

Incentive and Promotion of Breastfeeding in the Nursing Consultation of the Child Incentivo e Promoção do Aleitamento Materno na Consulta de Enfermagem à Criança

Priscilla dos Anjos¹

Maria Aparecida Munhoz Gaíva²

Caroline Aparecida Coutinho Monteschio³

1. Enfermeira. Doutoranda pelo Programa de Pós-Graduação em Enfermagem pela Universidade Federal de Mato Grosso. Docente da Disciplina Cuidado Integral à Saúde da Criança e do Adolescente do Curso de Enfermagem do Instituto Ciências da Saúde da Universidade Federal de Mato Grosso, campus Sinop – MT - Brasil. E-mail: priscilladosanjos@yahoo.com.br.

2. Enfermeira. Professora Doutora, do Programa de Pós-Graduação em Enfermagem pela Universidade Federal de Mato Grosso. Cuiabá- MT - Brasil. E-mail: mangaiva@gmail.com.

3. Enfermeira. Mestre em Enfermagem pelo Programa de Pós-Graduação em Enfermagem pela Universidade Federal de Mato Grosso. Cuiabá- MT - Brazil. E-mail: carolmonteschio@yahoo.com.br.

Abstract

The objective is to analyze nursing care practice focused on the promotion and encouragement of breastfeeding in the nursing visit to the child. This is a qualitative, exploratory-descriptive research with nurses



who worked in family health units in the city of Cuiabá-MT. Data collection was performed through participant observation and data analyzed using the thematic content analysis technique. It was identified, as thematic analysis category, the incentive and promotion of breastfeeding in the nursing consultation to the child. In the observation of childcare consultations, the approach on the benefits of breastfeeding for the child, the importance of its exclusive maintenance until the six months of life, commitment to the ministerial recommendations on breastfeeding and actions to promote breastfeeding incentive. Despite the work of nurses to promote and stimulate breastfeeding during childcare consultations, it is necessary to reflect how this approach has been carried out and how far it has been achieved in practice.

Keywords: breast feeding; nurses; primary health care; child care.

Resumo

O objetivo é analisar a prática assistencial do enfermeiro voltada ao incentivo e promoção do aleitamento materno na consulta de enfermagem à criança. Trata-se de uma pesquisa qualitativa, exploratório-descritiva, com enfermeiros que atuavam em unidades de saúde da família do município de Cuiabá-MT. A coleta de dados foi realizada por meio de observação participante e os dados analisados a partir da técnica de análise de conteúdo temática. Identificou-se, como categoria de análise temática, o incentivo e promoção do aleitamento materno na consulta de enfermagem à criança. Na observação das consultas de puericultura, constatou-se a abordagem sobre os benefícios do aleitamento materno para a criança, importância da sua manutenção exclusiva até os seis meses de vida, comprometimento com as recomendações ministeriais sobre o aleitamento e ações em prol de sua promoção e incentivo. Apesar do trabalho dos enfermeiros em prol da promoção e estímulo do aleitamento materno durante as consultas de puericultura, há que se refletir como esta abordagem tem sido realizada e qual o seu alcance na prática.

Palavras-chave: Aleitamento Materno; Enfermeiros; Atenção Primária à Saúde; Cuidado da Criança.

Introduction

Breastfeeding (AM) is the natural strategy of attachment⁽¹⁾, affection, protection and nutrition for the child and is the most sensitive, complete, economical and effective intervention for the reduction of infant morbimortality and is recommended in the first six months of life of the child exclusively and complemented up to two years of age⁽²⁾. It is also recommended that breastfeeding be initiated in the first hour of the child's life, and from there, on demand⁽²⁾.

Despite all the scientific evidence that demonstrates the superiority and benefits of breastfeeding, the efforts of national and international organizations, Brazilian programs and policies to encourage and support breastfeeding, this practice in the country still falls short of international recommendations and the Ministry of Health of Brazil (MS)⁽²⁻⁴⁾.

This distance between what is advocated and what is actually found in the practice of breastfeeding was detected in the last research on the prevalence of breastfeeding in the Brazilian capitals and the Federal District, showing that the prevalence of exclusive breastfeeding in the country in the year of 2008 in children under six months was 41.0%, and Cuiabá was the capital with the lowest index in the country (27.1%)⁽⁵⁾.

The low rates of breastfeeding in the country may be due to the lack of solid knowledge of health professionals involved in the practice of breastfeeding promotion⁽⁶⁾, and the weaknesses in the support network for breastfeeding women, as well as the lack of stimulation and support by professionals for the self-efficacy of women in breastfeeding, a decisive factor for the maintenance of breastfeeding⁽³⁾.

Given the national panorama of the breastfeeding, and in our reality, health professionals, and especially nurses, play a fundamental role in encouraging and promoting

this practice. These actions should occur during prenatal care, pre-delivery, childbirth, puerperal consultations and in the follow-up of the child in the first year of life. For this, the professionals must be technically prepared regarding the aspects that involve lactation, welcoming mothers and relatives and if they are available to listen and clarify doubts. They also need to consider maternal emotional factors, the family culture, the social network to support women, and recognize it as the protagonist of this process, valuing it, listening to it and empowering it⁽²⁻⁷⁾.

Nurses who work in systematic and continuous activities in the most diverse spaces of care for children, have in primary care the opportunity to follow the mother-child binomial in the first year of life, through the nursing consultation, which is a strategic space for promote breastfeeding promotion, protection, encouragement and support, contributing to increase maternal self-confidence in breastfeeding⁽²⁻⁸⁻⁹⁾, as well as the responsibility to include family members and the community in this process⁽²⁻⁹⁻¹⁰⁾. Nurses can also work in other care spaces to promote breastfeeding, such as prenatal care, maternity, puerperium, first week of integral health, and follow-up of growth and development during childhood, contributing to the reduction of mixed breastfeeding and, consequently, early weaning.

Considering the importance of reflecting and discussing the assistance in the breastfeeding process; the role of health professionals as educators, supporters and promoters of breastfeeding; the need to train professionals to meet this demand and to know how this practice has been developed in the care of the mother / child, this study has as an object the nurse's role in the process of breastfeeding in consultation with the child, in order to strengthen the actions of this professional in the Family Health Strategy (FHS) with regard to promotion, protection, encouragement and support to maternal

breastfeeding. Therefore, the objective of the study was to analyze the nurses' practice of nursing promotion and promotion of breastfeeding in the nursing consultation to the child, seeking to answer the questioning of how nurses have encouraged and promoted breastfeeding in the consultation of the first two years of life.

Method

An exploratory descriptive study of a qualitative approach carried out in the city of Cuiabá, state of Mato Grosso, Brazil, in the period of January and February of 2012. The research was carried out in four family health units, selected by lot, in which the nursing consultation was implemented as a programmatic and continuous activity. The inclusion criteria to define which nursing consultations would be observed were: consultations with mothers or relatives of children aged 0 to 2 years old, enrolled and followed up by the teams of the family health units chosen for the research. The option to observe the consultations of children in this age group was because in this period of childhood the consultations are carried out with smaller intervals, and also because at that age children are more vulnerable and demand greater professional care.

Data were collected through participant observation in the nursing consultations of children under two years old in the units selected for the study. Twenty-one consultations were observed, with an average duration of approximately 30 minutes each. To assist the participant observation, the dialogues were captured through audio recording, to better understand the details of the dialogues between the nurse and the mothers.

The participant observation was developed by three researchers, one of whom took an active position and the other two observed the environment, the nurse, the mother/family and the child. The researchers received training on nursing consultation prior to data collection and used a

script based on the evaluation of essential items in a care, in order to standardize the observation, which contained the following elements: anamnesis and data collection, physical examination/child assessment, problem solving, educational guidelines/actions and actions taken.

As there was no specific protocol for the nursing consultation in childcare or the definition of a theoretical-methodological framework for this, each nurse developed the consultation with the methodology that was considered more appropriate or with the one that had greater dominance.

The choice to observe consultations of children under two years of age was because in this period of childhood the consultations are performed with smaller intervals, and also because in this age range children are more vulnerable and demand greater professional care, besides the recommendation of the breastfeeding in this range by the Ministry of Health⁽²⁾. The observations were transcribed and analyzed, observing if the objectives of the research were reached or not. With 21 consultations, sufficient data were obtained to answer the objectives, thus finalizing the fieldwork.

The data obtained through observation were recorded in field diary and the recordings were transcribed reliably and added to the records contained in the diary. To analyze the data, the content analysis technique was used in the thematic modality⁽¹¹⁾, which identified the thematic category: encouragement and promotion of breastfeeding in the nursing consultation of the child.

The research was developed in accordance with the norms of Resolution No. 466/12 of the National Health Council and approved by the Research Ethics Committee, according to opinion no. 129 / CEP-HUJM / 2011. All the participants of the research signed the Term of Free and Informed Consent (TCLE) and were guaranteed the confidentiality and anonymity of the same.

Results and Discussion

Incentive and promotion of breastfeeding in the child's nursing consultation

In the participant observation of nurses' consultations with the child, it was found that the actions of incentive, promotion and protection of breastfeeding are concerns of this professional, especially in children under six months, highlighting the benefits of this practice for the baby, as highlighted in the field diary clippings:

Nurse: [...] let's say, free demand, that in the first six months is exclusively breast milk. There is no need for anything other than food, other than breast milk because it has essential and important nutrients to feed your daughter. From water, nutrients, vitamins. You have passed your defenses through the milk, through the antibodies, all this it absorbs and other substances important for the development and growth of it. [...]. (Field diary, query 15).

Nurse: [...] breastfeeding is the most important thing in the first months of the child's life and it is what we remind them the most, which is what most agent guides. The mother has to nurse the child. It is what strengthens, it is what nourishes, it is what makes the child develop [...]. (Field diary, query 8).

Human breast milk is the ideal source of nutrition, allowing all inherent genetic potential to

be attained. This is due to the fact that the composition of breast milk guarantees the necessary amount of water, carbohydrates, lipids and proteins for the adequate development of infants ⁽¹⁾, contributing to the promotion and protection of children's health ⁽¹²⁾. In addition it is practical ⁽¹⁻¹²⁾, free of bacteria and contains immunological factors that will protect the child ⁽¹⁾.

Although it was observed during the consultations that nurses gave greater emphasis to the benefits of breast milk for the baby, it is known that besides the organic benefits of breast milk, it also has a great impact on mental, emotional, psychic and cognitive health of the child and his/her mother, because it allows the strengthening of the affective bond and the interaction between the binomial, consolidation of feelings of security, protection, affective ties and well-being ⁽¹⁻¹³⁾, which are important elements in promoting growth and development ⁽¹⁾, as well as contributing to increased intelligence and learning ⁽¹⁻¹⁴⁾.

However, there is also the involvement of socioeconomic and cultural issues, since this practice does not financially burden the family ⁽²⁻¹⁵⁾, it is practical ⁽¹²⁻¹⁵⁾, and the milk is ready, without risk of spoiling, at the ideal temperature and can be offered at any time and in any place, without the requirement of preparation and sanitization ⁽¹²⁾.

Another relevant aspect to be worked by the professionals regarding the benefits of breastfeeding is related to the development and strengthening of the bond of the mother-baby binomial, which was not observed during the childcare consultations analyzed. The practice of breastfeeding is essential for the affective development of the mother / child, providing a very strong emotional connection and that will serve as a basis for future relationships of trust with other people ⁽¹²⁾.

In addition to these benefits, there is the question of the superiority of breast milk over other species' milk, since it avoids infant deaths, respiratory infections and diarrhea ⁽²⁻⁴⁻¹⁶⁾; decreases

the risk of allergies, hypertension ⁽²⁻¹⁶⁾, diabetes ⁽¹⁻²⁻¹⁴⁾ and high cholesterol ⁽²⁾; reduces the chance of obesity ⁽²⁻¹⁴⁾; improves weight-height growth ⁽¹⁾; facilitates the development of the oral cavity ⁽²⁾; prevents cavities ⁽⁴⁾ and; for mothers, protects against cancer of the breast, uterus and ovary ⁽²⁾; avoids re-pregnancy ⁽²⁻¹³⁾; protects against gestational diabetes and the onset of anemia in the puerperal period ⁽¹⁾; assists in postpartum weight loss (1-13) and; prevents postpartum haemorrhage⁽¹³⁾.

The benefits of breastfeeding for the baby and for the mother need to be disseminated and reinforced during consultations so that there is broad access to this knowledge, which is not the case in many health facilities in the country, as evidenced in a study carried out in Paraíba with 57 mothers of children up to 6 months of age who identified from the reports of the interviewed mothers that knowledge about the benefits of breastfeeding was predominantly aimed at the child, and most of them were unaware of the maternal benefits, showing the need for this issue to be better worked with the population, since it can be an additional motivation for the woman to strengthen her decision to breastfeed ⁽¹³⁾.

On the other hand, many women already have knowledge about the benefits of breastfeeding for themselves, as shown in the results of a study carried out in Bahia, where women recognized themselves as breastfeeding beneficiaries, reporting that breastfeeding prevents new pregnancy and cancer, as well as being practical ⁽¹²⁾, differently from the present study, in which nurses focused their guidelines on breastfeeding only on the benefits to the baby.

Given the evident benefits of breastfeeding that transcend biological value only to the child, international and national recommendations, and the Brazilian public policies aimed at their protection, promotion and support, nurses should encourage this practice among mothers, guiding them to importance of offering only breast milk in the first six months of the child's life, without the

need for complementation, as shown by some observation cuts:

Nurse: [...] are you nursing for how much time?

Mother: it's all the time.

Nurse: (laughs) Are you giving him any other food?

Mother: only milk.

Nurse: Not even a little water? But what about the tea?

Mother: He's not having cramps anymore.

Nurse: and water?

Mother: not yet.

Nurse: Well, that's good! All right! (praises the mother for offering only breast milk to the child).

Mother: if he is thirsty, I give him milk.

Nurse: You have to remember this, he does not need anything for up to six months. When you arrive in the six months you are going to come back here so that you can start talking about what you are going to give (talks about feeding) [...](Field diary, query 9).

Nurse: [...] It's because it's three months old, so we still have three more months to fight for exclusive breastfeeding and it's up to two years for you to continue breastfeeding [...](Field diary, Query 6).

The nurse must constantly reinforce that it is not necessary to offer any food other than breastfeeding to the child, including teas, water or other liquids or solids. Offering such supplements

can be a cultural and family practice that is detrimental to the child's health, since it replaces the bulk of the mother's milk that is most nutritious⁽²⁻¹⁷⁾, which may carry risks and potential illnesses for this child.

Thus, the professional should explain to the mother that the introduction of these liquids is associated with bottle-feeding and early weaning and increased infant morbidity and mortality from acute diarrhea⁽²⁻¹⁶⁾. Therefore, it is necessary a qualified performance of health professionals to promote breastfeeding⁽¹⁸⁾, in order to prevent these morbidity and mortality rates.

In addition to guiding women about the importance of exclusive breastfeeding in the first six months of the child's life, its benefits and reinforcing the non-use of other liquids in exclusive breastfeeding, it is important for the nurse to pay attention to the family values imbricated in the breastfeeding process, as these can positively or negatively influence breastfeeding, as the following field diary notes point out:

Nurse: [...] give water, tea?

Mother: only water because it says that it gives thirst in the child (nurse interrupts the speech of the mother).

Nurse: do not thirst, who told you that? (authoritative voice)

Mother: my mother. [...](Field diary, query 1).

Nurse: [...] and her breastfeeding, that day we talked, are you having enough milk? Are you safe with breastfeeding?

Mother: I am.

Nurse: What other children did you breastfeed?

Mother: no, a T, no (name of the eldest daughter). I did not have

milk. [...] (Field diary, query 2).

Breastfeeding is a practice that involves a relationship of teaching and learning between generations and is subject to a number of cultural constraints, which means that previous experiences of family members may interfere with this process. In this sense, the meanings built by the younger generations in the breastfeeding process depend, in part, on the meanings transmitted by their mothers and grandmothers beyond the social, economic and cultural changes of the environment in which they live, triggering continuities and discontinuities in practices and representations related to the phenomenon of breastfeeding⁽⁴⁻¹⁹⁾.

In this way, many mothers follow the grandmothers' orientations because they understand that they share their personal experiences of care and reproduce them with the express desire to be successful and to give their best in order to help the new mothers.

The observations also showed that nurses go through their orientations based on scientific knowledge and in their personal and professional way of seeing the breastfeeding, and often because they are surprised by the cultural responses of the women, end up passing erroneous information, as described above in the consultation 1, in which the nurse stated that the child does not have thirst and therefore does not need water. What really should have been said is that the baby feels thirsty, but there is no need to offer water, since the mother's milk contains this ingredient and can quench your thirst.

In this case, the professional disregarded and did not aggregate the information brought by the mother in her guidelines, in addition to not deepening the prior knowledge of her and her family about the practice of breastfeeding and the socio-cultural aspects involved, with prejudice to the integral care to this one clientele.

Thus, despite the importance of nurses' technical knowledge about breastfeeding, it is

important to advance the approach during consultations, since he as an opinion-forming agent should sensitize both the mother and his / her relatives about the importance of this practice, its advantages and benefits, demystifying myths and taboos, taking into account the sociocultural context in which these mothers are inserted⁽¹²⁾.

The nurse needs to take into account in the individual approach of each woman, that the family has its own way of conducting the practice of breastfeeding. Thus, it is necessary to devise strategies to reconcile scientific knowledge with popular knowledge in order to better support the practice of exclusive breastfeeding⁽¹⁵⁾, avoiding imposing norms and rules that do not contemplate the reality of the nursing mother, generating fear and insecurity and making adherence difficult to the practice of breastfeeding.

It is noteworthy that in all the consultations where breastfeeding was addressed, nurses demonstrated technical knowledge, skills and safety in the clinical management of breastfeeding, as well as passing the ministerial recommendations on this practice to the mother. However, it is necessary to go beyond the technical knowledge of lactation, developing an attentive, inclusive and comprehensive look at the emotional, cultural aspects of breastfeeding and the social network of support to women⁽²⁾, and supports them in the face of difficulties practice, supplying the lack of information and respecting the posture presented by the woman.

In this perspective, health professionals need to consider breastfeeding as more than a purely instinctive and biological act, but rather as a biopsychosocial, dynamic and relational process, to this end, they must develop both theoretical and practical skills⁽¹⁰⁻¹⁵⁾.

In regards to the influence and support of the family in the breastfeeding process, we can mention:

Enfermeira: [...] está tendo problema para amamentar? (a

mãe responde com a cabeça negativamente). Então nada de mamadeira, nada de água, nada de chá (afirmativa). Enfermeira: Quem te influencia com relação a amamentação da criança e os cuidados?

Mãe: A mãe olha para a tia que está em pé com a criança no colo e uma sorri para outra e a mãe diz: - minha tia (a enfermeira olha para tia e continua a conversa).

Enfermeira: é você que está influenciando? Então quais são as recomendações? Eu vou passar para S. (nome da mãe) e vou passar para você também (tia), para vocês seguirem certinho o que é preconizado para cuidar de uma criança recém-nascida. Então assim, os familiares ajudam muito dando apoio para mãe, porque ela está sofrendo, porque está tendo rachaduras, porque é a primeira vez que ela é mãe então ela conta com a família. Interrompe o raciocínio e olha para tia e lhe dirige a pergunta, você já é mãe? (ela responde afirmativamente com a cabeça). Então assim. Ah! Vamos dá água porque está com sede. Vão dá chá porque está com cólica, criança não precisa de muita manipulação, quanto menos manipulação da criança melhor. Quanto menos você interferir no que é normal da criança melhor [...] (Diário de campo, consulta 8).

Nurse: [...] are you having trouble breastfeeding? (the

mother responds negatively). Then no bottle, no water, no tea (affirmative). Nurse: Who influences you regarding breastfeeding and care?

Mother: The mother looks at the aunt who is standing with the child on her lap and one smiles at another and the mother says: - my aunt (the nurse looks at her aunt and continues the conversation).

Nurse: Are you influencing it? So what are the recommendations? I'm going to move on to S. (mother's name) and I'll pass on to you too (aunt), so that you can follow what's recommended to take care of a newborn child. So, family members help a lot by giving support to the mother because she is suffering because she is having cracks because it is the first time she is a mother so she has the family. He interrupts his reasoning and looks at his aunt and asks him the question, are you a mother already? (she nods). So then. Ah! Come on, give us water because you're thirsty. They will give tea because they have colic, child does not need much manipulation, much less manipulation of the child better. The less you interfere in what is normal the better the child [...](Field diary, query 8).

As we can observe in this field diary cut, the practice of breastfeeding is strongly influenced by the context in which the nurse is inserted. Therefore, in order for breastfeeding to be successful, the mother constantly needs to be

encouraged and supported, not only by health professionals, but also by her family and the community. It is not enough that a woman chooses to breastfeed, she must be inserted in an environment that supports her in her choice. The opinion and encouragement of the people around them, especially the husbands / mates, the grandparents of the child and other significant people to the mother are of the utmost importance⁽²⁻¹⁹⁾.

In view of this, the importance of the nurse in the construction of values about the breastfeeding, with the mother, her family, groups and community, is valued by her support network and including her in this care. Thus, one way to expand and intensify the promotion of SMA is to go beyond the technical aspects of breastfeeding, to know the family context, using family participation, values, concepts and understanding, in order to implement educational actions and strengthen the ambience of such practice.

Regarding breastfeeding promotion, support and protection actions, Brazil has advanced in proposing actions and strategies, such as the Initiative Basic Amiga Breastfeeding Unit (IUBAAM), launched by the Health Secretariat of Rio de Janeiro in the year of 1999. It is noteworthy that up to the moment of the data collection of the present research there was no accredited health unit as a friend of breastfeeding in the city of Cuiabá, MT.

Still in the perspective of encouraging the promotion of breastfeeding in Primary Care, the Ministry of Health proposed in 2008, the Rede AmamentaBrasil strategy, which aimed to qualify the work process of primary care professionals and, as a result, to encourage breastfeeding and healthy diet for children under two years under the Unified Health System⁽²⁰⁾.

An evaluative research on the impact of the Brazilian Breastfeeding Network strategy on the situation of breastfeeding in Brazilian municipalities has identified the increase in the

prevalence of SMA in basic health units with a higher degree of implementation of the strategy, showing the favorable influence of promotion actions, protection and support to breastfeeding, such as support groups for breastfeeding and guidance on how to handle them in a basic health unit⁽²¹⁾.

These results highlight the importance of the guidelines on breastfeeding offered by nurses in the child care consultation and the need for individual and / or collective educational actions to be developed already in the context of prenatal care and maintained in the consultations with the child in the first months of life, for maintaining exclusive breastfeeding and for better rates of breastfeeding prevalence in municipalities.

In order to assist nurses in the educational actions of nursing consultations with children, it is also necessary to include innovations in the communication between health professionals and mothers, through the implementation of the use of health technologies in the promotion of breastfeeding, for example of serial album and educational manual, which are illustrated technologies and musicalization, which is an assisted technology, in order to make social inclusion viable, to build knowledge, to reinforce the knowledge to be used in other spaces than the health unit, and to guide in a structured way, thus generating positive impacts on breastfeeding⁽²²⁾.

Although it is not the focus of this article, it should be pointed out that some mothers who participated in the present study were not able to exclusively breastfeed in the first six months or had early weaning, a situation that has already been discussed in a previously published article⁽²³⁾.

Conclusion

It was concluded that in this study nurses addressed important aspects of breastfeeding mothers during the nursing visit to the child, such as the benefits of this practice for babies and the

importance of their exclusive maintenance until six months of life and complemented up to two years. The results also showed the commitment and responsibility of this professional to pass on to the mothers the recommendations and ministerial precepts on the practice of breastfeeding.

However, nurses need to value the family members involved, the experiences, the sociocultural context and the prior knowledge of mothers about the practice of breastfeeding, encourage the participation of family members in this process, advise on the benefits of breastfeeding for maternal health and society, in addition to considering the family context and the sources of support for this practice.

Despite the work of nurses to promote and stimulate breastfeeding during childcare consultations, it is necessary to reflect how this approach has been carried out and how far it has been achieved in practice. Thus, it opens up spaces for studies with other perspectives regarding the effectiveness of the childcare consultation for the success of breastfeeding.

One limitation of the research was to portray only the researchers' perspective on the breastfeeding process. Thus, further research on the subject that addresses the view of nurses and mothers/infants is suggested. However, the results presented here may raise the awareness of nurses working in prenatal care, puerperium and childcare follow-up on the importance of protection, support, promotion and encouragement of breastfeeding, as well as providing elements for quality improvement actions.

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