



# Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

## ORIGINAL ARTICLE

### KNOWLEDGE AND PRACTICES OF BREASTFEEDING OF USERS FROM THE FAMILY HEALTH STRATEGY

#### CONHECIMENTO E PRÁTICAS DE ALEITAMENTO MATERNO DE USUÁRIAS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

#### CONOCIMIENTOS Y PRÁCTICAS DE AMAMANTAMIENTO DE LAS USUARIAS DE LA ESTRATEGIA SALUD DE LA FAMILIA

Mariza Alves Barbosa Teles<sup>1</sup>, Renê Ferreira da Silva Junior<sup>2</sup>, Gilberto Gualberto dos Santos Júnior<sup>3</sup>, Mayane Prates Fonseca<sup>4</sup>, Kelly Karoline Eugênio<sup>5</sup>

#### ABSTRACT

**Objective:** to understand the knowledge of mothers assisted in a Family Health Strategy about breastfeeding. **Method:** descriptive, exploratory study with a qualitative approach, carried out at a Family Health Strategy with nine women. The data were produced through individual interviews with semi-structured script, then fully transcribed and analyzed from the Content Analysis Technique in the Categorical Analysis modality. **Results:** three categories emerged after the data analysis: knowledge about exclusive breastfeeding, benefits of exclusive breastfeeding, and factors that facilitate and hinder the adherence to exclusive breastfeeding. **Conclusion:** most mothers know the benefits of breastfeeding; however, the practice of exclusive breastfeeding is deficient. **Descriptors:** Breastfeeding; Infant Nutrition; Family Health Strategy.

#### RESUMO

**Objetivo:** compreender o conhecimento das mães atendidas em uma Estratégia Saúde da Família acerca do aleitamento materno. **Método:** estudo descritivo, exploratório com abordagem qualitativa, realizado em uma Estratégia Saúde da Família com nove mulheres. Os dados foram produzidos por meio de entrevistas individuais com roteiro semiestruturado, em seguida, transcritos na íntegra e analisados a partir da Técnica de Análise do Conteúdo na modalidade Análise Cateórica. **Resultados:** após a análise dos dados emergiram três categorias: conhecimento acerca do aleitamento materno exclusivo, benefícios do aleitamento materno exclusivo e fatores facilitadores e dificultadores para adesão ao aleitamento materno exclusivo. **Conclusão:** a maioria das mães conhece os benefícios do aleitamento materno, no entanto, a prática do aleitamento materno exclusivo encontra-se deficiente. **Descritores:** Aleitamento Materno; Nutrição Infantil; Estratégia Saúde da Família.

#### RESUMEN

**Objetivo:** entender el conocimiento de las mujeres atendidas en una Estrategia de Salud Familiar sobre el amamamiento materno. **Método:** estudio exploratorio, descriptivo, con enfoque cualitativo, realizado en una Estrategia de Salud Familiar con nueve mujeres. Los datos fueron producidos por entrevistas semiestructuradas individuales, después totalmente transcritos y analizados usando la técnica de análisis de contenido en el modo de análisis cateórico. **Resultados:** después de análisis de datos, surgieron tres categorías: el conocimiento del amamamiento materno exclusivo, los beneficios del amamamiento materno exclusivo y factores facilitadores y dificultadores a la adhesión al amamamiento materno exclusivo. **Conclusión:** la mayoría de las madres conocen los beneficios del amamamiento materno, sin embargo, la práctica del amamamiento materno exclusivo es deficiente. **Descriptores:** Lactancia Materna; Nutrición del Lactente; Estrategia de Salud Familiar.

<sup>1</sup>Nurse, Professor, MSc in Health Sciences, Nursing Department, State University of Montes Claros/Unimontes. Montes Claros (MG), Brazil. E-mail: [aziramteles@gmail.com](mailto:aziramteles@gmail.com); <sup>2</sup>Nurse, Master's Student in Health Teaching, Federal University of Vales do Jequitinhonha and Mucuri/UFVJM. Diamantina (MG), Brazil. E-mail: [renejunior\\_deny@hotmail.com](mailto:renejunior_deny@hotmail.com); <sup>3,4</sup>Nurse, United Colleges of Northern Minas Gerais/Funorte. Montes Claros (MG), Brazil. E-mail: [gilgualberto@hotmail.com](mailto:gilgualberto@hotmail.com); [mayane\\_prates@hotmail.com](mailto:mayane_prates@hotmail.com); <sup>5</sup>Physician, United Colleges of Northern Minas Gerais/Funorte. Montes Claros (MG), Brazil. E-mail: [kellykaroline@gmail.com](mailto:kellykaroline@gmail.com)

## INTRODUCTION

Lactation is one of the essential elements for the physical growth, immunological functioning and psychological development of children, especially during the first year of life.<sup>1</sup> Human milk is, by consensus, the only food capable of adequately meeting the physiological peculiarities of the metabolism of infants.<sup>2</sup> In addition to these benefits, breastfeeding is a potential saving for the family and the State, which can reduce the costs of acquiring and/or importing milk formulas and powdered milk to meet the needs that result from the early weaning.<sup>3-4</sup>

The concept of exclusive breastfeeding (EBF) presupposes that the infant receives only breast milk without adding water, teas, juices and other liquids or solids (except vitamin drops or syrups, mineral supplements or other medicinal products).<sup>5</sup> There are evidences that complementing breast milk with liquids (water, teas and juices) in the first six months of life is unnecessary and inadequate, because it causes a reduction in the total consumption of breast milk and an increased risk of morbidity and mortality from diarrhea.<sup>6</sup>

Breast milk is considered the best food for the infant, providing protection against acute and chronic diseases, as well as contributing to the newborn's psychological and emotional development.<sup>7</sup> The importance of breastfeeding for the physical and emotional development of the child is indisputable, in a way that national and international organizations are concerned with establishing and disseminating strategies that encourage and facilitate breastfeeding.<sup>8</sup>

Despite the excellence of breastfeeding and the resumption of practice in recent years, early weaning is still very frequent and the observed breastfeeding rates are lower than the official recommendations. Breastfeeding is a maternal option that involves a complex interaction of socioeconomic, cultural and psychological factors.<sup>9</sup>

Motivation is one of the strategies given in the decision-making process of the woman towards the practice of breastfeeding. In the course between the desire to breastfeed and the practice itself, motivation is what permeates this process of maternal decision, in a favorable or opposite way. It is conditioned by the woman's life history and past experience, including knowledge acquired from childhood, by observing someone in the family breastfeeding, by what was learned and facilitated in the context of

sociocultural opportunities and, finally, by the knowledge acquired during prenatal and pediatric care,<sup>10</sup> especially in the Family Health Strategy.

In the last decades, the increasing process of valorization and investment of the practice of breastfeeding is the result of the involvement and mobilization of organized civil society, the work of international organizations and the implementation of public policies. However, the evaluation of the repercussion of these actions on the improvement of breastfeeding rates is scarce in the world literature.<sup>11</sup>

Thus, the study is motivated by the need to reflect on the breastfeeding process, knowing the main elements that interfere in the adherence to breastfeeding, especially the EBF, as a way to instrumentalize health professionals in their practice. In this context, the present study sought to understand the knowledge of the mothers attended at a Family Health Strategy about breastfeeding.

## METHOD

Descriptive, exploratory study, with qualitative approach. The study scenario was a Family Health Strategy (FHS) located in a municipality in the North of Minas Gerais. In order to participate in the study, mothers should be registered in the area covered by this FHS, have performed at least six prenatal consultations, have participated in educational groups in the FHS during pregnancy and puerperal consultation and follow-up of the child in the first six months of life. There was exclusion from the sample of mothers who refused to respond to interviews and had any cognitive impairment or contraindication to breastfeeding.

Nine mothers were interviewed, the quantitative of subjects was defined by theoretical saturation through the knowledge formed by the researcher regarding the object of study that allows understanding all the dimensions that are involved in this object, when the volume of collected information is sufficient to explain the object of study.<sup>12</sup>

The data collection used a semi-structured script with seven questions that guided the interviews. They were carried out at the participants' households, lasting approximately 60 minutes, being recorded on an MP3 player and later fully transcribed, in order to extract all relevant information. The data analysis used the thematic content analysis technique, which consists of discovering the cores of senses that compose the communication whose presence means

something for the analytical objective in mind.<sup>12</sup>

Before starting the interviews, the participants received explanation regarding the purpose of the research and signed the Informed Consent Form (ICF), whose content clarified the aspects regarding the research, protecting the institution, the researcher and the participants of the study, regarding the disclosure of results, the right to secrecy about information, the right not to participate in the research and to know the final result. Each mother was coded with a letter and a number: M1, M2, M3, M4, M5, M6, M7, M8, M9, assuring them the secrecy of their identities.

The development of the study respected the national and international norms of studies involving human beings, resolution 466/2012, being the project approved by the Research Ethics Committee of Soebras, CAAE: 01160445 00011.

## RESULTS AND DISCUSSION

Regarding the characterization of the nine mothers participating in the research, five mothers were from 20 to 35 years old and four mothers were less than 20 old, three mothers were married and six were single, all of them had completed high school and did not practice labor activities outside their home.

Data analysis, based on the research objectives, allowed constructing three categories, described below: knowledge about exclusive breastfeeding, benefits of exclusive breastfeeding and factors that facilitate and hinder adherence to exclusive breastfeeding.

### ◆ Knowledge about exclusive breastfeeding (EBF)

When questioned about the knowledge regarding EBF, the attribution of the true concept of EBF by the majority of respondents was remarkable, as evidenced in the following statements:

*Exclusive breastfeeding occurs from 0 to 6 months, with out adding any complement. (M1)*

*[...] EBF is only breast until the 6<sup>th</sup> month of life. (M6)*

In Brazil, the Ministry of Health recommends exclusive breastfeeding in the first six months of life. There is no evidence of advantage in the early introduction (before six months) of foods other than human milk in the child's diet, supplemented from the sixth month of life, by adding other nutritional sources.<sup>13-4</sup>

Exclusive breastfeeding up to six months is ideal because early introduction of other foods adversely affects nutrient absorption

and bioavailability, leading to lower breast milk intake, lower weight gain and increased risk of diarrhea, respiratory infections and allergies.<sup>15</sup>

Regarding the received information on exclusive breastfeeding, it is worth mentioning that all the mothers reported receiving some kind of information by health professionals on the topic and its importance.

*Yes, from the nurse. Exclusive breastfeeding is very important for the child, because it prevents several diseases and is a bond between the mother and the child. (M1)*

*Yes, from the nurse and the doctor. That EBF is very important because the milk avoids diseases and it is healthy for child. (M5)*

*Yes, the nurse and the academics. I was advised that EBF prevents malnutrition. (M6)*

*I received guidance from the academics and from the nurse. They always said that the milk contained the vitamins and nutrients my child needed. (M8)*

For the success of breastfeeding, it is important that the mother receives clear information about its importance, above all, the biological, immunological and physiological aspects.<sup>16-7</sup>

The health professional must identify, during prenatal care, the knowledge, practical experience, beliefs and social and family life of the pregnant woman in order to promote health education for breastfeeding, as well as to ensure vigilance and effectiveness during the care to the mother.<sup>18</sup>

The answers of the interviews find support in the national literature, when affirming that the nurse is the most close professional to the woman during the pregnancy-puerperal cycle and has important role in the programs of health education, during prenatal. The nurse shall prepare the pregnant woman for breastfeeding in order to facilitate and tranquilize, in the postpartum period, the process of adaptation of the puerperal woman to breastfeeding, thus avoiding doubts, difficulties and possible complications.<sup>13,19</sup>

Thus, in addition to providing information on the advantages of breastfeeding for the baby, it is important to clarify the future mothers about the advantages of breastfeeding for them, namely on the pleasure that an enlightened and supported mother can find in breastfeeding, emphasizing the right and the pleasure of breastfeeding.<sup>19</sup>

### ◆ Benefits of exclusive breastfeeding

When questioned about the benefits of breastfeeding, there was a strong emphasis on its role as a way to prevent infections and

help the child's growth and development. In addition to the protection provided by breast milk, another important factor that deserves emphasis, according to the interviewees' reports, is the fact that it represents the lowest-cost food for mothers. Such an affirmation can be evidenced in the statements of the interviewees:

*It is cheap, it is ready and it is a very healthy food. (M3)*

*[...] the practice of breastfeeding prevents disease, you do not have to buy another type of milk, and it is a special time to be closer to my child. (M8)*

*[...] with breastmilk I can prevent my child from getting sick and it is the healthiest food. (M9)*

Breastfeeding favors the growth and development of the child, for both its nutritional, immunological and psychological characteristics, as it allows the harmonious growth of the face, promoting the maturation of the functions of the stomatognathic system. Breastfeeding is exclusively recommended up to the sixth month of life and complemented up to two years or longer, making the use of baby bottles with any type of liquid unnecessary.<sup>20</sup>

Breastmilk not only provides the baby with adequate nutrients, but also protects against infections, it is the strategy that most prevents infant deaths, as well as promotes the child's physical, mental and psychic health.<sup>21-22</sup>

Regarding the mother and child bond, the mothers reported such bond; the strengthening of the affection between both of them increases with the act of breastfeeding, which is of great value for the child's psychosocial and biological formation.<sup>23</sup>

#### ◆ Factors that facilitate and hinder adherence to exclusive breastfeeding (EBF)

Several factors contribute to facilitating or hindering adherence to exclusive breastfeeding. The statements show that the main facilitator of breastfeeding is its practicality and low cost, according to the interviewed mothers:

*It is cheap, it is ready and it is a very healthy food. (M3)*

*[...] you do not need to buy another type of milk, and it is a special time to be closer to my son. (M8)*

One of the main facilitators of breastfeeding is that it is at the ideal temperature, is ready at the time the child needs it, and the cost is extremely low compared to the use of artificial milks and other foods used in that lifetime.<sup>24</sup>

Regarding the main difficulties highlighted in relation to the adherence to exclusive breastfeeding in the first six months of life, it is worth mentioning the distance between the knowledge revealed by the interviewees about exclusive breastfeeding, its benefits and duration in practice, since the question about the duration of exclusive breastfeeding evidenced:

*Up to seven days of life [...]. (M1)*

*I breastfed until the 4<sup>th</sup> month, because my mother told me to give her some baby food. (M6)*

Breastfeeding represents an individual and conscious choice that develops within a context influenced and built by society that carries a socio-cultural heritage, determining different meanings of breastfeeding for the woman.<sup>14</sup>

Breastfeeding is a maternal choice that involves a complex interdependence of socioeconomic, cultural, and psychological factors.<sup>25</sup> The knowledge of the woman is really important if related to many situations that may come, but, by itself, does not guarantee change of attitude with regard to breastfeeding.<sup>28</sup>

Another factor hindering the success of the EBF of the present study related to the anatomical issues of the breast, as demonstrated in the speeches:

*[...] My breasts hurt and the nipple reversed. (M1)*

*The nipple of my breast was inverted, and it was very difficult for my daughter to nurse properly, because it would not let much milk out, and I could not give her another food. (M6)*

Almost all women can breastfeed and there are few reasons for the total impediment of breastfeeding.<sup>4</sup> When there is an anatomical problem, mothers should be well informed of their real need to stop breastfeeding or to choose another option rather than weaning, in addition to performing exercises.<sup>15</sup>

At the beginning of breastfeeding, most women experience mild pain or discomfort at the start of breastfeeding, which may be considered normal. However, very painful and bruised nipples, although very common, are not normal. Nipple traumas include erythema, edema, fissures, blisters, white, yellow or dark marks and bruises. The most common cause of pain to breastfeed is due to nipple trauma due to improper positioning and attachment.<sup>28</sup>

Other causes of pain include short/flat or inverted nipples, oral dysfunctions in the child, excessively short tongue curl, prolonged non-nutritive suction, improper use of milk



extraction pumps, non-interruption of suckling before withdrawal, use of creams and oils that cause allergic reactions in the nipples, use of nipple protectors (intermediates), and prolonged exposure to wet linings.<sup>5</sup>

Another finding of the present study was that the crying of the child represents a factor to be considered by the interviewees as a negative influence on the success of the duration of exclusive breastfeeding in the first six months of the child's life:

*The main difficulty I had, the baby cried wanting to suck. (M4)*

The crying of the child is not always indicative of hunger, but is easily interpreted as such. It is through crying that the baby manifests to external and internal stimuli, being its only means of asking for help for any inconvenience, or even just to claim the presence of the parents.<sup>28</sup> However, it is sometimes difficult to identify the cause of crying, and feeding the baby becomes the immediate attitude, thus crying is one of the main sources of distress for the mother. In fact, the mother, between her own anxiety and the irritation of the crying baby, enters a vicious circle, from which she can not get out, which can culminate in total agalactia.<sup>15</sup>

The cry is often interpreted by mothers as a sign of hunger; they feel that their milk is insufficient and weak, although this perception, sustained by culture, does not find support in the biological dimension, since there is no weak milk. What usually occurs is the incorrect technique of suckling (sucking only the nipple) or interrupting the suckling, which causes the child to receive a small amount of milk at the end of the feeding.<sup>28</sup>

When analyzing the factors that interfere in the success of breastfeeding, a study on the knowledge and practices of breastfeeding promotion in Family Health Teams carried out in Montes Claros, Minas Gerais, in 2007, revealed that, on the one hand, the participation of community health agents seems to influence positively in the success of breastfeeding promotion practices, since they are more inserted in the community and with similar activities in their daily practice; on the other hand, doctors and nurses refer less intervention practical opportunities.<sup>25</sup>

Even knowing the relevance of the practice of breastfeeding, the health professionals generally lack the technical knowledge to address practical aspects such as the adequacy of the attachment, the engorgement, the fissures, among others.<sup>27</sup>

## CONCLUSION

Most of the interviewed mothers present conceptual knowledge about exclusive breastfeeding and its benefits for the child and mother, such as favoring child growth and development, protection against infections, favoring the mother-child bond, and low cost of food. However, the practice of exclusive breastfeeding during six months of the child's life in the studied scenario is deficient, which suggests that the distance between the knowledge acquired by mothers about breastfeeding and its practice, especially in the first six months, may be reducing to activities developed by health professionals that emphasize only the theoretical aspects of breastfeeding.

In this sense, the family health teams, by the nature and scope of their activities, have privileged characteristics that provide greater potential for success in educational activities.

Therefore, considering the protection conferred by exclusive breastfeeding on the infant morbimortality, initiatives to promote its practice increasingly become a priority, for both public health policies directed at maternal and child health, as health professionals at both the hospital level as primary health care, and the community as a whole.

One expects that this study may be useful in the adoption of strategies that subsidize the actions of health professionals to promote breastfeeding and factors that interfere in its duration and maintenance.

## REFERENCES

1. Ichisato SMT, Shimo AKK. Revisitando o desmame precoce através de recortes da história. Rev Latino-Am Enfermagem [internet]. 2002 [cited 2014 Aug 22];10(4):578-85. Available from: [http://www.scielo.br/scielo.php?pid=S0104-11692002000400016&script=sci\\_abstract&tlng=pt](http://www.scielo.br/scielo.php?pid=S0104-11692002000400016&script=sci_abstract&tlng=pt)
2. Ramos CV, Almeida JAG. Alegações maternas para o desmame: estudo qualitativo. J pediatr [internet]. 2003 [cited 2014 Aug 22];79(5):385-90. Available from: <http://www.scielo.br/pdf/jped/v79n5/v79n5a04.pdf>
3. Carrascoza KC, Costa-Junior AL, Ambrosano GMB, Moraes ABA. Prolongamento da amamentação epidêmico além do Primeiro Ano de Vida: Argumentos das Mães. Psicol teor pesqui [internet]. 2005 [cited 2014 Aug 22];21(3):271-77. Available from:

<http://www.scielo.br/pdf/ptp/v21n3/a03v21n3.pdf>

4. Toma TS, Rea MF. Benefits of breastfeeding for maternal and child health: an essay on the scientific evidence. *Health Publ Not* [Internet]. 2008 [cited 2013 Dec 25];24(Sup 2):S235-46. Available from: <http://www.scielo.br/pdf/csp/v24s2/09.pdf>

5. OMS-UNICEF. Manual de Aconselhamento em Amamentação. São Paulo: Instituto de Saúde; 1994.

6. Niquini RP, Bittencourt SA, Lacerda EMA, Oliveira MIC, Leal MC. Determinantes da oferta de líquidos à criança. *Rev saúde pública* [Internet]. 2009 [cited 2013 Dec 25];42(4):607-14. Available from: <http://www.scielo.br/pdf/rsp/v44n4/1440.pdf>

7. França GVA, Brunken GS, Silva SM, Escuder MM, Venancio SL. Determinantes da amamentação em Cuiabá-MT. *Rev saúde pública* [Internet]. 2007 [cited 2014 Jan 06];41(5):711-18. Available from: <http://www.scielo.br/pdf/rsp/v41n5/5802.pdf>

8. Narchi NZ, Fernandes RAQ, Dias LA, Novais DH. Variáveis que influenciam a manutenção do aleitamento materno exclusivo. *Rev Esc Enferm* [Internet]. 2009 [cited 2014 Jan 06];43(1):87-94. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0080-62342009000100011](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342009000100011)

9. Caldeira AP, Fagundes GC, Aguiar GN. Promoção do aleitamento materno para o PSF. *Rev saúde pública* [Internet]. 2008 [cited 2014 Jan 10];42(6):1027-33. Available from: <http://www.scielo.br/pdf/rsp/v42n6/6980.pdf>

10. Takushi SAM, Tanaka ACD, Gallo PR, Machado MAMP. Motivação de gestantes para o aleitamento materno. *Rev nutr* [Internet]. 2008 [cited 2014 Jan 10];21(5):491-502. Available from: <http://www.scielo.br/pdf/rn/v21n5/a02v21n5.pdf>

11. Castro IRR, Engstrom EM, Cardoso LO, Damião JJ, Rito RVFV, Gomes MASM. Tendência temporal da amamentação na cidade do Rio de Janeiro: 1996-2006. *Rev Saúde Públ* [Internet]. 2009 [cited 2014 Feb 1];43(6):1021-29. Available from: <http://www.scielo.br/pdf/rsp/v43n6/14.pdf>

12. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 10 ed. São Paulo: Hucitec; 2007.

13. Brasil (MS). Guia Alimentar para crianças menores de dois anos. 1ed. Brasília: Ministério da Saúde; 2002.

14. Otsuka K, Dennis CL, Tatsuoka H, Jimba M. The relationship between breastfeeding self efficacy and perceived insufficient milk among Japanese mothers. *J Obstet, Gynecol & Neonatal Nurs* [Internet]. 2008 [Cited 2014 Feb 02];37(5):546-55. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1552-6909.2008.00277.x/pdf>

15. Silva AP, Souza N. Prevalência do aleitamento materno. *Rev nutr* [Internet] 2005 [cited 2014 Feb 05];18(3):301-10. Available from: <http://www.scielo.br/pdf/rn/v18n3/a02v18n3.pdf>

16. Bonilha ALL, Schmalfuss JM, Moreto VL, Lipinski JM, Porciuncula MB. Participatory training of prenatal care professionals for breastfeeding promotion. *Rev bras enferm* [Internet]. 2010 [cited 2014 Jan 10];63(5):881-6. Available from: <http://www.scielo.br/pdf/reben/v63n5/19.pdf>

17. Almeida NAM, Fernandes AG, Araújo CG. Aleitamento materno: uma abordagem sobre o papel do enfermeiro no pós-parto. *Rev eletrônica enferm* [Internet] 2004 [cited 2014 Jan 10];06(03):358-67. Available from: [https://www.fen.ufg.br/fen\\_revista/revista6\\_3/pdf/06\\_Original.pdf](https://www.fen.ufg.br/fen_revista/revista6_3/pdf/06_Original.pdf)

18. Onofre PSC, Oliveira PP, Belinelo RGS, Ferreira SSAS. Conhecimento de gestantes atendidas em uma Unidade Básica de Saúde sobre o aleitamento materno. *J Nurs UFPE on line* [Internet] 2012 [cited 2016 Mar 22];6(6):1302-10. Available from: [http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/view/2473/pdf\\_1228](http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/view/2473/pdf_1228)

19. Levy L, Bértolo H. Manual de Aleitamento Materno. 1ed. Portugal: UNICEF; 2012.

20. França MCT, Giugliani ERJ, Oliveira LD, Weigert EML, Santo LCE, Köhler CV, et al. Uso de mamadeira no primeiro mês de vida: determinantes e influências na técnica de amamentação. *Rev Saúde Públ* [Internet]. 2008 [cited 2014 Mar 25];42(4):607-14. Available from: <http://www.scielo.br/pdf/rsp/v42n4/6206.pdf>

21. Guyton AC. Tratado de Fisiologia Médica. 11ª ed. Rio de Janeiro: Elsevier; 2006.

22. Venancio SL, Escuder MML, Kitiko P, Rea MF, Monteiro CA. Frequência e determinantes do aleitamento materno em municípios do Estado de São Paulo. *Rev Saúde Públ* [Internet]. 2002 [cited 201 Apr 02];36(3):313-8. Available from: <http://www.scielo.br/pdf/rsp/v36n3/10493.pdf>

Teles MAB, Silva Junior RF da, Santos Júnior GG dos et al.

Knowledge and practices of breastfeeding...

23. Mendes APD, Galdeano LE. Percepção dos enfermeiros quanto aos fatores de risco para vínculo mãe-bebê prejudicado. Cienc Cuid Saude [Internet]. 2006 [cited 2014 Apr 03];5(3):363-71. Available from: <http://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/viewFile/5037/3259>
24. Caldeira AP, Fagundes GC, Aguiar GN. Intervenção educacional em equipes do Programa de Saúde da Família para promoção da amamentação. Rev Saúde Públ [Internet] 2008 [cited 2014 Apr 12];42(6):1027-33. Available from: <http://www.scielo.br/pdf/rsp/v42n6/6980.pdf>
25. Minas Gerais. Atenção à Saúde da Criança. 1ed. Belo Horizonte: SAS/DNAS; 2005.
26. Azeredo CM, Maia TM, Rosa TCA, Silva FF, Cecon PR, Cotta RMM. Percepção de mães e profissionais de saúde sobre o aleitamento materno: encontros e desencontros. Rev paul pediatr [Internet] 2008 [cited 2014 Apr 12];26(4): 336-44. Available from: <http://www.scielo.br/pdf/rpp/v26n4/a05v26n4.pdf>
27. Giugliani ERJ. O Aleitamento Materno na prática clínica. J pediatr [Internet] 2000 [cited 2014 May];76(3):238-52. Available from: <https://www.nescon.medicina.ufmg.br/biblioteca/imagem/0050.pdf>
28. Pamplona V. Curso de preparação de gestantes para profissionais de enfermagem. Coimbra: Instituto Superior Miguel Torga; 2006.

Submission: 2016/11/28

Accepted: 2017/04/03

Publishing: 2017/06/01

#### Corresponding Address

Renê Ferreira da Silva Junior  
Rua Santos Leite, 5, Ap. 201  
Bairro Santo Expedito  
CEP: 39400-482 – Montes Claros (MG), Brazil