

DOI: <https://doi.org/10.36489/nursing.2021v24i274p5401-5418>

# Factors influencing the practice of exclusive breastfeeding

**ABSTRACT** | Objective: To comprehend the importance of exclusive breastfeeding (EBF) and identify factors that hinder this process. Methods: This is a systematic review. The databases used were the Latin American & Caribbean Health Sciences Literature, the Bibliographic Database Specialized in Nursing, the Medical Literature Analysis and Retrieval System Online, and the Scientific Electronic Library Online. Results: The search produced 28 papers and 11 of them matched the objectives of this study. Most factors found in the results (5) showed risk, such as the use of feeding-bottles, complementary feeding and pacifiers. They were followed by the mothers' education levels and socioeconomic factors (4). After those were the mothers' emotional states, the type of delivery, the mothers working outside the home and the lack of preparation of the professionals (3). Other factors were present in smaller number of occurrences. Conclusion: The success of EBF is achieved through a holistic and effective approach of the nursing professionals in every pregnancy stage: conception, prenatal and puerperium.

**Keywords:** Breastfeeding; Child care; Lactation; Human milk; Artificial feeding.

**RESUMEN** | Objetivo: comprender la importancia de la lactancia materna exclusiva (LME) e identificar los factores que dificultan este proceso. Método: consistió en consultas y en una revisión sistemática de bases de datos como: Literatura Latinoamericana y Caribeña en Ciencias de la Salud, Base Bibliográfica de Datos Especializados en el Área de Enfermería, Medical Literature Analysis and Retrieval System Online y Scientific Electronic Library Online. Resultados: la investigación descubrió 28 artículos, entre los cuales 11 se conformaban con los objetivos de este estudio. La mayoría (5) presentó, en cuanto factor de riesgo, el uso de biberones, complementos y chupetas; A continuación, apareció el grado de escolaridad de las madres y factores socioeconómicos (4); Por último, el estado emocional de las madres, la clase de parto, madres que trabajan fuera del hogar y la falta de preparación de los profesionales (3). Hay otros factores apuntados que son menos frecuentes. Conclusión: el éxito de la LME se logra bajo el abordaje holístico y efectivo de los profesionales de enfermería en todas las etapas del embarazo: concepción, prenatal y puerperio.

**Palabras claves:** Lactancia Materna, Cuidados con niños, Lactación, Leche Humana, Alimentación artificial.

**RESUMO** | Objetivo: compreender a importância do aleitamento materno exclusivo (AME) e identificar os fatores que dificultam esse processo. Método: trata-se de uma revisão sistemática. As bases de dados consultadas foram a Literatura Latino-Americana e do Caribe em Ciências de Saúde, a Base de Dados Bibliográficos Especializada na Área de Enfermagem, a Medical Literature Analysis and Retrieval System Online e a Scientific Electronic Library Online. Resultados: a pesquisa resultou em 28 artigos, dos quais 11 atendiam a este estudo. A maioria dos fatores encontrados nos resultados (5) apresentou como fator de risco o uso de mamadeiras, a alimentação complementar e as chupetas; seguidos do grau de escolaridade das mães e de fatores socioeconômicos (4); do estado emocional das mães, do tipo de parto, de mães que trabalham fora e da falta de preparo dos profissionais (3). Outros fatores apareceram em menor ocorrência. Conclusão: o êxito do AME se faz com uma abordagem holística e efetiva dos profissionais de Enfermagem em todas as etapas da gestação: a concepção, o pré-natal e o puerpério.

**Palavras-chaves:** Aleitamento materno; Cuidado da criança; Lactação; Leite humano; Alimentação artificial.

## Andressa de Oliveira Rios Pereira

Nursing student, Minas Gerais State University, Minas Gerais, Brazil.

ORCID: 0000-0001-9776-1938

## Raquel de Menezes Ferreira

Nursing student, Minas Gerais State University, Minas Gerais, Brazil.

ORCID: 0000-0003-0019-8494

## Fernanda Marcelino de Rezende e Silva

Master in Nursing from UFMG, Professor and Coordinator of the Nursing Graduation Course at the State University of Minas Gerais. Professor of the Undergraduate Nursing Course at the University of Itaúna (ITU).

ORCID: 0000-0003-2236-7009

## Karla Amaral Nogueira Quadros

Nurse. Master in Education, Culture and Social Organization by the State University of Minas Gerais. Minas Gerais Brazil. Professor of the Nursing Graduation Course at the State University of Minas Gerais (UEMG), Divinópolis Unit.

ORCID: 0000-0002-3750-4873

## Regina Consolação dos Santos

Nurse. Master in Science from the Federal University of São João Del Rei, Campus Centro Oeste Dona Lindu UFSJ - (CCO). Professor of the Nursing Graduation Course at the State University of Minas Gerais (UEMG), Divinópolis Unit.

ORCID: 0000-0002-7393-3210

Received on: 28/08/2020

Approved on: 09/11/2020

## Silmara Nunes Andrade

Nurse. PhD in Health Sciences at the Federal University of São João Del Rei, Campus Centro Oeste Dona Lindu UFSJ - (CCO). Professor of the Nursing Graduation Course at the State University of Minas Gerais (UEMG), Divinópolis Unit.

ORCID: 0000-0002-1975-0827

## INTRODUCTION

Breastfeeding has an impact on promoting the health of the mother and child, also enabling a bonding strategy between both and being a protective and nutritional factor for the child. In addition, it makes up the most considerable and economi-

cal intervention for reducing child morbidity and mortality.<sup>(1-2)</sup>

The Pan American Health Organization (PAHO) and the World Health Organization (WHO) highlighted that breastfeeding is capable of saving lives, in total, there were about 820 thousand children under the age of five. 2017 data showed that 78 million newborns in the world waited more than an hour to be breastfed by their mothers. Latin America and the Caribbean are the regions with the highest average of breastfeeding. In the Americas region, only 38% of newborns are fed exclusively with breast milk until the first six months and 32% continue to breastfeed until the age of two. These data are alarming and need special attention.<sup>(3)</sup>

It is recommended to start breastfeeding in the first 60 minutes of the baby's life, as there are immunological and probiotic components of breast milk that protect the baby from respiratory and intestinal infections, prevent diarrhea, decrease the risk of allergies and prevent weight loss in the first week of life, besides favoring the creation of an affective bond between mother and child.<sup>(4)</sup>

The Ministry of Health (MH) advises exclusive breastfeeding until the child's six months of age and in a complementary way until the age of two, with no suggestion of drinking water, teas or other types of milk as a complementary way in the first six months of life, as the use of these substances is directly related to early weaning, it is understood as the interruption of exclusive breastfeeding to the breast, and the introduction of supplements and supplements before the infant completes six months of life.<sup>(4-6)</sup>

The use of artificial forms and milks and teas can harm the health of the child, so that they increase the risk of gastrointestinal infections, with greater episodes of diarrhea, which can be caused by contaminated water or food, leading to new diseases.<sup>(5)</sup>

The habit of breastfeeding in Brazil began in the 1970s, a time when its gre-

at fall occurred, alarmingly affecting the health of mothers and children. At that time, there were many unethical advertisements related to breast milk substitutes, increasing the number of early weaning and artificial breastfeeding. Cultural and social aspects, economic interests and how to view breastfeeding in an unnatural way caused the high rates of malnutrition and also recurrent infections in infants.<sup>(7)</sup>

In this perspective, the National Breastfeeding Policy (PNAM - Política Nacional de Aleitamento Materno), approved in 1999, is organized according to the following strategies: Incentive to Breastfeeding in Primary Care - Rede Amamenta Brasil; Baby Friendly Hospital Initiative (BFHI), Kangaroo Method in hospital care; Brazilian Human Milk Bank Network; legal protection through the Brazilian Standard for the Marketing of Baby Food (NBCAL - Norma Brasileira de Comercialização de Alimentos para Lactentes); social mobilization actions through campaigns and partnerships; monitoring of breastfeeding actions and practices; and, in recent years, implementation of the Breastfeeding-Friendly Basic Unit initiative.<sup>(8-10)</sup>

Actions to protect and promote breastfeeding need collective efforts and depend on several factors to achieve success, being a huge public health challenge. Since it is necessary to carry out a humanized and comprehensive approach, professionals must be trained to welcome mothers both during prenatal and childbirth and in the puerperium, as doubts and insecurities will arise in all phases. Therefore, professionals should emphasize, during consultations and educational actions that will be developed during this period, the importance of breastfeeding, emphasizing its benefits and using communication and welcoming as tools that can raise awareness and support mothers.<sup>(11)</sup>

The nursing team should encourage family participation in this process and the formation of support groups for preg-

nant women, which can satisfy doubts such as the ideal time for breastfeeding, the consequences of early weaning, milk production, breastfeeding in the first minutes of life, joint accommodation, parental rights, breastfeeding techniques and encouraging normal childbirth, as well as monitoring the child's development process, whether by individual consultation or home visit.<sup>(4)</sup>

Currently, there are still many myths, taboos and prejudices about breastfeeding.<sup>(25)</sup> Several factors also affect exclusive breastfeeding (EBF), such as family interference with old traditions, the lack of knowledge regarding the correct position and fold, the lack of instructions by health professionals, biological factors (such as milk production and the structure of the breasts, such as the flat and inverted nipple), economic factors, negative influences and insecurity of the mothers.<sup>(12)</sup>

This study will contribute to the knowledge of the factors that interfere in EBF and, thus, deepen the role of nurses in the care provided to mothers, especially in prenatal care, since care in this phase carries a set of procedures capable of identifying these difficulties in advance, which directly compromise lactation supply. The research also sought to collaborate for the success of breastfeeding and directly with the reduction of infant mortality rates, physical and mental health and quality of life for mothers and babies.<sup>(12-13)</sup>

Given this context, and believing in the relevance of the theme for the health of the newborn and the mother, this study may offer an understanding of the importance of EBF, as well as identifying the factors that hinder the breastfeeding process.

## METHOD

This is a systematic review of the literature that followed the recommendations of the instrument of the Main Items for Reporting Systematic Reviews and Meta-analysis (PRISMA).<sup>(14)</sup> The systema-

tic review is used to enable an objective analysis of the results, in order to report the evidence of a particular question and where it will be selected and evaluated, avoiding any bias that may arise. <sup>(15)</sup> For the identification of factors, the search for publications was carried out based on the following question: “What are the factors that influence the success of exclusive breastfeeding?”.

The literature search was carried out based on the following inclusion criteria: full texts available, in the period of the last five years, in Portuguese, English and Spanish, made available in full, as a type of model document, and having

affiliation to Brazil. Theses, dissertations and articles that did not answer the guiding question were excluded.

The databases consulted were for Latin American and Caribbean Literature in Health Sciences (LILACS), the Bibliographic Database Specialized in the Area of Nursing (BDENF), the Medical Literature Analysis and Retrieval System Online (MEDLINE) and the Scientific Electronic Library Online (SciELO).

The descriptors used were as follows: “Aleitamento materno; Cuidado da criança; Lactação; Leite humano; Alimentação artificial”. They were registered in the Health Sciences Descriptors

(DeCS). The search of the databases was carried out in July 2019. As a result, 28 articles were obtained in total, in the four databases. Subsequently, the titles and abstracts of each article were read, with the intention of identifying which ones met the research objective. Thus, 11 articles were selected, tabulated in Microsoft Excel software and presented in a synoptic table, containing the title, year and periodical of the articles. Of the 28 articles, seven were excluded for not meeting the guiding question, four for being duplicated, three for being reports and three for not having the full text available (Chart 1).

Chart 1 - Articles used for the study searched in the databases, 2014-2019.

Artigo	Objetivo do estudo	População do estudo	Fatores associados
1 <sup>(16)</sup>	Determinar se existe uma relação entre AMI, fatores natais, controle pré-natal e características socioeconômicas.	Estudo de caso e controle. Foram aplicados questionários às mulheres com filhos entre 6 e 24 meses de idade.	Fator socioeconômico e menor escolaridade.
2 <sup>(17)</sup>	Verificar a associação entre a depressão pós-parto e a ocorrência do AME.	A amostra para o estudo, ocorrido em uma ação de multivacinação, consistiu em 2.259 pares de mãe-filho.	Depressão pós parto; mulheres mais jovens tendem a interromper o AME primeiro; pré-natal tardio; e fator socioeconômico (baixa e alta condição socioeconômica é um fator de interrupção do aleitamento materno).
3 <sup>(18)</sup>	Analisar a valoração axiológica da mulher/nutriz quanto ao manejo clínico da amamentação.	20 nutrizas, em alojamentos conjuntos de dois hospitais universitários.	Insegurança após alta da maternidade.
4 <sup>(19)</sup>	Identificar os fatores associados ao aleitamento materno na primeira hora de vida.	Mães participantes da 2ª etapa da campanha de vacinação da poliomielite no Distrito Federal.	Pré-natal tardio; tipo de parto (cesárea interfere no AMPH); experiências estressantes no parto; estado emocional das mães; falta de alojamento conjunto; não realização do AMPH; práticas e rotinas das instituições; e falta de preparo dos profissionais de Saúde.
5 <sup>(20)</sup>	Analisar se as informações veiculadas em sites populares estão de acordo com os passos recomendados no guia alimentar para crianças menores de dois anos do MS.	Estudo descritivo/comparativo, executado entre agosto e outubro de 2014, no qual foi feita uma busca em sites populares de língua portuguesa que divulgaram informações sobre a alimentação de crianças menores de dois anos. Foram analisados 50 sites, entre os quais blogs, sites de empresas alimentícias e sites especializados em nutrição infantil.	Informações incoerentes e contrárias às recomendadas no guia alimentar.
6 <sup>(21)</sup>	Averiguar a associação entre os fatores maternos e socioeconômicos com o conhecimento das mães a respeito do aleitamento materno.	Estudo realizado com 71 parturientes em leito hospitalar. Os dados foram coletados por meio de questionários, um socioeconômico e outro sobre o conhecimento referente ao aleitamento materno.	Uso de mamadeiras, complementares e chupetas; leite materno fraco; fator socioeconômico; estado emocional das mães; e culturas e crenças já vivenciadas pelas mães.

7 <sup>(22)</sup>	Identificar a prevalência da amamentação na primeira hora de vida e seus resultados para a manutenção do aleitamento materno.	Trata-se de estudo descritivo e prospectivo, com abordagem quantitativa, realizado no 2º e 3º trimestres de 2015, em uma instituição com a IHAC de Foz do Iguaçu (PR), município de Tríplice Fronteira, junto com Porto Iguaçu (Argentina) e Cidade do Leste (Paraguai). No período de estudo, aconteceram 456 nascimentos. Destes, 88 foram avaliados na primeira e segunda etapas e 73, na terceira.	Não realização do aleitamento materno na primeira hora de vida; tipo de parto; e uso de complemento alimentar antes dos seis meses.
8 <sup>(23)</sup>	Avaliar o impacto de atualização de profissionais da Atenção Primária à Saúde em relação ao guia alimentar "Dez passos para uma alimentação saudável para crianças brasileiras menores de dois anos" nas práticas de aleitamento materno e na qualidade da alimentação complementar de lactentes assistidos por Unidades de Saúde de Porto Alegre (RS)	Lactentes assistidos por Unidades de Saúde da cidade de Porto Alegre (RS).	Uso de complementos alimentares antes dos seis meses e falta de preparo dos profissionais.
9 <sup>(24)</sup>	Identificar os fatores associados à descontinuação do AME em um município do Nordeste do Brasil.	Este estudo de coorte envolveu 1.344 pares de mãe-filho selecionados em maternidades de Feira de Santana (BA). Os indivíduos foram acompanhados por seis meses através de visitas domiciliares mensais. Foi registrada a interrupção do AME.	Uso de complementos alimentares antes dos seis meses; limitação à amamentação noturna; lesões nos seios; falta de apoio e incentivo por parte do pai ou parceiro; qualidade do pré-natal insatisfatória; falta de preparo dos profissionais; grau de escolaridade; mães que trabalham fora; e estado emocional das mães.
10 <sup>(25)</sup>	Desenvolver um escore de IAC e estudar sua associação com variáveis socioeconômicas, clínico-epidemiológicas e nutricionais. Esta análise visa a propor ações e estratégias para a abordagem nutricional adequada da criança durante o primeiro ano de vida no âmbito da Atenção Primária.	Trata-se de um estudo transversal de abordagem qualitativa que se deu a partir do contato com a equipe da Unidade de Saúde da Família Perseu Leite de Barros (USF-PLB), localizada no distrito Noroeste do município de Campinas (SP), e da formalização da parceria com a Secretaria Municipal de Saúde. As informações provenientes de um questionário realizado com famílias com crianças menores de seis anos foram o objeto de análise.	Fator socioeconômico; grau de escolaridade; mães que trabalham fora; tipo de parto; uso de complementos alimentares antes dos seis meses; culturas e crenças já vivenciadas pelas mães na amamentação; e ausência de companheiros.
11 <sup>(26)</sup>	Avaliar os determinantes ao abandono do AME.	Estudo longitudinal baseado em coorte de nascimentos realizada em Viçosa (MG). Acompanharam-se 168 parturientes provenientes da rede pública de saúde em 2011/2012. Foram realizadas três entrevistas com as parturientes: aos 30, 60 e 120 dias após o parto.	Uso de complementos alimentares antes dos seis meses; gestação não planejada; experiências estressantes no parto; depressão pós-parto; grau de escolaridade; mães que trabalham fora; falta de apoio e incentivo por parte do pai ou parceiro; insegurança de amamentar após a alta da maternidade; e falta da rede de apoio.

IB: Immediate Breastfeeding EB: Exclusive Breastfeeding; BFH: Breastfeeding in the First Hour of Life; BFHI: Baby Friendly Hospital Initiative; ICF: Inadequate Complementary Feeding; MH: Ministry of Health; Source: Prepared by the Authors (2020).

## RESULTS

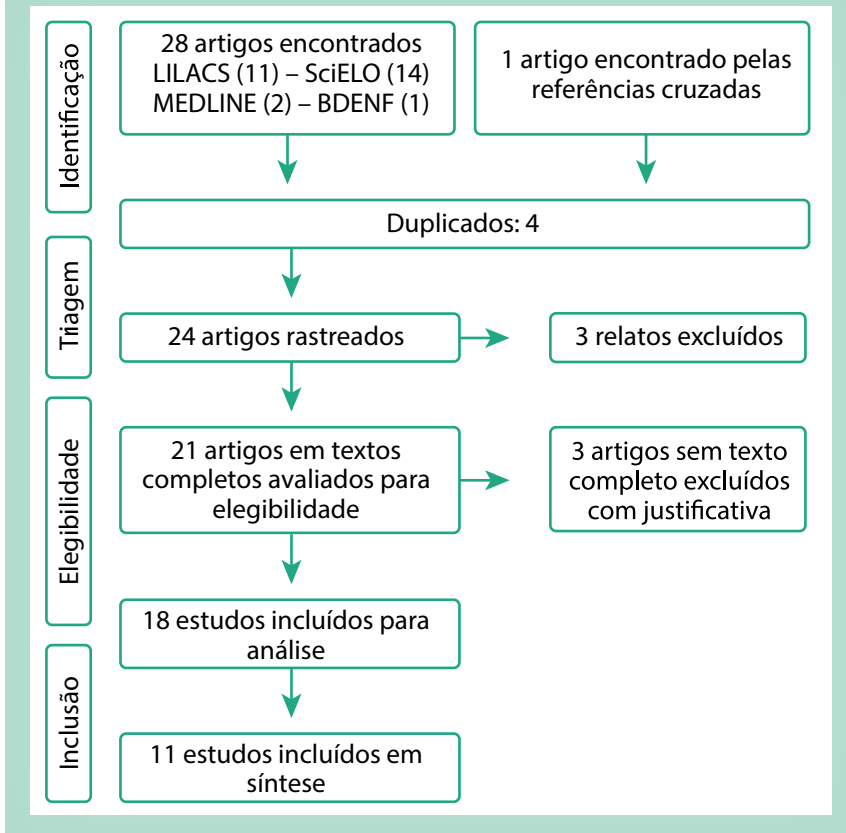
Initially, 28 articles were found related to the controlled descriptors used in this systematic review, however, after the selection and eligibility processes, only 11 were included for the final data

synthesis. All studies related to the texts were conducted in Brazil in the years 2014 to 2019.

The risk factors described in the results of this review were characterized as: lack of preparation by professionals; mother's emotional state; maternal age

(young); beginning of late prenatal care; preterm babies; weak breast milk; bottle and complementary use; insecurity to breastfeed; socioeconomic factor; baby blues; lack of knowledge of public policies by mothers; lack of joint accommodation; stressful childbirth experiences;

Figure 1 - Information flow of the systematic review, 2019.



Source: Prepared by the authors (2020).

Table 1 - Factors that hinder exclusive breastfeeding, 2014-2019.

Fatores	n	%
Uso de mamadeiras, complementares e chupetas	5	85
Grau de escolaridade	4	68
Fator socioeconômico	4	68
Estado emocional das mães	3	51
Tipo de parto	3	51
Mães que trabalham fora	3	51
Falta de preparo dos profissionais	3	51
Culturas e crenças já vivenciadas pelas mães na amamentação	2	34
Experiências estressantes no parto	2	34
Depressão pós-parto	2	34
Insegurança de amamentar após a alta da maternidade e falta da rede de apoio	2	34
Início do pré-natal tardio	2	34
Não realização do aleitamento materno na primeira hora de vida	2	34
Falta de apoio e incentivo por parte do pai ou parceiro	2	34
Informações incoerentes e contrárias das recomendadas pelo guia alimentar do MS	1	17

wrong information contained on the internet; fragmentation of health services; lack of valorization of mothers' knowledge by professionals; and institutions' practices and routines (Table 1).

Figure 1 shows the 11 articles analyzed, considering the year and the author, the objectives, the study population, followed by their average age, and risk factors. The detailed description of the eight educational interventions analyzed, considering the expected and achieved outcomes, was organized in a descriptive manner.

According to a case study and control <sup>(16)</sup>, the research samples were of convenience and, based on these, statistical tests were applied, which correlated socioeconomic levels with IB. The results show that the lower the socioeconomic level, the lower the adherence of the IB.

A cross-sectional study <sup>(17)</sup> carried out in 2010, during a vaccination campaign, consisted of 2,259 mother-child binomials, to which the Edinburgh Postpartum Depression Scale was applied, instrument used for tracking puerperal depression, and a form with questions about socio-demographic characteristics of the family, attention to prenatal care, childbirth and the puerperium, symptoms of postpartum depression and child health. The result showed a higher prevalence of the absence of EBF in children whose mothers had postpartum depression and the beginning of late prenatal care. These mothers were teenagers and had a low income socioeconomic factor.

In a cross-sectional study <sup>(19)</sup> carried out in 2011, during a vaccination campaign, a sample per cluster was applied, resulting in 1.027 mother-child pairs for the study. A form was used, from which various factors related to prenatal care, childbirth and the health of women and children were investigated. Mothers' socio-demographic characteristics and prenatal, childbirth and postpartum care were also used. The result identified that the majority did not do the prenatal care

Valorização de cada mulher no seu papel de nutriz	1	17
Idade das mães (jovens)	1	17
Falta do alojamento conjunto	1	17
Práticas e rotinas das instituições	1	17
Dificuldade de sucção (dos recém-nascidos que não tiveram a AMPH)	1	17
Limitação à amamentação noturna	1	17
Lesões nos seios	1	17
Qualidade do pré-natal insatisfatória	1	17
Leite materno fraco	1	17
Gestação não planejada	1	17
Ausência de companheiro	1	17

BHAB: breastfeeding within an hour after birth; MH: Ministry of Health.  
Source: Prepared by the authors (2020).

adequately and that the type of delivery interferes with the performance of BWFH, and mothers and children who did not remain in joint accommodation after delivery had a reduced likelihood of BWFH. Factors such as stressful experience in childbirth, lack of professional training, institutional practices and routines and emotional state of mothers hinder breastfeeding.

In a descriptive and comparative study <sup>(20)</sup>, carried out in 2014, 50 websites classified as non-scientific and that disseminated information on food for children under two years were analyzed. The result of the study showed a disagreement between the information on the sites, visited by parents and caregivers, in relation to what is recommended by the Ministry of Health. The most discrepant ones were about complementary feeding.

An analytical study <sup>(21)</sup> developed with 71 puerperal women still in the maternity ward, with data collection carried out by two questionnaires (one socioeconomic and the other on knowledge regarding breastfeeding), it pointed out as a result that puerperal women with higher family income tended to have a higher percentage of knowledge on the topic and that the mothers' emotional state directly interferes with early weaning. Despite understanding about breastfeeding, most mothers use, according to the study, bottles and supplements for

belief and habit of another pregnancy. In addition, some still believe that breast milk is weak.

A study <sup>(22)</sup> of descriptive and prospective research and with a quantitative approach, carried out in the 2nd and 3rd quarters of 2015, in an institution with IHAC, in Foz do Iguaçu (PR), municipality of Triple Border, together with Porto Iguaçu (Argentina) and Cidade do Leste (Paraguay), showed subsidies for health professionals and hospital managers to reflect on BWFH practices and invest in improving actions to maximize the benefits in maternal and child health care. The performance of BWFH showed better suction adaptation when compared to those who did not breastfeed in the first hour, thus bringing the use of supplements and also showing that vaginal delivery was a protective factor for BWFH.

The article <sup>(25)</sup> on a cross-sectional study with the application of a questionnaire for mothers and anthropometric assessment of 324 children sought to develop a score on food inadequacies and its relationship with socioeconomic, clinical-epidemiological and nutritional variables. The results indicated that most mothers had low education (38,3%) and low family income (71,1%), live without a partner (22,5%), are home providers (19,5%), they do not have their own home (36,7%), receive government support (28,1%) and have had eight or

more prenatal consultations (69,9%). However, over half of the mothers underwent cesarean delivery. This probably justifies the high rates of premature and low birth weight babies. Risk factor: socioeconomic factors.

The article <sup>(26)</sup> presents a longitudinal study based on a birth cohort, developed with 168 postpartum women. Three interviews were carried out - at 30, 60 and 120 days after delivery - in order to assess the determinants of EBF abandonment. Postpartum depression and traumatic birth were directly related to the abandonment of breastfeeding in the second month after delivery. Other variables came later, such as less education, not having a property of your own, having to go back to work and lack of guidance in the puerperium. The variable "did not receive help from the partner with the child" appeared after the fourth month after delivery. Risk factor: postpartum depression.

In a randomized study <sup>(23)</sup>, professionals from 20 Health Units received guidance on dietary guidelines for infants in the Ministry of Health. And, at six months of age, a home visit was carried out to obtain variables related to breastfeeding and the introduction of new foods. There were 619 children: 318 in the intervention group and 301 in the control group. There was a prevalence of breastfeeding in the first (72,3% x59,4%), in the second (62,6% x48,2%) and in the third month of life (44% x 34,6%). The prevalence was higher in the intervention group than in the control group. The prevalence of children who ate meat four or more times a week was higher in the intervention group. The prevalence of children who had already consumed soft drinks, chocolate, petitsuisse and coffee in the first six months of life was lower in the intervention group. Risk factor: Lack of professional training.

In a cohort study <sup>(24)</sup> involving 1.344 pairs (mothers and children) selected in maternity wards in Feira de Santana (BA), these were followed for six months

ths through home visits and with record of interruption of EBF. For this, the median duration was estimated using the Kaplan-Meier survival curve. The aim of this study was to identify factors associated with early cessation of EBF in a city located in Northeastern Brazil. The median duration of EBF was 89 days, and the variables that made up this result were: the appreciation of the partner mother for breastfeeding and the limitation of the number of night feedings. However, the variables that were never described, but that were associated were the presence of nipple cracks and prenatal care provided by the public service. Other variables that showed an association with the outcome were guidance on breastfeeding received at the hospital and birth in a child-friendly hospital. Risk factor: Lack of professional training.

In a qualitative phenomenological study<sup>(18)</sup>, based on Max Scheler's theory of values, carried out between May and June 2014, in joint accommodation of two university hospitals in Rio de Janeiro and Rio Grande do Sul, and in which 20 nursing mothers participated, the data were organized and submitted to the comprehensive analysis technique and interpreted according to the theory of values and specific breastfeeding policies. The objective was to analyze the axiological valuation of the woman/nursing mother regarding the clinical management of breastfeeding. And as a result, two thematic units emerged: the clinical management of breastfeeding and its vital value and the health network as a support in breastfeeding care: a utilitarian value. Risk factor: lack of professional training.

## DISCUSSION

The breastfeeding process is a stage of great changes and challenges for mothers, in addition to being a moment of enormous importance for the baby's health. Breastfeeding can be considered a link between mother and child, as it is a pro-

cess of recognition between both. However, it is a period that involves different feelings and emotions, and it is relevant to see each mother individually at this stage.

Breastfeeding practice can be influenced by several factors, as shown in the results. Studies have shown that mothers' mental health is a factor of great relevance, since several factors can be triggered through their emotional state, such as postpartum depression, which is defined by WHO as a condition of deep sadness, despair and lack of hope that happens right after delivery. Postpartum depression has numerous consequences for the mother's bond with the baby, especially with regard to the affective aspect. This factor ends up compromising the guarantee of EBF and they collaborate for the use of bottles, pacifiers and complementaries before the age of six months, as the mothers' emotional state is a determining factor, both in the production and in the scarcity of milk. And, when these women's mental health is compromised, it ends up affecting their production, causing them to introduce supplements early.

A support network is needed that can offer mothers assistance with a psychological, humanized, welcoming, non-judgmental approach that will preserve their autonomy, both in the pre-partum and post-partum period, to deal with insecurities expected in this period and thus preserve the baby's development.<sup>(27-28)</sup>

As for the risk factors - such as type of delivery, stressful experience in delivery, lack of joint accommodation and practices and routines of the institutions - these are intertwined, as, as presented in the literature<sup>(19)</sup>, the type of delivery has great interference in breastfeeding, especially in BWFH, since cesarean section influences its postponement, due to factors such as anesthesia and the surgical procedure itself. A difficulty also found in BWFH, according to the literature<sup>(24)</sup>, it is the lesions on the breasts, which contribute to avoid breastfeeding in that first instant.

The study found that stressful expe-

riences in childbirth can interfere in the beginning of breastfeeding, and, often, the practices and routines of the institutions mean that the main protagonist has little or no autonomy in decision-making power. Therefore, there is a need to evaluate adherence to cesarean section with greater criteria, since, according to the WHO, cesarean rates have increased repeatedly, with no benefit for women. The new recommendation made by WHO encompasses opinions, fears and beliefs of women and health professionals about cesarean section. It is up to the professionals to work, with their team, educational interventions in the care of pregnant women, parturients and puerperal women and to make these women become educated about their rights and be protagonists of their decisions. It is also important to raise the awareness of professionals and managers in promoting and stimulating BWFH, as this step is essential for successful breastfeeding.

In most of the articles, the socioeconomic factor proved to be one of the major difficulties. According to the literature<sup>(29)</sup>, the analysis of the influence of this condition can have a dichotomous character, which is given by an element divided into two parts, which are generally opposite and which oppose each other.

Besides, the study<sup>(30)</sup> found that families of low socioeconomic status would not have a great risk of interrupting EBF, which can be justified by the lack of economic conditions in obtaining breast milk substitute. On the other hand, these people who are at a low socioeconomic level may interrupt EBF due to lack of knowledge and instructions.

In the same way, the study<sup>(17)</sup> reports that families of high socioeconomic status point the greatest risk of replacing breast milk with other supplements, since they have greater access to these substitutes. On the other hand, they have a higher level of education, which would facilitate the perception of the benefits of breastfeeding. Thus, it is essential to raise

awareness among the population, regardless of their socioeconomic class, and it is up to the professionals to intervene so that everyone is aware and removes their doubts regarding the EBF.

For the researchers of the study <sup>(31)</sup> unplanned pregnancies also present great risks for incorporating breastfeeding, since this factor can hinder the bond between mother and child. The absence of a partner or the lack of support and encouragement for breastfeeding by the father or partner is extremely relevant for adherence to breastfeeding. The development of actions aimed at sexual health must also be worked on, and information on contraceptive methods must be highlighted in Primary Care. In addition, it is important that health professionals encourage family planning to avoid other undesirable pregnancies.

The participation of a partner or family member is also necessary when the mother needs to work outside. The study <sup>(32)</sup> proves that work generates a big change in breastfeeding. Due to the need to return to work, the mother is unable to continue breastfeeding in the same way and, in many cases, has a decrease in the duration of breastfeeding or even interruption. In addition, stress and working hours help to move towards early weaning.

Another aspect that is a hindrance is maternal age, which stands out for being a factor that initially involves aesthetic issues. However, it is noted that, as previously mentioned in a study <sup>(17)</sup> which mentions the level of education as a facilitator for the perception of the benefits of EBF, the younger the mothers, the higher the abandonment rates, justified by the insecurity of adolescents with regard to the ability to breastfeed. It was also noted, in this study, that older mothers tend not to interrupt breastfeeding.

Due to lack of experience and knowledge, many mothers believe that their breast milk is weak and does not support the child and, for this reason, abandon EBF. In this regard, it is observed that the

theme is recurrent and needs to be clarified. A study <sup>(21)</sup> identified that 15,2% of mothers believe that there is weak milk. In view of this, it is observed that nursing professionals have the important function of instructing these mothers and providing greater security in relation to information, since, according to the MS food guide, the descent of milk (support) occurs between the 3rd and the 5th day and, for reasons of belief or values, mothers misinterpret this information.

Well-done prenatal care is an essential element for successful baby care in relation to EBF. In the study <sup>(19)</sup>, the majority of the sample did not do prenatal care properly (78,4%), however, in the literature studied to support the research, women's satisfaction and breastfeeding success are related to the number of consultations performed, as well as the welcoming of the team. There are indications that this scenario may improve, but one must take into account the integrality of the assistance provided and the recognition of their rights to health, as well as the need to promote citizenship and social participation of users. In prenatal care, a bond is created, built during consultations. And this is an important issue for the humanized care of care. In this way, it is possible to achieve adherence, satisfaction and permanence of the pregnant woman in the monitoring of prenatal care in public health.

Nursing professionals articulate between the various levels of assistance to pregnant women. Thus, some authors <sup>(23-24)</sup> refer in their studies the importance of preparing these professionals so that the puerperal woman feels safe and valued in her role as a nursing mother. The different reasons that lead them to seek health services, both in the pre- and post-natal period, are related to the adequate listening of professionals, who incorporate educational actions as the basis for the health of the mother-child binomial that must be developed by all the professionals who are part of the Health Unit team. The

multidisciplinary team must commit to solving problems arising from this period, and this relationship must be based on humanitarian and solidarity parameters.

In this way, nurses must always seek to qualify and base themselves on knowledge so that they can provide quality care, extolling the principles of the Unified Health System (SUS) and working with the entire team to always have a more humanized look. It should bring knowledge about rights and duties to the population and bring it closer to the health service.

As a limitation of this study, we highlight the small number of localized articles that address the theme. The focus of the study was national publications, with the aim of getting closer to the Brazilian reality.

## CONCLUSION

From this study, factors that favor the difficulty of the EBF process can be observed, which ends up generating its interruption. The factors highlighted and which showed greater prominence in the study were the use of bottles and complementaries, the level of education of the mothers and the socioeconomic factor. In order to face these and the other factors that were found in the study, the participation and guidance of nursing professionals is important, since the support and security that professionals provide for these mothers, especially in prenatal care, have a great influence on the execution of the practice of breastfeeding.

Prenatal care, highlighted in the study, is the most opportune moment to clarify doubts and provide pregnant women with more information on the topic. Therefore, it is essential to perform an excellent prenatal, which is not limited to the basics and is able to involve not only the mother in this process, but also the partner and the family.

Professional support in the hospital environment after birth is also necessary



for both the mother and the newborn. With quality care, the mother will be able to perform her role as the main pro-

tagonist and leave the maternity hospital without fear and uncertainty.

Breastfeeding, as natural as it seems,

needs care and guidance. Thus, the importance of nursing professionals for the promotion of EB is emphasized. 🐦

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