LUMEN ET VIRTUS

Evaluation of mothers' knowledge about the importance of breastfeeding and the influence of deleterious oral habits on the development of malocclusion

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ABSTRACT

The present study aimed to evaluate the mothers' knowledge about the importance of breastfeeding and its relationship with the presence of deleterious oral habits and malocclusion, using a questionnaire as a search instrument. The sample consisted of 302 mothers present in the waiting

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room of the outpatient clinic of the Amaury de Medeiros Integrated Health Center – CISAM/UPE. The results showed that most mothers breastfed their children (91.7%), with the most frequent breastfeeding time in the range of zero to six months (47.6%) and considered breast milk very important for the baby (96.4%). Regarding the benefits of breastfeeding for the baby, most mothers believe in the ability to protect against infections (74.2%) and regarding the benefits to mothers, the highest percentage of mothers do not believe that breastfeeding reduces bleeding soon after delivery (80.8%), makes the mother's uterus return more quickly to normal (67.9%) or serves as a method of birth control (85.8%). Regarding deleterious oral habits, most of the interviewees believe that the use of pacifiers (96.7%) and bottles (99.3%) by newborns is contraindicated, as they can harm the child's facial development (92.7%); however, the item "crooked and forward teeth" was the only one strongly related (84.1%). Regarding the sources of information about breastfeeding, most mothers received some professional guidance (77.5%), through doctors (52.0%), leaving a small percentage for dentists (17.5%). It can be concluded that, although there is an awareness of the role of breastfeeding, the results of the study point to a deficit of information for pregnant women. Education as a way to prevent oral problems should be the first option in the professional routine of dental surgeons, both in the public and private care networks.

Keywords: Breastfeeding, Oral habits, Orthodontics, Malocclusion.

INTRODUCTION

Over the years, several authors have been concerned with the association between the type of breastfeeding and the installation of oral habits that are harmful to children and, with it, the development of malocclusion. It has been observed that breastfeeding plays an important role in the health of human beings, especially in the development of the child (GIUGLIANI, 1994).

Breastfeeding during the first year of life is of fundamental importance for the healthy growth and development of the baby. Breastfeeding is considered the most natural and desirable method of infant feeding, with regard to physiological, physical and psychological aspects (CORRÊA, 2010). According to Marques et al. (2003), human milk, in addition to developing immunological and psychological advantages for the child, also contributes to the reduction of infant morbidity and mortality.

In addition to these benefits, breastfeeding is essential for the correct maturation and growth of the structures of the stomatognathic system, keeping them able to exert the development of the orofacial muscles, which, in turn, will guide and stimulate the development of physiological functions, ensuring survival and quality of life (ROCHELLE et al., 2010).

Another relevant fact is that natural breastfeeding has also been cited in the literature as the most important factor related to the prevention of deleterious oral habits (CORRÊA et al., 1998). According to Serra-Negra et al. (2006), children with breastfeeding deficits will be more likely to develop non-nutritive sucking, chewing, functional and posture habits.

In view of the above, this study aims to evaluate, in the waiting room of the outpatient clinic of *the Amaury de Medeiros Integrated Health Center – CISAM/*UPE, the mothers' knowledge about

the importance of breastfeeding, its relationship with the occurrence of deleterious habits and its influences on the development of malocclusions.

OBJECTIVE

To evaluate the mothers' knowledge about the importance of breastfeeding and its relationship with the presence of deleterious oral habits and malocclusion.

MATERIALS AND METHODS

The present study is classified as cross-sectional or cross-sectional, of the exploratory and quantitative field research type, using the questionnaire as a search instrument.

*Data were collected in the waiting room of the outpatient clinic of the Amaury de Medeiros Integrated Health Center – CISAM/*UPE, *in January 2011.* The population evaluated consisted of mothers attending the outpatient clinic of the *Amaury de Medeiros Integrated Health Center (CISAM).*

The intentional sample consisted of 302 mothers. 400 questionnaires were distributed, with a loss of 98, due to the fact that authorization had not been formalized, through the signing of the Free and Informed Consent.

This study included all mothers present in the *waiting room of the outpatient clinic of the Amaury de Medeiros Integrated Health Center (CISAM/*UPE) at the time of data collection, who, after clarification about the objectives, agreed to participate in the research and authorized their participation by signing the Informed Consent Form.

DATA COLLECTION

A cross-sectional study was carried out with mothers in the waiting room of the outpatient clinic of the *Amaury de Medeiros Integrated Health Center – CISAM/*UPE. Data collection was carried out in the morning and afternoon shifts, at previously established times, according to the researchers' planning. All mothers eligible for the study who attended the stipulated shifts were interviewed. A standardized questionnaire was used by the authors as a data collection instrument containing 18 objective questions that aimed to test the mothers' knowledge about various aspects of breastfeeding, deleterious oral habits and malocclusions. The questionnaire included the importance of breastfeeding and its benefits for the child and the mother, the use of pacifiers and bottles and their relationship with malocclusions, and whether or not the mother had received any guidance on the prevention of oral problems (appendix A).

The instrument applied was based on the questionnaire of the research "Analysis of the knowledge of pregnant women about the consequences of early weaning on oral motor development"

(BERNARDINO JÚNIOR, SOUSA NETO, 2009). The validation of the instrument was carried out in a previous stage, in which, after the questionnaires had been applied to 15 mothers, the doubts presented regarding the understanding and completion of the answers were analyzed and the questions were reformulated.

The questionnaires were delivered to the mothers, with free time to fill them out and without interference from the researchers regarding the completion. The results were noted by the researchers in a specific spreadsheet and sent for statistical analysis.

STATISTICAL ANALYSIS

In the data analysis, absolute and percentage distributions and statistical measures were obtained: mean, median and standard deviation (Descriptive Statistics Techniques) and the following statistical tests were used: Chi-square for equality of proportions or homogeneity, Pearson's Chi-square or Fisher's Exact when the conditions for using Chi-square were not verified (Inferential Statistics Techniques). Statistical tests were performed with a margin of error of 5.0%.

The statistical program used to enter the data and obtain the statistical calculations was the SPSS (Statistical Package for the Social Sciences) in version 15.

ETHICAL CONSIDERATIONS

This project was approved by the Research Ethics Committee of the *Amaury de Medeiros Integrated Health Center – CISAM/*UPE *under protocol No. 089-10.*

RESULTS

Table 1 presents the results related to the socioeconomic and demographic characteristics of the sample.

Table 1 – Distribution of mothers surveyed according to socioeconomic and demographic data

Variable	N	%	P value
• **Age group**			
Up to 39	169	58,5	$p^{(1)} = 0.004$*
40 or more	120	41,5	
TOTAL[2]	**289**	**100,0**	
• **Schooling**			
Illiterate	10	3,5	$p^{(1)} < 0,001$*
Fundamental	137	48,2	
Medium	119	41,9	
Superior	18	6,3	
TOTAL[3]	**284**	**100,0**	
• **Number of children**			
At	105	35,8	$p^{(1)} = 0,401$

Two	101	34,5	
Three or more	87	29,7	
TOTAL[4]	**293**	**100,0**	
• Family income (wages)			
Less than one	66	22,0	p[1] < 0,001*
At	174	58,0	
Greater than one	60	20,0	
TOTAL[5]	**300**	**100,0**	

(*): Significant difference at the level of 5.0%.
(1): Using the Chi-square test of equality of proportions.
(2): This information is not available for 13 respondents.
(3): For 18 respondents, this information is not available.
(4): For 9 respondents, this information is not available.
(5): This information is not available for two respondents.

The mothers interviewed were evenly distributed between age groups and in terms of the number of children. The percentages of schooling were concentrated in elementary (48.2%) and secondary education (41.9%) and the majority (58.0%) had a family income equal to one minimum wage, in which there is a significant difference for the margin of error established (5.0%) between the percentages of the categories in each variable ($p < 0.05$).

Table 2 presents the results related to the mothers' conduct in relation to breastfeeding.

Table 2 – Evaluation of mothers' conduct in relation to breastfeeding

Question	**Total Group**		**P value**
	n	%	
• Have you been breastfed?			
Yes	262	86,8	p[1] < 0,001*
No	40	13,2	
TOTAL	**302**	**100,0**	
• Up to what age were you breastfed?			
0 to 6 months	45	25,0	p[1] = 0,343
More than 6 months to 1 year	55	30,6	
More than 1 year	40	22,2	
Not breastfed	40	22,2	
TOTAL[2]	**180**	**100,0**	
• Did you breastfeed your child?			
Yes	277	91,7	p[1] < 0,001*
No	25	8,3	
TOTAL	**302**	**100,0**	
• Up to what age did you breastfeed your child?			
0 to 6 months	136	47,6	p[1] < 0,001*
More than 6 months to 1 year	50	17,5	
More than 1 year	60	21,0	
Still breastfeeding	15	5,2	
Did not breastfeed	25	8,7	
TOTAL[3]	**286**	**100,0**	

• Reason for not breastfeeding			
There was no milk	8	2,7	$p^{(1)} < 0,001$*
Child did not take the breast	4	1,3	
The milk has stoned	1	0,3	
Weak milk	1	0,3	
Other	6	2,0	
The child was breastfed	277	93,3	
TOTAL(4)	**297**	**100,0**	
• Breastfeeding considers:			
Very important for all babies	291	96,4	$p^{(1)} < 0,001$*
Not suitable for premature or low weight babies	1	0,3	
Unnecessary if replaced by a baby's milk	2	0,7	
Don't know	8	2,6	
TOTAL	**302**	**100,0**	

(*): Significant difference at the level of 5.0%.
(1): Using the Chi-square test of equality of proportions.
(2): For 82 respondents, this information is not available.
(3): For 16 respondents, this information is not available.
(4): For 5 respondents, this information is not available.

It is noteworthy that the majority (86.8%) stated that they had been breastfed, but the percentages related to the different breastfeeding periods were balanced. Most mothers (91.7%) breastfed their children, with the most frequent breastfeeding time in the range of 0 to 6 months (47.6%), followed by 21.0% for breastfeeding longer than one year. Of the 25 mothers who did not breastfeed, the most frequent justification (8 interviewees) was: "There was no milk". The majority (96.4%) consider breast milk very important for the baby and, with the exception of the age at which the respondent was breastfed, there was a significant difference between the categories ($p < 0.05$).

Table 3 – Evaluation of the mothers' opinion regarding the reasons for not breastfeeding their children

Question	n	%	P value
TOTAL	**302**	**100,0**	
• You would stop breastfeeding your child if:			
The nipple of the breast cracked			
Yes	37	12,3	$p^{(1)} < 0,001$*
No	265	87,7	
TOTAL	**302**	**100,0**	
The baby did not want to breastfeed			
Yes	104	34,4	$p^{(1)} < 0,001$*
No	198	65,6	
TOTAL	**302**	**100,0**	
If you think your milk is weak			
Yes	21	7,0	$p^{(1)} < 0,001$*
No	281	93,0	
TOTAL	**302**	**100,0**	

With powdered milk, the baby was fuller and breastfed less often			
Yes	15	5,0	$p^{(1)} < 0,001$*
No	287	95,0	
TOTAL	**302**	**100,0**	
Has little milk			
Yes	56	18,5	$p^{(1)} < 0,001$*
No	246	81,5	
TOTAL	**302**	**100,0**	
Don't know			
Yes	113	37,4	$p^{(1)} < 0,001$*
No	189	62,6	
TOTAL	**302**	**100,0**	

(*): Significant difference at the level of 5.0%.
(1): Using the Chi-square test of equality of proportions.

According to the results in Table 7, most mothers did not indicate a justification for the interruption of natural breastfeeding, with the reasons "lower number of breastfeedings with artificial milk" and "weak breast milk" being the most rejected, with percentages of 95% and 93%.

Table 4 – Evaluation of the mothers' knowledge about the consequences of the use of pacifiers and bottles by the child

Question	n	%	P value
TOTAL	**302**	**100,0**	
• In her opinion, the use of pacifiers and bottles by the baby can harm the			
Your facial development?			
Yes	280	92,7	$P^{(1)} < 0,001$*
No	22	7,3	
TOTAL	**302**	**100,0**	
• What problems do you consider associated with pacifier use, and			
feeding bottle?			
Crooked and forward teeth			
Yes	254	84,1	$P^{(1)} < 0,001$*
No	48	15,9	
TOTAL	**302**	**100,0**	
Decayed teeth			
Yes	164	54,3	$p^{(1)} = 0,135$
No	138	45,7	
TOTAL	**302**	**100,0**	
Tooth loss			
Yes	129	42,7	$p^{(1)} = 0,011$*
No	173	57,3	
TOTAL	**302**	**100,0**	

Wrong speech			
Yes	117	38,7	$p^{(1)} < 0,001$*
No	185	61,3	
TOTAL	**302**	**100,0**	
Mouth breathing			
Yes	91	30,1	$p^{(1)} < 0,001$*
No	211	69,9	
TOTAL	**302**	**100,0**	
Digital suction			
Yes	69	22,8	$p^{(1)} < 0.001$*
No	233	77,2	
TOTAL	**302**	**100,0**	

(*): Significant difference at the level of 5.0%.
(1): Using the Chi-square test of equality of proportions.

According to the results in Table 9, most mothers agree that the use of pacifiers and bottles can harm the child's facial development (92.7%), with the item "crooked and forward teeth" being the only one strongly related (84.1%). It is interesting to note that finger sucking, mouth breathing and wrong speech were considered unrelated to pacifier and bottle use by the majority of mothers, with percentages of 77.2%, 69.9% and 61.3%, respectively. There was no association between pacifier/bottle use and caries.

DISCUSSION

In the characterization of the sample studied, it is noted that most mothers had elementary (48.2%) and high school (41.9%) education and a family income of one minimum wage (58.0%), which can be explained by the fact that the Amaury de Medeiros Integrated Health Center (CISAM) is part of a public health system, serving a large number of patients with low socioeconomic status and a low level of education. According to the study by Xavier, Jorge, Gonçalves (1991), the level of maternal education indicated a positive association with the incidence and duration of breastfeeding. Considering that low education would be a determining factor in the practice and continuity of breastfeeding, a low percentage of breastfeeding was expected in this study. However, the results showed that most mothers (91.7%) breastfed their children, with the most frequent breastfeeding time in the range of 0 to 6 months (47.6%), followed by 21.0% for breastfeeding longer than one year.

Knowledge of the mother's previous history is valuable, as research has shown that it can influence, even if discretely, the breastfeeding of children. According to Horta *et al*. (2007), those mothers who were not breastfed had a relative risk of 1.34 (95% CI: 0.35; 5.18) of not breastfeeding their children, when compared to those who were breastfed. In this study, it was observed that most mothers (86.8%) were breastfed, which may be related to the high prevalence of breastfeeding by them. Marques *et al*. (2008), highlighted the importance of the high percentage (14.3%) of mothers

who reported "insufficient milk". Inefficient feedings can be the result of poor latch, since there is no complete emptying of the breast. In this study, of the 25 mothers who did not breastfeed, the most frequent justification (8 interviewees) was that they did not have milk. Silveira, Lamounier (2004) state that the delay in the appearance of mature milk can generate a lot of anxiety for the woman in the first days after delivery, negatively affecting the continuity of breastfeeding and thus contributing to early weaning. This situation leads the mother to identify her milk as weak, or even to say "*I don't have milk*". It is essential that guidance during pregnancy and during breastfeeding is carried out in order to help the mother gain self-esteem and confidence that her own milk is capable of ensuring the health and well-being of her child.

In the present study, it was found that the most frequent breastfeeding time was between 0 and 6 months, with 47.6% and 38.5% for breastfeeding longer than 6 months. These findings differ from the study by Olímpio, Kochinski, Ravazzani (2010), in which 16.2% of the children were breastfed until the 6th month of life and 59.4% for a longer period. The difference observed in the first interval should be minimized, as the author points out that 18.9% of the children had already been weaned before 4 months, and this group of children, in the present study, is counted in the interval from 0 to 6 months. However, it is noteworthy that the percentage of mothers who breastfed their children for more than six months was higher in the study in question (59.4%) than in our study (38.5%). In the study by Carvalhais, Simões (1997), the longest breastfeeding period was in the interval of 9 to 11 months (46.72%); and the youngest, up to 3 months of age (3.65%). Comparing the data from this study with the current research is difficult, since the periods observed are different.

It is of fundamental importance that the mother acquires more and better information about the duration of breastfeeding, since it influences the presence of habits and the incidence of malocclusions, being a way to act in the prevention of these problems. According to Souza *et al*. (2004), when analyzing the period of breastfeeding time and the presence of habits, it was found that the shorter the time of natural breastfeeding, the higher the prevalence of oral habits. A similar fact was observed when the association between breastfeeding time and the presence of malocclusion was observed. In the study by Cavalcanti, Bezerra, Moura (2007), of the children who were breastfed for a period of time equal to or less than 6 months, 82.4% had malocclusion, while those who were breastfed for a period of 19 months or more, 45.7% had malocclusion.

Most mothers (96.4%) considered breast milk very important for the baby, corroborating other studies, such as that of Bernardino Júnior, Sousa Neto (2009), in which 100% of pregnant women considered breastfeeding relevant to the health of their children. Similarly, in the study by Percegoni *et al.* (2002), 99.2% of the mothers agreed with the need to breastfeed their children, indicating the mother's recognition of the value of breast milk for the baby.

Regarding the mothers' knowledge about the nutritional capacity of breast milk, it was observed that the majority (92.1%) consider breast milk to be a complete food, not needing reinforcements such as water, teas, juices or soups. The literature does not confirm this finding. In the study by Silveira, Lamounier (2004), 48.4%, 25.8% and 8.2% of the breastfed children were already using tea, water and juice, respectively, in the first month of life. Similarly, Olímpio, Kochinski, Ravazzani (2010) found that 54.1% and 59.5% of the mothers introduced water and tea, respectively, before 6 months of life. For Passarin, Santos (2009) the supplementation of breast milk with water or teas, until recently considered innocuous, has been shown to be harmful to the child's health. According to Giugliani (2000), studies in the Philippines have shown that the prevalence of diarrhea doubled when water or teas were offered to children under 6 months of age, when compared to children who only received breast milk. According to the data observed in our study, the mothers interviewed seem to have a certain knowledge about the nutritional importance of breast milk, and the contraindication of supplements, but it cannot be said that they put this knowledge into practice.

In this study, it can be observed that despite the lack of knowledge on the part of the mothers about the importance that the first milk has in the life of the newborn, most mothers (96%) know that the baby's feeding should not be supplemented with cow's milk. However, most are unaware of the function of milk at the beginning (60.9%) and at the end of breastfeeding (85.8%). These results make it clear that mothers need more information about breastfeeding. According to Ribeiro *et al.* (2004), the education and preparation of women for lactation during the prenatal period has been proven to contribute to the success of breastfeeding, especially among primiparous women.

Several studies point to causes that make it difficult or prevent mothers from breastfeeding. According to Vinha (2002), one of the difficulties of breastfeeding is when it becomes painful due to breast problems, such as fissures and engorgement of the breast. In this study, only 12.3% of the sample declared this fact as a possible cause for the interruption of breastfeeding. For Pereira *et al.* (2000), Vinha (2002) and Giugliani (2005), one of the causes that generates early weaning is the lack of knowledge of the causes of the baby's crying, as if he cried only from hunger, leading to considerations such as "my milk is weak, my milk cannot sustain." In this study, most mothers indicated that there were no plausible justifications for not breastfeeding their children; with the most rejected statements: "If with powdered milk the baby was fuller and breastfed less often" and "If you thought your milk was weak", with rejection percentages of 95% and 93%, respectively. Chimionato, Chaude, Pinto (2008), on the other hand, present different results, and mention, in descending order, the difficulties encountered by mothers in breastfeeding: delay in breastfeeding (18%), milk that does not sustain (15%), milk that has dried up (9%), difficulties in latching on (6%) and mastitis (3%). In our study, the hypothesis of suspending breastfeeding if the baby no longer wanted to breastfeed was also rejected, with agreement from only 34.3% of the interviewees. However, Bernardino Júnior,

Sousa Neto (2009) found that 75.68% of the interviewees would wean if the baby no longer wanted to breastfeed.

The results of this study showed that most mothers believe that the use of pacifiers (96.7%) and bottles (99.3%) by newborns is contraindicated. These findings, although in agreement, surpass those found by Bernardino Júnior, Sousa Neto (2009), where more than 70% of pregnant women did not offer pacifiers and bottles to their children because they considered them harmful to them. On the other hand, in the study by Soares *et al.* (2003) in which 250 pregnant women treated at the Hospital de Clínicas de Porto Alegre were interviewed and followed up for six months, it was found that 61.6% of the newborns were offered pacifiers from the first week of life. Even more critical results were presented in a study by Fófano *et al*. (2009), in which it was found that only 37.0% of the parents or guardians believed that pacifiers should not be offered, 23.0% thought that they should be offered soon after birth, 25% thought that the baby should be offered by 24 months, 6.0% believed that the age limit for using pacifiers should be 48 months and 9.0% did not know.

Although the results indicate that most mothers are aware of the importance of breastfeeding, there is still a lack of information for pregnant women about the value of breastfeeding and its benefits, as well as about deleterious oral habits and their relationship with malocclusions.

Educational programs should be developed in order to guide the population, including dentists and other health professionals directly or indirectly related to the problems arising from this misinformation.

The emphasis on education as a form of health prevention should be adopted in the daily routine of professionals in the public and private care networks.

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misinformation. The emphasis on education as a form of health prevention should be adopted in the daily routine of professionals in the public and private care networks.

CONCLUSIONS

From the results of this research it was possible to conclude that:

1. Most mothers are aware of the importance of exclusive breastfeeding until six months of life, but there is a large gap in knowledge about the benefits it can bring to both mother and baby.
2. Most mothers understand that deleterious oral habits, such as the use of bottles and pacifiers, are harmful to the child. However, this knowledge was superficial, as it does not effectively contemplate the mechanisms of acquisition of oral habits, as well as their consequences on the development of malocclusions.

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