Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

THE KNOWLEDGE OF BREASTFEEDING AMONG PREGNANT WOMEN ASSISTED IN A PRIMARY HEALTHCARE UNIT

CONHECIMENTO DE GESTANTES ATENDIDAS EM UMA UNIDADE BÁSICA DE SAÚDE SOBRE O ALEITAMENTO MATERNO

CONOCIMIENTO DE LAS MUJERES EMBARAZADAS INSCRITAS EN UNA UNIDAD BÁSICA DE SALUD SOBRE LA LACTANCIA MATERNA

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ABSTRACT

Objective: to identify the knowledge of breastfeeding during the first six months of pregnancy among women attending a basic health unit located in the southern area of São Paulo. ***Method:*** this was an exploratory and descriptive study with a quantitative approach. The sample consisted of 50 pregnant women. The data collection was performed between May and July 2011, after prior written authorization of the manager of the Basic Health Care Unit and project approval by the Ethics in Research Committee (COEP) from the Sao Paulo City Municipal Health Secretary under CAAE nº 0041.0.251.162/11 and favorable assent under Protocol nº 142/11. The data were analyzed using descriptive statistics. ***Results:*** the benefits of breastfeeding were known by 35 (70%) of the interviewees. Among the 50 (100%) pregnant women who attended medical and nursing appointments, 22 (44%) received information about breastfeeding from nurses, 10 (20%) from doctors, and 18 (36%) did not receive. All 50 (100%) women reported the desire to breastfeed for at least 6 months. ***Conclusions:*** regardless the basic knowledge of breastfeeding among the mothers, issues such as the ideal time for the first feeding and importance of colostrums, still need to be further clarified during the prenatal care; health professionals need to enhance the guidance offered to pregnant women. ***Descriptors:*** breastfeeding; pregnant women; basic health services; prenatal care.

RESUMO

***Objetivo*:** identificar o conhecimento de mulheres atendidas em uma unidade básica de saúde localizada na zona sul do município de São Paulo, nos seis primeiros meses de gestação, sobre o aleitamento materno. ***Método*:** pesquisa exploratória, descritiva, de abordagem quantitativa. A amostra foi de 50 gestantes. A coleta de dados foi realizada no período entre maio e julho de 2011, após prévia autorização formal do responsável pela Unidade Básica de Saúde, e aprovação do projeto pelo Comitê de Ética e Pesquisa (COEP) da Secretaria Municipal de Saúde da Prefeitura da Cidade de São Paulo, mediante CAAE n° 0041.0.251.162/11, recebendo parecer favorável, conforme Protocolo n° 142/11. Os dados foram analisados por meio da estatística descritiva. ***Resultados*:** os benefícios do aleitamento materno eram conhecidos por 70% (35) das entrevistadas. Todas as 50 gestantes (100%) compareceram às consultas médicas e às de enfermagem, 22 (44%) receberam orientações dos enfermeiros sobre o aleitamento materno, 10 (20%) dos médicos, e 18 (36%) não receberam nenhum tipo de orientação. Sobre o desejo de amamentar, as 50 (100%) gestantes relataram este desejo em pelo menos seis meses. ***Conclusões*:** embora as mães tenham conhecimentos básicos sobre aleitamento materno, questões como o momento ideal para a primeira mamada, assim como, a importância do colostro, ainda precisam de maiores esclarecimentos durante o pré-natal. Os profissionais de saúde necessitam aperfeiçoar as orientações oferecidas às gestantes. ***Descritores*:** aleitamento materno; gestantes; serviços básicos de saúde; cuidado pré-natal.

RESUMEN

Objetivo: identificar los conocimientos sobre la lactancia materna en los seis primeros meses del embarazo, de mujeres que asisten a un centro de salud ubicado en la zona sur del municipio de São Paulo. ***Método:*** estudios exploratorios, descriptivos y cuantitativos. La muestra consistió en 50 mujeres embarazadas. La recogida de datos se llevó a cabo ente Mayo y Julio de 2011, con la previa autorización escrita del responsable del centro de salud y la aprobación del proyecto por parte del Comité de Ética e Investigación (COEP) de la Secretaria Municipal de Salud del Ayuntamiento de São Paulo, mediante CAAE nº0041.0.251.162/11, recibiendo la aprobación, conforme el protocolo nº142/11. Los datos fueron analizados mediante estadística descriptiva. ***Resultados:*** los beneficios de la lactancia materna eran conocidos por 35 (70%) de las entrevistadas. Las 5 (100%) embarazadas acudieron a las consultas médicas y de enfermería; 22 (44%) recibieron, de los enfermeros, orientación sobre la lactancia materna; 10 (20%) de los médicos y 18 (36%) no recibieron ningún tipo de orientación. Sobre la pretensión de amamantar, las 50 (100%) embarazadas transmitieron el deseo de hacerlo durante, por lo menos, 6 meses. ***Conclusiones:*** aunque las madres tengan conocimientos básicos acerca de la lactancia materna, cuestiones como el momento ideal para la primera mamada o la importancia del calostro, todavía necesitan ser más esclarecidas durante el prenatal y los profesionales de la salud necesitan mejorar las orientaciones ofrecidas a las embarazadas. ***Descriptores:*** lactancia materna; mujeres embarazadas; servicios básicos de salud; atención prenatal.

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INTRODUCTION

Many changes occur in the body of a woman during pregnancy causing the demands of special care in this period of about nine months, when preparations for the birth of the infant happen. It is important that, during pregnancy, the future mothers be monitored by health professionals. The Brazilian Ministry of Health (MS) underlines the importance of prenatal care and encourages all mothers to seek assistance in the Unified Health System (SUS).[1]

The prenatal care period is the ideal time to start the preparatory work for breastfeeding, through the formation from groups of pregnant women and individual assistance. The health staff must develop dynamic group meetings with the active participation of the pregnant women, seeking to work with the knowledge of breastfeeding among the main existing prejudices (weak milk, inadequate production) and addressing topics such as breast anatomy, physiology of lactation, breast care, nutrition, emotional aspects, and importance of the breast milk for the baby.[2]

The breast milk is unquestionably the best food for the child in the first months of life. Many studies emphasize the advantages of breastfeeding in promoting children's health. However, the practice of breastfeeding, which was natural at the beginning of the century, is today the result of a maternal option that involves a complex interaction of factors.[3-4]

Throughout the history of mankind, the mother's milk has been the main source of available nutrients for infants. However, from the 20th century on and especially after the World War II, bottle-feeding practices acquired significantly higher importance. Several factors contributed to this fact. The industrialization and improvement of techniques for the sterilization of cow milk led to the large-scale production of powdered milks. The industries producing such milk, assisted by intense and aggressive publicity, sought to promote that powdered milk was a satisfactory substitute for breast milk. Moreover, the entry of women into the labor market limited the possibility of breastfeeding for at least six months after birth. [4-5]

Among the benefits of breastfeeding for the mother the most often cited are the acceleration in losing the weight gained during pregnancy, postpartum uterine involution, protection against anemia resulting from longer puerperal amenorrhea, and decreased incidence of breast and ovarian cancer. Breastfeeding also brings benefits to the family: it is an economical and practical option.[6]

Thus, breastfeeding, which is seemingly an inherent physiological process to the species, can be conditioned to socio-cultural aspects and historical facts. The practice of breastfeeding is not instinctive and therefore, requires learning by the woman and protection by society. Culturally, the success of breastfeeding qualifies the maternal performance as one of the most important social representations in the life of a woman.[7-9]

The Family Health Strategy (ESF) program is important for the promotion and support of breastfeeding; it provides attention to preventive and curative health care to families and in their own communities.[1,10-11] Specifically with regards to breastfeeding, the family health team can develop educational activities that begin during the prenatal period in order to interact more effectively with women. The possibility of exploring past experiences, considering what the pregnancy means at that time, and other subjective aspects that could be liable to promote or not the process of breastfeeding should be considered.

The motivation of this study arose because this is a broad topic and of utmost importance; the breastfeeding situation indicates the need to establish goals for the future, identifying present means to prepare the paths that will lead to the proposed objectives, and therefore, the current situation of practice breastfeeding should be considered.

The relevance of this study is based on the context of the exposed above for the health professional, and in particular the professional nurse, who is the one who shares the maternal experience assisting the woman most of the time, and especially in the early stages and often decisive moments in the process of breastfeeding. Moreover, with the municipalization of health, the nursing practice in the health institutions connected with the SUS expanded numerically, leading the nurses to take ownership on actions and roles, organize and occupy management roles, and become the professional called for responses to guide policies. Various aspects intertwine in the complex work performed in the basic network of public health services.

Considering the prenatal assistance as a unique opportunity to engage in dialogue with women about their real beliefs and wishes to breastfeed, this study was conducted to identify the knowledge of breastfeeding, in the first six months of the child's life, among

pregnancy among women assisted in a Basic Healthcare Unit (UBS) located in the Southern area of São Paulo.

METHOD

This was an exploratory-descriptive study, prospective, and with a quantitative approach. The study was executed in a UBS located in the Southern area of the municipality of São Paulo. This Unit has the ESF established with four teams, caring for 4,071 registered families, 7,708 women and 6,926 men, and sustaining four group activities with different seasonality for the population: family planning; Systemic Hypertension and Diabetes Mellitus with meetings once a week; and pregnancy and childcare with meetings every other week.

The study sample comprised 50 pregnant women during the first six months of pregnancy assisted at the UBS in the study site. Pregnant women aged 17 years or under, or over 45 years of age, with cognitive disabilities, or psychiatric disorders that hindered them to respond the questionnaire were excluded from the study.

The data were collected between May and July 2011, after prior authorization from the manager in charge of the UBS and formal approval of the project by the Ethics in Research Committee from the São Paulo City Municipal Health Secretary under CAAE nº 0041.0.251.162/11 and favorable assent under Protocol n° 142/11.

The participants were informed prior to the beginning of the study about the purposes of the study, sensitive character, and the possibility of withdrawing their participation without any penalty. All that agreed, voluntarily signed the Voluntary Informed Consent (TCLE); the TCLE for the pregnant women under 21 years of age was signed by their legal guardian.

The analysis of the obtained information was performed using descriptive statistics considering the following variables: age, level of education, occupation, monthly household income, skin color, marital status, housing, parental status, previous breastfeeding, attendance to the medical and nursing consultations, information received about breastfeeding during the consultations and which ones, participation in a breastfeeding group, desire to breastfeed and for how long, and knowledge of the benefits of breastfeeding to the binomial mother/son.

The results were identified and compared according to the absolute and relative frequencies and presented in tables.

RESULTS

The study results are presented below according to the studied variables in the studied group.

The results of the study on variables associated to the socio-demographic characterization of the studied pregnant women are presented in Table 1.

Tabela 1. Caracterização sociodemográfica das gestantes. São Paulo, 2011

Characterization of The Pregnant Women	n = 50	%
Age (years)		
Average	25.1	-
Minimum-Maximum	18 – 36	-
Age group		
18-20	15	30
21-23	7	14
24-26	9	18
27-29	6	12
30-32	7	14
33-36	6	12
Skin color		
White	18	36
Brown	24	48
Black	8	16
Monthly household income (minimum wage)		
Below One	2	4
1-2	31	62
2-3	8	16
4-6	8	16
Above Six	1	2
Education		
Uncompleted Elementary school	11	22
Completed Elementary school	4	8
Uncompleted High school	14	28
Completed High school	19	38
Uncompleted College	-	-
Completed College	2	4

According to Table 1, it could be observed that the average age was 25.1 years and the predominant age group was between 18 and 20 years old (30%). The minimum age established for participating in the study was 18 years and the maximum identified was 36 years.

There was an increased frequency of pregnant women with brown skin color, followed by white and black. The majority (38%) of the participants stated their education as completed high school. Two of them were college graduates. Sixty two percent of the respondents presented monthly family income between 1 and 2 minimum wages, 16% between 2 and 3, 16% 4 and 6, 4% less than 1, and 2% more than 6. These results indicated that all participating pregnant women seek prenatal consultations regardless of their family income levels (Table 1)

According to the results, 27 (54%) of the women are maids, 2 (4%) are nursing assistants, 6 are clerks (12%), 6 (24%) are administrative assistants, and 9 (18%) are housewives.

With regards to housing, 32 (64%) are homeowners and 18 (36%) are renters. Twenty-nine (58%) have children and have breastfed, 15 (51.72%) exclusively breastfed for less than six months, and 21 (42%) do not have children.

As for the marital status, 22 (44%) reported being single, 26 (52%) married, and 2 (4%) are widows.

The results associated to the guidance offered to the pregnant women about exclusive breastfeeding (AME), breast care, breastfeeding benefits, and participation in breastfeeding groups during the prenatal period are presented in Table 2.

Table 2. Pregnant women who received guidance on breast care, benefits of breastfeeding, and were participating in breastfeeding groups during the prenatal period. São Paulo, 2011

Guidelines for pregnant women about the AME during the prenatal care	n = 50	%
Received guidance on breast care in the AME		
No	18	36
Yes	32	64
From doctor	10	20
From nurse	22	44
Received guidance on the benefits of the AME		
Yes	35	70
No	15	30
Participation in a breastfeeding group		
Yes	9	18
No	41	82

Caption: AME: exclusive breastfeeding.

The results presented in Table 2 indicated that most pregnant women (62%) received some guidance about the AME; 18% received supplemental guidelines through participation in breastfeeding groups. It is noteworthy that 70% reported having received guidance about the benefits of breastfeeding during the prenatal.

The description of the guidelines provided in the consultations and reported by the pregnant women as receiving clarifications related to the prenatal care actions for exclusive breastfeeding from the nurses or doctors is presented in Table 3.

Table 3. Guidelines about the prenatal care actions for exclusive breastfeeding provided to the pregnant women during nursing or medical consultations. São Paulo, 2011

Guidelines on breast care during the prenatal period for AME	Number n = 50	%
To not use ointments, creams, oils, soap or alcohol on the breasts	32	64
To sunbathe	32	64
To expose the areola to air whenever possible	24	48
Perform self-examination of breasts and monthly areola expression	24	48
Nutritional guidelines		
Fractionation of food	32	64
To avoid the consumption of sweets, coffee, fat, soda, and iodized salt	32	64
To intake at least 2 liters of water daily	32	64
To maintain weight within healthy limits	32	64
To keep moderate physical activities such as walking	32	64

Caption: AME: exclusive breastfeeding.

It was observed in Table 3 that 32 (64%) of the pregnant women received nutritional guidance in the consultations about keeping the weight within healthy limits and moderate physical activities such as walking, t use of vitamins, adequate water intake, fractionation of food, and to avoid the consumption of sweets, coffee, fat, soda, and iodized salt. The guidelines on breast care to promote exclusive breastfeeding were provided to 32 (64%) of the pregnant women in the consultations and represented information about to not use ointments, creams, oils, or alcohol on the breasts, and sunbathe without a bras for 10 to 15 minutes daily, before 10 am or after 3 pm. Twenty four 48%) of the pregnant women received information about exposing the areola area to air wherever possible and perform monthly self-examination of the breast and areola expression.

All participants, 50 (100%) pregnant women, reported the desire to breastfeed for at least 6 months.

The benefits of breastfeeding for the binomial mother/son are presented in Table 4.

Table 4. Benefits of breastfeeding to the binomial mother/son as described by the pregnant women. São Paulo, 2011

Benefits of breastfeeding to the binomial mother/son	n = 50	%
It establishes bonding	35	70
It is the best food for infants providing immunity for the child	35	70
It provides greater emotional balance to the mother	20	40
It helps uterine contractions preventing bleeding	30	60
Favors infant digestion	30	60
Accelerates the loss of maternal weight	35	70

It is observed in Table 4 that 35 (70%) of the pregnant women received guidance on the benefits of breastfeeding to the binomial mother/son. These benefits were such as: breastfeeding establishes increased bonding between the mother and infant, accelerates maternal weight loss, and is the best food source for infants by providing immunity. Thirty (60%) pregnant women reported having received guidance that breastfeeding helps to enhance uterine contractions, decreases the risk of bleeding, and favors the child's digestion. Twenty (40%) women received guidance in the prenatal care on the effects of breastfeeding on creating greater emotional balance to the mother.

DISCUSSION

The largest number among these pregnant women fell in the youngest age bracket (between 18 and 20 years old). This fact indicates an increased need of efforts in the dissemination of knowledge on the importance of exclusive breastfeeding because it is a primary factor for the health and well-being of the child and mother.

Younger mothers show lower rates of exclusive breastfeeding than older mothers, which suggests the general need for effort and additional support for younger women during the prenatal period.[12-13]

According to the results from this study, no correlation between the predominant skin color and adherence to breastfeeding was observed. Worldwide data from other studies show that the returning culture of breastfeeding, in recent years, is prevalent in white elites and highly educated groups. Few studies document this return to the practice of breastfeeding correlated to the mother's skin color; other studies also show that this trend has been followed by black women, however, only a few times at the same levels reported for white women.[5]

In Brazil, the low-income women were the least to sought prenatal services and thus, attended to fewer consultations. These women also reported starting the prenatal care later into the pregnancy, which resulted in lower breastfeeding index among them when compared to other groups.[14-16] This data was not confirmed in this study because all the women in the group of 62% of all participants, who reported monthly family incomes between 1 and 2 minimum wages, sought prenatal assistance and consultations regardless of the salary range.

This study revealed that all of the participants intended to breastfeed and the ones who have other children had breastfed before. Among these, more than half breastfed less time than the minimum recommended, regardless of their degree of

education. These mothers reported difficulties to continue breastfeeding and initiate work activities, away from home or at home; 82% of these pregnant women reported working outside the home and 44% reported being single.

Usually, between the second and fourth month of the baby's life, at the time to return to work, the mother is forced to change the routine of baby care and find individual or institutional options for the care of the child during her absence.[17]

However, the literature indicates that working is compatible with breastfeeding. There are requirements of training, dedication, and the handling of some contextual variables such as the collection of breast milk for the child cared by a caregiver, which can ensure healthier conditions for the child's development, even if the mother has to be absent for several hours a day.[18]

Other studies point out that mother's working conditions are decisive for the perception of greater or lesser stress caused by this activity in relation to breastfeeding. A study examined the breastfeeding duration and its relation to daycare centers near the mother's workplace (internal or company's daycare) and daycares that are away from the workplace (external daycares). The prevalences of breastfeeding up to 3, 6, and 12 months after birth were 60%, 26%, and 7%, respectively; a significant statistical correlation was identified between the duration of breastfeeding exceeding 3 months and children attending daycares internal to the workplace. The authors suggest that the proximity of daycare centers with workplace provides increased tranquility and security to the mothers.[19]

A study shows that the existence of daycares in the workplace is a relevant element to maintaining breastfeeding after the end of maternity leave, especially in cases of exclusive breastfeeding. The decision on how long to breastfeed exclusively was linked to information received about the subject before and during pregnancy, and in postpartum.[20]

The knowledge about the important aspects of breastfeeding, such as the indicated duration for exclusive breastfeeding is not sufficient to lead to adequate practice. On the other hand, it is interesting to reflect on the woman's space in the decision to breastfeed and prolong exclusive breastfeeding up to the sixth month of the baby's life.

Studies have shown that the degree of maternal education affects the motivation for breastfeeding. In the present study, the majority (38%) reported completed high school and only two were college graduates. In developed countries, mothers with higher education tend to breastfeed longer, perhaps because of greater access to information about the benefits of breastfeeding. In developing countries, mothers from disadvantaged classes are also less educated.[11,15]

The fact that only 64% of women reported having received information about prenatal breastfeeding is concerning considering that this information is an integral part of the prenatal care. The professionals who work in basic care must take preventive activities as their priority actions. To evaluate the knowledge of these professionals represents a scenario recognition strategy that supports the practice of breastfeeding. Studies conducted with health professionals showed that, despite their recognition about the potential to positively influence on breastfeeding, they reported lack of specific training to promote this practice.[17-18]

The practice of breastfeeding is always referred by mothers as advantageous for the baby, even when a large percentage (30%) of them could not point out what the benefits are. The health and nutritional value are the benefits for the baby more immediately associated by the mothers with breastfeeding. Considering that the healthy growth of a child is ideally the desire of all mothers and assuming that a large percentage of mothers reported the awareness that breastfeeding could provide this, how can the fact that early weaning is still a significant prevalent situation and concern for all who work with maternal and child care be explained? The correct perception of the benefits, as it can be seen, is not sufficient to ensure exclusive breastfeeding up to the sixth month of the baby's life as recommended by the experts.[21-22]

The guidelines least reported by the pregnant women were about exposing the areola area to air whenever possible (48%) and breastfeeding as the source of greater emotional balance to the mother (40%).

The fact that doctors appeared as the best remembered informants might be related with the legitimacy that they hold for this population when the theme is health.

The high percentage of mothers who reported not receiving information about breastfeeding (30%) could be explained by the fact that they do not remember receiving such

information. This possibility points to a flaw in the prenatal follow-up system, perhaps caused by the way how these educational activities are carried out, and thus, resulting in inadequate absorption of the information. Only 18% of the mothers participated in breastfeeding groups. It is noteworthy that a direct link between information and behavioral changes is not being suggested, however, it is understood as a viable assumption, that women would remember the existence of information even if they could not remember details about what was informed.

In this context, the information provided through group discussions strengthens self-confidence, offers support and greater security to the mothers with regard to the care of the infant, and helps with the initiation and continuation of breastfeeding.[23-24] These are particularly significant aspects when the pregnant women are at younger ages, as in the case of this study, with most women at ages predominantly between 18 and 20 years old.

The limitation of this study was the small sample size due to the non-inclusion of adolescent pregnant women, 17 years old or less, because they attended consultations without their legal guardians.

CONCLUSION

This study revealed that most pregnant women know what the benefits to breastfeeding are; however, they are not properly guided by the professional doctors and nurses assisting during the prenatal care period.

The contribution of this study was to point out to the healthcare team at the studied UBS, through the presentation of the study's results in a meeting with all professionals, the need of an internal transformation, not only in technical and scientific standpoint but also about the people, relationships, and subjectivities. This transformation is possible and needs to be built with joint efforts from professionals and patients.

A better way to approach the pregnant women is suggested to lead to increased adherence to educational groups. Continuous education about breastfeeding is essential through the entire team when it is capacitated to transmit the multidisciplinary knowledge, beginning at the prenatal care period; this could result in a more effective number of women practicing exclusive breastfeeding in the studied population.

It is possible to consider that the prenatal care period is not enough to provide a large amount of information about breastfeeding, particularly in a psychological moment when a full spectrum of new feelings settles in addition to the motivations inherent to the time. Post-partum and breastfeeding follow up practices are needed for a continuous provision of guidance to encourage exclusive breastfeeding, which could interfere in the prevalence of early breastfeeding interruption.

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Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/01/21
Last received: 2012/04/20
Accepted: 2012/04/21
Publishing: 2012/06/01

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