ORIGINAL ARTICLE

BREASTFEEDING: IDENTIFYING THE PRACTICE, THE BENEFITS AND THE RISK FACTORS FOR EARLY WEANING

AILETAMENTO MATERNO: IDENTIFICANDO A PRÁTICA, BENEFÍCIOS E OS FATORES DE RISCO PARA O DESMAME PRECOCÊ

LA LACTANCIA MATERNA: IDENTIFICANDO LAS PRÁCTICAS, LOS BENEFICIOS Y LOS FACTORES DE RIESGO PARA EL DESMESTE PRECOCE

Maria Dayana da Silva Macedo1, Isolda Maria Barros Torquato2, Janaina von Söhsten Trigueiro3, Adriana Montenegro de Albuquerque4, Maria Benegelania Pinto5, Matheus Figueiredo Nogueira6

ABSTRACT

Objective: determining the type of breastfeeding and the risk factors for weaning children up to the first half of life. Method: a study of qualitative, exploratory and descriptive approach held at the Family Health Strategy network from December 2012 to February 2013 in a city of northeastern Brazil. The data were produced through interviews with 50 mothers of children less than 6 months of age with service of the inclusion and exclusion criteria. Content analysis was performed after approval by the Committee of Ethics in Research, CAAE: 09960113.7.0000.5182. Results: the results showed inadequate dietary pattern for the age range studied and the influence of cultural, biological and treatment factors as influencing the interruption of exclusive breastfeeding. Conclusion: there is a need to improve the standard of breastfeeding in children by implementing strategies that promote, support and encourage this practice. Descriptors: Breastfeeding; Risk Factors; Weaning.

RESUMO

Objetivo: determinar o tipo de aleitamento materno e os fatores de risco para o desmame em crianças até o primeiro semestre de vida. Método: estudo de abordagem qualitativa, descritiva e exploratória realizado na rede Estratégia Saúde da Família de dezembro de 2012 a fevereiro de 2013 em um município da região Nordeste do Brasil. Os dados foram produzidos por meio de entrevista com 50 mães de crianças de até 6 meses de idade mediante ao atendimento dos critérios de inclusão e exclusão. Foi realizada análise de conteúdo temática após aprovação no Comitê de Ética em Pesquisa, CAAE: 09960113.7.0000.5182. Resultados: os resultados mostraram padrão alimentar inadequado para a faixa de idade estudada e a influência de fatores culturais, biológicos e assistenciais como influenciadores para a interrupção da amamentação exclusiva. Conclusão: há necessidade de melhorar o padrão de aleitamento materno nas crianças através da implementação de estratégias que promovam, apoiem e incentivem esta prática. Descriptors: Aleitamento Materno; Fatores de Risco; Desmame.

RESUMEN

Objetivo: determinar el tipo de lactancia materna y los factores de riesgo para el destete los niños hasta la primera mitad de la vida. Método: un estudio de enfoque cualitativo, exploratorio y descriptivo realizado en la red de la Estrategia de Salud de la Familia desde diciembre 2012 hasta febrero 2013 en una ciudad del Nordeste de Brasil. Los datos fueron producidos a través de entrevistas con 50 madres de niños menores de 6 meses de edad con el servicio de los criterios de inclusión y exclusión. El análisis de contenido se realizó después de la aprobación por el Comité de Ética en la Investigación, CAAE: 09960113.7.0000.5182. Resultados: los resultados mostraron dieta adecuada para el rango de edad estudiado y la influencia de los factores culturales, biológicos y de tratamiento de influir en la interrupción de la lactancia materna exclusiva. Conclusión: existe la necesidad de mejorar el nivel de la lactancia materna en los niños mediante la implementación de estrategias que promuevan, apoyan y fomentan esta práctica. Descriptors: Lactancia Materna; Factores de Riesgo; Destete.

1Nurse, Federal University of Campina Grande/UFCG - Campus Cuite. Cuite (PB), Brazil. Email: dayanamacedo.rn@hotmail.com; 2Nurse and Physiotherapist, Master Teacher of Nutritional Sciences, Bachelor's Degree in Nursing, Education and Health Center of the Federal University of Campina Grande/UFCG Campus Cuite. Cuite (PB), Brazil. Email: isoldatorquato@ig.com.br; 3Nurse, Master Teacher of Nursing in Health Care, Bachelor's Degree in Nursing, Education and Health Center of the Federal University of Campina Grande/UFCG - Campus Cuite. Cuite (PB), Brazil. Email: montenegroediliana@ig.com.br; 4Nurse, Master Teacher of Nursing in Health Care, Bachelor's Degree in Nursing, Education and Health Center of the Federal University of Campina Grande/UFCG - Campus Cuite. Cuite (PB), Brazil. Email: benegelania@yahoo.com.br; 5Nurse and Speech Therapist, Master Teacher of Nursing in Health Care, Bachelor's Degree in Nursing, Education and Health Center of the Federal University of Campina Grande/UFCG Campus Cuite. Cuite (PB), Brazil. Email: janais23@hotmail.com; 6Nurse, Master Teacher of Nursing in Health Care, Bachelor's Degree in Nursing, Education and Health Center of the Federal University of Campina Grande/UFCG Campus Cuite. Cuite (PB), Brazil. Email: matheusnogueira.ufcg@gmail.com.
INTRODUCTION

Breastfeeding is considered one of the most effective actions to reduce infant mortality, backing up the nutritional, immunological, economic and emotional benefits proven in diverse scientific studies.\(^1\)

However, despite the advantages offered by the breast milk of the mother-child dyad and improved dietary patterns evidenced in Brazil in the last ten years, it has been observed that breastfeeding rates are still well below that recommended by the World Health Organization, (WHO), especially in relation to exclusive breastfeeding.\(^2\) Data originating from the II breastfeeding prevalence Research in Brazilian capitals and the Federal District (DF), revealed that twelve of them the prevalence of exclusive breastfeeding (EBF) into smaller six months was 41.0\% in all of the state capitals, and the medians of EBF and Total Breastfeeding (AMT) in all Brazilian capitals and Federal District were 54,1 days (1,8 months) and 341 6 days (11,2 months), respectively. According to that survey, the Northeast was regarded as the worst case for this type of practice (37,0\%).\(^3\)

Factors considered risky, like the cultural, socio-demographic, biological and care have been identified as determinants for early weaning. The realization of inadequate food interventions that occur in the first year of life, especially with regard to the introduction of food in the first half, has been associated with elevated morbidity and infant deaths.\(^4\) This has aroused the concern by world bodies involved in health promotion and encouragement of breastfeeding develop programs and strategies to maximize this practice and consequently breastfeeding rates.

Given the variation in prevalence of breastfeeding in different locations in the country, it is important to obtain diagnostic information about the type of dietary pattern of children so that they can consolidate public policies to protect and support breastfeeding, specific to the situations encountered. In this case, it justified the need to acquire subsidies from different regions to assist health services for goal setting, planning and evaluation of programs to support breastfeeding, especially exclusive, in order to achieve improvement in national rates.

When considering the relevance of the knowledge of reliable data breastfeeding to improve the programming of effective actions promoting it, this study aimed to:

- Determining the type of breastfeeding and the risk factors determinants for weaning children up to the first half of life.

METHODODOLOGY

This is a cross-sectional study of an exploratory-descriptive type carried out under the Family Health Strategy, urban area, the municipality of Cuité, Paraíba. The population consisted of 57 mothers of children under 6 months of age, 50 of which comprised the sample through service to inclusion criteria: children of mothers with age until the first half of life and duly registered in the Family Health Units (FHUs) in the urban area; and exclusion: mothers of children with mental disorders, adoptive mothers and mothers who refused to participate.

Ten participants were selected from each of the five FHUs of urban areas consisting of the municipality, random choice. The participants were chosen while awaiting care in the BHU waiting room for conducting pediatric consultation or childcare.

The survey took place from December 2012 to February 2013, with the interviews conducted during the morning shift (08:00 to 12:00) and afternoon (13:00 to 17:00) as day care for children.

Data collection proceeded through the implementation of an individual interview, which was recorded by MP3 player device, and guided by a collection script composed and open-ended questions related to socio-demographic and obstetric maternal and those related to breastfeeding: the classification of the type of breastfeeding, breastfeeding beneficial, the factors that interfere with breastfeeding, professionals involved in the guidelines and the strategies they use to promote information about this practice. The questions were submitted to a pre-test proving suitability of the data collection instrument for the study population.

For the classification of the type of breastfeeding it was used the technique Recall Food Consumption of 24 hours, which aims to record from maternal report the foods and drinks consumed by children in the last 24 hours to sequentially categorize type of feeding in the terminology proposed by the World Health Organization (WHO), which follows: **Exclusive breastfeeding** - When the child receives only breast milk straight from...
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In the subjective analysis of the data in order to verify, under the maternal perspective, the benefits of breastfeeding for the health of both the mother/child and the risk factors that influenced the interruption of exclusive breastfeeding enabled us to outline two Thematic Units entitled Central: “Benefits breastfeeding for maternal and child health” and “Unveiling the risk factors for early weaning”. From these emerged groups of perceptions of the participants into categories, thereby providing a better discussion and planning of the study.

✓ Thematic Unit Central I: Benefits of breastfeeding for maternal and child health

Category I: strengthening the emotional bond through breastfeeding: a benefit for maternal and child health

Breastfeeding is as a natural stage of the female reproductive process, the practice ensures important benefits for maternal and child health. One of the elements and punctuated by women about the advantages of breastfeeding reference is made to the emotional aspect established between mother and child, since during this act establishing complicity is possible, warmth and involvement between the two. According maternal speeches, is through the exchange of looks and tactile sensory interaction established that breastfeeding is possible the consolidation of feelings and emotional bonds between mother and child.

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smarter, more active. Candy for my son. He is very smart. (Mother 09)
Breast milk protects him against diseases. He is very healthy thanks to my milk. He hasn’t got sick. I heard that milk is like a vaccine for your child. (Mother 10)
Breastfeeding is good because the child grows and develops faster, stay smart and prevents infections, huh?! Breastfeeding children are healthier and don’t get sick with ease. (Mother 12)

The first year of life is constituted as a phase of extreme child vulnerability due to the immaturity of the body, especially in regard to immune and neurological systems. The susceptibility to disease may become frequent if the child has not met their biological requirements, like adequate nutrition. The explanation for considering breast milk as the ideal food, particularly in the first six months of life supports us bioactive components, enzymatic, hormonal, immune and growth factors that make it up and that provide important protection against disease and diverse source of infection, whether acute and/or chronic.

For a good motor development, authors mention that this depends on a good neurological maturation, breast milk food “gold standard” for brain development due to their direct constituents. About the latter, there is an emphasis on the polyunsaturated fatty acids of long chain, which are essential for cortical development and synapse formation. It is known that children who make use of exclusive breastfeeding develop motor skills more quickly and effectively when compared to those who are fed only infant formula.

Besides these aspects, the practice of breastfeeding also provides other benefits that refer to the appropriate standard of nasal breathing, correct position of the tongue, suitable motor development of oral muscles, and cross-bite protection in the primary dentition and prevent future disorders in the temporal-mandibular joint, but not alluded to by the interviewees.

Meanwhile, despite the advantages presented on EBF, many women do not breastfeed their children, whose decision is motivated by several factors, including social, cultural and personal issues. Many weaned early because they ignore the benefits this provides food for the child’s health, suppressing the benefits already mentioned above. A considerable percentage of participants did not demonstrate knowledge of important issues concerning the benefits of this practice for the child’s health, expressing that often, breast-feeding is done for...

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convenience only because of practicality as seen in the following statements:

I can't explain it. I don't know. What are the benefits? (Mother 01)

Practical huh? Simply remove the bra and ready [laughs]. I give for this very reason. Just for that. (Mother 30)

Ah! I know there [laughs]. I know not. Never explained to me that stuff. (Mother 34)

The good thing about breast-feeding is because it is practical, but I prefer the common milk. He quenches faster. (Mother 48)

Category III: Maternal perceptions about the benefits of breastfeeding for women's health

The advantages of breastfeeding for maternal health although they are recognized, still require disclosure, especially among the female audience. From the interviewees' reports it was found that knowledge about the benefits of breastfeeding predominated from the perspective of the child, being denied and unknown maternal benefits for most of them. Also, when mentioned were restricted to only rapid uterine involution, prevention of cervical cancer and breast cancer, as shown by the speeches:

The benefit for the woman I know is which decreases the chance of you having cancer of breast and uterus. (Mother 06)

I think you lose weight faster. The uterus recovers better and faster. (Mother 09)

For me only makes good to the child. I don't see any benefit for the woman did not. (Mother 11)

I don't see any benefit to me, whatever! I don't think so; I've never heard that breast-feeding makes good to the wife. (Mother 16)

I've heard that the woman suckle the uterus back to what it was before faster and also prevents breast cancer, right? (Mother 24)

I think that breastfeeding does not benefit the woman at all, only to himself [son]. (Mother 43)

The benefits of breastfeeding for children's health are widely reported in the literature and in the encouragement of breastfeeding programs. However, in relation to maternal advantages as mentioned there is still a need for this issue to be better addressed. Certainly the mother's knowledge about the benefits of breastfeeding for children's health now linked to woman, be will be one more motivation for it to continue this practice, particularly with regard to the AME.

In addition to protection against breast cancer, another advantage of breastfeeding for the woman, duly confirmed in another study, which was also punctuated by the interviewees, reference is made to faster return to pre-pregnancy weight. The justification for this hypothesis is based on the release of oxytocin during suckling the child to breastfeed, stimulating contraction and uterine involution. These effects are also reflected positively to the prevention of bleeding after delivery.

Lactation, and have positive effects on women's health under the aspects referenced above, also plays an important role in contraception process, increasing the spacing between pregnancies. The duration of amenorrhea and the ovulatory period postpartum is directly related to the frequency and duration of exclusive breastfeeding. This hypothesis could be proven in study, noting that infant supplementation during the first half of life, either solid or no food, reduced the period of lactation amenorrhea and hence its power postpartum contraception.

Other studies have also demonstrated breastfeeding as an important practice for protection against endometrial cancer and the occurrence of osteoporosis, which was not reported by the interviewees.

In this perspective, greater attention from health professionals and the services involved in the guidelines of the benefits of breastfeeding in the view of maternal health and not just the child is imperative that it be dismissed, since it was realized a limited knowledge among mothers about the personal benefits to breastfeed their children.

✓ Central Thematic Unit II: Unveiling the risk factors for early weaning

Category I: the maternal experience in early weaning: myths and beliefs in the context of breastfeeding

Exclusive breastfeeding is considered a fundamental practice for the promotion, protection and support to children's health due to nutritional, immunological and emotional already mentioned. However, despite such advantages can be realized by means of maternal discourse, the ideology of weak milk is still a fairly common understanding between them, influencing negatively the maintenance of EBF. The appearance of the milk is for mothers, especially the colostrum, a decisive factor it considers inferior to the other. The conjecture that breast milk does not meet the demands of the children was quite exposed in the discourse, and is considered one of the reasons that led women to stop the EBF.

My milk not supported her. It was too weak; I supported her at all [...] (Mother 03)

My milk was even though the water was very thin... had a strange color [...] it was strong... I thought it was not strong. (Mother 34)
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For me I had no substance to it […] I even wanted to continue […] but he cried a lot. Not satiated he […] it was weak milk. (Mother 39)

The milk was too drain, too weak. I haven't seen strong and thick milk […] was very drain. (Mother 48)

Breastfeeding is a practice strongly influenced by historical, social and cultural context. The concept of “insufficient milk” and “weak” was established as one of the sociocultural constructions most used among women to justify the abandonment of breastfeeding, although there was no biological foundation. 15

Other aspects that induce mothers to stop exclusive breastfeeding and introducing solid foods and liquids such as water and teas, are closely related to the child's dehydration fear and the feeling of uncertainty as to breast milk production capacity in the appropriate amount to meet the child's needs. On this issue, it was noted that one of the reasons identified in maternal speech to the insufficient production of milk referred to the condition of the emotional state of the same during lactation. According to women, feelings of anxiety and stress were decisive conditions to reduce milk production and consequently stop exclusive breastfeeding.

The milk didn’t go out at all […] was very little. I did not produce a lot of milk. I couldn't satisfy him. I was scared of him dehydrate without water. (Mother 15)

When I got stressed it looked like dried everything […] come out very little. God! Me too got scarred […] when I saw myself with a bottle on hand to give it to her. (Mother 19)

The milk was a little to his hunger. I tried to, but came out very little. She'd get nervous, anxious and stressed when he was nursing because left little milk. I decided to give milk from another even. (Mother 21)

I decided to give water, because she felt thirsty. Everyone feels thirsty and I was kind of insecure to just milk. To me he wouldn't kill her headquarters. (Mother 32)

It turns out, from the speeches, the lack of knowledge about the physiological process of lactation, which is child's suction dependent. Added to this, also highlighted the lack of information related to the need to introduce other liquids to quench the thirst of the child, as breast milk contains all constituents including the child needs water. It is known that the process is complex and depends on lactation neuroendocrine factors. However, it should be emphasized that study 16 shows the influence of conditioning stimuli that can interfere with milk letdown of milk. Negative feelings like fear, anxiety and stress can adversely affect the release of oxytocin. In contrast, the presence of a peaceful environment associated with positive maternal feelings as security and motivation can contribute to the satisfaction of the successful breastfeeding.

Another factor that stood out in maternal speech was related to the family influence in the negative breastfeeding. This variable can make breastfeeding difficult, especially among primiparous, because maternal insecurities in the first moments of this practice make them susceptible to the acceptability of erroneous and harmful opinions. It was observed, and in another study, 17 the interference of family was unfavorably to the practice of breastfeeding, as the nursing mothers were stimulated by relatives, especially grandparents, to introduce other foods in the diet of the newborn, reducing exclusive breastfeeding time.

I even wanted to give only breast milk, but my mom found my very weak. She thought I'd better introduce other milk. (Mother 24)

[…] My mom said he raised his kids all with cow's milk and that I should give it to him too. That's why I agreed. (Mother 33)

My mother-in-law thought the milk not supported her. Every time she said that my milk was thin and that she wouldn't calm down. She cried a lot. (Mother 41)

The figure of the maternal and paternal grandparents directly influence both in duration and in breastfeeding exclusivity. The participation of these is critical because as opposed to negative directions, they can also cooperate with the daughters and daughters, making them feel more secure and confident to breastfeed, since they will receive care, support and encouragement, acquiring thus experiences more positive. 16

Considering that breastfeeding is a process heavily influenced by culture justifies the importance of including grandparents in incentive programs to breastfeeding, so that they can express their beliefs and also receive information and consolidate new learning. Sharing is required between the culture of popular and professional care in favor of breastfeeding. Understanding the front family behavior to breastfeeding is essential for health strategies can be implemented within the family, in order to facilitate positive behaviors related to breastfeeding.

Category II: The breast intercurrences and early weaning: unveiling maternal experiences

This category saw the influence of biological factors of the breast, exemplified by cracked and breast engorgement as

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important constraints for the cessation of breastfeeding among participants.

The mothers reported difficulties in breastfeeding management and reported that engorgement and nipple trauma consist of painful lesions, responsible for feelings of anxiety, frustration and sense of failure in the exercise of breastfeeding, as many of them were not successful in coping measures being required to introduce other foods, even being in favor of exclusive breastfeeding.

I had to give other things because my breast hurt beak [...] it hurt very, very much. I tried even wounded, but it was impossible to [...] the pain was so much that every time I used the breast I screamed in pain [...] I insisted, but couldn't take it [...] I gave other things. (Mother 18)

I was very sad [...] I didn't think breastfeeding hurt so much. At the beginning the whole chest cracked. I screamed in pain. While I wanted to breastfeed I wanted to give other things because I couldn't know. There was one time I cried because I wanted to breastfeed and I couldn't. For me, I'd just personally, but without avail. I was kind of sad, but do what? (Mother 29)

I've cried a lot because saw her crying and because I couldn't give the chest. I was very hurt. Trying, trying and nothing. Gave no other, I had to give her Tin milk. I didn't want to. It was sad for me. (Mother 35)

My breasts got high [...] don't photograph anything [...] the more he sucked more he cried because nothing goes [...] hurt the beak [...] was very difficult [...] I didn't think it was so hard, I was devastated for a few days. I tried, I insisted, but it didn't. (Mother 37)

References to pain the act of breastfeeding were common in maternal testimonials, leading to believe that problems in the handle and the mother and child’s posture could explain the occurrence of discomfort, especially among first pregnancy.

Despite the discomfort caused by the nipple trauma, mothers expressed a desire to face this process to continue to breastfeed their babies exclusively. Some considered the painful experience, making breastfeeding a difficult time and anxiety.

Thus, to minimize negative feelings and experiences, conducting preventive guidelines and practical management during pregnancy and postpartum period is critical to the protection of breastfeeding, as they enable the exchange of knowledge among women and the health professionals involved. But often, the support, guidance and health strategies for breastfeeding are made possible only after installed the difficulties, imminent making early weaning. Similarly, the lack of information during pregnancy and puerperium predispose women to perform contraindicated without scientific background actions.

Category III: the health professional: a friend or enemy of breastfeeding?

Whereas the discontinuation of EBF is currently a public health problem, it is essential that health education strategies aimed at breastfeeding, at different levels of care, are effectively planned, and operated in order to minimize the high levels early weaning and infant mortality.

While noting that the majority of women (80.0%) reported receiving some information about breastfeeding by nursing professionals (45.0%), doctors (33.0%), nutritionists (11.0%), social workers (6.0%) and physiotherapist (5.0%) also showed up a gap in relation to the support of health professionals in relation to breastfeeding front of the difficulties they experienced. The lack of guidance as to the embodiments of milking and milk storage, information related to the mammary complications and actions to be developed against these kinds of complications, correct positioning of the child to breastfeed, and other issues related to the practical management of breastfeeding were quite scored in maternal discourses as experienced difficulties that interfere in its continuity.

 [...] I received information about breastfeeding, but I thought it was little and had things that needed to be better spoken, for example, one thing I missed was how to keep the milk, the right place, the right temperature knows. There are these things. (Mother 33)

 [...] Once guided me on prenatal care, but it was only once. When she was born I was insecure to breastfeed her. I was afraid and wanted someone close to me at that first moment [...] a support from a nurse, a doctor, know someone there. I wanted was a better guidance. The first time was not good, not feel insecure if I was doing it right. (Mother 37)

 [...] Never taught me to take the breast milk if needed and have three children. They serve fast. That's a lot of people. There's no time to take doubt and theirs explain us. (Mother 39)

 [...] Never told me how to position the child and how should do to avoid these injuries. They say milk is good, is strong and you have to give. (Mother 50)

It was also alleged by mothers, according to the speeches, which possibly negatively influence the provision of guidelines mentioned, was related to the great demand for pre- and post-natal consultations in primary care services. According to them, the short time undermines the possibility of exchanging information between the
professional and the woman, preventing her from exposing her feelings, insecurities and doubts about breastfeeding.

Professionals and health services still play unsatisfactorily support for nurturing mother, regarding breastfeeding. Often the lack of guidance, interest and practical skills to offer a nursing proper management constitute as obstacles to adherence to breastfeeding, especially exclusive.18

Breastfeeding is much more complex than you think, because it is involved in this social and economic practice and biological aspects that need to be understood by health professionals. In the meantime, it is up to them to establish a network of technical and emotional support from the maternal recognition of real needs and not because the family, as it reflects important influence on breastfeeding woman as found in this search.

The active participation and interest of health professionals to implement promotional strategies and protection of breastfeeding in the community are key aspects to extend this practice. Monitoring and conducting health education activities from pre-natal permeating by other health services will enable the nurse better cope with hampered experienced daily. Therefore essential that the trader is in continuous training in order to help to overcome the factors that undermine breastfeeding among women.19

It is necessary to consider maternal individuality in the teaching-learning process and use natural technologies that enable better compression on aspects of breastfeeding. In this study, the technology used by professionals was the nature of light, like brochures and booklets. However, it is noteworthy that both these as the hard and soft-hard technologies will only become effective upon the presence of a professional able to facilitate discussion between the two, making the mothers reflect on the importance of breastfeeding, help them overcome difficulties and make them aware of the need for healthy behaviors related to breastfeeding for this evolve successfully and effectively.

CONCLUSION

The pattern of breastfeeding of children up to six months of life attended the FHS in the city of Cuite, PB, is inappropriate, since most of them were supplemented breastfeeding and mixed while only 19.0% were still EBF.

In addition to this important finding could be known the breastfeeding risk factors and maternal perception about the benefits of this practice to the health of mother and child. Also identified up the existence of information gaps regarding the advantages of breast milk over other types of food to children in the age group studied. Although many women show know the positive effects such as immune protection and favoring the growth and development of children, many did not report significant benefits, such as the improvement in cognitive development, dental training, strengthening oral muscles, among other aspects.

Moreover, most of them referred to the benefits from the perspective of the child, with specific benefits caused by breastfeeding to women's health. Among the determining factors for early weaning was found that biological factors like the cracked and breast engorgement and family influence were significant for weaning. Added to these issues, the ideology of poor or insufficient milk and inconsistent support from health professionals about the management of breastfeeding, were important to further intensify early weaning, according to the mothers.

In the meantime, we emphasize the importance of analyzing the quality and the way information on breastfeeding are being passed on to these women and the assimilation of these for that matter, as it is believed that well-educated women lead to further practice, because they know the real benefits to the correct form of breastfeeding, reducing any risks to weaning. It is clear, therefore, that breastfeeding is directly linked to the support given to mothers, be it family or professional, and that these women need better assistance in this important period for his life and that of his son.

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