



## FACTORS THOSE INFLUENCE IN SELF-EFFICACY OF BREASTFEEDING: AN INTEGRATIVE REVIEW

### FATORES QUE INTERFEREM NA AUTOEFICÁCIA DA AMAMENTAÇÃO: REVISÃO INTEGRATIVA FACTORES QUE INTERFIEREN EN LA AUTOEFICACIA DE LA LACTANCIA: REVISIÓN INTEGRADORA

Andressa Peripolli Rodrigues<sup>1</sup>, Stela Maris de Mello Padoin<sup>2</sup>, Cristiane Cardoso de Paula<sup>3</sup>, Laura de Azevedo Guido<sup>4</sup>

#### ABSTRACT

**Objective:** to evaluate the available evidence in scientific articles about the factors those influence the self-efficacy of breastfeeding. **Method:** integrative review, based on the following research question << What factors influence the self-efficacy of breastfeeding? >>, in databases PUBMED and LILACS. Inclusion criteria were: research articles with evidence level 1-4 in the standings on seven levels, available online, in full and free of charge, in English, Portuguese or Spanish, and exclusion: no summary articles in the database or incomplete. **Results:** the analysis showed that factors positively or negatively affect the self-efficacy of breastfeeding. **Conclusion:** the study highlights the importance of the network of family, as the mother needs encouragement and support of his family and community. Professionals and institutions must draw interventions aimed at changing the model of care, and promote health through effective assistance to care for both mother and child. **Descriptors:** Breastfeeding; Self-Efficacy; Nursing; Women's Health, Child Health.

#### RESUMO

**Objetivo:** avaliar as evidências disponíveis nos artigos científicos a respeito dos fatores que interferem na autoeficácia da amamentação. **Método:** revisão integrativa, tendo como base o seguinte questionamento de pesquisa << Quais os fatores que interferem na autoeficácia de amamentação? >>, nas bases de dados LILACS e PUBMED. Os critérios de inclusão foram: artigos de pesquisas com nível de evidência de 1 a 4 na classificação em sete níveis, disponíveis online, na íntegra e de forma gratuita; em inglês, português ou espanhol; e de exclusão: artigos sem resumo na base de dados ou incompletos. **Resultados:** a análise mostrou fatores que interferem positivamente ou negativamente na autoeficácia de amamentação. **Conclusão:** destaca-se a importância da rede de familiares, pois a mãe necessita de incentivo e suporte da sua família e comunidade. Os profissionais e as instituições devem traçar intervenções que visem mudanças no modelo da assistência, além de promover saúde por meio de uma assistência eficaz para cuidar do binômio mãe-filho. **Descritores:** Aleitamento Materno; Autoeficácia; Enfermagem; Saúde da Mulher; Saúde da Criança.

#### RESUMEN

**Objetivo:** evaluar la evidencia disponible en artículos científicos acerca de los factores que influyen en la autoeficacia de la lactancia materna. **Método:** revisión integradora, basada en la siguiente pregunta de investigación << ¿Qué factores influyen en la autoeficacia de la lactancia materna? >>, en las bases de datos PubMed y LILACS. Los criterios de inclusión fueron: artículos de investigación con nivel de evidencia 1-4 en la clasificación con siete niveles, disponible en línea, a cargo de la plena y libre, en Inglés, portugués o español, y Exclusión: no hay artículos en la base de datos de resumen o incompleta. **Resultados:** el análisis mostró que los factores afectan positiva o negativamente la auto-eficacia de la lactancia materna. **Conclusión:** el estudio pone de relieve la importancia de la red de la familia, ya que la madre necesita estímulo y apoyo de su familia y comunidad. Los profesionales y las instituciones deben elaborar intervenciones dirigidas a cambiar el modelo de atención y promover la salud a través de una asistencia eficaz para atender a la madre y al niño. **Descriptores:** Lactancia Materna; La Auto-Eficacia; Enfermería; Salud de la Mujer; La Salud Infantil.

<sup>1</sup>Nurse, Master, Graduate Program in Nursing, Federal University of Santa Maria/PPGENF/UFSM, Scholarship CAPES/Social Demand. Santa Maria (RS), Brazil. E-mail: [andressaufsm@hotmail.com](mailto:andressaufsm@hotmail.com); <sup>2</sup>Nurse, PhD in Nursing, Graduate / Post-graduate Program in Nursing, Federal University of Santa Maria/PPGENF/UFSM. Santa Maria (RS), Brazil. E-mail: [stelamaris\\_padoin@hotmail.com](mailto:stelamaris_padoin@hotmail.com); <sup>3</sup>Nurse, PhD in Nursing, Graduate/Post-graduate Program in Nursing, Federal University of Santa Maria/PPGENF/UFSM. Santa Maria (RS), Brazil. E-mail: [cris\\_depaula1@hotmail.com](mailto:cris_depaula1@hotmail.com); <sup>4</sup>Nurse, PhD in Nursing, Collaborator, Department of Nursing, Federal University of Santa Maria/UFSM. Santa Maria (RS), Brazil. E-mail: [lguido344@gmail.com](mailto:lguido344@gmail.com)

## INTRODUCTION

Breastfeeding results in a positive impact on maternal health, and provide a complete food and protection for the child. Breastfeeding (BF) is an important factor in reducing child mortality, as estimates suggest that the increased prevalence of breastfeeding at one year of life, in all countries, can save up to 1.3 million infants worldwide.<sup>1</sup>

Besides being considered the best food for babies, breast milk (LM) is also recognized for offering advantages in strengthening the bond between mother and baby. Linking from mother to child is not innate and breastfeeding is an opportunity to install this link or deepen it.

Thus, it is necessary that the woman has elements that can positively influence your choice to breastfeed, among them the confidence in the AM, which can be represented by belief or expectation of the woman that she has the knowledge and skills to breastfeed your baby successfully. Soon, the woman's belief that she can breastfeed, i.e., self-efficacy must occur before breastfeeding is undertaken.<sup>3</sup>

Research shows that 27% of women with low levels of confidence in breastfeeding during antenatal AM discontinued within the first week postpartum. Still, women with low levels of confidence in the PM were 3.1 times more likely to stop breastfeeding than those who had total confidence. So women need to believe that they can adhere to healthy behaviors so therefore can undertake the necessary efforts to reach them.<sup>3</sup>

It is believed that mothers understand the perception of self-efficacy in relation to breastfeeding allows for professional reflection and questioning of what can be done to minimize and / or reduce rates of weaning. Building evidence regarding attitudes of women towards breastfeeding may lead to the development of strategies for the promotion, protection and support of breastfeeding.

## OBJECTIVE

- To evaluate the available evidence in scientific articles about the factors that influence the self-efficacy of breastfeeding.

## METHOD

Study integrative literature review in order to gather and synthesize research results on a defined topic or issue in a systematic and orderly. Followed the steps: identification of

the subject, the research question selection and definition of objectives, establishing inclusion and exclusion criteria, study selection, preparation of information to be extracted from articles, review the evidence and analysis (categorization), and discussion presentation of the synthesis of knowledge evidenced in the analyzed articles.<sup>4</sup>

To guide this study, the research question was formulated: What factors influence the self-efficacy of breastfeeding? A literature search was performed in electronic databases Medline Public (PubMed) using the MeSH Terms "breastfeeding" and "self-efficacy" in the database and Latin American and Caribbean Health Sciences (LILACS) using the keywords "breastfeeding" and "self-efficacy".

The survey of the studies took place in October 2012. To select them, the inclusion criteria were: research articles with evidence level 1-4 in the standings on seven levels, 5 available online, in full and free, in English, Portuguese or Spanish. Exclusion criteria were: no summary articles in the database or incomplete.

Initially, 106 studies were found, of which 10 met the inclusion criteria. It is noteworthy that in the LILACS database did not contain articles on the topic.

After thorough reading of the selected studies was completed an instrument containing: reference, country where the study was conducted, subarea of knowledge, purpose and methodology of the study, level of evidence and key findings of the study.

To minimize possible measurement bias studies (misinterpretation of results and design), two researchers had read the articles and complete the instrument independently, which were subsequently compared. There were no differences regarding the evaluation of publications.

The studies were classified according to the seven levels of evidence described by Melnyk and Fineout-Overholt.<sup>5</sup>

## RESULTS

Most of the studies was published in 2006 (30%) and 2008 (30%), followed by the year of 2009 (20%). The United States of America (30%) concentrated most of the publications, followed by Canada, the Netherlands and Australia (20% each). As for sub-areas of knowledge, most belonged to 40%) and nursing (Professional (40%), followed by medicine (20%). For the design of the studies, 4 (40%) were randomized clinical trial, 5 (50%) and 1 cohort (10%) if the control. According to the classification of the level of evidência<sup>5</sup> found:

four studies with evidence level 2 and six with 4 level.

Figure 1 presents the studies analyzed, sorted by authors, purpose, outline and main results (Figure 1).

| Article                                                                                                                                                       | Objective                                                                                                                                                                                 | Delineation                                                                            | Main Results                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Influence of intention and self-efficacy levels on duration of breastfeeding for midwest rural mothers. <sup>6</sup>                                          | To explore the relationship of two modifiable factors (intention to breastfeed for six months and the breastfeeding self-efficacy) with the duration of breastfeeding in Primiparous.     | Case study control, with Primiparous 73 who were breast-feeding.                       | The characteristics of mothers with higher rates of breastfeeding were: married, middle-class, with good educational attainment level of prenatal and vaginal birth. The levels of participants with intention to breast-feed were high. Assistance and support of the family supporting the breastfeeding self-efficacy. Difficulties in early lactation can affect self-efficacy. When the milk supply is not established, mothers may believe that their milk is insufficient, leading to falling self-efficacy. Women who weaned, planned to return to work in 6 six weeks. The intention to breastfeed can produce feelings of guilt and anxiety. |
| The relationship between vulnerability factors and breastfeeding outcome. <sup>7</sup>                                                                        | To determine whether the factors of vulnerability (trust in breastfeeding, postpartum depression, supplementation and support) are associated with breastfeeding at six weeks postpartum. | Cohort study with 599 women who were contacted in the 1st and 6th week after delivery. | Half of the women reported that their babies were given complementary formula in hospitalization. Verbal persuasion of others (lactation consultants, health professionals, peer counselors, family or friends) can have an impact on the confidence of mothers with breastfeeding. Association between breast feeding and confidence was found among older women. Women who were depressed had higher probability of early weaning.                                                                                                                                                                                                                   |
| The behavioral determinants of breast-feeding in The Netherlands: predictors for the initiation of breast-feeding. <sup>8</sup>                               | To evaluate the determinants of behavior at the beginning of breastfeeding since birth.                                                                                                   | Prospective cohort study, with 373 pregnant women.                                     | The previous experience of breastfeeding and greater education are associated with a higher rate of breastfeeding. 72% reported intention to breastfeed. Older women with higher education had more intention to breastfeed. 73% of mothers reported that they had initiated breastfeeding. Among multiparous with previous experience of breastfeeding, 88% initiated breastfeeding. The difficulty of breast-feeding in public is a disadvantage of breastfeeding.                                                                                                                                                                                   |
| Factors associated with the initiation of breastfeeding in asthmatic families: the attitude-social influence-self-efficacy model. <sup>9</sup>                | To identify psychosocial and behavioral determinants of duration and initiation of breastfeeding in families with a predisposition to asthma.                                             | Randomized, with 89 women.                                                             | What may have contributed to the self-efficacy was the relatively high level of education of mothers. The intention to breastfeed in early pregnancy was predictive for the actual start of breastfeeding. Return to work seems to be a barrier to initiate and continue breast-feeding.                                                                                                                                                                                                                                                                                                                                                               |
| Breastfeeding self-efficacy in women of African descent. <sup>10</sup>                                                                                        | To determine if the breastfeeding self-efficacy provides the duration and pattern of breastfeeding in a sample of black women of African descent.                                         | Longitudinal cohort study, with women of African descent.                              | Women who have had previous experience of breastfeeding had greater self-efficacy. Greater self-efficacy score was found in women who were breastfeeding exclusively after-birth. More than half of the sample planned to exclusive breastfeeding. The reason for weaning was insufficient milk and sore nipples. The time of return to work before 12 weeks postpartum increased the risk of weaning. The provision of information helps in self-efficacy.                                                                                                                                                                                            |
| Psychometric properties of the Breastfeeding Self-Efficacy Scale-Short Form in an ethnically diverse U.K. sample. <sup>11</sup>                               | To evaluate psychometrically breastfeeding with the self-efficacy Scale-Short Form and examine the relationship between self-efficacy on breastfeeding and demographic variables.         | Cohort study with 165 women who were breastfeeding on motherhood.                      | All the women said they wanted to breastfeed for more than 4 weeks after delivery. Multiparous women, with previous experience of breastfeeding reported highest score in BSES-SF, when compared with the young first-time mothers. Women with high scores in the hospital are more likely to continue breast-feeding exclusively at home after discharge.                                                                                                                                                                                                                                                                                             |
| Breast feeding self-efficacy and other determinants of the duration of breast feeding in a cohort of first-time mothers in Adelaide, Australia. <sup>12</sup> | To evaluate the ability of breastfeeding with the self-efficacy scale to predict the duration of breastfeeding in Primiparous mothers and develop a set of potential confounding factors. | Prospective cohort study with 317 women in a maternity hospital.                       | The experience of breastfeeding is an important determinant of total duration of breastfeeding. There is a shorter duration of breastfeeding in young mothers because women aged 35-44 years breastfeed for longer. Women who have not completed high school weaned faster. Women in trades and jobs were more prone to early weaning. Greater self-efficacy occurs when there is an intention of breastfeeding.                                                                                                                                                                                                                                       |
| Randomized controlled trial to determine effects of prenatal breastfeeding workshop on maternal                                                               | To determine the effects of a breastfeeding workshop on prenatal about breastfeeding self-efficacy and duration of breastfeeding.                                                         | Randomized clinical trial with 110 Primiparous Women.                                  | 87% of participants had decided to breastfeed. 78% had attended prenatal classes, 59% reported their own mothers breastfed and 95% knew a friend or family member who had breastfed. 68% received formula as a supplement. The reason for the one-third of                                                                                                                                                                                                                                                                                                                                                                                             |

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|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| breastfeeding self-efficacy and breastfeeding duration. <sup>13</sup>                                                      |                                                                                                                                                 |                                                                | weaning women was the lack of milk. Time of first feeding and the amount of formula used is inversely proportional to the duration of breastfeeding. |
| The relationship between breastfeeding self-efficacy and perceived insufficient milk among Japanese mothers. <sup>14</sup> | To determine if the weight of the newborn is associated with self-efficacy, with the intention of maintaining lactation and breastfeeding days. | Randomized clinical trial conducted with 73 Primiparous Women. | The self-efficacy was significantly associated with the intention to breastfeed for six months.                                                      |
| The impact of a self-efficacy intervention on short-term breast-feeding outcomes. <sup>15</sup>                            | To enhance self-efficacy of breastfeeding through an intervention based on the theory of self-efficacy Bandura.                                 | Randomized clinical trial with 90 pregnant women.              | When done there has been an increase in prenatal care, self-efficacy and number of days of breastfeeding.                                            |

Figura 1. Corpus da revisão integrativa. LILACS, PUBMED. 2012.

The analysis of the studies (n = 10) enabled the identification of factors that influence

positively or negatively affect breastfeeding self-efficacy (Figure 2).

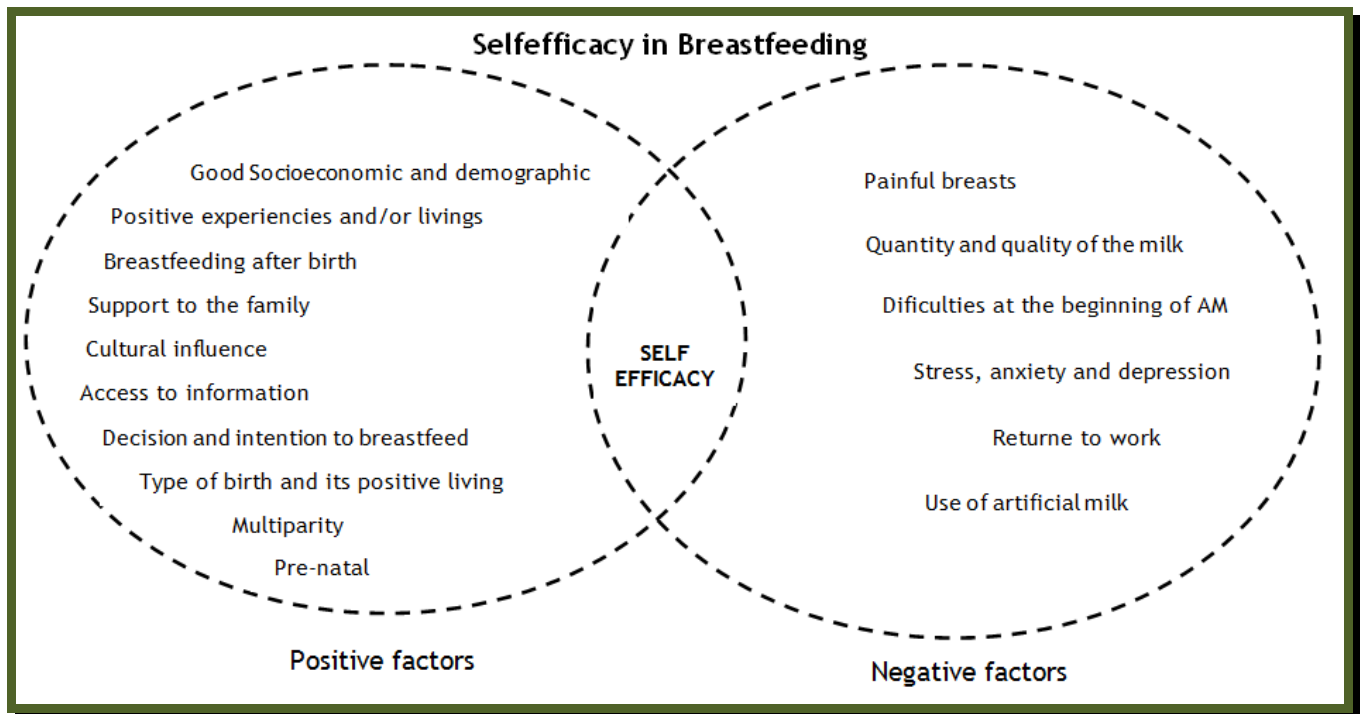


Figure 2. Illustrative of the factors affecting their self-efficacy in breastfeeding. LILACS PUBMED, 2012.

Among the factors that affect positively on self-efficacy, are: good socioeconomic and demographic conditions;<sup>6-9</sup> experience and/or experience positive AM;<sup>8,10-12</sup> practice AME postpartum;<sup>8,10-11,13</sup> family support;<sup>6-8</sup> positive cultural influence on breastfeeding;<sup>13</sup> access to information;<sup>10</sup> decision and intention to breastfeed;<sup>6,8-14</sup> type of delivery and its positive experience;<sup>6,8,11-12</sup> multiparity; and conducting prenatal.<sup>6,13,15</sup>

But among the factors that contribute negatively are: maternal concern about the quality and quantity of milk;<sup>6,10,13</sup> difficulties early in the AM;<sup>6</sup> stress, anxiety and depression;<sup>6-7</sup> sore nipples during breastfeeding;<sup>10</sup> use of formule milk as a complement or substitute for breast milk;<sup>7,13</sup> and return of women to the labor market.<sup>6,9-10,12</sup>

## DISCUSSION

The socioeconomic and demographic characteristics such as maternal age, education and income had an influence on self-efficacy of breastfeeding. Maternal age is related to greater duration of EBF. Compared to younger women, older mothers maintain the practice for longer.<sup>16-18</sup>

The level of education is an aspect that can affect maternal motivation to breastfeed, because mothers with higher education tend to breastfeed longer, perhaps for the possibility of greater access to information about the advantages of breastfeeding. Additionally, mothers with better economic conditions breastfeed their children longer and feel more confident to breastfeed,

because low-income women seek less prenatal service or start late this monitoring.<sup>16-7</sup>

Mothers with experience and / or positive experiences of breastfeeding have higher self-efficacy and fewer difficulties, concerns and questions related to breastfeeding, even though each individual experiences. In contrast, the inexperience can be a contributing factor to increased attention and care of the child, seeming safety of care needed with him.<sup>19</sup>

Exclusive breastfeeding the child after birth also influences positively on maternal confidence. By offering only the LM's mother realizes that it is sufficient for the growth and development of the child and starts to want to breastfeed for six months or more.<sup>20</sup>

The fact that the mother receives support from family members, especially the husband or partner and grandparents, has a positive influence on self-efficacy of breastfeeding. For this support materializes, family members should be involved in promoting the AM still in the hospital so they can support the mother and help the mother feel able to breastfeed.<sup>21</sup>

Still, access to information, especially guidelines for health professionals, demonstrated influence on mother's confidence in breastfeeding. The healthcare team should reassure parents and family appropriate guidance about the benefits of breastfeeding for the mother to the child, for the family and for society. The information shall seek the solution of problems as well as preventing and helping the mother to overcome the difficulties that the process of breastfeeding can cause, can make the mother more confident.

Childbirth is seen, in most cases, as a significant and remarkable event in family life and his experiences establishes positive feelings of pleasure and sense of efficacy, indicating better ability to cope and manage the difficulties with breastfeeding. The performance of cesarean section was one of the main risk factors for supply of other liquids to the neonate and is related to difficulties in breastfeeding initiation.<sup>23</sup>

As for parity, the analyzed studies show that women remain multiparous EBF for a longer period. Accordingly, some authors claim that mothers wean early and keep the firstborn AM longer the greater the number of children.<sup>16</sup>

Performing prenatal also promotes self-efficacy and practice of breastfeeding, because that benefits accompanying the preparation of the mother and family for breastfeeding. Thus, prenatal care contributes to the success of breastfeeding, and women should be informed of the benefits of this practice, the disadvantages of using other milks and techniques of breastfeeding, to increase the skill and confidence of the mother.<sup>24</sup>

The maternal concern regarding the quantity and quality of milk may be a factor that impairs the self-efficacy of breastfeeding. The most frequent reason that generates seizures in the mother is associated with low milk production or with the belief that their milk is weak complaint related to insecurity or lack of knowledge about the act of nursing mothers to breastfeed.<sup>25</sup>

The difficulties with the start of PM can produce a negative effect in this practice and also in the care of infants. May be associated with delayed first feeding, introduction of milk supplements and the use of bottles for this offering, which may cause thus weaning the child.<sup>26</sup>

The psychological distress can make room for states of stress, anxiety and depression that can accompany the mother during the postpartum period and interfere with breastfeeding self-efficacy. These factors tend to decrease over time, but it is necessary to identify symptoms before discharge from the AC, in order to prevent those states from becoming chronic and impairing AM.<sup>27</sup>

The presence of pain while breastfeeding can interfere with maternal confidence, it may be due to inadequate grip and stance. The guidelines of health professionals are needed; it may lessen the discomfort and maintain milk production.<sup>28</sup>

Therefore, mothers can opt for change in feeding their children to feel less confident to

breastfeed. The formula is used as the second best choice of food and easiest method, with no pain or discomfort for the mother. Massive advertising campaigns carried out in the past by industry breastmilk substitutes also affect the perception of safety in the use of formulas, which seems to generate tolerance and permissiveness regarding its use.<sup>29</sup>

The maternal concern about having to return to work difficults to keep breastfeeding and maternal self-efficacy in performing this practice. It is noteworthy, therefore, the importance of compliance with the policies of protection of breastfeeding after delivery, in order to increase the prevalence of breastfeeding, even after the mother returns to work.<sup>30</sup>

## CONCLUSION

Exclusive breastfeeding depends on the mother's desire to breastfeed, the role of health professionals and support that women receive from people close to her. Take up the commitment to promote, protect and support breastfeeding, as this may contribute to increased self-efficacy of breastfeeding mothers and lead, in the medium and long term, to reduce rates of early weaning and prolonged period of AME.

The study highlights the possibility of actions of health education developed by nursing during prenatal consultations, coupled with the promotion of breastfeeding in the delivery room or in the first hour of life. Still, the support postpartum rooming-in and monitoring the maintenance of breastfeeding for checkups. Moreover, it is necessary to invest in research designs that present strong evidence about the topic investigated, especially in health practice.

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Submission: 2012/11/16

Accepted: 2013/03/13

Publishing: 2013/05/15

#### Corresponding Address

Andressa Peripolli Rodrigues  
Departamento de Enfermagem  
Centro de Ciências da Saúde  
Universidade Federal de Santa Maria  
Prédio 26, sala 1336  
Avenida Roraima, 1000 / Cidade Universitária  
Bairro Camobi  
CEP: 97105-900 — Santa Maria (RS), Brazil