ABSTRACT
Objective: to identify the scientific evidences on the health education actions aimed at promoting the breastfeeding in scientific publications. Method: we conducted an integrative literature review of articles published between 2000 and 2011, through the integration of descriptors “Health Education” and “Breastfeeding” in the databases: LILACS, MEDLINE, IBECS, CidSaúde and BDENF, resulting in twelve studies. The research was led by the following guiding question: in the context of health education, what are the educational activities, aimed at promoting the breastfeeding? Results: the results have revealed that health education actions were presented in several manners: guidelines, lectures, advising, social and emotional support, formation of group of pregnant women and home visits. Conclusion: we concluded that new actions based on the assumptions of health education should be implemented in favor of the breastfeeding, highlighting the need of expanding the targeting of these actions for all stakeholders who are involved in this context. Descriptors: Health Education, Breastfeeding, Health Promotion.

RESUMO

Health education in the promotion of breast feeding: integrative literature review

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INTRODUCTION

Education is intrinsic to the health practices and its value has been recognized as an essential factor in health care. A new approach has been highlighted by valorizing the development of critical consciousness of the people, favoring the awakening, including the need of fighting for rights to health and quality of life. Thus, the health education actions came as innovative proposal, articulated between the conception of the reality of the health context and the search for possibilities of change-making attitudes.1

Health education is an instrument for the promotion of quality of life of the population through integration of technical and popular knowledge, institutional and community resources, public and private initiatives, supplanting the biomedical thinking of health care and covering the various constraints the health-disease-care process.2

The approach and applicability of health education focused on breastfeeding depend on the need for reflection and comprehension of several determining aspects, which are involved in the experience of the subject of this process, as well as the economic, historical and sociocultural factors.

The central challenge for health education actions is not the improvement of techniques for transmitting information or in the persuasion of ideas. But, in reviewing the assumption that the existence of elements of scientific knowledge in the messages received is sufficient to increase the competence and / or freedom of decision to incorporate in everyday life the desired behavior of their autonomy in health maintenance or for caring of himself.3

Thus, it is important to invest in actions that effectively contribute to the awareness of breastfeeding4 and collaborate for the adhesion behavior of the distinct actors to this practice. In this sense, it is need to investigate these actions to support the promotion, protection and support to the breastfeeding. That is why the objective of this study was to identify the scientific evidences on the health education actions aimed at promoting breastfeeding in the scientific publications.

METHOD

Study of integrative literature review, which is considered a strategy in identifying existing evidences with the purpose to substantiate a health practice in various specialties.5

For the elaboration of this study, six steps were followed: identification of theme and selection of the guiding question; establishment of criteria for inclusion and exclusion of studies and literature search; definition of information to be extracted from the selected studies; critical assessment of the studies included in the integrative review; interpretation of results; presentation of the review / synthesis of knowledge.6 In this follow-up, this study had the following guiding axis: in the context of health education, what are the performed educational activities, aiming at promoting the breastfeeding?

The literature search was conducted for the period between January 2000 and July 2011, in Portuguese, English and Spanish languages, in five electronic databases of the Virtual Health Library - Biblioteca Virtual de Saúde (BVS/BIREME): LILACS (Latin American and Caribbean Health Sciences), MEDLINE (Medical Literature Analysis and Retrieval System Online), IBECS (Índice Bibliográfico Español en Ciencias de la Salud), CidSaúde (Literatura sobre Cidades/Municípios Saudáveis) and BDENF (Base de Dados de Enfermagem). Studies that were not available in their full version were excluded; dissertations, theses and journal articles that have shown no scientific character were excluded too.

The descriptors used were “Health Education”, “Breastfeeding”, “Health Promotion”, “Qualitative Research” and “Epidemiological Studies,” all standardized by MESH (Medical Subject Headings) and DeCS (Descritores em Ciências da Saúde).

The search for articles was started using the descriptor “Health Education”, being found 4,478 studies in LILACS, 45,938 in MEDLINE, 205 in IBECS, 195 in the CidSaúde and 800 in BDENF. Then, we used the descriptor “Breastfeeding”, where 2,557 studies were found in LILACS, 21,950 in MEDLINE, 116 in IBECS, 7 in CidSaúde and 272 in BDENF. After integration of these two descriptors, 148 articles were found in LILACS, 709 in MEDLINE, 6 in IBECS, 2 in CidSaúde and 32 in BDENF.

By integrating the descriptors “Health Education” and “Breastfeeding” with the descriptor “Health Promotion”, we found a total of 179 articles and 4 with the descriptor “Qualitative Research”, distributed in the respective databases previously mentioned. Nevertheless, all articles, in both integrations, were already in the first strategy, “Health Education” and “Breastfeeding”. And by integrating “Health Education”, “Breastfeeding” and “Epidemiological Studies” none article was found. Thus, the search strategy resulted in
Studies found in the Databases

<table>
<thead>
<tr>
<th>Steps</th>
<th>Descriptors used</th>
<th>LILACS</th>
<th>MEDLINE</th>
<th>IBECS</th>
<th>CidSaúde</th>
<th>BDENF</th>
<th>LILACS</th>
<th>MEDLINE</th>
<th>IBECS</th>
<th>CidSaúde</th>
<th>BDENF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1º Step</td>
<td>Health Education</td>
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<td>1º Step</td>
<td>Health Education</td>
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<tr>
<td>2º Step</td>
<td>Breastfeeding</td>
<td>2557</td>
<td>2º Step</td>
<td>Breastfeeding</td>
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<td>2º Step</td>
<td>Breastfeeding</td>
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<td>Breastfeeding</td>
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</tr>
<tr>
<td>3º Step</td>
<td>Health Education and Breastfeeding</td>
<td>148</td>
<td>3º Step</td>
<td>Health Education and Breastfeeding</td>
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<td>Health Education and Breastfeeding</td>
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<td>Health Education and Breastfeeding</td>
<td>148</td>
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<tr>
<td>4º Step</td>
<td>Health Education, Breastfeeding and Health Promotion</td>
<td>8</td>
<td>4º Step</td>
<td>Health Education, Breastfeeding and Health Promotion</td>
<td>8</td>
<td>4º Step</td>
<td>Health Education, Breastfeeding and Health Promotion</td>
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<td>Health Education, Breastfeeding and Health Promotion</td>
<td>8</td>
</tr>
<tr>
<td>5º Step</td>
<td>Health Education, Breastfeeding and Qualitative Research</td>
<td>1</td>
<td>5º Step</td>
<td>Health Education, Breastfeeding and Qualitative Research</td>
<td>1</td>
<td>5º Step</td>
<td>Health Education, Breastfeeding and Qualitative Research</td>
<td>1</td>
<td>5º Step</td>
<td>Health Education, Breastfeeding and Qualitative Research</td>
<td>1</td>
</tr>
<tr>
<td>6º Step</td>
<td>Health Education, Breastfeeding and Epidemiological Studies</td>
<td>0</td>
<td>6º Step</td>
<td>Health Education, Breastfeeding and Epidemiological Studies</td>
<td>0</td>
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<td>Health Education, Breastfeeding and Epidemiological Studies</td>
<td>0</td>
<td>6º Step</td>
<td>Health Education, Breastfeeding and Epidemiological Studies</td>
<td>0</td>
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</tbody>
</table>

**Figure 1.** Search strategy used in the databases LILACS, MEDLINE, IBECS, CidSaúde and BDENF. Recife, Brazil, 2011.

A selection of articles came from reading the titles and abstracts, seeking to identify the relation with the theme of the study. Later, we checked up the year, the language and the availability in full version.

Among the articles from LILACS database, 116 were excluded: 5 because they were not related to the theme, 97 due to the non-correspondence to the predefined year and 14 which did not have their full text available. In MEDLINE database, 692 publications were excluded: 8 were not related to the theme, 458 did not correspond to the year and 226 did not have their full text available. All articles of IBECS databases, CidSaúde and BDENF were excluded because of lacking of availability of their full text and / or because they are already present in the LILACS database. So, we selected 42 articles: 32 from LILACS database and 10 from MEDLINE, for full reading, aiming at extracting the data of the integrative review, not ruling out the possibility of exclusion, if it is not able to answer the guiding question. 28 articles were excluded during this step, ending up in a sample of 14 articles, all from the LILACS database.

The data of the selected articles were collected using a framework instrument, with the objective of ensuring that the totality of relevant information is extracted, minimize the risk of errors in transcription and ensure accuracy in data checking. This instrument also assessed the methodological rigor of each study.

In parallel, we performed a critical approach of the included studies, assessing the level of evidence, which is hierarchically characterized and based on the methodological characteristics and the adopted research design.

From the information obtained through the data collection instrument, we built up a framework enabling analysis and comparison of data from the studied publications. This framework comprises the following aspects: title, authors / year, language, objectives, subjects who received the actions, educational activities and conclusions.

The presentation of results and discussion of the obtained data were descriptively performed, enabling the assessment of the applicability of the integrative review by the reader, thus, achieving the goal of this method, contribute to a deeper understanding of the theme approached in the integrative review.

**RESULTS**

In this current integrative review, the fourteen scientific articles, one had level 1 of evidence, since it results of the meta-analysis of multiple controlled and randomized clinical studies; three had level 2 of evidence, because they were individual studies with experimental design; eight had level 4 of evidence, five because they were non-experimental descriptive studies and three for being descriptive with qualitative approach; two had level 5 of evidence, because they came from experience reports.

The survey has covered publications in three languages predefined in the inclusion criteria, presenting studies, mostly, in Portuguese language. Brazil was the

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predominant location of conduction of the studies. Regarding the years of publication of the articles, it can be considered that large part is not updated, since eight were published between 2000 and 2005, while six were published from 2006 onwards.

In scientific journals studied, the health education actions aimed at promoting the breastfeeding were represented by guidelines; educational lectures conducted in groups or individually, with use of dialogue or visual resources; teaching program, which consisted of dynamic, instrumental resources and discussion; home visits; counseling; discussion with use of streamlined techniques and demonstration; and instrumental resources as serial album; use of Cordel Literature brochure; delivery of leaflet; emotional and informative support; social support; formation of support group and creation of an educational game from the experience and reality that surrounds each individual.

And the analysis of the studies showed that these educational activities were directed towards pregnant women, nursing mothers and elementary school students, and it was found in one only of the studies, the family, as the driving subject of these actions, however, which of family members who participated in these activities was not highlighted. Another study reported the inclusion of parents in the educational activity conducted with the puerperal women, but, in the course of reading was not mentioned how was their involvement, being only observed, reports of puerperal women in results selected researches.

The synthesis of the publications included in this integrative review is described in Table 2, where the studies were identified by first author's name, in descending order of publication year.

<table>
<thead>
<tr>
<th>Authors/Year Title Language</th>
<th>Objectives</th>
<th>Method/ Subjects who received the actions</th>
<th>Performed educational activities</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demitto MO et al. 2010 Portuguese</td>
<td>Analyse the scientific production on the guidelines with regard to the breastfeeding (BF) during the prenatal period.</td>
<td>Integrative Literature Review of Pregnant Women</td>
<td>Guidelines conducted by individual counseling, emotional and informative support, creation of groups of pregnant women and home visits.</td>
<td>The guidance on breastfeeding during the prenatal period is very important to improve the indexes of BF and new actions must be incorporated and by health professionals for promoting the breastfeeding.</td>
</tr>
<tr>
<td>Santana MCCP et al. 2010 Portuguese</td>
<td>Contribute with subsidies for speech therapy performance based on the assumptions of the education for health promotion</td>
<td>Experience Report and review of the literature / Educational lectures with dialogue on facilitator techniques performed in group and individually.</td>
<td>We recognize the need to abandon informative communication strategies and adopting a dialogical communication.</td>
<td></td>
</tr>
<tr>
<td>Montrone AVG et al. 2009 Portuguese</td>
<td>Describe and analyze educational processes involved in the development and implementation of educational proposals made by children of the Elementary School for the promotion of the breastfeeding in the school community.</td>
<td>Descriptive study qualitative approach of Students</td>
<td>Teaching program with use of dynamics, such as storm of words followed by discussion; instruments.</td>
<td>The used methodology favored the creativity to promote the breastfeeding in the school community, by encouraging children, teachers and employees, curiosity, criticism and construction of knowledge, positive attitudes and a culture favorable to the BF.</td>
</tr>
<tr>
<td>Oliveira CB et al. 2009 Portuguese</td>
<td>Assess the actions of health education related to children and teenagers conducted by professionals from Basic Health Units for the Family, in the municipality of Vitória, Espírito Santo, Brazil.</td>
<td>A descriptive study with quantitative approach and cross-sectional type of Users of Basic Health Units</td>
<td>Guidance on time of breastfeeding, breast cares and breast problems.</td>
<td>It has been found a low supply of health education actions with regard to the breastfeeding, and faults in observed activities, such as: discontinuity of actions, lack of awareness and technical training of professionals.</td>
</tr>
<tr>
<td>Fujimori M et al. 2008 Portuguese</td>
<td>To assess the perception of Elementary School students regarding the breastfeeding and the</td>
<td>Cross-sectional and experimental study of Lecture with presentation of slides through data show.</td>
<td>The lectures on health education, undertaken in schools, perform a beneficial influence on knowledge,</td>
<td></td>
</tr>
</tbody>
</table>

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3044
<table>
<thead>
<tr>
<th>Students about breast influence of maternal and lectures on health education Portuguese</th>
<th>Influence of educational lectures on their knowledge.</th>
<th>Students</th>
<th>Perceptions and attitudes regarding the breastfeeding.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oliveira PMP, Reboças CBA, Pagliuca LMF 2008</td>
<td>Analyze transmitted messages and the language adopted in the brochures that address the breastfeeding thematic.</td>
<td>Nursing Mothers</td>
<td>Cordel brochure approach, health education as a mean of health communication and promotion.</td>
</tr>
<tr>
<td>Colina JAD et al. 2006</td>
<td>Study the influence of prenatal education about full breastfeeding stay in the first semester of life.</td>
<td>Pregnant women</td>
<td>Delivery ofleaflet; explanation of doubts; home visits.</td>
</tr>
<tr>
<td>Sanabria M et al. 2005</td>
<td>Determine the profile of breastfeeding in prenatal and puerperium in four public neonatal reference services.</td>
<td>Cross-sectional and descriptive study</td>
<td>Advising on benefits of the breastfeeding and instructions about the correct technique of breastfeeding.</td>
</tr>
<tr>
<td>Coelho FMG et al. 2005</td>
<td>Report the interventions in child health in an agrarian reform settlement, Vale do Rio Doce (MG).</td>
<td>Experience report</td>
<td>Discussion through technique of streamlined exposure, driven by technical demonstration and use of instructional resources as serial album and folder.</td>
</tr>
<tr>
<td>Lunardi VL, Bulhosa MS 2004</td>
<td>Investigate the perception of women who were parturient in a Baby-Friendly Hospital on the influence of this proposal on their decision of breastfeeding.</td>
<td>A descriptive study with qualitative approach</td>
<td>Orientation: hand milking, position and holding of the child, prevention of breast problems, disadvantages of the use of pacifiers.</td>
</tr>
<tr>
<td>Dearden K et al. 2002</td>
<td>Assess the impact of mother to mother support program, held to work by the Liga La Leche of Guatemala which has initiated the exclusive breastfeeding in the peri-urban area of the city of Guatemala.</td>
<td>Experimental and descriptive study</td>
<td>Social support, formation of support group, advising by other nursing mothers and home visits.</td>
</tr>
<tr>
<td>Fonseca LMA et al. 2002</td>
<td>Check up the acquisition of knowledge in health education activities, mediated by the use of an educational game on the breastfeeding and basic care to newborns in rooming-in setting.</td>
<td>Descriptive study with quantitative approach</td>
<td>Creation of an educational game based on the experience of a particular group of puerperal women and the reality surrounds them for later discussion.</td>
</tr>
<tr>
<td>Fonseca LMA et al. 2000</td>
<td>Using creativity in health education in neonatal rooming-in setting: opinion</td>
<td>A descriptive study with qualitative approach</td>
<td>Creation of an educational game from the experience of the group itself and the reality around it.</td>
</tr>
</tbody>
</table>
DISCUSSION

The use of the health education as a discipline of action, means that the work is addressed to act on the knowledge of people, thus developing a critical judgment and capability to act on their own lives and on the environment with which they interact, creating conditions to take ownership of their own existence. 11

Just some educational activities specifically approached some assumptions of the health education, addressing the informative support through dialogue; 11 social 10 and emotional 10 support; formation of a support group, comprised of pregnant women or nursing mothers; 20 the conduction of home visits; 10,16,20 the creation of an educational game based on experience, knowledge acquired over the years, and the reality that surrounds some particular group or individual; 11-2 and group discussion, from the rescue of previous and acquired experiences, by favoring the exchange of knowledge among the subjects. 23

The informative support through dialogue as health education action 11 has increased the indexes of exclusive breastfeeding in the three years of intervention and favored a greater interaction among the multidisciplinary team.

Regarding the use of support groups, 20 home visits, 10,16,20 emotional 10 and social 20 support, it was not possible to identify the effects of these strategies in promoting breastfeeding. Because they were not offered in an isolated manner, 10,16 or the study itself cannot provide evidence of the demographic impact of the intervention in question. 20

In general way, guidelines 18,19,23 and educational lectures 11,14 were considered appropriate, favoring the construction of new knowledge and favorable attitudes about the breastfeeding, and positively influencing for the promotion and prevalence of this practice as a whole. Nonetheless, such activities appear to have greater effects in populations with low indexes of breastfeeding, as a starting point, and provide little effect on lengthy duration. 24

Other gaps were also observed in this type of activity, such as discontinuity of actions, lack of technical and, mainly, lack of awareness and involvement from the professionals who are directly placed in the context of the promotion of breastfeeding, thus representing an obstacle to the progress of the health education. 13

This lack of awareness is not only from professionals, but also from society, which prevents the development of an impact work on the coverage of the breastfeeding in search for reduction of childish morbidity and mortality and commitment to the humanization of the care. 25

Given what was found 13, the authors suggest that new health education actions should be incorporated, in order to promote the formation of knowledge, positive behaviors and favorable awareness in the light of the breastfeeding practice.

However, the construction of new health practices has been configured as a challenge to the professionals. This fact can be explained by the difficulties of overcoming a biologist and mechanistic model in name of other one that is broader, focused on integrity, humanization and inclusion of the participation of health workers and users. 26

Still with regard to the educational lecture, their use in an isolated manner is not sufficient to provoke the awareness before the current thematic, either by containing a high amount of information for absorption, or by not be approached clearly during the explanation, entailing the need of integrating other strategies such as presentation of videos...
and pictures on the thematic, or new group techniques.27

Besides the approached flaws, data shown in the studies have demonstrated that the supply of some educational activities was still considered low,13,17 may occur during the prenatal period, causing deficiencies in the technique of breastfeeding in puerperium.17 In other studies, the activities developed in prenatal were very important to increase the indexes10,16 and the prevalence of the breastfeeding and even ensuring the health of the infant and the mother, allowing awareness on the benefits of such practice.27

Regarding the use of pedagogical techniques (technique of streamlined exposure and technical of demonstration) and instrumental resources in the discussion,18 they were considered inappropriate to contribute to the awareness of the need of behavior change of individuals from the settlement of Vale do Rio Doce, before this practice. Perhaps, this educational strategy was developed, keeping an educational and preventive focus without incorporating the comprehension of the determining factors of health problems or, even, the needs and skills of the assisted population.28

A worrying fact was evidenced in a study,19 and showed that, even under the influence of the strategy of the Baby-Friendly Hospital, the decision to breastfeed or not was of autonomy and free choice of women, who chose according to what they considered a priority for themselves and infants.

This fact reminds us that the act of breastfeeding is one function par excellence of the female gender and, according to the cultural expectations, constitutes itself in a moment of fulfillment of womanhood, even with the interference of the social environment. Hence, it is always a task of the mother, ultimately, the responsibility for the decision of breastfeeding.29

In this case, the use of health education can be a valuable tool, since it allows developing activities addressed to the principles of educating, facilitating the awareness of mothers to the consciousness-raising of all these values.25

In the same study,19 data revealed that if there is the maintenance of support for women, by the Baby-Friendly Hospital and its staff, for confronting the obstacles in breastfeeding, its influence can be decisive for the maintenance of this practice.

Corroborating these findings, one research conducted in three hospitals in the Brazilian state of Minas Gerais identified that the indexes of breastfeeding improved, significantly, after the implementation of the Baby-Friendly Hospital Initiative.10

The use of Cordel Literature15 proved to be a relevant form of communication tool appropriate to the population, being a positive resource, safe, affordable and useful to other strategies in promoting breastfeeding. This leads us to understand that breastfeeding should be encouraged and promoted in all possible circumstances, involving various types of educational programs to meet the physiological, nutritional and psychosocial needs of the infants.27

Regarding the construction of an educational game31 as a strategy for health education, providing the learning for the mothers about the relevance of the breastfeeding, the exchange of experiences among them and the opening of discussion on myths before the thematic, it had already been described in another study27 with similar objective and outcomes. In spite of being considered appropriate, it does not promote changes in risk behaviors of puerperal women, given the complexity of the determining aspects involved in the breastfeeding process.21,2

Another worrying factor, evidenced in the studies, is that many of the approached activities were only addressed to women, whether they are pregnant,10,16,18,23 puerperal,11,17,19,21,2 or nursing mothers,15,18,20 and it should also be driven to the relatives,11 since they are involved and inserted in the context of the breastfeeding. Furthermore, among the numerous influences that women can suffer during this stage of life, the main ones are family and health professionals.31

Thus, a closer relationship between the nursing mother, her family and the multidisciplinary team is necessary for having security, confidence and consequent success in the process of the breastfeeding.11

As for the educational activities applied to the Elementary School students,12,14 it was showed that besides exerting a beneficial influence on knowledge and attitude toward breastfeeding, it should be understood that they can turn them into actors of change in their school environment15 or, even, in their families.

Moreover, it was realized that there are evidences of activities in the scientific literature, or at least attempts to perform education health actions for the promotion of the breastfeeding. However, part of which were still deemed unsatisfactory, unsuitable or unable to provoke full awareness or, even,
behavioral changes in the subjects before this thematic.

**FINAL REMARKS**

The measures and / or educational activities addressed in the studies of this current integrative review were, mostly, considered appropriate, providing the construction of new favorable knowledge about the breastfeeding. This fact indicates that, despite still not being implemented satisfactorily and consistent with the assumptions of health education, they could positively influence on the promotion of the breastfeeding.

Moreover, it is clear that the actions were approached, predominantly, in the pregnancy-puerperium cycle, and offered, mostly, to women, whether they are pregnant, puerperal or nursing mothers, not highlighting the importance of family participation in educational activities, which may hinder the adhesion to the breastfeeding practice.

Therefore, it should be understood that changes are needed in healthcare practices regarding the protection, promotion and support to the breastfeeding. Thus, new actions must be implemented, based on the principles of health education and more consistent with the needs of subjects who live / experience the act of breastfeeding, in order to develop more effective actions in favor of this practice.

What is more, it is essential that these actions are carried out not only in the pregnancy-puerperium cycle, nor only throughout the lactation and the whole follow-up of the infant, but it should also be addressed since the school period of the individual, when child, in order to develop the consciousness-raising on the benefits brought by breastfeeding.

Furthermore, it is important to highlight the inclusion of all individuals involved in the context of the breastfeeding, especially the family members, in the health education actions, which implies also be aware and understand the perception of these people about the breastfeeding process, as well as interference of the nursing mother's decision to breastfeed or not her baby.

So, we believe that future investigations on this thematic are needed to increase the scientific evidences, and thus expand and improve the implementation of health education actions of aimed at promoting the breastfeeding, clarifying still obscure points and filling remaining gaps.

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