


EXCLUSIVE BREASTFEEDING: EVALUATION OF THE DETERMINANT FACTORS AND THEIR IMPACTS ON PRACTICE

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ABSTRACT

Exclusive breastfeeding (EBF), recommended by the World Health Organization (WHO), is characterized by the provision of only breast milk, as a form of feeding, to children who are up to 6 months old. This practice promotes advantages for the health of the mother and the baby, but it still faces several challenges that compromise its effectiveness. The objective of this study was to evaluate the practice of EBF by women assisted at the Paulo Frota Health Strategy, in the municipality of Ananindeua, in the state of Pará. It followed a longitudinal, prospective, qualitative and quantitative approach, divided into three stages (before the birth of the children, one month after and 6 months after), with the application of a questionnaire in each one. Pregnant women between 35 and 40 weeks of gestation, who underwent prenatal care at the Paulo Frota Health Strategy, between August 2023 and September 2024, were included. Regarding the results obtained, most mothers consisted of young adults, with complete high school or incomplete higher education, with an income below 2 minimum wages, in a stable union or married, self-declaring themselves brown. The previous knowledge of this public about EBF was considered sufficient, but reinforced, through the theoretical-practical teaching promoted by the authors of this work. Most mothers were able to perform EBF in the first hour of their children's lives, received family support and professional support, and a significant portion managed to complete the 6 months of the practice. They also stated that they recommend exclusive breastfeeding to other mothers and had seen the advantages of this action for their children. Therefore, this study reveals that there are determining factors in the success of the practice of exclusive

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breastfeeding and that measures such as theoretical-practical educational strategies can act as factors to mitigate the possible obstacles that the maternal public may face, favoring a positive and efficient experience.

Keywords: Exclusive Breastfeeding. Breastfeeding. Breastfed. Prenatal Care. Breast Milk.

INTRODUCTION

Breast milk is widely recognized as the most nutritious and essential food for the healthy development of human beings (Rocha et al., 2018). Several studies have highlighted the benefits of breastfeeding both for the mother-infant dyad and for society as a whole, including positive socioeconomic impacts (Alves et al., 2021). For women, breastfeeding is associated with a number of advantages, such as protection against breast cancer, the promotion of a sense of accomplishment by nurturing the child, in addition to strengthening the affective bond with the baby (Rocha et al., 2018). In addition, the practice contributes to reducing the risk of metabolic syndrome, with studies indicating that women who breastfeed for longer periods are less likely to develop this condition, especially those with a history of gestational diabetes (Farahmand et al., 2023).

From the children's point of view, exclusive breastfeeding significantly reduces infant mortality and morbidity, particularly in relation to respiratory infections, otitis and diarrhea, in addition to reducing the prevalence of allergies and obesity. It also exerts a positive effect on cognitive development and oral health (Moimaz et al., 2020). In addition, evidence suggests that breastfed individuals are less likely to develop chronic diseases, such as diabetes, throughout their lives (Colombo et al., 2018).

Breastfeeding is subdivided into three categories: exclusive, mixed, and complemented (Anjos et al., 2022). Exclusive breastfeeding (EBF) is particularly emphasized by the World Health Organization (WHO), which recommends the practice in the first six months of life, without the introduction of other liquids or foods, with the exception of vitamin supplements and medications, when necessary. The WHO also suggests that breastfeeding should continue until at least two years of age, allowing weaning to occur naturally and in the child's time (Jebena and Tenagashaw, 2022).

From an economic perspective, breast milk offers an affordable and nutritionally complete alternative, avoiding the high costs associated with infant formula, which can be prohibitively expensive, especially for low-income families (Jebena and Tenagashaw, 2022). In addition, by reducing the incidence of diseases, exclusive breastfeeding can contribute to reducing the costs of hospitalizations and medications, both for families and for the public health system (Cauble et al., 2021).

Despite the recognized benefits, exclusive breastfeeding rates remain less than ideal in many countries. In the United States, for example, less than half of children are exclusively breastfed until three months (Khatib et al., 2023). In Israel, EBF rates vary

significantly, being 12.3% among Arab mothers and 22.5% among Jewish mothers (Biltman et al., 2022). In India, less than half of mothers started breastfeeding within the first hour after giving birth (Short et al., 2021). In Brazil, the situation is no different. A national study revealed that the prevalence of SMA in Brazilian capitals is only 41% among children under six months, with the Northeast region having the lowest rates (Silva et al., 2021). In Rio Grande do Sul, another study indicated that, in a sample of 33 children under six months of age, only 38.6% were on EBF (Zorzanello et al., 2020).

Given the importance of exclusive breastfeeding for public health, it is crucial to understand the barriers that hinder this practice and the factors that promote or inhibit its prevalence in society. In this context, the present research aims to evaluate the practice of exclusive breastfeeding by women assisted at the Paulo Frota Family Health Strategy, in the municipality of Ananindeua, in the state of Pará, understanding the influence of educational actions to cope with the difficulties presented during this period.

METHODOLOGY

This primary research, of a longitudinal, descriptive nature and of a quantitative and qualitative nature, was carried out at the Paulo Frota Family Health Strategy, located in the municipality of Ananindeua, Pará.

The present research was governed by the ethical principles contained in the international rules of the Declaration of Helsinki and the Nuremberg Code. In addition, it complied with the Standards for Research Involving Human Beings (Res. 466/12 CNS) of the National Health Council. The research was approved by the Research Ethics Committee (CEP) of the State University of Pará, under opinion number 6.340.903. Initially, the pregnant women were informed about the research, and then they were instructed to read the informed consent form (ICF), and those who agreed to participate signed the participation document.

The target audience was spontaneous demand from pregnant women between 35 and 40 weeks of gestation enrolled in the Paulo Frota Family Health Strategy, in the municipality of Ananindeua (Pará), from September 2023 to August 2024, in order to have time to monitor the babies for 6 months after their birth. Women who had their mental faculties compromised, who did not have autonomy and/or who had lost their babies for some reason were not eligible.

Data collection took place using 3 questionnaires containing: 17 objective questions in the first stage, 7 in the second and 6 in the third and last stage; taking into account the guiding question: "What are the perspectives of pregnant and breastfeeding women about exclusive breastfeeding?".

In order to ensure the confidentiality and anonymization of the data, the research participants were identified through alphanumeric codes.

The first stage consisted of applying the first questionnaire to the pregnant women, in a reserved room and in silence, to avoid possible noise or external influences on the answers of the interviewees. Next, the pregnant women participated in an educational activity, based on the clarification of the questions on the form, by explaining the most appropriate answers to the questions; There was also the distribution of educational booklets that contained in an illustrative way the recording of this information, as well as a practical demonstration of how to properly position the baby for efficient and safe breastfeeding.

The second stage of the research took place one month after the birth of the children, in the first childcare consultation. The second questionnaire was applied, which addressed exclusive breastfeeding in the first hour of their children's lives, as well as the permanence of EBF for 30 days. In this interview, it was verified whether the baby underwent the "tongue test" during this period, since it is mandatory by law and can be a negative factor for breastfeeding when the baby is diagnosed with ankyloglossia.

Finally, the last stage of the study occurred when the babies completed 6 months, through the application of the third form, in order to verify whether the mothers were able to perform EBF during the entire period recommended by the World Health Organization.

RESULTS

The sample of this study consisted of 12 mothers, residents of the municipality of Ananindeua, metropolitan region of the state of Pará, who were being monitored at the Paulo Frota Basic Health Unit, from 2023 to 2024. Of this universe, 8 (66.66%) pregnant women would be first-time mothers.

Table 1 presents the socioeconomic variables of the participants, obtained by filling out the first questionnaire. Most of them were younger – 33.33% were between 18 and 24 years old and 41.6% between 25 and 31 years old – in addition to 74.8% having at least completed high school. Regarding marital status, 58.2% of the women stated that they had

a partner (stable union or married), however, the family income of the majority was below 2 minimum wages (91.6%). Regarding color/race, most self-declared themselves to be brown (66.6%) and only one participant considered herself white.

Table 1: Socioeconomic profile of pregnant women.

	n=12	%
Age (years)		
18 to 24	4	33,33
25 to 31	5	41,66
32 to 38	2	16,66
39 to 45	1	8,33
Schooling		
Incomplete high school	2	16,66
Complete high school	2	16,66
Incomplete higher education	5	41,66
Complete higher education	2	16,66
Marital status		
Single	4	33,33
Stable union	5	41,66
Married woman	2	16,66
Divorcee	1	8,33
Colour		
White	1	8,33
Brown	8	66,66
Black	3	25
Family income (Minimum wage)		
Up to 1	4	33,33
From 1 to 2	7	58,33
From 3 to 4	1	8,33

Source: Prepared by the authors, 2024.

Still in the first form, with regard to previous knowledge (Table 2), only half of the interviewees answered that they knew what exclusive breastfeeding (EBF) means, even so, all of them marked that EBF brings benefits to the health of the child and to the mother. Regarding the intention to breastfeed exclusively, 75% of the participants expressed the desire to feed their children exclusively with breast milk during the first six months of life, although 33.33% reported being afraid to breastfeed. Regarding more theoretical aspects, 50% argued that breast milk is enough for the child in the first 6 months, while 75% denied that there is "weak" milk. Regarding ankyloglossia, 66.66% reported being aware of the impairment of this condition during breastfeeding.

Table 2: Previous knowledge about exclusive breastfeeding of pregnant women.

QUESTIONS	Yes		No	
	n	%	n	%
Do you know what exclusive breastfeeding means?	6	50	6	50

Do you know the period indicated by the World Health Organization to perform EBF?	5	41,66	7	58,33
Is providing only breast milk to the child during the first 6 months of his life enough?	6	50	6	50

Is there such a thing as "weak" milk?	3	25	9	75
Does EBF bring benefits to the health of the child and the mother?	12	100	0	0
If the woman feels pain, should she stop breastfeeding?	2	16,66	10	83,33
Do you consider that ankyloglossia (tongue tie) interferes with the EBF process?	8	66,66	4	33,33

Source: Prepared by the authors, 2024.

After the completion of the application of the first questionnaire, health education was carried out based on the main doubts of future mothers. The first moment was dedicated to explaining the points addressed in the first questionnaire, while in the second moment, still on the same day, it was composed of a practical dynamic, with the use of two dolls, to facilitate the understanding of the correct latch and the positions of the mother-baby dyad during breastfeeding.

The second stage of the research was conducted one month after the birth of each selected baby, during the childcare consultation. In this phase, the puerperal women answered a second questionnaire consisting of seven questions.

The data indicated that 75% of the mothers started breastfeeding in the first hour of the newborn's life, however, only 66.66% were able to maintain exclusive breastfeeding (EBF) throughout the first month. Among the main difficulties related to breastfeeding, pain (83.33%) and inadequate latching (66.66%) stood out. In addition, stress and anxiety were identified as relevant obstacles, with 66.66% of the mothers reporting the presence of these factors and 83.33% observing a worsening of these feelings during the breastfeeding period. Regarding the support received, 75% of the participants stated that they had received adequate guidance from the health team on breastfeeding, both in the prenatal and postpartum periods. In addition, 66.66% of the mothers reported having family support during the breastfeeding process (Table 3).

Table 3: Evaluation of Factors Related to SMA in the First Month of Life

Question	Answer	n=12	%
Did you breastfeed your child during the first hour of life?	Yes	9	75
	No	3	25
In the period of 1 month postpartum, did you breastfeed exclusively?	Yes	8	66,66
	No, I offered water	1	8,33
	No, I provided food paste ("baby food")	0	0
	No, I provided formula	3	25
	No, I provided cow's milk	0	0
Did you feel any difficulty when breastfeeding?	No		
	Yes, because I feel pain	3	25
	Yes, due to incorrect latching	10	83,33
	Yes, because of the difficulty of producing milk	8	66,66
	Yes, due to breast obstruction	3	25
	Yes, due to breast inflammation	5	41,66
	Yes, due to stress and anxiety	2	16,66
Did you receive support from the health team and adequate information about breastfeeding during pregnancy and after delivery?	Yes, in both moments	9	75
	Only during prenatal care	2	16,66
	Only during the postpartum period	1	8,33
	No	0	0
Have you received family support for breastfeeding?	Yes	8	66,66
	No	4	33,33
Did you feel increased stress and anxiety during the breastfeeding period?	Yes	10	83,33
	No	2	16,66

Source: Prepared by the authors, 2024.

At the end of six months, the last stage of the research was conducted, with the application of the third questionnaire (Table 4). Of the 12 participants, only 41.66% of the mothers were able to maintain exclusive breastfeeding (EBF), even after receiving detailed guidance and being aware of the benefits associated with the practice. The greatest reductions in adherence to EBF occurred between the first and second months, as well as between the third and fourth months (Figure 1).

Regarding the perceived benefits of EBF, only 16.66% of mothers reported advantages to their own health. However, all participants recognized the positive effects of EBF on their children's health. A significant portion (91.66%) recommended the practice of EBF to other women, including those who were unable to maintain it fully. Only 8.33% of the mothers did not advise the practice (Table 4).

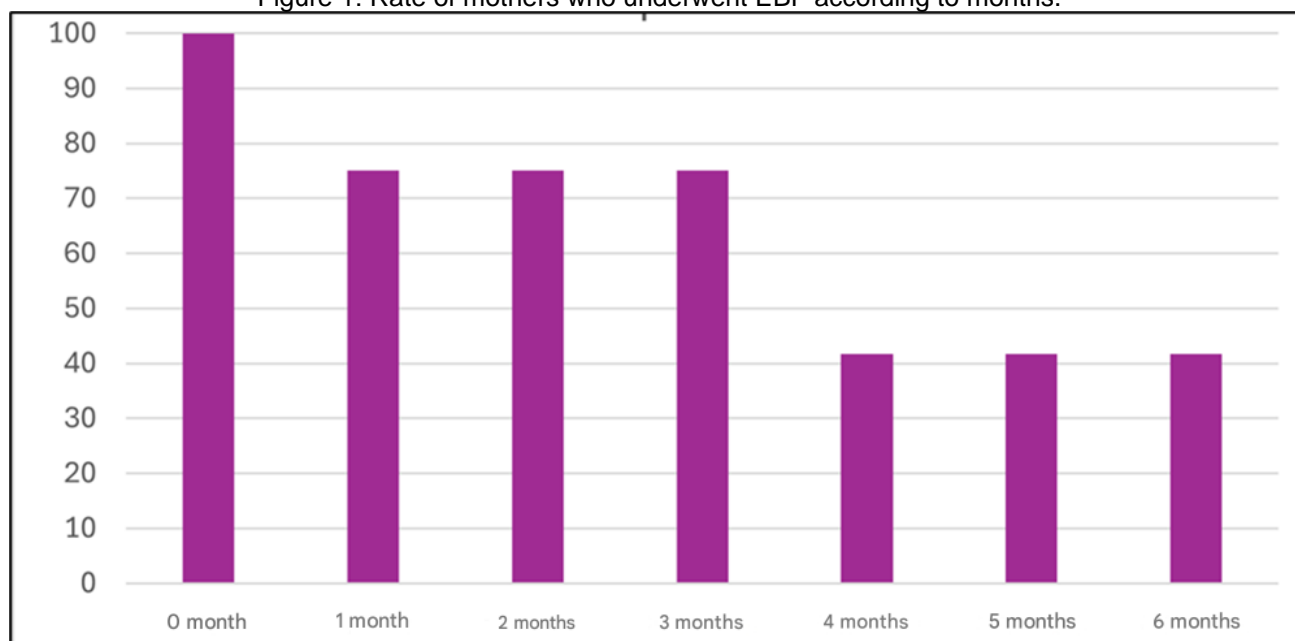
In addition, the questionnaire evaluated the participants' perception of the orientations and practical activities provided by the researchers. The majority (83.33%) of the mothers indicated that the work developed was very useful for the breastfeeding process, while 16.66% reported that the interventions helped in a minimal way (Table 4).

Table 4: Evaluation of Factors Related to SMA in the Sixth Month of Life

Question	Answer	n = 12	%
Were you able to perform exclusive breastfeeding (EBF) during the 6 months recommended by the World Health Organization (WHO)?	Yes and I had no difficulty	1	8,33
	Yes, but I had difficulty	4	33,33
	No, because I had difficulty	7	58,33
	No, because I preferred not to take it	0	0
Did the guidance and practical activity provided by the researchers during prenatal care help in your breastfeeding process?	Yes, quite a lot	10	83,33
	Yes, but minimally	2	16,66
	No	0	0
Did you feel benefits for your health by performing EBF?	Yes	2	16,66
	No	3	25
	My child was not exclusively breastfed	7	58,33
Have you noticed positive points in your child's health when performing EBF?	Yes	5	41,66
	No	0	0
	My child was not exclusively breastfed	7	58,33
Do you intend to continue breastfeeding your child?	Yes, but only until the moment he wants	1	8,33
	Yes, at least until the age of 2	5	41,66
	Yes, but I intend to quit before his 2 years old	4	33,33
	No	2	16,66
Would you encourage other women to take EBF?	Yes, but it would inform you about the possible difficulties and how to manage them	8	66,66
	Yes, but I would say that it is a difficult and painful process	3	25
	No, because I had a lot of problems	1	8,33
	No, because I don't think it's necessary	0	0

Source: Prepared by the authors, 2024.

Figure 1: Rate of mothers who underwent EBF according to months.



Source: Prepared by the authors, 2024.

DISCUSSION

From the results obtained, it is possible, first, to analyze the socioeconomic context of the study participants. This panorama reveals that, despite being young, most of these women became mothers when they were young adults or adults, based on the National Youth Policy, which considers the age group between 25 and 29 years old for the first classification (Fiorini, et al., 2017). Most of the pregnant women also stated that they were in a stable union or were married and had completed high school or incomplete higher education.

Thus, there is a postponement of motherhood, which may be linked to the prolongation of studies and the search for a steady partner. The study by Cunha et al. (2022) corroborates this idea by addressing that there was a reduction in fertility rates and an increase in the postponement of pregnancy in Latin American countries, including Brazil, in the 2000s, compared to the 1990s, justified by changes in these societies, such as educational expansion, in addition to the amplification of public policies in more democratic governments, that promoted easier access to contraceptive methods.

However, the low income of these families raises the thought of a low professional qualification not only of these women, but also of their partners, even with more years of education. Currently, labor competitiveness has promoted the need for high specialization, with the improvement of the worker, through undergraduate courses, specializations, and

technological knowledge, generating exclusion of those who do not update themselves (Fonseca, 2020).

When considering the race/color of the public analyzed, the majority stated that they belonged to brown color, with only one woman declaring herself white. It is known that the Brazilian people are the result of a miscegenation of different ethnic origins, which constituted the formation of the country. Thus, there is a difficulty in considering oneself part of a specific group, often promoting the feeling of belonging to the brown race that encompasses this miscegenation (Nascimento, 2024). This may explain the choice of response of most mothers.

Focusing on the previous knowledge obtained in the first stage of the study, most of them seemed to be well informed about the subject, as they chose to mark more appropriate and positive alternatives in relation to EBF, such as the desire to perform this practice, the defense of this food being sufficient during the first 6 months of the baby's life, the promotion of health benefits for the mother and child and the non-existence of "weak" milk. They also stated that ankyloglossia can harm breastfeeding. Only a minority reported being afraid to perform EBF.

It is important to emphasize that during the completion of the questionnaire, the mothers did not have access to any source of information or contact with each other. Thus, the alternatives chosen may be a reflection of the level of education and age of these women, because according to Suárez-Cotelo et al., (2019) sociodemographic factors, such as educational level, age and number of deliveries, act as determinants in knowledge about breastfeeding, with consequent greater willingness to carry out the practice.

In addition, the spread of the media favors the cognitive consolidation of information on the subject, when approached in a less technical and more direct way (Andrade and Fonteles, 2023). Fear, in turn, evidenced by the response of some mothers, can be justified by the presence of myths disseminated by society that need to be fought by health professionals (Coren-PA, 2024).

One month after birth, in the childcare consultation of the children, the second form revealed a good rate of adherence to EBF by the mothers, in the first hour of their children's lives, which may have happened due to the reinforcement of theoretical knowledge and, mainly, of the practical activity developed in health education by the researchers, soon after the collection of information from the first questionnaire. According to Lacerda and Oliveira (2023), there are several forms of methodologies aimed at encouraging EBF, which can be

used in Primary Health Care (PHC), such as meetings, lectures for groups of pregnant women, and the use of messaging apps. However, the best results occur when the orientations are given with the active participation of the mothers, through debates and conversation circles, with the use of educational materials and by dramatization on the theme.

A significant portion answered that they had received support from the health team in relation to breastfeeding, both in the prenatal and postpartum periods, a fact that may also have contributed to EBF in the first hour of the children's lives. This information is interesting, as most of the available literature refers to the benefit of this support, but emphasizes that it is difficult to find. Marques et al. (2020), portrays that the guidance received during prenatal care, in their study, corresponded to 18.6%, with subjects focused on risk signs, as well as the consequences of self-medication and smoking, ignoring information about the most appropriate techniques for EBF.

The support network for successful breastfeeding permeates health professionals, and the people closest to these mothers are responsible for participating in this process. Thus, generally, partners and grandparents should receive guidance on how to help the public in question during this process, as this action contributes to greater maternal satisfaction and confidence to carry out and longer duration of EBF (Hanna, et al., 2024). In the present study, more than half of the mothers had this support.

Despite the positive points verified, unfortunately, not all mothers were able to maintain EBF throughout the first month of the child's life. This may be associated with the main difficulties reported by them in the form, such as the presence of pain, inadequate latching on and increased stress and anxiety. Therefore, the importance of continuous monitoring of these women, to help them correct the technique used during this moment, focusing not only on the beginning, but throughout the 6 months, recommended by the Ministry of Health, which does not usually occur (Ferreira, et al. 2023).

In addition, the increased feeling of stress and anxiety can promote the worsening of psychosomatic pathologies during the attempt to perform EBF and when ignored can generate low self-confidence in these women, promoting up to 3 times more the chances of discontinuing exclusive breastfeeding before the indicated time (Vieira et al., 2018).

With the application of the last questionnaire, at the end of the research, after 6 months of the babies' lives, the number of mothers who managed to complete the EBF was even lower. In addition to the reasons already presented, another factor that makes this

problem possible is focused on the social character. The systematic review by Mendes et al. (2023) reveals that many women abandon EBF for fear of being judged when breastfeeding in public places. The same study also points out that some of these women do not always have their rights guaranteed and need to return to work, having little time to breastfeed.

Those who were able to complete EBF reported noticing the benefits of the practice to their children, but the minority only perceived benefits of their own. This may be linked to the focus that the mother projects on her children, failing, most of the time, to notice herself. In addition, with the exception of breastfeeding reducing the chances of a new pregnancy, most of the other benefits occur in the long term, which makes it difficult for mothers to perceive this (Jesus et al., 2023).

Almost all of the participants would recommend EBF to other mothers, which can be justified by all the advantages addressed in this study, including the reduction of financial expenses, by avoiding the purchase of formula (Hanna, et al., 2024). In addition, most considered that the research was useful in this process, since educational methods were addressed, dialogues with these mothers promoting humanized and multidisciplinary follow-up (Faleiro et al., 2023).

The study is limited by its sample space. The number of participants depended on the spontaneous demand of pregnant women enrolled in the Health Unit in question. The authors found it very difficult to capture these women, even with the help of health agents. Most mothers did not receive prenatal care or started it, but avoided the next appointments. Many still did not show interest in participating in the survey. Generally, mothers who have this behavior have a lower educational level and younger ages. Attitudes that can put the lives of their children and themselves at risk (Vila Verde, 2020).

CONCLUSION

Considering the relevance of exclusive breastfeeding (EBF) for public health, this research analyzed the determining factors and barriers associated with its practice among women assisted at the Paulo Frota Family Health Strategy, in Ananindeua, Pará. The study, conducted longitudinally and prospectively, followed a cohort of pregnant women from the end of the third trimester to six months of their children's lives, revealing that factors such as education, income, ethnicity, professional and family support significantly influence adherence to EBF.

Initially, the participants presented satisfactory knowledge about EBF, which was improved through theoretical-practical activities offered by the research team. Most women started EBF in the first hour of their babies' lives and received continuous guidance during prenatal and postpartum care, highlighting the relevance of professional and family support. However, difficulties such as pain and discomfort were still reported, evidencing barriers to the continuity of EBF.

At the end of the study, a decrease in the rate of exclusive breastfeeding was observed, indicating that socioeconomic and cultural factors still represent critical challenges. Although a smaller proportion of the participants recognize the benefits of EBF for themselves, almost all perceive the advantages for their children and recommend the practice. These findings suggest that, despite the advances, investments in educational strategies and continuous support that involve not only mothers, but also their support networks are still needed.

Thus, future studies should deepen the particularities of the EBF experience in different socioeconomic and cultural contexts, aiming to evaluate the effectiveness of support interventions in promoting maternal and child health. The integration of interdisciplinary actions and the recognition of the specificities of the population served can enhance the success of EBF, contributing to the health of future generations.

REFERENCES

1. Alves, V. G. S., et al. (2021). Sociodemographic characteristics related to knowing the benefits of breastfeeding. Disponível em <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8023977/>. Acesso em: 2 maio 2023.
2. Andrade, A. C. A. de, & Fonteles, B. K. (2023). Ações de incentivo à amamentação na atenção primária à saúde: relato de uma experiência educativa. Tese de doutorado.
3. Anjos, C. R. dos, Almeida, C. S. de, & Picanço, C. M. (2022). Percepção das enfermeiras sobre o aleitamento materno no puerpério imediato. *Revista Baiana de Enfermagem*, e43626–e43626.
4. Blitman, E., et al. (2022). Breastfeeding mothers' experiences with community physicians in Israel: A qualitative study. *International Breastfeeding Journal*, 17(1), 62.
5. Cauble, J. S., et al. (2021). A prenatal group-based phone counseling intervention to improve breastfeeding rates and complementary feeding: A randomized, controlled pilot and feasibility trial. *BMC Pregnancy and Childbirth*, 21(1), 521.
6. Colombo, L., et al. (2018). Breastfeeding determinants in healthy term newborns. *Nutrients*, 10(1), 48.
7. Coren – PA. (2024). Aleitamento materno: campanha Agosto Dourado relembra importância da amamentação para mães e bebês. Disponível em <https://www.corenpa.org.br/aleitamento-materno-campanha-agosto-dourado-relembra-importancia-da-amamentacao-para-maes-e-bebes/>. Acesso em: 29 set. 2024.
8. Cunha, M. S. da, Rosa, A. M. P., & Vasconcelos, M. R. (2022). Evidências e fatores associados ao fenômeno de adiamento da maternidade no Brasil. *Revista Brasileira de Estudos de População*, 39, e0187.
9. Da Silva, L. M. M., & Da Silva Peixoto, M. V. (2021). Estratégias para a promoção e incentivo ao aleitamento materno na atenção básica de saúde: experiência de uma residência multiprofissional em saúde da família. *Distúrbios da Comunicação*, 33(4), 793–799.
10. Do Nascimento, G. M., et al. (2024). Raças e etnias brasileiras. *RCMOS - Revista Científica Multidisciplinar O Saber*, 1(1).
11. Faleiro, D. C., et al. (2023). Análise dos determinantes da interrupção precoce do aleitamento materno exclusivo. *Revista JRG de Estudos Acadêmicos*, 6(13), 1626–1639.
12. Farahmand, M., et al. (2023). Lactation duration and lifetime progression to metabolic syndrome in women according to their history of gestational diabetes: A prospective longitudinal community-based cohort study. *Journal of Translational Medicine*, 21(1), 1–10.

13. Ferreira, G. S. B., et al. (2023). Amamentação: os desafios apresentados pelas puérperas e as contribuições da enfermagem. **Revista JRG de Estudos Acadêmicos**, 6(13), 1892–1905.
14. Fiorini, M. C., Moré, C. L. O., & Bardagi, M. P. (2017). Família e desenvolvimento de carreira de jovens adultos no contexto brasileiro: revisão integrativa. **Revista Brasileira de Orientação Profissional**, 18(1), 43–55.
15. Fonseca, M. H. (2020). Envelhecimento da população, reconfigurações do trabalho e qualificação profissional no Brasil. **Revista Direitos, Trabalho e Política Social**, 6(10), 49–67.
16. Hanna, L. M. O., et al. (2024). Panorama atual dos fatores de interferência na amamentação exclusiva. **Revista Eletrônica Acervo Saúde**, 24(7), e16184–e16184.
17. Jebena, D. D., & Tenagashaw, M. W. (2022). Breastfeeding practice and factors associated with exclusive breastfeeding among mothers in Horro District, Ethiopia: A community-based cross-sectional study. **PloS One**, 17(4), e0267269.
18. Jesus, A. M. de, et al. (2023). A falha na rede de apoio na amamentação.
19. Khatib, M. N., et al. (2023). Interventions for promoting and optimizing breastfeeding practices: An overview of systematic review. **Frontiers in Public Health**, 11, 984876.
20. Lacerda, R. V. C., & De Oliveira, M. F. (2023). Metodologias de educação em saúde voltada ao aleitamento materno: revisão integrativa. **Contribuciones a las Ciencias Sociales**, 16(9), 14819–14831.
21. Marques, B. L., et al. (2020). Orientações às gestantes no pré-natal: a importância do cuidado compartilhado na atenção primária em saúde. **Escola Anna Nery**, 25(1), e20200098.
22. Mendes, C. S. R., et al. (2023). Estigmatização do aleitamento materno: uma revisão sistemática. **Brazilian Journal of Health Review**, 6(4), 14236–14251.
23. Moimaz, S. A. S., et al. (2020). Estudo quanti-qualitativo sobre amamentação exclusiva por gestantes de alto risco. **Ciência & Saúde Coletiva**, 25, 3657–3668.
24. Pereira da Silva Rocha, F. N., et al. (2018). Caracterização do conhecimento das puérperas acerca do aleitamento materno. **Revista de Enfermagem UFPE On Line**, 12(9), 2386.
25. Short, V. L., et al. (2022). Feasibility, acceptability, and preliminary impact of an mHealth supported breastfeeding peer counselor intervention in rural India. **International Journal of Gynecology & Obstetrics**, 156(1), 48–54.
26. Suárez-Cotelo, M. del C., et al. (2019). Conhecimentos sobre aleitamento e a relação com a sua prevalência. **Revista da Escola de Enfermagem da USP**, 53, e03433.

27. Ukoli, F., et al. (2023). Encouraging and reinforcing safe breastfeeding practices during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 20(3), 1756.
28. Vieira, E. de S., et al. (2018). Breastfeeding self-efficacy and postpartum depression: A cohort study. *Revista Latino-Americana de Enfermagem*, 26, e3035.
29. Vila Verde, A. C. R. (2020). Baixa adesão ao pré-natal de gestantes atendidas na Unidade Básica de Saúde Terra Prometida I em Tucuruí-PA. Disponível em <https://ares.unasus.gov.br/acervo/html/ARES/24154/1/Ana%20Carla%20Romao%20Vila%20Verde.pdf>. Acesso em: 29 set. 2024.
30. Zorzanello, B. M. (n.d.). Práticas alimentares e aleitamento materno em menores de 6 meses em uma estratégia de saúde da família do sul do Brasil. Em: *Práticas alimentares e aleitamento materno em menores de 6 meses em uma estratégia de saúde da família do sul do Brasil* (p. 16). [s.l: s.n.].