



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

INTEGRATIVE REVIEW ARTICLE

CONCEPTIONS AND PRACTICES FOR BREASTFEEDING: INTEGRATIVE REVIEW

CONCEPÇÕES E PRÁTICAS PARA O ALEITAMENTO MATERNO: REVISÃO INTEGRATIVA

CONCEPCIONES Y PRÁCTICAS PARA LA LACTANCIA MATERNA: REVISIÓN INTEGRADORA

Cicero Ismael Marques do Nascimento¹, Livia Parente Pinheiro Teodoro², Eglidia Carla Figueiredo Vidal³,
Antonio Germane Alves Pinto⁴

ABSTRACT

Objective: to analyze the scientific production on socio-cultural motivations and interferences in breastfeeding. **Method:** integrative review carried out in June 2014 by means of a survey of scientific productions of the last 10 years (2003-2014) available in full and in article format in the LILACS database and in the SciELO virtual library. For the selection of the articles, authors used the Health Descriptors (DeCS): Breastfeeding, Weaning, Knowledge, Behavior and Attitude. Researchers selected 29 articles, which were submitted to the Content Analysis technique and grouped into thematic units and subunits. **Results:** it was evidenced that the participation of the mother's social network in the practice of breastfeeding influences the effectiveness or not of this practice. **Conclusion:** it is crucial that mothers are empowered with knowledge about the breastfeeding process and its specificities; that there is improvement of care to these mothers in a way that incorporates their needs; as well as health care should promote the approximation of these mothers' social network in providing care to them. **Descriptors:** Breastfeeding; Weaning; Knowledge; Behavior; Attitude.

RESUMO

Objetivo: analisar a produção científica sobre motivações e interferências socioculturais na amamentação. **Método:** revisão integrativa, realizada em junho de 2014, mediante levantamento de produções científicas dos últimos 10 anos (2003-2014), disponíveis na íntegra e em formato de artigo, na Base de Dados LILACS e na biblioteca virtual SciELO. Para a seleção dos artigos, utilizamos os Descritores em Saúde (DeCS): Aleitamento Materno, Desmame, Conhecimento, Comportamento e Atitude. Foram selecionados 29 artigos, submetidos à técnica de Análise de conteúdo e agrupados em unidades e subunidades temáticas. **Resultados:** evidenciou-se que a participação da rede social da nutriz na prática do aleitamento influencia a efetivação ou não dessa prática. **Conclusão:** urge às lactantes o empoderamento referente aos conhecimentos sobre o processo de aleitar e suas contextualidades; melhoramento da assistência à nutriz, que incorpore suas necessidades; bem como a atenção à saúde promover a aproximação da sua rede social em sua assistência. **Descritores:** Aleitamento Materno; Desmame; Conhecimento; Comportamento; Atitude.

RESUMEN

Objetivo: analizar la producción científica sobre motivaciones e interferencias socioculturales en la lactancia. **Método:** revisión integradora, realizada en junio de 2014, mediante levantamiento de producciones científicas de los últimos 10 años (2003-2014), disponibles en su íntegra y en formato de artículo, en la Base de Datos LILACS y en la biblioteca virtual SciELO. Para la selección de los artículos, utilizamos los Descriptores en Salud (DeCS): Lactancia Materna, Desmame, Conocimiento, Comportamiento y Actitud. Fueron seleccionados 29 artículos, sometidos a la técnica de Análisis de contenido y agrupados en unidades y subunidades temáticas. **Resultados:** se evidenció que la participación de la red social de la nutriz en la práctica de la lactancia influye la efectucción o no de esa práctica. **Conclusion:** urge a las lactantes el empoderamiento referente a los conocimientos sobre el proceso de amamantar y sus contextualizados; mejoramiento de la asistencia a la nutriz, que incorpore sus necesidades; así como la atención a la salud promover la aproximación de su red social en su asistencia. **Descritores:** Lactancia Materna; Desmame; Conocimiento; Comportamiento; Actitud.

¹Nursing, Undergraduate Nursing Course, Regional University of Cariri/URCA. Juazeiro do Norte (CE), Brazil. E-mail: ismael_imn@yahoo.com.br; ²Nurse, Master's Degree in Nursing, Regional University of Cariri URCA. Crato (CE), Brazil. E-mail: liviappt@hotmail.com; ³Nurse, PhD Student in Nursing, Federal University of Ceará/UFC. Regional University of Cariri/URCA. Crato (CE), Brazil. E-mail: eglidiaavidal@hotmail.com; ⁴Nurse, PhD Professor in Collective Health, Regional University of Cariri/URCA. Crato (CE), Brazil. E-mail: germanepinto@hotmail.com

INTRODUCTION

Exclusive breastfeeding is recommended by the World Health Organization (WHO) during the first 6 months of life, given the various benefits associated with this practice. However, there are a multitude of variables that may or may not favor its implementation.¹

Nevertheless, every human being is born and grows linked to a social space defined by habits, customs and beliefs. These customs, beliefs and values will compose the cultural heritage of each new member of this space, and influence their decisions, reactions and way of seeing life. In the practice of breastfeeding, these transmitted values have a relevant weight in the mother's attitudes. These perpetuated cultural knowledge often end up having greater weight in the decisions of the nursing woman than the information passed by qualified professionals.²

The influence of the social environment in which the nursing woman lives can be favorable and her support, linked to the mother and the grandmother, and it is natural that she sees her predecessors as someone that holds knowledge that she will adopt to support her in this time as a nursing woman. The older women can be idealized by the nursing mothers as women who have also gone through the process of breastfeeding and are therefore reliable.³

Considering breastfeeding as a moment of physical and emotional fragility, especially in the first days of postpartum, the figure of a more experienced relative can be a positive incentive to this practice, acting as foundation on which the nursing woman can support herself and feel more confident.⁴ On the other hand, this sociocultural influence can also be unfavorable, being decisive for the failure of exclusive breastfeeding up to six months, associated to several factors, such as women's socioeconomic situation, insertion in the labor market, family access to education, advertising of milk formulas for infants in the media, myths and taboos, and inadequate attention of health services, such as negative sociocultural influences on breastfeeding.⁵

Thus, women of higher social status and higher education tend to breastfeed their children for a period of time closer to the ideal, and those with higher purchasing power are more apt to value and incorporate this practice and thus end up influencing women of lower socioeconomic and educational levels.⁶

In view of the above, the present study is based on the analysis of the scientific production about the knowledge and practices on breastfeeding, notably personal motivations and sociocultural interferences, aiming to describe the scientific evidence already analyzed and described on breastfeeding, the sociocultural interference and the personal motivations of nursing women on breastfeeding.

The objective of the research was to analyze the scientific production on motivations and sociocultural interferences on breastfeeding.

METHOD

This is an integrative review on breastfeeding with publications of the last 10 years. It was carried out in June 2014, by means of a survey of scientific productions, available in full and in an article format, in the LILACS database (Latin American and Caribbean Literature In Health Sciences) and the SciELO virtual library (Scientific Electronic Library Online).

For the selection of the articles, authors used the Health Descriptors (DeCS): Breastfeeding, Weaning, Knowledge, Behavior and Attitude. The following exclusion criteria were selected in the selection of publications: articles in English language, due to the greater difficulty in interpreting and understanding the content; repetition of publication; and articles that did not fit the thematic axis of research.

In the initial stage of the research, 445 articles were found, of which 409 studies were found in the LILACS database and 36 in the SciELO virtual library. After applying the selection criteria, the final sample resulted in 19 articles addressing conceptions and cultural aspects of the practice of breastfeeding. The journals related in the selection were *Cad. saúde pública*, *Ciênc. Saúde Coletiva*, *Rev. Enferm. UNISA*, *Rev. bras. enferm.*, *Rev. bras. saúde matern. infant.*, *Psicol. ciênc. prof.*, *Revista Panorâmica On-Line*, *Psicol. reflex. crit.*, *Rev. Esc. Enferm. USP*, *Rev. latinoam. enferm.*, *Interfaces Científicas -Saúde e Ambiente*, *Cogitare Enferm.*, *Physis (Rio J.)*, *Texto & contexto enferm.* and *Rev. eletrônica enferm.* As for the year of publication, there were eight articles in the period between 2003 and 2008; and eleven between 2009 and 2014.

Based on the qualitative analysis, the material was classified based on syntheses and thematic units that composed the

interpretation of the statements and evidences about the object of study. In this stage, the texts were thoroughly read, the synthesis of the contents of these texts was elaborated and the thematic axis related to the different articles was delimited. Subsequently, there was the distribution of the thematic subunits and the references of the selection.

After the thematic units and subunits were grouped and constructed, the articles were analyzed and interpreted from the content analysis technique, obeying the three phases defined by the method. In the pre-analysis, the 29 papers were read and re-read, taking into account the topics addressed. In the exploration, the articles were read in depth for the delineation of the categories. Subsequently, in the data processing phase, inference and interpretation were performed according to the analysis of the articles.⁷

Finally, the following thematic units were set: 1. Breastfeeding as a health practice; and 2. Breastfeeding in the puerperal period.

From the first thematic unit, two subunits emerged: Concepts and benefits of breastfeeding; and Breastfeeding as a guideline for health care in Brazil. From the second thematic unit, four subunits emerged: Daily life experiences common to breastfeeding mothers; Main complications during breastfeeding; Myths and taboos related to breastfeeding; and Sociocultural influence on the practice of breastfeeding.

RESULTS AND DISCUSSION

♦ Thematic unit 1 - Breastfeeding as a health practice

♦ Concepts and benefits of breastfeeding

Breastfeeding is a natural and physiological process involving both mother and baby, and it has positive factors for both, with repercussions of numerous advantages for adolescence and adult life, and, consubstantially, related to the decrease of infant morbimortality.⁸

Being one of the stages of the female reproductive process, breastfeeding plays a prominent role in the vital process. The lactogenesis period (when large-scale milk production starts) occurs about 24 hours postpartum, due to the decline in basal levels of progesterone and estrogen after placenta withdrawal, which serves as a signal for increased production and excretion of prolactin, thus enhancing milk production in greater quantity.⁹

In the first days of lactation, the breast eliminates a translucent substance rich in proteins (first milk/colostrum), which, in some cases, can already be perceived and released in minute quantities since the second trimester of pregnancy. This first milk is rich in immunological material (immunoglobulins) that helps to configure the child's immune system.¹⁰

This process of continuous milk production is ruled by the sucking mechanism of the nipple by the neonate and by the consequent stimulation of the local nerve endings⁹, which occurs in a similar way in different women. This reveals that every woman has the capacity to produce milk of good nutritional and immunological quality, even if they present nutritional deficiency.¹¹ Thus, breastfeeding brings with it a range of benefits for the mother and the child, and these benefits will have a long-lasting repercussion, especially on the child's life.

As for the benefits to the mother, breastfeeding makes possible the faster return of pre-pregnancy weight, promotes the involution of the uterus (in vaginal delivery), allows a natural contraception method in the first six months after delivery (lactational amenorrhea method), as well as reduces the incidence of pathologies such as breast and cervical cancer, among others.¹⁰

As for the contraceptive effect of breastfeeding, exclusively breastfeeding women have a 98.0% probability of protection against a new pregnancy for about six months postpartum.^{8,12}

Another important aspect in the practice of breastfeeding is the process of formation and establishment of bond between mother and child. The formation of the bond is often not natural, nor easy, but gradual, so it takes patience and willingness.¹³ However, breastfeeding is shown to be effective for the attachment to the mother-baby binomial.

Feeding, immunizing and promoting the mother-baby bond are advantages provided by breastfeeding. Psychological advantages, as well as in the child's own physical development, are also promoted by breastfeeding.¹⁰

In addition, one of the most relevant aspects, considered as an advantage of exclusive breastfeeding for the child, is the reduction of the child's exposure to infectious processes. The fact that breastmilk is sterile, unlike artificially prepared milk, eliminates the possibility of infection by external agents and also diarrhea.⁵

In addition to the mentioned aspects, breastfeeding is the most indicated form of infant nutrition, presenting advantages in terms of bonding, health promotion and maternal and child's well-being. Besides, breastfeeding has economic advantages and ends up meaning for some families a reduction of expenses.

♦ **Breastfeeding as a guideline for health care in Brazil**

International organizations, governments and scientific and technical associations, such as the World Health Organization (WHO), recommend exclusive breastfeeding (EBF) for the first six months of life and its continuation beyond two years of the child's life. These recommendations are supported by knowledge that has been increasingly accumulating on the superiority of breastfeeding in the first years of life compared to other forms of nutrition.¹

For this reason, the Brazilian Federal Government has created and improved programs to encourage the reduction of maternal and child morbidity and mortality, such as the Stork Network. This strategy of the Ministry of Health (MoH) was launched in 2011 and aims to implement a network of care to ensure women's right to reproductive planning and humanized care during pregnancy, childbirth and puerperium, and children's right to safe birth and healthy growth and development.¹⁴

It should be noted that, after six months, mothers are advised to introduce different type of foods, complementary to the diet, so that all nutritional needs of the child are adequately met.⁸

In this context, nurses, as part of the care and encouragement of breastfeeding practice, have a preponderant role, and the role of health education promoted by these professionals has broad space in the Family Health Strategy (FHS) and other health care services aimed at pregnant women, women in labor and puerperal women, as a field of clinical care.

At FHS, prenatal care is a fertile ground for educating the pregnant woman on breastfeeding and its aspects. In the outpatient clinics, the nurse has room to educate the puerperal woman in the rooming-in. This is a crucial moment, as it is the first contact of the newborn with the mother's breast (breast milk), and it is important the incentive to the handle, the correct position, the emptying and the persistence in the action of breastfeeding.

♦ **Thematic unit 2 - Breastfeeding in the puerperal period**

♦ **Daily life experiences common to breastfeeding mothers**

The idea of feeding the child with her own milk and the responsibility that comes along with it, coupled with the expectations that the family and society, in general, have about this practice can trigger in the woman several conflicts and insecurities, which can turn that moment into a bad experience, taking into account that society defines that maternal love is closely related to breastfeeding and that breastfeeding defines the woman as a good mother.¹⁵

Hence the main reasons reported by mothers for premature supplementation of infant feeding, given the close relationship between maternal insecurity and their ability, or inability, to feed their child. The responsibility of the mother for the care of the child ends up being influenced by others (through guidance, teaching, pressure on the mother and others).¹⁶

Corroborating with such ideas, it is observed that many women, in their first moment of breastfeeding, feel the need to know practical models of how they should conduct such a process. Often, these have as their first reference the family environment, their friendships and neighborhood as a means of obtaining information.⁴

It is notorious that the negative factors, the difficulties and fears that involve breastfeeding influence the willingness of the nursing mothers to do so. Many mothers end up giving up nursing their children because they feel discouraged in the face of problems that could often be solved if they had been properly followed and guided by qualified professionals, for example. The possibility of promoting exclusive breastfeeding at an early stage occurs in the prenatal period, an opportune moment for the beginning of the discussions and orientations regarding the possible difficulties and facilities that the mother may face in this process.

♦ **Main complications during breastfeeding**

When a child is born, there are changes in the life of the family as a whole and there is a need for adaptation to the arrival of the new member. Experiencing this moment is not easy, especially when it comes to the first child. It is up to the parents to adjust the conjugal system to the arrival of the new being, as well as to readjust the financial and domestic responsibilities.¹⁷

In relation to breastfeeding, the woman may be afraid of being too attached to the baby, worrying about the aesthetics of the breasts; may be afraid of not being able to breastfeed, and may create false expectations about breastfeeding. Thus, some initial difficulties with breastfeeding can be understood as incapacity, which makes this moment fertile ground for the emergence of psychological disorders. These (depressive) disorders can develop in different ways or at any time.¹

In the case of postpartum depression, this is understood as a mental disorder that causes emotional and behavior changes, and it usually occurs in the first weeks of postpartum. Irritability with the child's crying, disinterest for the child and for breastfeeding, transfer of responsibilities to the child, neglect and even physical maltreatment are symptoms of this disorder.¹⁷

Postpartum depression has a prevalence ranging from 5% to 9%. Primiparous women are at increased risk for mental disorders, such as postpartum baby blues. This disorder is characterized by a self-limiting lack of control of emotions, disappearing spontaneously in the course of days and weeks. It is usually characterized as a sudden feeling of sadness and anxiety with crying and malaise. In this case, family involvement and support is crucial to coping with this problem.¹

The forms of puerperal mental suffering that affect women in the puerperium are common and can cause conflict and suffering or even limit or negate the possibilities of breastfeeding and, consequently, maternal and child well-being. Therefore, these disorders should be avidly perceived and assisted by family members and qualified professionals.

Mastitis is an inflammatory process related to problems in breastfeeding. It usually occurs in one of the breasts and has a strong relationship with engorgement treated in the wrong way. It is known that the breast in the mastitis process should be stimulated. Immediate evaluation is then necessary for treatment of the case, as well as guidance on issues related to correct handling and ways to avoid engorgement and fissures¹, since this disorder ends up having an important weight in the decision of the mother to continue or not breastfeeding.¹⁸

It is normal that in the first few days some newborns have some difficulty to "catch" the breast. The reasons for this often have nothing to do with the physiological mechanism of breastfeeding itself, but rather

with a process of adaptation through which mother and child are passing.¹⁹ Thus, infants need to learn how to suck milk from the mother's breast, just as the mother needs to learn the best position and time to breastfeed.²⁰

Another situation that deserves to be highlighted is the return to work, school, or university. It often only appears as a weaning factor between the fourth and fifth month of postpartum, when maternity leave usually ends in Brazil.²¹

Article 7, item II, letter "b", of the Temporary Constitutional Provisions Act, guarantees to every pregnant employee the right to stability in employment, from the confirmation of the pregnancy to five months after giving birth. Article 7, item XVII, of the Brazilian Federal Constitution guarantees the pregnant employee the right to maternity leave, equal to 120 (one hundred and twenty) days postpartum, without losses in employment, salary and other benefits.²²

In this case, one of the best ways to maintain the baby's milk supply is manual milking. Milking can be performed at the intervals of work and school. The milk is properly stored and refrigerated. But the success of this practice is related to the child's acceptance of milked milk.

♦ Myths and taboos related to breastfeeding

The belief system established by different social groups plays a determining role, defining whether a certain affirmation and the treatment plan associated with it will have a positive meaning for the individual and the people in their social network.²³

Culture engages in people's lives, both individually and socially, so as to highlight the potential of each society. It involves beliefs, norms, practices, and ways of living that are transmitted from generation to generation, which will guide the decisions and actions of future generations. With this, it is understood that the sociocultural aspects exert a strong influence and bear weight on the behavior of the lactating woman.²⁴

Taking into consideration the cultural particularities of lactating women, it is understood that beliefs and myths about breastfeeding raise in their imaginary questions related to the effectiveness of their milk. Coupled with this, there is the lack of knowledge about basic aspects of how to conduct the process of breastfeeding. Therefore, the cultural variables that involve the practice of breastfeeding need to be

Siqueira YMA de, Gradim CVC.

thoroughly discussed because cultural change is a complex and slow process.^{19,24}

The belief in weak milk is related to the aspect of breast milk when compared to cow's milk, which may cause in mothers a false impression that their milk is weak, which is not true. In addition, it is important for the mother to know that during the feeding the milk changes its composition and in the end this milk is more concentrated in lipids and fats. The ideal is to empty one breast to only then put the baby in the other, avoiding deprivation of nutrients in breastfeeding.¹⁹

For all this, it is understood that the sociocultural influences and practices related to breastfeeding have an influence on maternal and child well-being. Therefore, the counseling, as well as the follow-up of the nursing mothers by health professionals can open the way to a competent and positive practice of breastfeeding.²⁵

♦ Sociocultural influence on the practice of breastfeeding

The arrival of the baby can cause both positive and negative reactions in family members. In relation to the child's father, the child can awaken in him feelings of affection and tenderness as well as rejection and competitiveness. The father may be a mediator of the strengthening of the mother-baby relationship if he shows support and interest for the child and for the process of fragility through which the mother passes, and, from this, he can promote the formation of the necessary link so that the breastfeeding can occur in a proper way.^{3,4,26}

Perhaps the female figure is more relevant than the paternal figure. It is represented by mothers and grandmothers, who may influence the practice of breastfeeding. The figure of the mother or the grandmother is for the woman a point of reference, on which she can rely. The nursing woman recognizes herself in the mother and grandmother, considered as the main source of information about lactation, because both have already lived the moment by which she is crossing now. But is known that this knowledge is heavily loaded with their own beliefs, values and conclusions.²

The culture of the grandmothers related to the nutrition of the children, that it is necessary to introduce water, teas, and other liquids in the diet of the baby soon, contributes greatly to the abandonment of exclusive breastfeeding even in the first month of life of the child.²³ The grandmother holds knowledge and experience that has been

Conceptions and practices for breastfeeding...

acquired over the years. However, they may often adopt a less collaborative stance, supported by their stories and personal experiences of success and/or failure with breastfeeding. Thinking this way, and realizing the inevitable participation and influence of these women, who often live in the same household as the nursing women or live daily with them, it is important to recognize their knowledge and practices towards their daughters/granddaughters, so that this reality is taken into account.²⁷

Thus, it is clear that the practice of breastfeeding, its knowledge and motivations are a fundamental aspect of health work. Here we can emphasize that the participation and engagement of the family in this context is crucial, since it is in the family space that people learn, exchange experiences and assimilate information regarding the process of breastfeeding. But for this to happen in a legitimate and promising way, it is necessary for the family to have professional support. This explains the importance of strengthening health education work in the FHS.

CONCLUSION

This study presents aspects related to knowledge and practices in breastfeeding in order to carry out its practice or not, which is characterized on the one hand by positive and favorable influence and, on the other hand, by unfavorable influence. It also enables to consider the myths and taboos involving the process of breastfeeding, the transmission of knowledge and lay practices without scientific foundation, and the variables work and study as unfavorable to the practice of exclusive breastfeeding.

It is also highlighted that the practice of breastfeeding still persists as a recurrent activity in search of full effectiveness on the part of mothers/puerperal women, making evident the importance of thinking about suggestions and applications to the context of health care and nursing care. The nurse has potential to indicate mechanisms to overcome the limitations of lactating women and their social network in different dimensions (social, physiological, among others).

Here, one can think of broadening the nursing consultations and groups of pregnant women in the sense of being more directed to narrow the relations with the users. There is need of an assistance that values the bond as an attempt to optimize the involvement of the women's social network in their care process (participation of the mother/grandmother/husband in the prenatal

Siqueira YMA de, Gradim CVC.

and puerperal consultations), aimed at a more comprehensive work in health education, and that is not limited to the procedure itself, let alone only aimed at the prescription of actions.

REFERENCES

1. Ministério da Saúde (BR). Cadernos de Atenção Básica: atenção ao pré-natal de baixo risco. Brasília: Ministério da Saúde, 2012.
2. Marques ES, Cotta RMM, Priore SE. Mitos e crenças sobre o aleitamento materno. Ciênc saúde coletiva. [Internet]. 2011 [cited 2015 June 20];16(5):2461-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232011000500015&lng=en.
3. Monte GCSB, Leal LP, Pontes CM. Rede social de apoio à mulher na amamentação. Cogitare enferm. [Internet]. 2013 [cited 2015 June 20];18(1):148-55. Available from: <http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/view/31321/20028>
4. Machado ARM, Nakano AMS, Almeida AM, Mamede MV. O lugar da mãe na prática da amamentação de sua filha nutriz: o estar junto. Rev bras enferm. [Internet]. 2004 [cited 2015 June 20]; 57(2):183-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672004000200010&lng=en.
5. Barbieri MC, Soares NT, Ferrari RAP, Demitto MO, Tacla MTGM. Rev enferm UFPE on line [Internet]. 2013 [cited 2015 June 20];7(9):5533-40. Available from: <http://www.revista.ufpe.br/revistaenfermage/m/index.php/revista/article/view/4120/0>
6. Lima TM, Osório MM. Perfil e fatores associados ao aleitamento materno em crianças menores de 25 meses da Região Nordeste do Brasil. Rev bras saúde matern. infant. [Internet]. 2003 [cited 2015 June 20];3(3):305-14. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292003000300009&lng=en.
7. Bardin L. Análise de conteúdo. Tradução de Luís Antero Reto e Augusto Pinheiro. Lisboa (Por): Edições 70; 2010.
8. Oliveira KMP, Marques IR. Situação do aleitamento materno no Brasil: uma revisão. Rev Enfer UNISA [Internet]. 2011 [cited 2015 June 20];12(1):73-8. Available from: <http://www.unisa.br/graduacao/biologicas/enfer/revista/arquivos/2011-1-13.pdf>.
9. Montenegro RF (org). Obstetrícia fundamental. 11a ed. Rio de Janeiro: Guanabara Koogan;2008.
10. Martins MZO, Santana LS. Benefícios da

Conceptions and practices for breastfeeding...

- amamentação para a saúde materna. Interfaces Científicas - Saúde e Ambiente [Internet]. 2013 [cited 2015 June 20];1(3):87-97. Available from: <https://periodicos.set.edu.br/index.php/saude/article/view/763/443>
11. Marques ES, Cotta RMM, Botelho MIV, Franceschini SCC, Araújo RMA. Representações sociais sobre a alimentação da nutriz. Ciênc saúde coletiva. [Internet]. 2011 [cited 2015 June 20]; 16(10):4267-74. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232011001100032&lng=en.
 12. Caminha MFC, Serva VB, Arruda IKG, Batista Filho M. Aspectos históricos, científicos, socioeconômicos e institucionais do aleitamento materno. Rev bras saúde matern infant. [Internet]. 2010 [cited 2015 June 20];10(1):23-37. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292010000100003&lng=en.
 13. Esteves CM, Borges ES. O resgate do vínculo mãe-bebê: estudo de caso de maus tratos. Psicol ciênc prof. [Internet]. 2007 [cited 2015 June 20];27(4):760-75. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-98932007000400015&lng=en&tlng=pt.
 14. Brasil. Ministério da Saúde. Manual Instrutivo das Ações de Alimentação e Nutrição na Rede Cegonha. Brasília: Ministério da Saúde. 2013.
 15. Javorski M, Caetano LC, Vasconcelos MGL, Leite MM, Scochi CGS. Social representations on breastfeeding according to preterm infants' mothers in kangaroo care. Rev latinoam enferm. [Internet]. 2004 [cited 2015 June 20];12(6):890-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692004000600007&lng=en.
 16. Marques ES, Cotta RM, Magalhães KA, Santana LFR, Gomes AP, Siqueira-Batista, RA influência da rede social da nutriz no aleitamento materno: o papel estratégico dos familiares e dos profissionais de saúde. Ciênc saúde coletiva. [Internet]. 2010 [cited 2015 June 20]; 15(1):1391-1400. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232010000700049&lng=en.
 17. Fernandes FC, Cotrin JTD. Depressão pós-parto e suas implicações no desenvolvimento infantil. Revista Panorâmica On-Line. [Internet]. 2013 [cited 2015 June 20];14:15-34. Available from: <http://revistas.cua.ufmt.br/index.php/revistapanoramica/article/download/454/132>

Siqueira YMA de, Gradim CVC.

18. Vieira GO, Silva LC, Mendes CMC, Vieira TO. Lactational mastitis and Baby-Friendly Hospital Initiative, Feira de Santana, Bahia, Brazil. *Cad saúde pública*. [Internet]. 2006 [cited 2015 June 20]; 22(6):1193-1200. Available from: http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0102-311X2006000600008&lng=en.
19. Valcher AL, Durman S. Amamentação: crenças e mitos. *Rev. eletrônica enferm*. [Internet]. 2005 [cited 2015 June 20]; 7(2):207-14. Available from: <http://www.revistas.ufg.br/index.php/fen>
20. Lana, APB. O livro de estímulo à amamentação. São Paulo: Atheneu; 2001.
21. Rocha NB, Garbin AJI, Garbin ACS, Moimaz SAS. O ato de amamentar: um estudo qualitativo. *Physis (Rio J.)*. [Internet]. 2010 [cited 2015 June 20]; 20(4):1293-1305. Available from: http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0103-73312010000400012&lng=en.
22. Brasil. Lei n. 11.770 de 9 de setembro de 2008. Cria o Programa Empresa Cidadã, destinado à prorrogação da licença-maternidade mediante concessão de incentivo fiscal e altera a Lei 8.212, de 24 de julho de 1991. *Diário Oficial República Federativa do Brasil, Poder executivo, Brasília, 10 set. 2008. Seção 1*.
23. Stuart GW, Laraia MT. *Enfermagem Psiquiátrica, Princípios e Prática*. 6th ed. Porto Alegre: Artmed; 2001.
24. Lins HA, Terrengui LCS. Mitos e tabus sobre o aleitamento materno. *Rev Enfer UNISA* [Internet]. 2010 [cited 2015 June 20];11(2):87-9. Available from: <http://www.unisa.br/graduacao/biologicas/enfer/revista/arquivos/2010-2-04.pdf>
25. Frota MA, Mamede ALS, Vieira LJES, Albuquerque CM, Martins MC. Práticas culturais sobre aleitamento materno entre famílias cadastradas em um programa de saúde da família. *Rev Esc Enferm USP*. [Internet]. 2009 [cited 2015 June 20];43(4):895-901. Available from: www.scielo.br/pdf/reeusp/v43n4/a22v43n4.pdf
26. Frizzo GB, Piccinini CA. Depressão Materna e a Interação Triádica Pai-Mãe-Bebê. *Psicol reflex crit*. [Internet]. 2007 [cited 2015 June 20];20(3):351-60. Available from: http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0102-79722007000300002&lng=en&tlng=pt.
27. Teixeira MA, Nitschke RG, De Gasperi P, Siedler MJ. Grandparents' understandings about the practice of maternal breast-feeding

Conceptions and practices for breastfeeding...

in family daily life: the culture of possibilities for breast-feeding. *Texto & contexto enferm*. [Internet]. 2006 [cited 2015 June 20];15(1):98-106. Available from: http://www.scielo.br/scielo.php?script=sci_arctext&pid=S0104-07072006000100012&lng=en.

Submission: 2016/07/08

Accepted: 2017/01/18

Publishing: 2017/03/15

Corresponding Address

Cicero Ismael Marques do Nascimento

Rua Leticia Vasconcelos, 241

Bairro Triângulo

CEP: 63040-760 – Juazeiro do Norte (CE), Brazil