Cogitare Enfermagem

ORIGINAL ARTICLE

PROFESSIONAL GUIDANCE AND EXCLUSIVE BREASTFEEDING: A COHORT STUDY*

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ABSTRACT

Objective: To analyze guidance on breastfeeding provided by health services to women during pregnancy and the postpartum period and its effect on exclusive breastfeeding.

Method: Prospective cohort study conducted from July 2013 to February 2015, in a city in the northern region of the state of Paraná with 300 postpartum women and their children. Data were analyzed by frequency, prevalence ratio and regression and Poisson regression considering a significance of 5% (p = 0.05).

Results: Guidance on breastfeeding was reported in 52.3% of prenatal consultations, 65.7% of delivery rooms, 83% of rooming-in facilities, 32% of postpartum follow-up appointments, and 38.6% of childcare appointments. Only 22.3% maintained exclusive breastfeeding, mean 3.44 months (SD = 2.1). The guidance provided during childcare appointments in primary care had a protective effect against early weaning (p = 0.004), but was not sufficient at the various stages of pregnancy and postpartum care.

Conclusion: The study helped identify that professional guidance for the promotion of exclusive breastfeeding of infants in the first six months of life does not meet the recommendations of the Brazilian Ministry of Health to reduce early weaning.

DESCRIPTORS: Breastfeeding; Guidance; Healthcare; Weaning; Health Personnel.

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ORIENTAÇÃO PROFISSIONAL E ALEITAMENTO MATERNO EXCLUSIVO: UM ESTUDO DE COORTE

RESUMO
Objetivo: analisar a orientação sobre amamentação durante a assistência gravídico-puerperal e o desfecho no aleitamento materno exclusivo.
Método: estudo de coorte prospectivo, de julho de 2013 a fevereiro de 2015, em município da região norte do Paraná com 300 puérperas e respectivos filhos. Os dados foram analisados por frequência, razão de prevalência e regressão e regressão de Poisson considerando significância de 5% (p=0,05).
Resultados: a orientação foi relatada em 52,3% dos pré-natais, 65,7% das salas de parto, 83% dos alojamentos conjuntos, 32% dos retornos puerperais e 38,6% das puericulturas. Apenas 22,3% mantiveram aleitamento materno exclusivo, média 3,44 meses (DP=2,1). A orientação na puericultura apresentou efeito protetor contra o desmame precoce (p=0,004), mas foi insuficiente nas diversas fases da assistência gravídico-puerperal.
Conclusão: o estudo contribuiu para identificar que a orientação profissional para promoção do aleitamento materno exclusivo até o sexto mês de vida não atende às recomendações ministeriais para que se reduza o desmame precoce.

DESCRITORES: Aleitamento Materno; Orientação; Assistência à Saúde; Desmame; Pessoal de Saúde.

ORIENTACIÓN PROFESIONAL Y AMAMANTAMIENTO MATERNO EXCLUSIVO: UN ESTUDIO DE COHORTE

RESUMEN:
Objetivo: analizar la orientación acerca del amamantamiento durante la atención al embarazo y puerperio, así como su reflejo en el amamantamiento materno exclusivo.
Método: estudio de cohorte prospectivo, hecho de julio de 2013 a febrero de 2015, en municipio de la región norte de Paraná con 300 puérperas y sus respectivos hijos. Se analizaron los datos por frecuencia, razón de prevalencia y regresión y regresión de Poisson considerando significancia de 5% (p=0,05).
Resultados: se relató la orientación en 52,3% de los prenatales, 65,7% de las salas de parto, 83% dos habitaciones conjuntas, 32% de las consultas de retornos de puérperas y 38,6% de las puericulturas. Solamente 22,3% mantuvieron amamantamiento materno exclusivo, media 3,44 meses (DP=2,1). La orientación en la puericultura presentó efecto protector contra el destete prematuro (p=0,004), pero fue insuficiente en las diversas fases de la atención del embarazo y puerperio.
Conclusión: el estudio contribuyó para identificar que la orientación profesional para promoción del amamantamiento materno exclusivo hasta el sexto mes de vida no atiende a las recomendaciones ministeriales para que se reduzca el destete precoz.

DESCRIPTORES: Amamantamiento Materno; Orientación; Atención a la Salud; Destete; Equipo de Salud.

INTRODUCTION

The World Health Organization (WHO) recognizes the importance of exclusive breastfeeding of infants in the first six months of life and advises that mothers should be encouraged to breastfeed during the prenatal period[1]. Breastfeeding (BF) protects all children against illness and death, regardless of whether they were born in a high or low-income developing countries and can contribute to the country's achievement of development goals [2].

In Brazil and around the world, many campaigns and actions have been implemented to strengthen and encourage exclusive breastfeeding. The EAAB (Strategy Feed and Breastfeed Brazil) was created and implemented in 2007 within the scope of the National Strategy for the Promotion of Breastfeeding and Healthy Complementary Feeding of the Unified Health System (SUS) to increase breastfeeding rates in Brazil. It is the result of the integration of the Brazil breastfeeding network (RAB) and the National Strategy for Healthy Complementary Food (ENPACS) [3].

The purpose of EAAB is to promote reflection on the practice of health care for children aged 0-2 years [3]. The efforts made by a group of eleven professionals from Londrina, who elaborated *Rede Amamenta Brasil* based on the local experience and collaborated to integrate the RAB and ENPACS in the country deserve mention[4].

The Baby Friendly Hospital Initiative (IHAC) is a global strategy created in 1991 aimed to promote and support breastfeeding through the establishment of measures known as the Ten Steps to Successful Breastfeeding. The latest national survey on the prevalence of breastfeeding in Brazilian municipalities, carried out in 2008, revealed that the average duration of exclusive breastfeeding (EBF) in children who were born in Baby Friendly Accredited Hospitals was higher than in hospitals that did not have this certification[5].

Despite the efforts made by breastfeeding incentive programs in our country, the EBF practice is still far from being fully effective [6]. It has been proven that mothers properly guided on EBF in public health services and hospitals breastfeed more successfully and longer [7].

In April 2017, the Brazilian Congress amended Law No. 8,069, of July 13, 1990, on the Child and Adolescent Statute (ECA) that sets a list of responsibilities of hospitals and maternities regarding the rights of the newborn and the mother, including the right to follow-up and counseling by the in-house technical staff on breastfeeding during the mother's stay in the hospital unit [8].

Professional support can impact women's decisions to breastfeed [9]. Although breastfeeding is a natural act, its practice has been pervaded by challenges and difficulties, which justifies the need to explore the technical and emotional support provided for the success of breastfeeding. Therefore, the present study aimed to analyze guidance on breastfeeding during pregnancy and the postpartum period and its effect on the outcome exclusive breastfeeding.

METHOD

Prospective cohort study, with a quantitative approach, conducted from July 2013 to February 2015. Contacts with the women were made in a public maternity hospital, a reference center for low to intermediate-risk pregnancies, providing care exclusively under the SUS, in a city located in the North of the state of Paraná.

The calculation of the sample size used to determine the study population considered 3,415 deliveries recorded in 2012, a margin of error of 5% and a confidence level of 95%. Then, a population of 358 women and their respective children was obtained. The inclusion

criteria were mothers with the custody of their children, who lived in the urban area, had low-to-intermediate risk pregnancy, were able to understand the purposes of the study and give consent for their participation and also able to answer all BF-related questions. The total number of mother-infant dyads was 300.

Data collection began in the maternity ward with the examination of medical records and the pregnant women's maternity cards, and through interviews conducted 24 to 48 hours after the delivery in order to obtain information on prenatal care, delivery and the postpartum period. Data collection continued in the outpatient follow-up period (7 to 10 days after the delivery) and in home visits (HV) 42 days and 1 year after delivery. A form previously tested and filled out by the researchers was used in the study.

The study variables included sociodemographic characterization, childbirth, birth, BF duration and guidance on breastfeeding in the prenatal, delivery and postpartum periods. Data was processed and analyzed in the Statistical Package for the Social Sciences®, version 20.0, presented with values of absolute frequency, percentage and analysis of prevalence ratios (PR) based on Poisson regression, with a significance level of 5% ($p = 0.05$). The study was authorized by the Municipal Health Authority and approved by the Research Ethics Committee under protocol no 120.13/ UEL.

RESULTS

According to Table 1, the profile of the women surveyed had the following characteristics: most of them were young aged 20-35 years: 216 (72%); had completed more than 8 years of education: 226 (75.3% %): were of social class (socioeconomic classification) CD: 246 (82%) and lived with their companions: 257 (85.7%). Of the total number of women, 181 (60.3%) were multiparous, 258 (86%) attended six or more prenatal consultations, and 226 (75.3%) had vaginal birth.

Table 1 – Sociodemographic, economic and obstetric characteristics of the mothers. Londrina, PR, Brazil, 2015 (continues)

Variable	n	%
Maternal age range (in years)		
≤ 19	60	20
20-35	216	72
≥ 36	24	8
Education (in years)		
Up to 7	74	24.7
More than 8	226	75.3
Social classes*		
AB	54	18
CD	246	82
Marital status		
Lives with a companion	257	85.7
Does not live with a companion	43	14.3
Number of children		
Primiparous	119	39.7

Multiparous	181	60.3
Number of prenatal appointments		
6 or more	258	86
Less than 6	42	14
Type of delivery		
Vaginal birth	226	75.3
Cesarean section	74	24.7

* Classification of the Brazilian Association of Research Companies (ABEP). Gross Value of Family Average Income – Classes AB: BRL: 12.926 - 2.565; Classes CD: BRL: 1.541-714. Year 2012.

The mean duration of exclusive breastfeeding (EBF) of the children of the women participating in the study was 3.44 months (SD = 2.1) and only 67 (22.3%) were exclusively breastfed until the sixth month of life.

Regarding guidance on BF during prenatal care, 157 (52.3%) mothers reported receiving such guidance. In the delivery room and in rooming-in facilities, 197 (65.7%) women and 242 (80%) women, respectively, received guidance on BF. In the postpartum follow-up appointment only 96 (32%) women were guided, and 115 (38.6%) women received guidance on BF in childcare appointments in primary care (Figure 1).

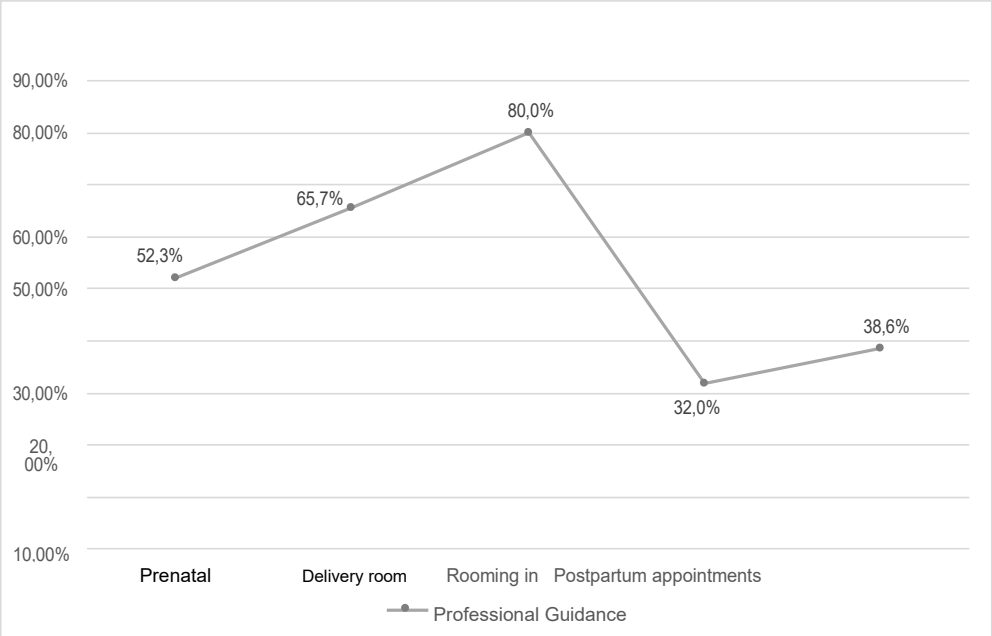

Figure 1 – Professional guidance on breastfeeding during the pregnancy and postpartum cycle, Londrina, PR, Brazil, 2015

As shown in multiple model analyzes (Table 2), guidance on BF in childcare appointments (p = 0.004) was associated with a protective factor for exclusive breastfeeding up of infants in the first six months of life.

Table 2 – Prevalence ratio (PR) of professional guidance on breastfeeding and exclusive breastfeeding in the first six months of life of the infant. Londrina, PR, Brazil, 2015

Professional guidance	PR	CI 95%	p-Value
Prenatal follow-up			
Yes	1.099	0.942 – 1.283	0.230
No	1		
Delivery room			
Yes	1.080	0.900 – 1.296	0.409
No	1		
Rooming-in facility			
Yes	1.089	0.878 – 1.351	0.439
No	1		
Postpartum follow-up appointment			
Yes	0.910	0.767 – 1.079	0.278
No	1		
Primary health care			
Yes	0.800	0.687 – 0.932	0.004*
No	1		

DISCUSSION

It is known that breastfeeding guidance, in its biopsychosocial context, increase the success of BF [7]. However, the present study found that the prevalence of this guidance varied during pregnancy and the postpartum period, and thus the prevalence of EBF was far below the recommended levels.

About half of the study population reported not having received professional guidance on BF during prenatal care. As prenatal care is not an isolated event, and most participants had more than six appointments, a higher frequency was expected for this indicator. In a study carried out in Maringá, Paraná, successful breastfeeding was associated with professional guidance to the groups of pregnant women during prenatal care [10]. In southern Brazil, studies have also shown that guidance on BF during pregnancy is a protective factor for early weaning, despite the low prevalence of EBF up to the first six months of the infant's life [11].

At the international level, researchers reaffirm the importance of BF guidance since the prenatal period in breastfeeding clinics or hospitals, to increase the prevalence and duration of EBF [12].

Clinical studies on prenatal education and BF duration have shown that guidance on breastfeeding has significantly reduced nipple pain and trauma, and led to a considerable increase in EBF of infants in their first six months of life by women who received support material (booklets and a video) and had an appointment for clarification on lactation, compared to those women who were only given support material. However, the authors reported methodological limitations and suggest the urgent need to conduct randomized clinical trials to evaluate the efficacy of breastfeeding education [13].

An international review provided evidence that counseling, education, and supportive

interventions by health professionals or non-professionals result in improvements in the initial BF rates, particularly among low-income women or ethnic minorities in the US, as well as in low-income developing countries. The most effective type of intervention is individual education and support based on the mothers' needs provided by health professionals trained in breastfeeding counseling [14].

In this study, the professional guidance on breastfeeding was often targeted to the mother-child dyad in rooming-in facilities, and the maternity hospital has been accredited to the BFHI since 2000. A similar result was found in a Canadian study, as the postpartum women reported being satisfied with the guidance on BF provided by nurses [15].

It should be noted that breastfeeding guidance and support activities are part of the BFHI program's incentive policy, which plays an important role in exclusive breastfeeding, and is consistent with the findings of this study.

A study carried out in a maternity hospital in the city of São Paulo found non-compliance with step 5 of BFHI (reaching 80%) related to the maintenance of breastfeeding, since only a few requirements related to professional guidance and support to breastfeeding by the team of nursing were met. The authors reported that the lack of guidance on breast milk production, extraction and storage was possibly due to the short hospital stay [16].

It is also inferred in this study that the guidance provided in the delivery room and in rooming-in facilities concern a more technical initial management regarding baby's positioning, latch-on, breast engorgement and correction of possible difficulties.

Early weaning is addressed in the biopsychosocial context of continued support to breastfeeding[17]. Thus, the responsibility of health services, especially of primary care professionals who work in prenatal care follow-up and childcare appointments should be stressed.

It should be noted that the prevalence of EBF at six months of life was lower than recommended and approximately half of that found in the latest nationwide study. The data corroborates a cross-sectional study in Rio de Janeiro, which highlighted a decrease in BF prevalence with baby's aging, especially in the third bimester of life, and the frequency of professional guidance on BF in childcare appointments. It is concluded that the promotion, protection and support to EBF in primary care is very important [18].

A study conducted in the Northeastern region of Brazil demonstrated that the contribution of nursing care to the practice of breastfeeding in the immediate postpartum period is not satisfactory, since mothers reported that they did not receive support and encouragement and discontinued breastfeeding [19]. This was also observed in the present study where a significant reduction in the levels of professional guidance on BF after discharge from hospital was detected. And this is precisely the difficult moment of adaptation of mothers and newborns. Thus, social support by trained professionals is crucial in this process.

In childcare appointments, nurses have the opportunity to monitor the evolution of the baby's growth and development, as well as provide guidance on breastfeeding and the introduction of new foods [20].

In primary care services, health professionals in prenatal care also monitor the mothers and their children after discharge from the maternity ward and, therefore, evaluate the conditions of the nursing mothers in order to prevent breast complications and thus promote healthy breastfeeding [21].

In the present study, professional guidance during childcare appointments was a protective factor of EBF, and therefore, it can be inferred that it is the perfect time for transforming and strengthening breastfeeding. The crucial role of nurses, as health professionals, using an easy to understand language and objective communication in support to, clinical management and maintenance of exclusive breastfeeding of infants in

their first six months of life deserves mention.

The US Preventive Services Task Force (USPSTF) also recommends interventions at the primary health care level to support breastfeeding in pregnancy and postpartum, including family support, professional support, and formal education[22].

According to a study, lack of or excessive information, authoritarianism or uncertainties can also occur when health professionals provide counseling on breastfeeding in Basic Health Units, and these problems may sometimes be perceived as impersonal treatment or absence of care to nursing mothers [23].

Likewise, non-provision of counseling, lack of professional support and medical recommendation were considered factors that negatively interfered with breastfeeding in a systematic review [24].

It is expected that the women, in their interaction with nursing professionals in the Family Health Strategy, receive guidance on breastfeeding during the pregnancy-postpartum cycle, despite the weak correlation between the level of knowledge about the theme and its approach, which demonstrates the importance of permanent education in BF [21].

Health professionals often address merely technical and functional aspects of breastfeeding, and thus women may not feel comfortable to talk about other practical situations they may face in their attempt to maintain breastfeeding during the recommended period [25].

Health education guidance and interventions in the pre-delivery and postpartum periods are effective in increasing the onset and duration of EBF, either alone or in combination, and may be associated with interpersonal and family support [12]. However, the importance of recommending any single intervention as the most effective is limited because of the lack of a standardized assessment of the intention to breastfeed of the women who participated in the study.

An effective communication between health professionals and nursing women is necessary to support the decision to breastfeed, which should not be restricted to the development of technical skills and abilities [19].

Health professionals, especially nurses, should systematize the clinical practice of breastfeeding, considering the needs of lactating women, and use basic tools such as communication, nursing diagnosis and adequate interventions to encourage and maintain breastfeeding, avoiding difficulties, doubts and possible complications, such as early weaning [26].

An individualized and humanized approach based on intersubjectivity and bonding as a fundamental process for the integral care of children's health is already implemented in nursing appointments [27].

In order to encourage and maintain EBF in health services, from primary to tertiary services, it is necessary to build bonds, value listening and accountability in care, offer materials and promote support groups to exchange experiences, in order to promote the improvement of care, so that it meets the real needs of the individuals and with greater resolution, especially regarding BF duration.

One limitation of this study concerned the women's recall of the guidance they received about breastfeeding during prenatal, delivery and postpartum follow-up, as well as on the duration/length of exclusive breastfeeding (recommended at least until the infant is six months), which may have led to an underestimation or overestimation of this guidance.

CONCLUSION

Professional guidance on breastfeeding occurred in the various phases of pregnancy and postpartum care, but early weaning rates were significant.

Childcare appointments were a protective factor for exclusive breastfeeding of infants in the first six months of life, which suggests the continued support of a team committed to maternal and child health.

It is hoped that the results presented here will allow reflection on breastfeeding promotion and support actions, and they are also a tool to reinforce, together with public managers, the importance of EBF-related care practices in an individualized, integral and continuous way during lactation, delivered by properly trained health professionals.

REFERENCES

1. World Health Organization (WHO). Exclusive breastfeeding. [Internet]. 2017 [access 30 ago 2017]. Available at: http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/.

2. Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet. [Internet]. 2016 [access 10 ago 2017]; 387(10017). Available at: https://doi.org/10.1016/S0140-6736(15)01024-7.

3. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Área Técnica de Saúde da Criança e Aleitamento Materno. Rede amamenta Brasil: os primeiros passos (2007–2010). Brasília: Ministério da Saúde; 2011.

4. Venancio SI, Martins MCN, Sanches MTC, Almeida H, Rios GS, Frias PG. Análise de implantação da Rede Amamenta Brasil: desafios e perspectivas da promoção do aleitamento materno na atenção básica. Cad. Saúde Pública. [Internet]. 2013 [access 10 out 2017]; 29(11). Available at: http://dx.doi.org/10.1590/0102-311x00156712.

5. Ministério da Saúde (BR). Departamento de Saúde da Criança e Aleitamento Materno. Iniciativa hospital amigo da criança. Brasília: Ministério da Saúde; 2010.

6. Coutinho SB, Lima MC, Ashworth A, Lira PIC. Impacto de treinamento baseado na iniciativa hospital amigo da criança sobre práticas relacionadas à amamentação no interior do Nordeste. J. Pediatr. [Internet]. 2005 [access 10 out 2017]; 81(6). Available at: http://www.redalyc.org/html/3997/399738098011/.

7. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Estratégia nacional para promoção do aleitamento materno e alimentação complementar saudável no Sistema Único de Saúde: manual de implementação. Brasília: Ministério da Saúde; 2015.

8. Brasil. Lei n. 13.436, de 12 de abril de 2017. Altera a Lei n° 8.069, de 13 de julho de 1990 (Estatuto da Criança e do Adolescente), para garantir o direito a acompanhamento e orientação à mãe com relação à amamentação [Internet]. 12 abr 2017 [access 5 ago 2017]. Available at: http://www2.camara.leg.br/legin/fed/lei/2017/lei-13436-12-abril-2017-784612-publicacaooriginal-152357-pl.html.

9. Primo CC, Nunes BO, Lima EFA, Leite FMC, Pontes MB, Brandão MAG. Which factors influence women in the decision to breastfeed? Invest. Educ. Enferm. [Internet]. 2016 [access 8 ago 2017]; 34(1). Available at: http://dx.doi.org/10.17533/udea.iee.v34n1a22.

10. Barbieri MC, Bercini LO, Brondani KJM, Ferrari RAP, Tacla MTGM, Sant'anna FL. Aleitamento materno: orientações recebidas no pré-natal, parto e puerpério. Semina: Ciênc. Biol. Saúde. [Internet]. 2015 [access 8 ago 2017]; 36(1). Available at: http://dx.doi.org/10.5433/1679-0367.2015v36n1Suplp17.

11. Bastian DP, Terrazzan AC. Tempo de aleitamento materno e os fatores de risco para o desmame precoce. Nutrir. [Internet]. 2015 [access 7 set 2017]; 40(3). Available at: http://dx.doi.org/10.4322/2316-7874.49914.

12. Wouk K, Tully KP, Labbok MH. Systematic review of evidence for baby-friendly hospital initiative step 3: prenatal breastfeeding education. J Hum. Lact. [Internet]. 2017 [access 7 set 2017]; 33(1). Available at: http://dx.doi.org/10.1177/0890334416679618.

13. Lumbiganon P, Martis R, Laopaiboon M, Festin MR, Ho JJ, Hakimi M. Antenatal breastfeeding education for increasing breastfeeding duration. Cochrane Database of Syst. Rev. [Internet]. 2011 [access 28 mai 2017]; 9(11). Available at: https://doi.org/10.1002/14651858.CD006425.pub2.

14. Balogun OO, O'Sullivan EJ, McFadden A, Ota E, Gavine A, Garner CD, et al. Interventions for promoting the initiation of breastfeeding. Cochrane Database Syst. Rev [Internet]. 2016 [access 28 maio 2017]; 9(11). Available at: https://www.ncbi.nlm.nih.gov/pubmed/27827515.

15. Nesbitt SA, Campbell KA, Jack SM, Robinson H, Piehl K, Bogdan JC. Canadian adolescent mothers' perceptions of influences on breastfeeding decisions: a qualitative descriptive study. BMC Pregnancy and Childbirth [Internet]. 2012 [access 28 maio 2017]; 12(149). Available at: https://doi.org/10.1186/1471-2393-12-149.

16. Figueredo SF, Mattar MJG, Abrão ACFV. Hospital amigo da criança: prevalência de aleitamento materno exclusivo aos seis meses e fatores intervenientes. Rev. Esc. Enferm. USP [Internet]. 2013 [access 7 set 2017]; 47(6). Available at: http://dx.doi.org/10.1590/S0080-623420130000600006.

17. Almeida JAG de, Novak FR. Breastfeeding: a nature-culture hybrid. J Pediatr. [Internet]. 2004 [access 7 set 2017]; 80(5 Suppl 119). Available at: http://dx.doi.org/10.1590/S0021-75572004000700002.

18. Alves ALN, Oliveira MIC de, Moraes JR de. Iniciativa unidade básica amiga da amamentação e sua relação com o aleitamento materno exclusivo. Rev. Saúde Públ. [Internet]. 2013 [access 10 out 2017]; 47(6). Available at: http://dx.doi.org/10.1590/S0034-8910.2013047004841.

19. Batista KRA, Farias MCAD de, Melo WSN de. Influência da assistência de enfermagem na prática da amamentação no puerpério imediato. Saúde Debate. [Internet]. 2013 [access 6 nov 2017]; 37(96). Available at: https://www.scielosp.org/article/sdeb/2013.v37n96/130-138/.

20. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Saúde da criança: crescimento e desenvolvimento. Brasília: Ministério da Saúde; 2012.

21. Fonseca-Machado MO, Haas VJ, Stefanello J, Nakano AMS, Gomes-Sponholz F. Aleitamento materno: conhecimento e prática. Rev. Esc. Enferm. USP. [Internet]. 2012 [access 7 out 2017]; 46(4). Available at: http://dx.doi.org/10.1590/S0080-62342012000400004.

22. Primary care interventions to support breast feeding US preventive services task force recommendation statement. JAMA. [Internet]. 2016 [access 6 nov 2017]; 316(16). Available at: http://dx.doi.org/10.1001/jama.2016.14697.

23. Oliveira MIC de, Souza IEO, Santos EM dos, Camacho LAB. Avaliação do apoio recebido para amamentar: significados de mulheres usuárias de unidades básicas de saúde do Estado do Rio de Janeiro. Cienc. saude colet. [Internet]. 2010 [access 7 set 2017]; 15(2). Available at: http://dx.doi.org/10.1590/S1413-81232010000200036.

24. Alvarenga SC, Castro DS de, Leite FMC, Brandão MAG, Zandonade E, Primo CC. Fatores que influenciam o desmame precoce. Aquichán. [Internet]. 2017 [access 10 nov 2017]; 17(1). Available at: http://dx.doi.org/10.5294/aqui.2017.17.1.9.

25. Monteiro JCS, Nakano AMS, Gomes FA. O aleitamento materno enquanto uma prática construída: reflexões acerca da evolução histórica da amamentação e desmame precoce no Brasil. Invest. Educ. enferm. [Internet]. 2011 [access 22 out 2017]; 29(2). Available at: http://www.scielo.org.co/pdf/iee/v29n2/v29n2a16.pdf.

26. Primo CC, Cabral LA, Cuquetto SC, Laignier MR, Lima EFA, Leite FMC. Diagnósticos de enfermagem relacionados ao fenômeno amamentação exclusiva. Cogitare enferm. [Internet]. 2013 [access 10 out 2017]; 18(2). Available at: http://dx.doi.org/10.5380/ce.v18i2.28475.

27. Reichert APS, Rodrigues PF, Albuquerque TM, Collet N, Minayo MCS. Vínculo entre enfermeiros e mães de crianças menores de dois anos: percepção de enfermeiros. Cienc. saude colet. [Internet]. 2016 [access 7 set 2017]; 21(8). Available at: https://doi.org/10.1590/1413-81232015218.07662016.

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