 27 August 2015

Available online 5 March 2016

### KEYWORDS

Preterm infant;  
Breastfeeding;  
Very low birth weight  
newborn;  
Extremely preterm  
infants

### Abstract

**Objective:** Identify and analyze variables associated with shorter duration of breastfeeding in preterm infants.

**Methods:** Retrospective cohort of premature infants followed up at secondary referral service in the period of 2010–2015. Inclusion: first appointment in the first month of corrected age and have undergone three or more consultations. Exclusion: diseases that impaired oral feeding. Outcome: duration of breastfeeding. A total of 103 preterm infants were evaluated, accounting for 28.8% of the preterm infants born in the municipality in that period, with a power of study of 80%. Descriptive analysis, *t*-test, chi-square test, Kaplan–Meier curves and Cox regression were used. *p*-values <0.05 were considered significant.

**Results:** The median duration of breastfeeding among preterm infants was 5.0 months. The risk of breastfeeding discontinuation among preterm infants with gestational age <32 weeks was 2.6-fold higher than for those born at 32 weeks or more and the risk of breastfeeding interruption in preterm infants who were receiving breastfeeding supplementation in the first outpatient visit was 3-fold higher when compared to those who were exclusively breastfed in the first consultation.

**Conclusions:** The median duration of breastfeeding in preterm infants was below the recommended one and discontinuation was associated with gestational <32 weeks and the fact that the infant was no longer receiving exclusive breastfeeding in the first outpatient visit. When these two variables were associated, their negative effect on the median duration of breastfeeding was potentiated.

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**PALAVRAS-CHAVE**

Lactente prematuro;  
Aleitamento materno;  
Recém-nascido de muito baixo peso;  
Prematuro extremo

## Duração do aleitamento materno em prematuros acompanhados em serviço de referência secundário

**Resumo**

**Objetivo:** Identificar e analisar as variáveis associadas à menor duração do aleitamento materno em prematuros.

**Métodos:** Coorte retrospectiva de prematuros acompanhados em centro de referência secundária, de 2010 a 2015. Inclusão: primeira consulta no primeiro mês de idade corrigida para prematuridade e ter feito três ou mais consultas. Exclusão: doenças que impossibilitassem a alimentação via oral. Desfecho: duração do aleitamento materno. Avaliaram-se 103 prematuros, 28,8% dos prematuros do município no período, com poder do estudo de 80%. Usaram-se análise descritiva, teste *t*, qui-quadrado de Pearson, curvas de Kaplan–Meier e regressão de Cox. Considerou-se significativo o *p*-valor < 0,05.

**Resultados:** A duração mediana do aleitamento materno entre os prematuros foi de cinco meses. O risco de interrupção do aleitamento materno entre prematuros de idade gestacional inferior a 32 semanas foi 2,6 vezes maior em relação aos que nasceram com 32 semanas ou mais e o risco de interrupção do aleitamento materno em prematuros que estavam em aleitamento materno complementado na primeira consulta ambulatorial foi três vezes maior em relação aos que estavam em aleitamento materno exclusivo na primeira consulta.

**Conclusões:** A duração mediana do aleitamento materno em prematuros encontrou-se aquém do preconizado e sua interrupção se associou à idade gestacional inferior a 32 semanas e ao fato de não estar mais em aleitamento materno exclusivo na primeira consulta ambulatorial. Quando essas duas variáveis se associaram, potencializou-se sua interferência negativa na duração mediana do aleitamento materno.

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**Introduction**

The increase in preterm infants' survival rate has been observed in developed and developing countries. However, these infants are vulnerable to conditions leading to increased morbidity and mortality and require specialized follow-up.<sup>1</sup>

Decreased infant mortality and better neurodevelopment are proven benefits associated with breastfeeding.<sup>2,3</sup> Breast milk is recommended as ideal for feeding preterm infants and the use of formula is only indicated when breastfeeding is impossible.<sup>1,4,5</sup> However, preterm mothers have lower success rates in breastfeeding, which reinforces the need to adopt practices aimed to promote breastfeeding at the different levels of health care.<sup>1,5–7</sup> In this context, the work developed at Centro Integrado Viva Vida de Referência Secundária Viçosa, established in 2010 in the state of Minas Gerais, is highlighted; the service consists of an interdisciplinary team and has become a reference for the health care of preterm infants in the city.

Based on these premises, this study aimed to identify and analyze variables associated with shorter duration of breastfeeding in preterm infants followed up in a newly implanted secondary referral service in the municipality.

**Method**

This is a retrospective cohort study of data from medical records of all preterm infants followed at Centro Integrado

Viva Vida de Referência Secundária Viçosa (Centro Viva Vida), in Minas Gerais, enrolled from September 2010 to June 2015. The medical records of Centro Viva Vida are semi-structured, a fact that allowed obtaining reliable data for this study.

Hospital São Sebastião, the hospital where all births take place in the municipality of Viçosa, is a reference for high-risk pregnancy and has had a milk bank since 2009 and a neonatal intensive care unit since 2004. Centro Viva Vida is dedicated to maternal and children's health and is the only preterm infants' referral service in the municipality, established in September 2010. In the service, where the health care of preterm infants is being implemented and intensified, the care is performed by the interdisciplinary team – consisting of professionals from the pediatrics, nursing, nutrition, psychology, physiotherapy and social work areas – and is linked with Universidade Federal de Viçosa. At the time of the discharge from the Hospital São Sebastião, all preterm infants are sent to Centro Viva Vida for outpatient follow-up.

During the study period, the annual number of live births in Hospital São Sebastião, municipality of Viçosa, ranged from 632 to 959, with preterm birth rates between 6.1 and 9.9%. The details of the number of births and the total number with less than 37 weeks per each year of the study period are shown in Fig. 1.

Inclusion criteria: being born with less than 37 weeks of gestational age, with 44 weeks or less of corrected gestational age at the first consultation at Centro Viva and have undergone three or more visits during the outpatient

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