



INTIMATE PARTNER VIOLENCE AND THE PRACTICE OF BREASTFEEDING
VIOÊNCIA POR PARCEIRO ÍNTIMO E A PRÁTICA DO ALEITAMENTO MATERNO
VIOLENCIA POR COMPAÑERO ÍNTIMO Y LA PRÁCTICA DE LA LACTANCIA MATERNA

Nayara Girardi Baraldi¹, Angelina Lettiere Viana², Daniela Taysa Rodrigues Pimentel³, Juliana Stefanello⁴

ABSTRACT

Objective: to reflect on the practice of breastfeeding in a context of intimate partner violence and its importance in professional practice. **Method:** this is a qualitative, descriptive study, of the type reflexive analysis, developed through a narrative review of the literature. Data were collected in the category: "Intimate partner violence and the repercussions on the practice of breastfeeding". **Results:** repercussions of this violence are observed in the beginning and in the maintenance of breastfeeding. Emphasis is placed on the fragility of women's psychological and physical conditions, and early weaning is also seen in order to protect the child from violence. It is added, however, that there is no special attention paid to this event by health. **Conclusion:** it was observed that intimate partner violence is present in the pregnancy-puerperal cycle with repercussions on maternal and child health, including breastfeeding. However, the low visibility of the problem in the academic and care areas is highlighted. It is hoped that this study will contribute to reflections on the theme and impel new questions, researches and transformations in the model of care and reception. **Descriptors:** Intimate Partner Violence; Violence Against Women; Breastfeeding; Weaning; Maternal and Child Health; Nursing care.

RESUMO

Objetivo: refletir sobre a prática do aleitamento materno num contexto de violência por parceiro íntimo e sua importância na prática profissional. **Método:** trata-se de estudo qualitativo, descritivo, do tipo análise reflexiva, desenvolvido por meio de uma revisão narrativa da literatura. Reuniram-se os dados na categoria: "A violência por parceiro íntimo e as repercussões na prática do aleitamento materno". **Resultados:** observam-se repercussões dessa violência no início e na manutenção da amamentação. Destaca-se a fragilidade das condições psicológicas e físicas da mulher e visualizam-se, inclusive, quadros de desmame precoce a fim de proteger a criança da violência. Acrescenta-se, no entanto, que não se nota, por parte da saúde, uma atenção especial diante desse evento. **Conclusão:** constatou-se que a violência por parceiro íntimo está presente no ciclo gravídico-puerperal com repercussões na saúde materno-infantil, inclusive, no aleitamento materno. Salienta-se, entretanto, a baixa visibilidade da problemática nas áreas acadêmica e assistencial. Espera-se que este estudo contribua para reflexões sobre a temática e impulse novos questionamentos, pesquisas e transformações no modelo de acolhimento e cuidado. **Descritores:** Violência por Parceiro Íntimo; Violência Contra a Mulher; Aleitamento Materno; Desmame; Saúde Materno-Infantil; Cuidados de Enfermagem.

RESUMEN

Objetivo: reflexionar sobre la práctica de la lactancia materna en un contexto de violencia por compañero íntimo y su importancia en la práctica profesional. **Método:** se trata de un estudio cualitativo, descriptivo, del tipo análisis reflexivo, desarrollado por medio de una revisión narrativa de la literatura. Se reunieron los datos en la categoría: "La violencia por compañero íntimo y las repercusiones en la práctica de la lactancia materna". **Resultados:** se observan repercusiones de esta violencia al inicio y en el mantenimiento de la lactancia. Se destaca la fragilidad de las condiciones psicológicas y físicas de la mujer y se visualizan, incluso, cuadros de destete precoz a fin de proteger al niño de la violencia. Se añade, sin embargo, que no se nota, por parte de la salud, una atención especial ante ese evento. **Conclusión:** se constató que la violencia por compañero íntimo está presente en el ciclo embarazo-puerperio con repercusiones en la salud materno-infantil, inclusive, en la lactancia materna. Se destaca, sin embargo, la baja visibilidad de la problemática en las áreas académica y asistencial. Se espera que este estudio contribuya a reflexiones sobre la temática e impulse nuevos cuestionamientos, investigaciones y transformaciones en el modelo de acogida y cuidado. **Descriptor:** Violencia de Pareja; Violencia Contra la Mujer; Lactancia Materna; Destete; Salud Materno-Infantil; Atención de Enfermería.

¹Federal University of São Carlos / UFSCAR. São Carlos (SP), Brazil. ORCID : <https://orcid.org/0000-0003-0124-8174> E-mail: nayyzinha@usp.br ^{2,3,4} University of São Paulo / USP.. Ribeirão Preto (SP), Brazil. E-mail: angelina.lettieri@usp.br ORCID : <https://orcid.org/0000-0002-4913-0370>; ORCID : <https://orcid.org/0000-0003-0142-5820> E-mail: dtrpimentel@eerp.usp.br ORCID : <https://orcid.org/0000-0003-3926-0144> E-mail: julianas@eerp.usp.br

How to cite this article

Baraldi NG, Viana AL, Pimentel DTR et al. Intimate partner violence and the practice of breastfeeding. J nurs ufpe on line. 2019;13:e239360 DOI: <https://doi.org/10.5205/1981-8963.2019.239360>

INTRODUCTION

The World Health Organization (WHO), in partnership with the United Nations Children's Fund (UNICEF) and the Global Collective of Breastfeeding (Collective), have set global goals in 2014, one of which is to increase for at least 50%, the rates of Exclusive Breastfeeding (BF) until 2025.¹

In studies, 80% of newborns in the majority of countries receive breastmilk (BM) at birth, however, the rates of BF during the six months of life are around 37% , that is, an average below that recommended by the WHO, UNICEF and the Ministry of Health (MH) of Brazil.¹⁻³

However, in a national survey on breastfeeding indicators in the capitals and in the Federal District, only 41% of 34,366 children were in BF until the last three decades. the sixth month. It is evident from this result that the country has not yet reached the target set by national and international bodies related to breastfeeding.⁵⁻⁶

It is known that high, middle and low income countries enjoy the benefits of breastfeeding. In this sense, the reasons for the low adherence to the BF are investigated and, for this, it is necessary to understand the complexity of the experiences that construct the act of breastfeeding. It is understood that breastfeeding goes beyond physical and biological aspects, as well as permeating the historical context such as cultural roots and mercantilist practices. The same influence is affected by determinants such as: actions of the health services, the family and community network, maternal labor practice and the laws and public policies that permeate the protection of this process. These determinants also add to the maternal and child's own requirements, which impact on how this process will be established.^{4,7}

It is understood, therefore, that the factors related to early weaning are multifactorial and complex, and that studies carried out with the objective of detecting their main causes are important to qualify care.⁸ In this sense, it is conceived to understand the practice of breastfeeding (BF) as something that is built in a unique way and that requires integral care on the part of the professionals who accompany the woman and the child.

This is a question that reverberates: "Does a context of intimate partner violence reflect in breastfeeding practices?" It is justified to choose this context because of its relevance to the theme of violence against women (VAW), among them, Intimate partner violence (IPV) at the global and national levels and its repercussions on maternal and child health, as well as the scientific evidence for the production of integral care for women. It is also known that the international and national

literature in this respect is scarce, especially in the qualitative aspect, and the IPV has been related to the inadequate practices of BF, such as: low propensity to start BF, less desire to breastfeed, low probability of having BF and greater chance of weaning early.⁹⁻¹⁸

The purpose of this article is to promote the debate on the subject, besides highlighting the importance of understanding the health needs, both singular and collective, to promote comprehensive care actions more in line with the needs of women with IPV, health care is centered on biological aspects, without taking into account the multiple determinants that involve the practice of BF.

OBJECTIVE

- To reflect on the practice of breastfeeding in a context of intimate partner violence and its importance in professional practice.

METHOD

It is a qualitative, descriptive study of the type of reflexive analysis developed through a narrative review of the literature, with scientific articles, directives of health organizations, both international and national, dissertations and theses.¹⁹ the research question: "What is the literature about the practice of breastfeeding in a context of intimate partner violence?". Thus, the documents that addressed the IPV in the pregnancy-puerperal cycle focused on BF.

The research question is used to help in conducting the study, as well as to enable the selection of health descriptors.¹⁹ The descriptors selected in the Virtual Health Library are intimate partner violence, violence against women and breastfeeding using the Boolean operator AND, in the following crosses: "intimate partner violence AND breastfeeding" and "violence against women AND breastfeeding". A search was conducted in November 2018 in the MEDLINE (Medical Literature Analysis and Retrieval System Online) databases and in the SciELO library (Scientific Electronic Library Online). This search has resulted in few publications and, in some cases, articles that are not current. It was decided; therefore, to expand the search in these bases and, for this, the following keywords were used: conjugal violence, breastfeeding and abuse. They were listed as criteria for inclusion of the articles: papers published in a period of ten years, available online, in Portuguese and English, original researches and literature reviews.

It was also opted for the inclusion of the gray literature, since, in the search in databases, few productions talked about the state of the art. In this case, it would contribute to the dissertations and theses, as well as the technical and/or scientific reports of the world and national health

organizations, for a more robust reflection on the subject. The gray literature, as well as some other studies, was extracted from the references of articles originating from the first search in the databases.

The study was divided in stages: search of the articles in the databases through the selected descriptors and keywords; reading titles and abstracts to verify the convergence of the material to the study topic and the inclusion criteria; reading the article in its entirety; search and reading of the original studies found by means of the final references of the articles coming from the search in the databases with the descriptors or the keywords; manual or guideline reading from WHO and/or MH, theses and dissertations. After all the readings, the compilation of the materials was carried out, followed by the analysis and identification of the themes for reflection and, finally, the elaboration of the reflexive syntheses of the study.¹⁹

RESULTS

After the reading and analysis of the selected material, a central category for the discussion was created, which was entitled "Intimate partner violence and the repercussions on the practice of breastfeeding".

For the construction of the category, important data for the understanding of the subject were discussed, such as the differences in the prevalence of IPV in the international and national settings and the repercussions of IPV on women and children. These data are listed since these repercussions have an interface in the woman's life and may be related to the practice of BF. It is highlighted that it was chosen to approach them in a single category, since the understanding of this context contributes to a better elucidation and reflection on the interface between the IPV and the practice of the BF, as presented below.

DISCUSSION

♦ Intimate partner violence and the repercussions on the practice of breastfeeding

It is noted, in relation to the prevalence of IPV in the pregnancy-puerperal cycle, that it undergoes alterations according to the place researched and the methodological design. In this sense, a multicenter study in 19 countries identified that the highest prevalence of IPV during pregnancy occurs in African and Latin American countries.²⁰ In a cross-sectional study carried out in São Paulo, 51.2% of the participants experienced IPV in their lifetime, and 36.7% of them reported gestation and 25.6% of them reported permanence of the violence in the puerperium;²¹ as for the prevalence, in the

context of the researchers' performance, a cross-sectional study was conducted in the city of Ribeirão Preto, where the prevalence is 17.59% during the current gestation.¹⁶

In the analysis of the prevalence of IPV, before and during the pregnancy-puerperal cycle, it is stated in the literature that some studies show a reduction of the same in the gestational period, when compared to the non-gravid period, however, there is still no consensus, in the literature, whether gestation is shown to be a factor that protects women against IPV.²⁰⁻¹ It was evidenced in two studies of an integrative review of the literature that address the issue of pregnant women in situations of violence, in their results, that gestation was not very protective for women, since, even with varying prevalence in the studies, there is a change in the typology of violence, that is, the physical and psychological is reduced, but, even with this inversion in the typology, it did not cease to exist.²²⁻³

It was also noticed by a group of women, the change in the way IPV is practiced in the pregnancy-puerperal cycle, in a qualitative study, revealing, in the reports, the reduction of the spread of physical violence, but the increase in violence verbal gestation. On the other hand, in the puerperal period physical violence increased again, while the verbal remained similar to the gestational period.¹⁷ It can be inferred, in this context, between prevalences and reports, that there is a tendency to reduce violence in the pregnancy-puerperal cycle, but without a consensus if the period is really protective, since violence continues to be perpetrated and, from this It is worth mentioning that, regardless of the phase of the woman's life cycle, IPV causes repercussions on the physical, psychic, emotional and social levels.

It is evident in the literature on the subject that the IPV has repercussions on maternal and child health, and sometimes this woman in a situation of violence, due to being involved in this relationship, and health professionals, frail in the process of work, they do not recognize such reflexes to the health of the mother-child binomial.^{18,22} It is a challenge in this context to seek to know, through a reflexive process, how IPV situations can generate interference in the health of women and children. It is alerted, as a possible repercussion, the way in which the practice of BF in the presence of IPV in the pregnancy-puerperal cycle.

It should be noted that research on this subject is scarce, and yet there is no consensus as to whether IPV has repercussions for BF.^{11-4,17-8} In a review of the literature, based on observational studies on the repercussion of IPV in BF, eight of the 12 original articles listed showed a decrease in the intention of the woman to breastfeed, a lower

chance of initiating BF, and how to keep it exclusive for six months, a fact that showed an increase in the possibility of early complementation in women living with IPV. It was concluded by the authors that the subject is little studied and, due to the different methodological pathways, although there is a negative repercussion of IPV in relation to breastfeeding, it can not be predicted that it exclusively acts to cease the EBF or until the BF, since breastfeeding is a complex and socioculturally constructed event.¹⁷

Among the negative repercussions of IPV on the practice of BF, a population study was performed in 26 of the 48 States that make up the United States of America, regardless of the period in which IPV occurs, before or after gestation, the onset and progression of breastfeeding were affected, that is, 35 to 52% of women reporting IPV during pregnancy or a year earlier were less likely to breastfeed, and of these, 41% to 71% breastfeeding in the first four months.¹⁰

It is inferred that the difficulties in managing breastfeeding, the lack of stimulation to breastfeed, the lack of staff to welcome and assist the woman in the face of breastfeeding and return to work are aspects that may overlap in this scenario of breastfeeding and violence, meanwhile. , it is not yet known how and how such factors contribute to the failure of the MA. In the light of these data, a reflection is made: intimate partner violence can contribute to other situations, that is, to be part of a context that makes it difficult to initiate or maintain breastfeeding?

In a national study, in the State of Rio de Janeiro, through reports of women experiencing the context of IPV in the puerperium, it was identified that they felt the need to wean their babies in order to keep them away from the violence were affected and believed that the violence suffered was a factor that contributed to hypogalactia and agalactia due to the mental and physical disorders generated in the experience of this violence.¹³ It is believed, therefore, that quantitative studies can assess whether IPV interferes or not in the breastfeeding process, but the way this interference affects this process tends to be revealed by qualitative studies. Therefore, the relevance of studies with different methodological designs is highlighted so that it is possible to know, in a contextualized way, how such complex phenomena interfere with women's health, as well as revealing ways to promote individual and centered care in the health needs.

In a study carried out on the international scene, it was highlighted the need for qualitative studies that deepen the understanding of the relationships between social barriers, IPV and BF, since the authors instigate readers to evaluate

whether IPV is a problem before the beginning of breastfeeding, when discussing social factors that interfere in the BF and the involvement of IPV in the decision to breastfeed.²⁴ In fact, it is imperative to reflect once more on the proportions of the impact that the VPI generates before the BF, since, based on the state of the art, it can be seen that the success story or failure before the BF can be influenced also by the social, cultural and historical insertion of the nursing woman. A doubt remains, although such notes are widely publicized, in particular, through the World Campaigns and the World Encouragement Week: what remains to be seen and worked out by health professionals so that EBF order to achieve the target of 50% of EBF by 2025?

It was found, in order to contribute to this reflection, that the fact that women were medicated due to the physical and emotional pain that the aggression caused them also contributed to the interruption of breastfeeding, since they believed that the medications could be transferred to the baby by the milk and, in this way, considered it harmful to their children to continue the breastfeeding process.¹³

It is noticed that a fragmented care of the subject, that is, the absence of therapeutic listening and the lack of space for verbalization and care in face of the demands of IPV and its repercussions, make the medication a curative response to physical and mental damages , however, this practice does not solve the heart, that is, it does not help to remove this woman and, consequently, the child from the experience, the suffering and the consequences of the IPV. In this sense, we ask ourselves: how does this professional care form in the face of this scenario of violence and breastfeeding? It is questioned, also in this reflexive line: if these women were hosted in their biopsychosocial needs by the health team and had space to show their demands and their fears, perhaps the practice of breastfeeding could be different from what is visualized by the results of the previous studies?

The search for health services, as well as public safety and legal support, is often observed when the situation of violence becomes unsustainable or when some physical, psychological or emotional care is required. It is possible, in particular that this service-seeking situation was ultimately shaped by lack of full and transversal care and by the maintenance of care marked by the lack of dialogue between women and professionals.¹⁷

It is considered important to think about the use of light technologies in the care of these women. It is hoped, therefore, that the care of these women in a situation of violence can be based on human and integral care, which contributes to the formation of a bond between the woman and the team of health professionals

and, therefore, with such actions, it is identified that these professionals' behaviors have also collaborated in facing the various forms of violence against women.²²

In view of the above, it is believed that, in identifying and giving visibility to violence against women, as well as involving, in the care, the repercussions of this violence against the biopsychosocial spheres of the binomial (among them, it is important to understand how breastfeeding in this context), it is possible to encourage care based on integrality, a fact that would at least contribute to the mother-child binomial being no longer mitigated by the biologicistic model of health. Nevertheless, it aims to contribute so that these questions and reflections are answered and that can have effects in the professional practice.

It is also observed that the literature, both international and national, reports and reaffirms the consequences of experiencing the situation of violence, especially in the context of psychological disorders.^{10-2,24} It was identified in an international study carried out to sensitize nurses to recognize and work the repercussions of violence against breastfeeding, that the psychological disorders in women collaborate to make difficult the recognition and the establishment of maternity.²⁵

In an international study on the interface between IPV, BF and psychological disorders, women who experienced psychological aggression and physical coercion and had postpartum depression were more likely to belong to the artificial feeding group, in comparison to the breastfeeding group, as well as the women who said they did not suffer aggression during pregnancy were in the group that initiated BF.¹²

At the national level, it was found, through the reports of women in an IPV context, that maternity was harmed by violence. She referred, even without clinical diagnosis of psychological disorder, by many women, to the state of mental health impaired, that is, they felt tearful; had their self-esteem shaken by verbal violence committed by their partner; they did not want to feed; they did not want to take care of the baby and preferred that the babies were cared for by the people who composed the interpersonal network and, finally, they reported not breastfeeding the baby and that they sometimes preferred the artificial beak because they believed that the BM could be passed on to the babies the whole picture of fear, anxiety and sadness to which they were subjected.¹⁷

In three studies carried out with women who experienced violence, among them, sexual abuse by the intimate partner, that women felt psychologically intimidated to breastfeed, since the act of sucking the baby into the mother brought them to the the violence against them.^{11,17}

It should be emphasized that, in broadening the view of IPV reflexes beyond breastfeeding, other outcomes are recurrent to this type of violence, both for the woman and for the newborn. The woman was found to be: a harmful lifestyle, which associates tobacco and alcohol abuse, eating disorders, risk behavior for sexuality and sleep disorders, and, nonetheless, low self-esteem. The neglect of care is evidenced for the newborn, and, in view of the context and social insertion of this woman, the restriction of the same in their networks of contact has also been noticed, a common fact when one thinks that the aggressor, in order to perpetuate violence, women are becoming increasingly vulnerable, and all these factors contribute to the reduction of BF, since they interfere in the practice of violence.^{11,17,25}

In view of these findings, do you wonder how many times you, reader, remember in your academic or professional practice to have questioned the IPV of women who experience motherhood, and especially those with problems in breastfeeding? how many documents at federal, state or even municipal levels that address or have signaled this issue before the care in breastfeeding?

It is known that the impacts generated by the violence do not only affect the physical or the biological, but are related to social, economic and cultural aspects and, if such contexts are not identified by the professionals, that government campaigns on breastfeeding or even worldwide calls for improve BF rates, if one can not understand that violence, in particular perpetrated by an intimate partner, impacts women's biopsychosocial culture and generates negative reflexes in breastfeeding? As long as the invisibility of violence remains in health services, will it be possible to achieve goal five, recommended by WHO and other partners and presented at the beginning of this reflection?

In view of the invisibility of the IPV in the care models, it is possible to note the fragility, in particular, of Nursing, since it is one of the professions that are most concerned with the care given to BF, especially in primary care. It is noticed that the professional nurse in some situations lack creativity and the reflexive and critical act of how to deal with adverse situations or unusual requests in daily life, such as low attention to the situation of violence by the woman.²⁶

Almost every day, in breastfeeding acceptance, it is a question of the fact that lactation is not purely biological, but something that involves social, cultural and psychological spheres, however, little is sought to understand or question about the relationship of the couple, in particular, on issues of violence perpetrated in the relationship, whether for fear the professional will

not know how to deal with this problem, either for fear the professional will be coerced by the aggressor partner or even for lack of understanding that this picture generates reflexes in breastfeeding. Thus, it is evident that the little reflection on these contexts reaffirms the "blindness" of the thematic in the health services.¹⁶⁻⁷

It is noticeable that the subject, in the case, the woman, passively, brings her restlessness or difficulty so that the demand is worked, otherwise, the fragmented care reigns in the attendances and what is observed is the maintenance of an unfriendly environment. In view of the above, it is confirmed that IPV can be present in all phases of the woman's life cycle, especially in the reproductive phase, and the need to sharpen their impact to the act of breastfeeding is highlighted. Therefore, it is essential to reflect on the subject, both in the academic and the social, as well as the political, and social environments, so that changes can be made and carried out in this respect.^{11,13,17,25}

It is emphasized that, even through the impact notes of the IPV on the practice of BF, in some articles, one can perceive the lack of knowledge about the factors that lead the woman to discontinue breastfeeding in a context of violence.^{10,12} is suggested, in this context, by some of these authors, the need for qualitative research in order to understand the experience of breastfeeding before the IPV, since most of the studies brings the repercussion of IPV in the pregnancy-puerperal cycle respect to the health of women and the newborn, but little is emphasized on their effects on breastfeeding.^{10,12,14-7,25}

CONCLUSION

It is concluded that IPV, although less prevalent in both the gestational and puerperal periods, when compared to other phases of the female reproductive cycle, may contribute to the failure at the beginning and, subsequently, to the maintenance of the BF, with reflexes for early weaning. Thus, the dissemination of this topic in the academic, scientific and care media is fundamental. It is added, however, that, even after more or less 30 years of research on violence against women, the effects and damages still remain to be unveiled, much still remains to be investigated and known to contribute to relevant actions with regard to the repercussions of IPV on the practice of breastfeeding.

The need for more studies of the type revisions, as well as original studies that seek to work and give prominence to the subject IPV and to the reflexes in the practice of the BF, is emphasized for the academic environment, so that this theme becomes visible beyond and promulgate actions in

other social, cultural, legal and even political spheres.

It is hoped that this reflection promotes change in practice, that is, it will lead to more bonding and qualified listening in order to give visibility to the phenomena and to the more effective care practices. It is hoped that, through the development of new policies for women's health care, as well as in global and governmental campaigns, the approach and development of the IPV in relation to BF in order to contribute to the visualization and recognition of these adverse effects caused by IPV.

FUNDING

It is reported that this study was part of the doctoral thesis entitled: "The experience of breastfeeding in a context of intimate partner violence and the social support network", which was funded by the Coordination of Improvement of Higher Education Personnel (CAPES).

ACKNOWLEDGEMENTS

Professor Ana Márcia Spanó Nakano, who was great idealizer and guide of this study, but did not have time to complete it due to her death.

REFERENCES

1. World Health Organization. Global Nutrition Targets 2025 Breastfeeding Policy Brief [Internet]. Geneva: WHO; 2014 [cited 2018 May 23]. Available from: https://www.who.int/nutrition/topics/globaltargets_breastfeeding_policybrief.pdf
2. World Health Organization. Comprehensive implementation plan on maternal, infant and young child nutrition [Internet]. Geneva: WHO; 2014 [cited 2018 May 23]. Available from: http://apps.who.int/iris/bitstream/handle/10665/113048/WHO_NMH_NHD_14.1_eng.pdf;jsessionid=C2D6BCABD1EBA062D76C60653B308D05?sequence=1
3. World Health Organization. United Nations Children's Fund. Tracking Progress for Breastfeeding Policies and Programmes [Internet]. Geneva: WHO; 2017 [cited 2018 May 23]. Available from: <https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017.pdf>
4. Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, Murch S J et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016 Jan; 387(10017):475-90. Doi: [10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7)
5. Venancio SI, Escuder MML, Saldiva SRDM, Giugliani ERJ. Breastfeeding practice in the Brazilian capital cities and the Federal District: current status and advances. *J Pediatr*. 2010

July/Aug; 86(4): 317-24. Doi: <http://dx.doi.org/10.1590/S0021-75572010000400012>

6. Boccolini CS, Boccolini PMM, Monteiro FR, Venâncio SI, Giugliani ERJ. Breastfeeding indicators trends in Brazil for three decades. *Rev Saúde Pública*. 2017 Dec; 51:108. Doi: <http://dx.doi.org/10.11606/s1518-8787.2017051000029>

7. Freitas MG, Borim BC, Werneck AL. Exclusive breastfeeding: adherence and difficulties. *J Nurs UFPE on line*. 2018 Sept;12(9):2301-07. Doi: <https://doi.org/10.5205/1981-8963-v12i9a234910p2301-2307-2018>

8. Guimarães CMS, Bonelli MCP, Conde RG, Gomes-Spanholz FA, Oriá MOB, Monteiro JS. Self-efficacy in breastfeeding and nursing professional practice. *J Nurs UFPE on line*. 2018 Apr; 12(4):1085-90. Doi: <https://doi.org/10.5205/1981-8963-v12i4a230736p1085-1090-2018>

9. World Health Organization. Intimate partner violence during pregnancy [Internet]. Geneva: WHO; 2011[cited 2018 Oct 14]. Available from: http://apps.who.int/iris/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf?sequence=1

10. Silverman JG, Decker MR, Reed E, Raj A. Intimate partner violence around the time of pregnancy: association with breastfeeding behavior. *J Womens Health*. 2006 Oct; 15(8):934-40. Doi: [10.1089/jwh.2006.15.934](https://doi.org/10.1089/jwh.2006.15.934)

11. Kendall-Tackett KA. Violence against women and the perinatal period: the impact of lifetime violence and abuse on pregnancy, postpartum, and breastfeeding. *Trauma Violence Abuse*. 2007 July; 8(3):344-53. Doi: <http://dx.doi.org/10.1177/152483007304406>

12. Lau Y, Chan KS. Influence of Intimate Partner Violence during pregnancy and early postpartum depressive symptoms on breastfeeding among Chinese women in Hong Kong. *J Midwifery Womens Health*. 2007 Mar/Apr;52(2):15-20. Doi: [10.1016/j.jmwh.2006.09.001](https://doi.org/10.1016/j.jmwh.2006.09.001)

13. Lourenço MA, Deslandes SF. Maternal care and breastfeeding experience of women suffering intimate partner violence. *Rev Saúde Pública*. 2008 Aug;42(4):615-21. Doi: <http://dx.doi.org/10.1590/S0034-89102008005000040>

14. Miller-Graff LE, Ahmed AH, Paulson JL. Intimate Partner Violence and Breastfeeding Outcomes in a Sample of Low-Income Women. *J Hum Lact*. 2018 Aug; 34(3):494-502. Doi: [10.1177/0890334418776217](https://doi.org/10.1177/0890334418776217)

15. James JP, Taft A, Amir LH, Agius P. Does intimate partner violence impact on women's initiation and duration of breastfeeding?. *Breastfeed Rev*. 2014 July; 22(2):11-9. PMID: [25109096](https://pubmed.ncbi.nlm.nih.gov/25109096/)

16. Mariano LMB, Monteiro JCS, Stefanello J, Gomes-Sponholz FA, Oriá MOB, Nakano MAS. Exclusive breastfeeding and maternal self-efficacy among Women of intimate partner violence situations. *Texto contexto-enferm*. 2016 Dec;25(4):1-10. Doi: <http://dx.doi.org/10.1590/0104-07072016002910015>

17. Baraldi NG. A vivência do aleitamento materno em um contexto de situação de violência por parceiro íntimo e a rede de suporte social [thesis] [Internet]. Ribeirão Preto: Universidade de São Paulo; 2017 [cited 2018 Oct 18]. Doi: [10.11606/T.22.2018.tde-27112017-205108](https://doi.org/10.11606/T.22.2018.tde-27112017-205108)

18. Mezzavilla RS, Ferreira MF, Curioni CC, Lindsay AC, Hasselmann MH. Intimate partner violence and breastfeeding practices: a systematic review of observational studies. *J Pediatr*. 2018 May/June; 94(3): 226-37. Doi: [10.1016/j.jped.2017.07.007](https://doi.org/10.1016/j.jped.2017.07.007)

19. Brun CN, Zuge SS, Rangel RF, Freitas HMB, Pieszak GM. Revisão narrativa da literatura: aspectos conceituais e metodológicos na construção do conhecimento da enfermagem. In: Lacerda MR, Costenaro RGS. *Metodologias da pesquisa para enfermagem e saúde: da teoria à prática*. Porto Alegre: Moriá, 2015. cap. 5, p. 123-142.

20. Devries KM, Kishor S, Johnson H, Stockl H, Bacchus LJ, Garcia-Moreno C, Watts C. Intimate partner violence during pregnancy: analysis of prevalence data from 19 countries. *Reprod Health Matters*. 2010 Nov; 18(36):158-70. Doi: [10.1016/S0968-8080\(10\)36533-5](https://doi.org/10.1016/S0968-8080(10)36533-5)

21. Marcacine KO, Abuchaim ESV, Jardini L, Coca KP, Abrão ACFV. Intimate partner violence among postpartum women: associated factors. *Rev Bras Enferm*. 2018 Oct; 71(Suppl 3):1306-12. Doi: <http://dx.doi.org/10.1590/0034-7167-2016-0643>

22. Costa MC, Silva EB, Siqueira ET. Pregnant women in violence situation on health look: integrative review. *J Nurs UFPE on line*. 2015 Feb; 9(Suppl 2):965-73. Doi: [10.5205/reuol.6391-62431-2-ED.0902supl201524](https://doi.org/10.5205/reuol.6391-62431-2-ED.0902supl201524)

23. Ramalho NMG, Ferreira JDL, Lima CLJ, Ferreira TMC, Souto SLU, Maciel GMC. Domestic violence against pregnant women. *J Nurs UFPE on line*. 2017 Dec; 11(12):4999-5008. Doi: <https://doi.org/10.5205/1981-8963-v11i12a22279p4999-5008-2017>

24. Cerulli C, Chin N, Talbot N, Chaudron L. Exploring the Impact of Intimate Partner Violence on Breastfeeding Initiation: Does It Matter?. *Breastfeed Med*. 2010 Oct;5(5):225-6. Doi: [10.1089/bfm.2010.0054](https://doi.org/10.1089/bfm.2010.0054)

25. Averbuch T, Spatz D. Breastfeeding mothers and violence: what nurses need to know. *MCN Am J Matern Child Nurs*. 2009 Sep/Oct; 34(5):284-9. Doi: [10.1097/01.NMC.0000360419.21733.5d](https://doi.org/10.1097/01.NMC.0000360419.21733.5d)

26. Lessa ABSL, Araújo CNV. Brazilian nursing: a reflection about political activity. REME rev min enferm. 2013 Apr/June; 17(2):474-80. Doi: <http://www.dx.doi.org/10.5935/1415-2762.20130036>

Submission: 2019/02/22

Accepted: 2019/04/23

Publishing: 2019/06/14

Corresponding Address

Nayara Girardi Baraldi

E-mail: nayyzinha@usp.br



All the contents of this article is licensed under a [Creative Commons Atribuição 4.0 Internacional](https://creativecommons.org/licenses/by/4.0/)