



BREASTFEEDING PROCESS IN ADOLESCENCE: EXPERIENCES RECOLLECTED BY WOMEN

O PROCESSO DA AMAMENTAÇÃO NA ADOLESCÊNCIA: VIVÊNCIAS REMEMORADAS POR MULHERES

EL PROCESO DE LA LACTANCIA EN LA ADOLESCENCIA: VIVENCIAS REMEMORADAS POR MUJERES

Luiza Cremonese¹, Laís Antunes Wilhelm², Lisie Alende Prates³, Gabriela Oliveira⁴, Camila Nunes Barreto⁵,
Lúcia Beatriz Ressel⁶

ABSTRACT

Objective: to know the experience of breastfeeding in adolescence with a group of women. **Method:** this is a descriptive and field study with a qualitative approach. Eight women breastfeeding during adolescence participated in the study, health facilities users of the basic health of a municipality in the south of the country. Data were collected through semi-structured interview. The thematic analysis was the adopted analytical procedure. **Results:** the meaning nucleus emerged after the analysis: 1) Breastfeeding value: built learning and previous knowledge; 2) Satisfaction feelings related to the breastfeeding practice and the received support: "breastfeeding is a unique experience"; and 3) Breastfeeding while adolescent: persistence, financial need, and body changes. **Conclusion:** the breastfeeding is considered driven by the understanding of the benefits for the baby's health and the breastfeeding difficulties were overcome by the perception of the mentioned bond with the baby. **Descriptors:** Nursing; Adolescent Health; Women's Health; Breastfeeding.

RESUMO

Objetivo: conhecer a vivência da amamentação na adolescência junto a um grupo de mulheres. **Método:** estudo descritivo, de campo, com abordagem qualitativa. Participaram oito mulheres que amamentaram no período da adolescência, usuárias de unidades de saúde da rede básica de saúde de um município do Sul do país. Os dados foram coletados por meio de entrevista semiestruturada. O procedimento analítico adotado foi a análise temática. **Resultados:** após a análise, emergiram os núcleos de sentido: 1) Valor do aleitamento materno: saberes construídos e conhecimentos prévios; 2) Sentimentos de satisfação relacionados com a prática da amamentação e o apoio recebido: "amamentar é uma experiência única"; e 3) Amamentar enquanto adolescente: persistência, necessidade financeira e transformações corporais. **Conclusão:** considera-se que a amamentação é impulsionada pela compreensão dos benefícios para a saúde do bebê e as dificuldades para amamentar foram superadas pela percepção de vínculo mencionado com o bebê. **Descritores:** Enfermagem; Saúde do Adolescente; Saúde da Mulher; Aleitamento Materno.

RESUMEN

Objetivo: conocer la vivencia de la lactancia en la adolescencia, junto a un grupo de mujeres. **Método:** estudio descriptivo, de campo con abordaje cualitativo. Participaron ocho mujeres que amamantaron en el período de la adolescencia, usuarias de unidades de salud de la red básica de salud de un municipio del Sur del país. Los datos fueron recolectados por medio de entrevista semi estructurada. El procedimiento analítico adoptado fue el análisis temático. **Resultados:** después del análisis, emergieron los núcleos de sentido: 1) Valor de la lactancia materna: saberes construidos y conocimientos previos; 2) Sentimientos de satisfacción relacionados con la práctica de amamantamiento y el apoyo recibido: "amamantar es una experiencia única"; y 3) Amamantar siendo adolescente: persistencia, necesidad financiera y transformaciones corporales. **Conclusión:** se considera que el amamantamiento es impulsado por la comprensión de los beneficios para la salud del bebé y las dificultades para amamantar fueron superadas por la percepción de vínculo mencionado con el bebé. **Descriptor:** Enfermería; Salud del Adolescente; Salud de la Mujer; lactancia materna.

¹Nurse, Master Degree in Nursing, Postgraduate Nursing Program, Federal University of Santa Maria/PPGEnf/UFSM. Santa Maria (RS), Brazil. E-mail: lu_cremonese@hotmail.com; ²Nurse, Substitute teacher, Ph.D. in Nursing, Postgraduate Nursing Program, Federal University of Santa Maria/PPGEnf/UFSM. Santa Maria (RS), Brazil. E-mail: laiswilhelm@gmail.com; ³Nurse, University Hospital of Santa Maria/HUSM, Ph.D. in Nursing, Postgraduate Nursing Program, Federal University of Santa Maria/PPGEnf/UFSM. Santa Maria (RS), Brazil. E-mail: lisiealende@hotmail.com; ⁴Nursing Academic, Federal University of Santa Maria/UFSM. Scholar of the Tutorial Educational Program. Santa Maria (RS), Brazil. E-mail: gabioliveirafv@hotmail.com; ⁵Nurse (egress), Master Degree in Nursing, Postgraduate Program in Nursing, Federal University of Santa Maria/PPGEnf/UFSM. Santa Maria (RS), Brazil. E-mail: camilabarreto_6@msn.com; ⁶Nurse, Ph.D. Professor, Nursing Department, Federal University of Santa Maria/UFSM. Santa Maria (RS), Brazil. E-mail: lbressel208@yahoo.com.br

INTRODUCTION

Breastfeeding can be considered as a natural strategy of bond, affection, protection and nutrition for the child and should be understood as a socio-cultural process by professionals and by society, since it implies seized and disseminated conditions in the environment where people live.¹

The Ministry of Health recommends that children up to 6 months of age should be exclusively breastmilk fed without other liquids or solids, and after 6 months of age all children should receive complementary foods in an opportunely and healthy mode, and maintain breastfeeding up to 2 years old or more.¹ It was noted that breastfeeding goes beyond than just nurturing the child. It is a set of feelings with deep involvement between mother and child, with repercussions on the nutritional status of children, defending themselves against infections, on their physiology and their cognitive and emotional development, as well as having implications on the mother's physical and mental health.²

This study focuses on breastfeeding conducted by adolescent women. According to the Children and Adolescents Statute, Law No. 8.069/90, adolescence corresponds to the age group 12-18 years old. The Ministry of Health follows the convention elaborated by WHO, which defines adolescence as the second life decade, from 10 to 19 years old, and youth as the period from 15 to 24 years old.

Motherhood in adolescence is a phenomenon of great social relevance where the causes, risks, benefits and health consequences of the mother and children are investigated.³ Thus, it is worth considering, regardless age, breastfeeding requires new adaptations, interpersonal and intrapsychic adjustments. Therefore, the child breastfeeding practice requires more adaptation effort, and should be gradual alternating from adolescent daughter to adolescent mother condition.⁴

To reinforce this ideal, the comprehensive care to women's health understands their care from a perception of the environment where they live, their customs, beliefs, uniqueness and ability to be responsible for their choices.¹ In this sense, breastfeeding during the adolescence period has been significantly presented, which requires from the professional, the understanding of the factors and reasons that lead them to experience early motherhood.⁵

The issue in question is noteworthy referred to the National Agenda of Health

Research Priorities, published in 2008 by the Ministry of Health, with priority to studies aimed to adolescent health. Thus, the performance of this study is justified as a subsidy to practice strategies to enable nurses and their team to develop a quality attention focused on the experience of breastfeeding adolescent women.

Based on these considerations, the research question of this study was grounded on the following consideration: How was the breastfeeding process experienced in adolescence, by a group of women in a city in the countryside of Rio Grande do Sul? It aims to:

- To know the experience of breastfeeding in adolescence, with a group of women.

METHOD

This is a descriptive and field study with a qualitative approach. The scene was composed of Health primary care network Units of a countryside city of Rio Grande do Sul/RS.

The number of participants was eight women who breastfed during adolescence. Inclusion criteria were women breastfeeding during adolescence, and they had ties to the health units of the city in question, regardless their age during the research period. Women in the postpartum period were excluded from the study, believing that this breastfeeding experience period process would not be the focus of this study for being recent and with very specific characteristics related to breastfeeding.

The capture was intentional, indicated by the nurses of the units and the meeting was scheduled according to the interviewee's availability.

A semi-structured interview was used as a tool to obtain the data, which were analyzed according to the thematic analysis of the operative proposal.⁶ The interviews were conducted by the researcher, in the months between September and October 2014, shortly after the approval of the Ethics and Research Committee of the Federal University of Santa Maria/UFSM/CEP) under the number CAAE 33679014.9.0000.5346. The whole research was supported by ethical conduct, being assured and valued the ethical and legal aspects in the course of the study. Therefore, the provisions of Resolution No. 466/12 of the National Health Council - Ministry of Health, which provides about guidelines and standards governing the research involving the participation of human subjects were followed throughout the study.

RESULTS AND DISCUSSION

Interviews were conducted with women breastfeeding during adolescence. After the analysis of the speeches of the interviewed women, the meaning nucleus related to issues emerged involving adolescence breastfeeding: 1) Breastfeeding value: built learning and previous knowledge; 2) Satisfaction feelings related to the breastfeeding practice and the received support: "breastfeeding is a unique experience"; and 3) Breastfeeding while adolescent: persistence, financial need, and body changes. Thus, the results were discussed from the establishment of a dialogue with the literature, seeking to achieve on this movement the understanding of the breastfeeding process experienced by adolescent women.

♦ Breastfeeding value: built learning and previous knowledge

The first meaning nucleus that emanated from the speech of women breastfeeding during adolescence refers to the knowledge they had or acquired in the breastfeeding practice with the guidance of a family member in the prenatal or through the media.

Oh, before breastfeeding I knew that the mother's milk prevents various diseases, I knew that was good for the child and me (...) My mother told me the way I should get the baby; she had six children, so she had experience right!? I learned another thing through television advertisements and the Internet (M1).

I already knew the breastfeeding benefits, which prevents allergy, much complication and is good for the baby and the mother right!? I was well oriented during the prenatal and also attended the pregnant group, and I learned from other women because they had more experience and they were passing things for others with less experience (M5).

In the speeches, it was revealed that before breastfeeding, women had knowledge about some breastfeeding benefits and related these benefits especially with the baby's health, mentioning that this prevents diseases, prevents allergies and complications, is the best food for the baby, and it plays an essential role for healthy growth. According to this finding, a study shows that mothers refer to the importance of milk to the child and all mothers expressed the need to breastfed the child, indicating the recognition of the value of breastmilk for the baby.⁷ In line with this perspective, another study performed in a basic health unit of the southern showed that by asking women what they knew about breastfeeding, they said that

breastmilk helps in the healthy development and should be offered whenever required.⁸

In this context, women build the breastfeeding value as being the best for the baby, for these women, breastmilk is important and provide protection against diseases, as well as being practical and economical. This is consistent with the developed study where authors⁹ claim that knowledge about breastfeeding benefits stimulate its practice and mothers adherence. Thus, women relate breastfeeding to the sense of strengthening the child's health and secondly, they report that brings maternal benefit, however, without mentioning what would these benefits be. This happens because the reason for the baby's health is directly related to the mother's health, as the dependence of the child with the mother remains after birth due to breastfeeding function.¹⁰

A performed study about prenatal care, from the perspective of pregnant women, the authors stress the importance of seeking strategies to have a quality and effective prenatal from the meanings of the pregnant women about this service.¹¹ Thus, the pregnant group performed in health units during prenatal has been a health education strategy which can add knowledge to women. This activity can be meaningful to participants, being a resource to provide an exchange of knowledge among women who are experiencing a special moment in their lives. It is agreed, therefore, with the authors¹², that emphasize the importance of experiences within the group, as it provides an opportunity to address previous experiences, considering the previous knowledge, participants' expectations and their feelings, and may provide security to overcome the possible adversities in events such as breastfeeding.

Another alternative that contributes adolescent women to get knowledge about breastfeeding is through media such as the Internet, which facilitates information access according to personal questions. Moreover, television encourages breastfeeding when present famous personalities breastfeeding, to awaken the unconscious appreciation of women and society to this practice. In this regard, the author who conducted a study about breastfeeding knowledge affirms that meanings related to this subject happen according to the environment and society where people are inserted.¹³

Solidary interaction opportunities meeting the needs that are present emerge in the daily lives of families. Thus, the sentences below

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illustrate the relationship of women with a reference family member, someone who has already experienced the process that they are living.

Oh I knew why I was asking about my mother, I knew how to sit in the chair and get comfortable or lie down on the mattress and place the baby in the breastfeeding position and make him sleep [...] I read in the magazines and asked my mother, and she was passing me her knowledge (M8).

I heard from my grandmother that everything we eat goes into the milk, and then, I did not take "chimarrão" to not passing colic to her; I did eat nothing acid, nothing out of the ordinary (M4).

The statements reveal the presence of someone as a reference to help adolescent women about their anxieties and insecurities in the breastfeeding process. In this sense, it was agreed with the authors that mention that women require presenting practical models of how to conduct themselves during breastfeeding because most of the time they have the family environment as the first reference.⁷

It can be noticed also that they feel supported when people in their environment, which have already experienced breastfeeding, advise them. In this direction, another study affirms that mothers tend to regard as positive influences information that favors the breastfeeding of their children, considering the experiences of other women.¹⁴

♦ Satisfaction feelings related to the breastfeeding practice and the received support: "breastfeeding is a unique experience."

These nucleuses highlight the satisfaction sense that drove the interviewed women to breastfeed in adolescence, as a possibility of giving affection and create bonding with the baby, as illustrated by the following statements:

It is a child expression to the mother and from the mother to the child, it is there that you can pass all that affection to your son, at the breastfeeding [...] It was great, a great feeling, it has no explanation [...] (M1).

Breastfeeding is everything. Looking at your sleeping child, with both open hands holding the breast is a unique emotion. It is a feeling from the mother to a son that sometimes the mother is silly and even cries, only to see that they are born and will already look for the breast to feed, it has no explanation to me (M3).

The bond between the mother and the child increases right, it is something that really approaches, he was little and he always

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looked me in the face, and if I was not looking at him, he grumbled and would not get the breast, I always had to be looking at his face and him looking at mine (M7).

It was noticed through the speeches that women were satisfied to give their breastmilk to their child, who felt breastfeeding for a moment between her and the baby, describing the breastfeeding practice as an affection space. Besides the exchange of affection between mother and child, the bond between them also emerged as a factor that is favored by breastfeeding. Thus, breastfeeding meant more than just nourish the child for them, being a process that provided an opportunity for deep involvement between mother and child, as well as impact on the nutritional status of the baby, bringing numerous benefits for both.¹⁵

In one of the previous speeches, breastfeeding is presented promoting and strengthening the bond between both the mother and child, being even cited reciprocity between them. It is emphasized that breastfeeding is an important practice for both the child and to the mother, not only by the breastmilk characteristics but also strengthening the bond between mother and child, a fundamental factor to the psychological development of children, influencing their adult life.¹³

The feelings concerning the possibility of protecting the baby with the milk and sense of responsibility were still mentioned in this nucleus, to realize that depended on the woman to satiate the hunger of the child through the exaltation of the advantages of breastfeeding on the healthy growth and development of the child.

I know that we pass our immunity to them through the milk right!? [...] I had those wounds in the chest when she was born, I want to give up, but then I looked at her and saw that she depended only on me, it was only me to nurse her (M4).

It is something unexplained, it is the best thing a mother can do for a child, is good for everything, everything, everything because I never had to take him in the post (M6).

The sense of responsibility could be noticed imbricated in the act of breastfeeding, the woman even on their adolescent experience believed that the nutrition of their child depended on her and was fundamental to the health of their child. This comes with the findings in another study that highlighted that the significance of breastfeeding was founded on the mother's ability to give the best for the baby, with a concern for the well-being and health of the child. Moreover, the act of

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women breastfeeding is integrated into their life story and the meaning it attaches to this act.¹⁰

Regarding the support during breastfeeding, the lines illustrate the importance of encouragement by the mentioned persons, as the companion, the mother and the mother-in-law to continue breastfeeding.

I received my husband's support. It was very important for me because I only had him on my side. He told me I was not alone; it was him who helped me (M1).

I received the support of my mother, mother-in-law and my husband; they told me not to give up. My mother-in-law said, take it easy and be patient, but do not give up breastfeeding her because you know it is good for her and you at the same time right!? (M4).

At first, I was unprepared right!? It hurt a lot and made me want not giving the breast, but my mother-in-law used to say that it was important, it was normal to hurt at first because they do not know how to take the beak, then I continue to giving. My companion also supported me; he always asked me to breastfeed; he always went with me in the prenatal consultation and learned that he had to breastfeed (M7).

It was noticed that the support offered by family members to women who breastfed as adolescents, positively influenced to continued breastfeeding. The family appears as the great promoter of exclusive breastfeeding, helping to build the bond between mother and baby⁷ and breastfeeding maintenance.

It should be noted that although the partner may not always be present in all breastfeeding, women feel more secure when they share the concerns and expectations with them.¹⁰ It is inferred that being involved with the pregnancy of his partner, the man starts to share the moments experienced by her in this period, especially prenatal care.

Added to this, breastfeeding also offers benefits for parents and family. Thus, there is the strengthening of the emotional bonds between all involved besides the mother and baby. Moreover, the involvement of the father and other family members in the care favors the breastfeeding continuation.¹⁵

Therefore, the family participation during breastfeeding may encourage women to breastfeed and avoid early weaning.¹³ Thus, breastfeeding must be rebuilt in the family to expand the knowledge of its members, identifying it as a knowledge summation, the result of biological, social, economic, cultural and political aspects.

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Thus, on the other hand, there is the report of those who did not receive support from the family. However, they had the help of a health worker:

My mother never supported me to breastfeed. She was always saying: my daughters never breastfed. However, I breastfeed because the health worker taught me to breastfeed and said it was good. How often she came here to help put him on the breast because I did not know to get the baby to put him on my breast (M6).

Negative experiences, ignorance or lack of support are some of the factors that can contribute to not continuing breastfeeding.¹⁵ Faced with this, it should be noted the importance and significance that the community health worker plays in practice and/or people's choices, including helping with the baby nutrition and women's care related to breastfeeding.

In this regard, it is pertinent to mention the importance of nurses to conduct training with the team, as this will impact on the care provided to the population. Thus, the importance of community health agents is noted having information about breastfeeding, as well as tips, so they face the postpartum period on a quiet way, and they can better care for their babies.¹⁵ The professional is successful regarding breastfeeding, when takes into account the culture in which one is inserted and outlines a strategy to support and assist the breastfeeding practice.

♦ **Breastfeed while adolescent: persistence, financial need and body changes**

This thematic nucleus discusses the perception of the participants related to the breastfeeding experience while adolescents, highlighting the sense of continuing this practice and the changes in their bodies, derived from breastfeeding.

Some statements illustrate that breastfeeding in adolescence has no difference when compared with another age group.

For me, there is no difference. I was studying in high school; the milk drains away, and I left to her! I drain away in the morning to leave for her in the afternoon. I did not give complement in the first six months (M4).

I think there was no difference by age, because by when we got pregnant, the body prepares for that right?! It is the nature of our body. I felt very happy I was breastfeeding because I can satiate his hunger right?! It was very important for me (M5).

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I think it does not affect anything because as we study, an older mother works then, every age has its responsibilities (M7).

These statements denote for them, experiencing the breastfeeding event while adolescents did not have any significance related to other age. The statements illustrate that they have adapted, they were happy breastfeeding according to their routines, being an important opportunity according to their choices and responsibilities. On the other hand, a research highlighted the difficulty of adolescents who breastfeed to return to their studies, and the return to school, being a determining factor to stop breastfeeding, by six adolescents because of the difficulty in reconciling this care with the school.¹⁶

It is considered not enough to opt for breastfeeding for puerperal adolescent women to breastfeed successfully. They should be inserted in an environment that encourages and enables help to take forward their option. Thus, breastfeeding is not a purely instinctive practice, but an act strongly influenced by the experience of women in society, that is, the socio-cultural context influences the biological determinants involved in breastfeeding.¹³

Their understanding that there are different responsibilities according to different ages is also highlighted, but breastfeeding is above any difference. This perspective is consistent with a study that shows in their results, that adolescents value breastfeeding, know its importance and claim they can feed the child as a mother in "common" age, without any complications related to age.⁹

Corroborating this perspective, another research indicated that most adolescent mothers who participated in their study did not face difficulties in establishing breastfeeding.¹⁵ It still mentions a study about feeding habits in the first year of life of adolescents children in the municipality of Rio de Janeiro, which has no difference in the prevalence of exclusive breastfeeding in the first six months of the baby compared to adult mothers.¹⁷

Strengthening the idea that teenagers can successfully breastfeed, the following statement intensifies the reason of adolescent women adherence to the practice of breastfeeding with a connotation of financial need:

For me, being an adolescent, it became easier to breastfeed because I had no money, so having milk in the breast, I did not need to buy; it was my nature producing

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milk for him right? Asked, is ready and have benefits even for the child's health, prevents diseases, prevents constipation, everything good for them, I believe so (M3).

It was noted with this testimony that the reason of being an adolescent and not having enough income to purchase artificial milk, contributed to breastfeeding being the unique and exclusive option. In addition to the financial status of women, her speech illustrated a set of reasons that contributed breastfed, including the fact to worry about the baby's health. This strengthened her decision. In this direction, a study about food security in the family, affirm that among some conditions to increase the chances of low-income families living in food security situation, the importance of happening exclusive breastfeeding until six months and after, continue breastfeeding until 24 months since it constitutes a food with no or low cost can be mentioned. 18

According to the illustration of the sentences of the interviewees in this study, breastfeeding may be meant in the sense of persistence, in the face of difficulties:

Ah! It hurts a lot. My breast cracked and bled, but I did not give up breastfeeding because I had no money to buy milk for my son (M3).

When she was born she did not suckle much; my breast was getting hard and hard. Then, I took the milk in a cup, and it was relieved because it was too much swelling, you know! Because I could hardly put the bra, so much that was so hard (M4).

At first, it was hard! The chest cracked, hurt, both breasts were aching, but then it was healing, and it was quiet (M5).

The speeches showed expressions of pain characterizing that breastfeeding is not a process that happens naturally, women need to be guided about the difficulties they may encounter and care should be to prevent further difficulties and complications. In this regard, it is recommended to nurses conduct home visits after delivery, preferably immediately and in the early days, so that breastfeeding is initiated as early as possible, helping the mothers in the first feeds of the newborn.

Since breastfeeding is an important process after birth, it is positively related to the newborn feeding and health benefits of women. Authors¹⁹ state that most of the difficulties presented during lactation are an easy solution and result in a satisfactory experience for the woman and newborn when early treated.

Another perspective that emerged in the speech was the relationship between

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breastfeeding and the changes in the body during adolescence:

I think it influences; breastfeeding changed my body too early (M8).

The bodily changes from the process of breastfeeding overlap the changes resulting from adolescence and are perceived with different and ambivalent feelings. Regardless of their age, the image that women have of their body can interfere with the practice of breastfeeding, contributing to the success or failure of lactation.²⁰ In this sense, it is important to create dialogical and educational alternatives, involving a multidisciplinary team that assists the adolescent women who are breastfeeding to support them in the context of breastfeeding. The acceptance and appreciation of bodily changes by the adolescent women help to overcome insecurities and negative perceptions of their body in this period.¹⁹

FINAL REMARKS

Being a period of intense transformation and numerous confrontations, an adolescent woman, needs support from her family, society, and health services. A way to accomplish such support of these services is through guidance and encouragement in care activities such as home visits with health care providers, prenatal consultations, a group of pregnant women and the inclusion of the partner and family in the puerperal pregnancy period.

The exchange of experiences among women about breastfeeding is enriching, as this space can be given by the health team through the group of pregnant women. It is worth mentioning that the study participants were driven to initiate breastfeeding by understanding the benefits for the baby's health. However, it is also believed to be very important that women are aware of the benefits of breastfeeding for their health, as this can help them to become aware of their body and their possibilities, acting as a stimulus to persist with breastfeeding.

As regards breastfeeding during adolescence, it was noticed that insecurities arising from the stage that lived at the time emerged who had such an experience, because, besides the early age, they experienced a new and complex process in their lives, which was to breastfeed their son. Also, there is the family support for the organization and planning of the activities of adolescent women, helping to breastfeed their child and follow their plans, including keeping their studies. It also strengthened that breastfeeding contributes to the positive

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budget in the family because it did not involve additional costs and also protect babies from getting sick and need medicine.

This study shows that breastfeeding in adolescence is viewed as a double and complex event requiring a look and a special care related to the context and the uniqueness of those who live it. It is a factor that is not related to the failure of nursing or as a social problem, as many adolescents women plan and can continue breastfeeding until six months of a child's life, with any support.

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Corresponding Address

Luiza Cremonese

Rua Francisco Manoel, 27, Ap. 402

Bairro Centro

CEP 97015260 – Santa Maria (RS), Brazil