ADOPTION OF THE MATERNAL ROLE IN BREASTFEEDING FROM THE RAMONA MERCER THEORY: CASE REPORT

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ABSTRACT

Introduction: Breast milk is the natural and ideal food for newborn and lactating children. Its nutritional characteristics provide a harmonious growth, if administered as the only nutrient, on demand, during the first 6 months of life and, after this age, supplemented with adequate, timely and safe food. Objective: Implement nursing care in patients with ineffective breastfeeding based on the theory of Ramona Mercer. Methodology: Clinical, descriptive case; based on the theoretical foundations of the concept of Ineffective Breastfeeding and the theory of Adoption of the Maternal Role Proposed by Ramona Mercer, the Nursing Care Process (PAE) of the taxonomies NANDA NIC and NOC is taken into account. Inclusion criteria: patient with exclusive breastfeeding, patient who attends a hospital on the Caribbean coast of Colombia. Exclusion criteria: pregnant woman in the first trimester of pregnancy, patients other than Niño Jesús hospital, patient without prior informed consent. Instruments used: Family health instruments (Apgar, Familiograma, Ecomapa) and Ramona Nursing Theory "Adoption of the Maternal Role". Results: comprehensive nursing care was provided, nutritional advice focused on the need for dietary modification: the mother’s intake and dietary habits were initially determined, diet, recipes and lifestyle modification were educated; were also linked to other family members in the family orientation in the emotional and physical care of the patient. the mother was able to comply with the recommended breastfeeding practices, recognize their importance, and identify the foods to be included in a balanced diet. Conclusions: the patient receiving the different nursing interventions improved her ineffective breastfeeding process, the relationship between mother and child was strengthened. The care given to the mother had its disciplinary and scientific basis in the model of Ramona Mercer, which allowed the mother to internalize her new maternal role.

Keywords: Nursing Care, Breastfeeding, Nursing Theory.

1. INTRODUCTION

Nursing is a discipline whose object of study is the care of the health and life of the person, family and community. Nursing care is offered from various scenarios: outpatient, clinical, home based in all life courses or stages of the evolutionary development of the human being for the case of women, there is a special scenario and is that of motherhood, Maternal-infant care begins from gestation until birth during these moments the woman begins a process of adaptation to the new role "maternal role". The adoption of the maternal role, according to the theory of Ramona Mercer, is a process of interaction that occurs from the conception until the first year of life of the child where the mother creates a bond with her child, learns the tasks of the new role. Breastfeeding plays a fundamental role in this process, in addition to being the perfect food for the newborn and infant by providing nutrients necessary for the healthy sensory and cognitive development, protects the baby from allergies, skin diseases, malnutrition, obesity, juvenile diabetes and micronutrient deficiency, generates a bond between mother and child that has a positive impact on life in terms of stimulation, behaviour, speech, a sense of well-being and security, and the way the child relates to other people.
An element that influences the adoption of the maternal role is the care that the mother receives from the nursing professional and other members of the health team where it is necessary to provide care, taking into account the family, cultural context among others of the mother (4).

The scientific evidence reports internationally that less than 40% of children under the sixth month of life receive maternal breast as the only food. Thirty-eight per cent of children under six months of age worldwide receive breast milk (LM) exclusively and 39 per cent of children aged 20 to 23 months of extrauterine life benefit from breastfeeding (LM). The knowledge that mothers have about the LM is insufficient, they do not know the advantages of giving maternal breast; that is why many pregnant women choose not to breastfeed their children. WHO states that if each child were fed only breast milk for the first six months of life and combined with other food up to the age of two, some 820,000 children’s lives would be saved each year (6). Children who are not breastfed in their first hour of life are 86.5% more likely to die during the neonatal period” (7).

Breast milk is the best food for newborns and children up to age 2. However, 5 out of 10 babies (52%) in Latin America and the Caribbean do not drink breast milk in the first hour of life, an essential measure to save lives. The Pan American Health Organization/ World Health Organization (PAHO/WHO) recommends starting breastfeeding in the first 60 minutes of life, as well as breast-feeding exclusively up to 6 months and, in a complementary way, up to 2 years (8).

Various studies have identified maternal factors associated with the length of breastfeeding, most mothers leave breastfeeding before the age of 6 months and this decision is linked to the fact that they have not received information on breastfeeding from health personnel during pregnancy (9, 10, 11). The objective of the case was to implement nursing care in patients with ineffective breastfeeding based on the theory of Ramona Mercer.

Breastfeeding from the theory of Ramona Mercer

The World Health Organization (WHO) and the American Academy of Pediatrics (AAP) consider exclusive breastfeeding up to 6 months as the optimal infant food, which has the ideal composition of nutrients needed for better growth, development and maturation of the child during this period and subsequently, together with other foods, up to two years of life (12). Exclusive breastfeeding rates for children under six months of age in most countries are below 50 per cent; most countries (rich and poor alike) have made little progress towards the global target. In the poorest countries, the main challenges are facing the late onset and low rates of exclusive breastfeeding, as less than 40 per cent of children under six months are exclusively breastfed. In the case of Colombia, only 56 out of every 100 children start breastfeeding in the first hour of birth, a practice that can be improved taking into account that institutional childbirth is 95% (13).

Mother-child interactions during feeding in the first year of life have a lasting impact on the individual’s appetite regulation and development of current and future obesity. For nursing professionals, it is a challenge and a new function to prevent nutritional problems in infants; It is indispensable to have theories of nursing of middle rank, such as the adoption of the maternal role of Ramona Mercer, that guide this care (14). Her theory or model encompasses the processes experienced by women at the time of becoming mothers, how the environment influences the mother-child relationship, and women’s perceptions of their competence to care for children. Nursing care should contribute to the identification, together with the mother, of difficult situations or sources of support that contribute to this process, to propose actions that favor the adoption of the maternal role (14).

Within the Mercer model, there are three concentric circles related to each other: the microsystem, is the immediate environment where the adoption of the maternal role takes place, factors such as family functioning, family, relations between mother and father, Social support and stress; mesosystem, refers to how what happens to the developing mother and child role influences, including: school, day care, work environment, places of worship and other community entities; microsystem, represents the prototypes that exist in the culture in particular or in the cultural coherence transmitted, includes cultural, political and social influences. The main concepts of the theory of adoption of the maternal role that supported the proposed model are within the microsystem and are: 1) maternal characteristics (sensitivity to signals, parenting attitudes, health status), 2) characteristics of the child (temperament and health), 3) maternal role (competence in the role), and 4) result in the child (health). (Figure N°. 1).

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Figure N° 1: Main Concepts of the Model of Maternal Role Adoption
The articulation of the theory of adoption of the maternal role to the practical context was the baseline for the assessment, planning, implementation and evaluation of maternal-perinatal care with emphasis on breastfeeding for the present case.

II. MATERIAL AND METHOD

Case report of a 28-year-old User attending the Maternal and Child Unit located on the Caribbean coast of Colombia. Inclusion criteria: patient with exclusive breastfeeding, with an average age of 16 - 30 years of age, with prior informed consent. Exclusion criteria: pregnant woman in the first trimester of pregnancy, patients who do not attend the hospital, patient without prior informed consent, maternal under 16 and over 30 years of age. Instruments used: Family health instruments (Apgar, Familiograma, Ecomapa) and Ramona Nursing Theory "Adoption of the Maternal Role".

Ethical considerations: Resolution 008430 of October 4, 1993 (15) of the Ministry of Health of the Republic of Colombia was taken into account, establishing that it is a risk-free investigation.

After being able to identify the need of the patient, we proceed to carry out bibliographic searches in the databases (scielo, redalyc, Science direct, scopus, PubMed, EBSCOhost, Proquest, Ovid) is made the application of the family health instruments, the process of nursing care is carried out taking into account the taxonomies NANDA, NOC and NIC and also the application of the theory of adoption of the Maternal Role of Ramona Mercer.

CASE:

User of 28 years of age resident of a municipality of the Colombian Caribbean coast, with a history of hospitalization for urinary tract infection, admitted to the gynecology unit. Among the laboratories were found: Hemoglobin: 13mg/dl, hematocrit: 39, leukocytes: 9680, neutrophils: 79.8, platelets: 178000. Uroanalysis:
slightly cloudy appearance, density 1015, pH 7, glucose no, ketone bodies, nitrite no, blood no. PCR 6 Negative. Pathological history SAR COV, Hypertension, Gestational diabetes. Caesarean section was performed for failed induction, baby male, weight :3000 grams, size: 56 centimeter chest perimeter 35 centimeters with cephalic perimeter 34 centimeters, appgar: 8 per minute, 5 and 10 minutes 10. The application of the Ramona Mercer Maternal Role Adoption Theory to the patient with ineffective breastfeeding was carried out, as this is a fundamental factor to fully internalize this maternal role. The maternal role model in infant feeding was designed to explain how maternal characteristics (personal, cognitive and health status), maternal role (maternal feeding practices) and the characteristics of the infant are related and influence the nutritional status of the infant. This is oriented to the mother-child diada, the ages of infants can range between 0 and 12 months (Figure N° 2). Nursing interventions were performed in the hospital and at home (home visit) once the mother was discharged.

Figure N°2. Articulation of the adoption of maternal role in maternal care (case)

Source: Prepared by the authors
As part of the assessment process, family health instruments (Apgar, Familiograma, Ecomapa) and the Nursing Care Process (PAE) were applied, taking into account the taxonomies NANDA, NOC, and NIC, applying the Ramona Mercer Maternal Role Adoption Theory.

The application of the familyogram reported that family is of type reconstituted or composed, made up of 4 people (mother, father and children), the husband works and the income is sufficient for the sustenance of the home, she is at home nursing her child who is newborn, while their other child is studying at school, all members of this family have a subsidized health regime, none of them have any comorbidity and they also have healthy lifestyles.

The Ecomap reported social determinants affected and unaffected which are the following:

Social gradient is not affected by the fact that the social environment in which the family lives is in good condition. First years of life: this determinant is not affected because the children of this family live in an environment and conditions favorable to their development. Addiction: is not affected because in the family no one consumes alcohol, psychoactive substances. Social Exclusion: is not affected by the fact that the family participates in their community and is taken into account in the aids/ benefits offered in their environment. Transportation: not affected by the fact that the family has its own vehicles and the roads are in good condition. Social support: the family has the necessary support from the community and the state. Food: it is not affected by the fact that the family consumes the meals at the indicated times and in the necessary quantities. Stress: this determinant is affected to the fact that the mother has just given birth to her second child and the intergenesic period between the 2 children is 10 years old and she manifests that it is like starting over again and has been difficult to adapt to this stage of her life and everything that involves the maternal roll. Work: is not affected by the fact that the family has stable jobs.

The Apgar, evidenced good familiar functionality among all the members (sum of all the items:19)
**Diagnostic phase:** After the evaluation of the patient and taking into account all the subjective and objective data obtained through an interview, it was identified that she presented ineffective breastfeeding.

Table N°1. Prioritized diagnostics

<table>
<thead>
<tr>
<th>DIAGNOSTIC</th>
<th>RELATED TO</th>
</tr>
</thead>
</table>
| [00104] Ineffective breastfeeding | -Cracks of the nipple.  
| | -Poor knowledge.  
| | -Maternal anxiety. |
| [00208] Provision to improve the maternity process. | -Expresses desires to improve the techniques for feeding the baby.  
| | -Expresses desire to improve breast care.  
| | -Wishes to improve the use of support systems. |
| [00221] Ineffective process of childbearing | -Inadequate care of the breasts.  
| | -Long intergenetic period.  
| | -Conduct of insufficient linkage |

Planning phase:

Table N°2. Planning phase

<table>
<thead>
<tr>
<th>NURSING DIAGNOSIS</th>
<th>INDICATOR</th>
<th>INTERVENTIONS</th>
<th>ACTIVITIES</th>
</tr>
</thead>
</table>
| Ineffective breastfeeding | 100201 | Infant growth within normal range | Advice in the breastfeeding.  
| | | | Infant care  
| | | | *Explaining nipple care to mother  
| | | | *Teaching the mother to let the Infant finish with the first breast  
| | | | Before offering the second breast  
| | | | *Monitor the safety of the infant environment  
| | | | *Provide visual, auditory, tactile and kinetic stimulation during play  
| | | | *Teach the caregiver to always hold the baby while breastfeeding.  
| | | | *Teach caregiver to clean water intake between 15 and 30 ml each time, 120ml per day  
| | | | *Teach the caregiver to feed only breast milk or formula during the first year (do not give solid food before 4 months  
| | | | *Provide the necessary educational materials.  
| | | | *Observe if serum electrolyte |
| Provision to improve breastfeeding | 180005 | appropriate technique to tame the baby | Education: infant nutrition (0-3 months).  
| | | | Advice on breastfeeding  
| | | | *Teach caregiver to clean water intake between 15 and 30 ml each time, 120ml per day  
| | | | *Teach the caregiver to feed only breast milk or formula during the first year (do not give solid food before 4 months  
| | | | *Provide the necessary educational materials.  
| [00195] risk of [50402] Intake and [2080] fluid and | | | |

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NURSING DIAGNOSIS | INDICATOR | INTERVENTIONS | ACTIVITIES
---|---|---|---
electrolyte imbalance | diuresis balance in 24 hours | electrolyte handling. [0590] urinary tract management. | levels are abnormal, if available. *Daily weighing and assessing evolution. *Identify factors that contribute to episodes of incontinence.\n
Implementation phase: Among the nursing activities carried out, they were intended to contribute to the improvement of the affected pattern of ineffective breastfeeding. Nutritional advice focused on the need for dietary modification: the mother’s intake and eating habits were initially determined, diet, recipes and lifestyle modification were educated; were also linked to other family members in the family orientation in the emotional and physical care of the patient.

Evaluation phase / Results: When the activities planned in the care plan were carried out, it was observed that the nursing interventions in patients with ineffective breastfeeding were effective, the mother was able to comply with the recommended breastfeeding practices, recognize the importance of breastfeeding, and identify foods to be included in a balanced diet (Table N° 3a and b).

Table N°3a: Evaluation/Results phase

<table>
<thead>
<tr>
<th>INDICATOR OF RESULTS</th>
<th>ESCALE OF LIKERT</th>
<th>Puntuation ERIKA</th>
<th>B E F O R E</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Never proven</td>
<td>Rarely proven</td>
<td>Sometimes proven</td>
<td>Frequently proven</td>
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</tbody>
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Tabla N°3b: Fase de Evaluación/Resultados

<table>
<thead>
<tr>
<th>INDICATOR OF RESULTS</th>
<th>ESCALA DE LIKERT</th>
<th>Puntuation ERIKA</th>
<th>A F T E R</th>
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III. DISCUSSION

Exclusive breastfeeding within the first 6 months is essential for the proper growth and development of the child because it helps to prevent diseases and passes on nutrients that contribute to the strengthening of his or her immune system (16). Authors argue that the inexperience of breastfeeding mothers, some because of their young age, presents difficulties in the adoption and internalization of the maternal role, playing a role of great importance in the emotional stability and the physical and spiritual maturity of the infant (17,18). Another factor that adds to this situation is the lack of knowledge about aspects related to motherhood, specifically with regard to breastfeeding (LM), which can generate feelings of frustration, cause an adverse effect on the practice of breastfeeding and lead to a reduction in frequency and duration (19,20,21).

On the other hand, the follow-up being done to the mother, home visits and education of parents in the early postnatal period are of great importance as problems can be detected early in both the mother and the newborn, serves to value both physically and psychologically, aspects related to the new role and social support, resolution of doubts, support to parents creating security, empowerment in the care and evaluation of the initiation of breastfeeding (22,23).
With regard to the ineffective breast-feeding diagnosis, the results of the present study are related to the clinical case presented by Agus (24), in which a patient with cracked nipples, intense pain while breastfeeding, and difficulty with LM, situation that is overcome after the intervention of the nursing professional managing to modify the posture for better grip and manage to improve their way breastfeeding process and adoption to this new role.

The ineffectiveness in the LM, can be influenced by factors such as accompaniment, culture or level of training of each woman, this situation could improve if mothers during their gestation receive training on the LM (25,26). The results in this case differ from those reported by Anguiano et al (27), where half of the respondents presented a high level of knowledge about breastfeeding, as well as those of Cabrera, Mateus and Carvajal (28), where he concludes that the level of knowledge of his sample is adequate.

IV. CONCLUSIONS

This case study took into account subjective and objective data that allowed developing care plans under the taxonomies NANDA, NIC and NOC, which were focused on the maternal-infant needs of our patient. The proposed objectives were achieved, since the patient receiving the different nursing interventions improved her ineffectiveness breastfeeding process, strengthening the mother-child binomial. The care given to the mother had its disciplinary and scientific basis in the model of Ramona Mercer, which allowed following all the interventions that the patient internalized her new maternal role.

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