

SELF-EFFICACY OF BREASTFEEDING DURING THE IMMEDIATE PUERPERIUM AND ITS ASSOCIATED FACTORS: A CROSS-SECTIONAL STUDY

AUTOEFICACIA DE LA LACTANCIA DURANTE EL PUERPERIO INMEDIATO Y SUS FACTORES ASOCIADOS: UN ESTUDIO TRANSVERSAL

AUTOEFICÁCIA DA AMAMENTAÇÃO DURANTE O PUERPÉRIO IMEDIATO E SEUS FATORES ASSOCIADOS: UM ESTUDO TRANSVERSAL

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ABSTRACT

Introduction: Self-efficacy plays a key role in the success and confidence of the mother regarding breastfeeding. However, in the immediate postpartum period, challenges may arise, such as difficulties with sucking by the baby, pain, engorgement and low milk production, which can contribute to maternal discouragement. **Objective:** To evaluate the level of self-efficacy in breastfeeding between puerperal women in the immediate postpartum period and identify associated factors that may influence self-efficacy, positively or negatively. **Method:** A cross-sectional and quantitative study was carried out with 229 postpartum women in the immediate postpartum period, between August and October 2023, in a maternity hospital in a city of Paraíba. Two instruments were used for data collection: the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) and a sample characterization questionnaire. **Results:** The prevalence of moderate self-efficacy and breastfeeding was 12.2% and 87.8%, respectively, in the period from 6 to 48 hours postpartum. The variables associated with self-efficacy in breastfeeding were: number of children (p-value=0.056), prematurity (p-value=0.026), puerperium time (p-value=0.004), previous breastfeeding experience (p-value=0.030), reasons for breastfeeding (p-value=0.000), breastfeeding in the first hour of life (p-value=0.017) and exclusive feeding of the newborn at the maternity hospital (p-value=0.010). **Conclusion:** No case of low self-efficacy in breastfeeding was identified during this initial period, although this does not guarantee the maintenance of exclusive breastfeeding until the period recommended by the Ministry of Health. This study can serve as a basis for health professionals in monitoring the mother-baby binomial, strengthening educational strategies on breastfeeding and taking into account the factors associated with the practice, identified in this population.

Keywords: Breastfeeding; Self-Efficacy; Immediate Puerperium; Associated Factors; Maternal And Child Health.

RESUMEN

Introducción: La autoeficacia juega un papel fundamental en el éxito y confianza de la madre con respecto a la lactancia. Sin embargo, en el puerperio inmediato, pueden surgir desafíos como dificultades para succionar al bebé, dolor, ingestión y baja producción de leche, que pueden contribuir al desánimo materno. **Objetivo:** Evaluar el nivel de autoeficacia en la lactancia entre puerperas en el período postparto inmediato e identificar los factores asociados que pueden influir en la autoeficacia, positiva o negativamente. **Método:** Estudio transversal y cuantitativo, realizado con 229 puérperas en el período inmediato postparto, entre agosto y octubre de 2023, en una maternidad de un municipio paraibano. Se utilizaron dos instrumentos para la recolección de datos: la escala *Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF)* y un cuestionario de caracterización de la muestra. **Resultados:** La prevalencia de autoeficacia moderada y para lactancia fue del 12,2% y 87,8%, respectivamente, en el período de 6 a 48 horas postparto. Las variables asociadas a la autoeficacia en lactancia fueron: número de hijos (p-valor=0,056), prematuridad (p-valor=0,026), tiempo de puerperio (p-valor=0,004), experiencia previa de lactancia (p-valor=0,030), motivos para amamantar (p-valor=0,000), lactancia en la primera hora de vida (p-valor=0,017) y alimentación exclusiva del recién nacido en la maternidad (p-valor=0,010). **Conclusión:** No se identificaron casos de baja autoeficacia en la lactancia en este período inicial, aunque esto no garantiza el mantenimiento de la lactancia materna exclusiva hasta el período recomendado por el Ministerio de Salud. Este estudio puede servir como base para los profesionales de la salud en el seguimiento del binomio madre-bebé, fortaleciendo estrategias educativas sobre la lactancia y teniendo en cuenta los factores asociados a la práctica, identificados en esta población.

Palabras clave: Lactancia Materna; Auto-Eficacia; Puerperio Inmediato; Factores Asociados; Salud Materno Infantil.

RESUMO

Introdução: A autoeficácia desempenha um papel fundamental no sucesso e na confiança da mãe em relação à amamentação. No entanto, no puerpério imediato, podem surgir desafios, como dificuldades de sucção pelo bebê, dor, ingurgitamento e baixa produção de leite, que podem contribuir para o desânimo materno. **Objetivo:** Avaliar o nível de autoeficácia na amamentação entre puérperas no período pós-parto imediato e identificar os fatores associados que podem influenciar autoeficácia, positiva ou negativamente. **Método:** Estudo transversal e quantitativo, realizado com 229 puérperas no período imediato pós-parto, entre agosto e outubro de 2023, em uma maternidade de um município paraibano. Foram utilizados dois instrumentos para a coleta de dados: a escala *Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF)* e um questionário de caracterização da amostra. **Resultados:** A prevalência de autoeficácia moderada e para amamentação foi de 12,2% e 87,8%, respectivamente, no período de 6 a 48 horas pós-parto. As variáveis associadas à autoeficácia na amamentação foram: número de filhos (p-valor=0,056), prematuridade (p-valor=0,026), tempo de puerpério (p-valor=0,004), experiência prévia de amamentação (p-valor=0,030), motivos para amamentar (p-valor=0,000), amamentação na primeira hora de vida (p-valor=0,017) e alimentação exclusiva do recém-nascido na maternidade (p-valor=0,010). **Conclusão:** Nenhum caso de baixa autoeficácia na amamentação foi identificado nesse período inicial, embora isso não garanta a manutenção do aleitamento materno exclusivo até o período recomendado pelo Ministério da Saúde. Esse estudo pode servir como base para os profissionais de saúde no acompanhamento do binômio mãe-bebê, fortalecendo estratégias educativas sobre a amamentação e levando em consideração os fatores associados à prática, identificados nesta população.

Palavras-chave: Aleitamento Materno; Autoeficácia; Puerpério Imediato; Fatores Associados; Saúde Materno-Infantil.



INTRODUCTION

The puerperium is the period that begins immediately after childbirth and has an indefinite duration, marked by the return to the pre-pregnancy state. It is a phase of vulnerability, during which the woman experiences several physiological and psychological changes, facing a new reality in relation to her body and her work routines, social and economic. This period is characterized by intense and sometimes conflicting feelings, making it essential that the woman has adequate support⁽¹⁾.

The concept of self-efficacy in breastfeeding refers to maternal confidence in her ability to breastfeed, which directly influences the initiation and maintenance of breastfeeding. Women who feel competent in the role of mother tend to breastfeed for longer than those who do not have this perception. For breastfeeding to be successful, it is crucial that mothers believe in their knowledge and skills to feed the baby successfully⁽²⁾.

In this context, the importance of social support networks in the promotion and maintenance of breastfeeding is evident. The responsibility of feeding the baby naturally can generate insecurity and affect the self-efficacy of the mother. Breastfeeding with confidence is linked to several factors, such as cultural, historical, emotional aspects, among others. Although each woman has her own particularities and is the protagonist in breastfeeding her baby, she needs a family and professional support network, especially in the postpartum period,

when doubts and changes arise in the routine of the mother and the family⁽¹⁾.

Self-efficacy is crucial for success and confidence in breastfeeding. However, in the immediate postpartum period, problems such as difficulty sucking by the baby, pain, engorgement and low milk production may arise, which can contribute to the discouragement of the puerperal woman⁽³⁾. The decision not to breastfeed or to perform early weaning is often related to these factors⁽⁴⁾.

A study conducted in Brazil, which evaluated about 14,505 children under the age of five, revealed that 53% of them continue to receive breast milk in the first year of life. Among children under six months of age, the Exclusive Breastfeeding Index (EBF) was 45.7% and 60%⁽⁵⁾.

Among the factors that contribute to weaning, low self-efficacy stands out. When the mother has high self-efficacy in breastfeeding, she demonstrates confidence in the execution of the task and the achievement of the expected goal. This feeling can be strengthened as the woman adapts to the new routine, depending on her motivation and the support received during this phase⁽⁵⁾.

The vulnerability of puerperium makes this period particularly sensitive, and breastfeeding can be a challenge for the mother since it is a new experience. This challenge can be facilitated with family and professional support close to the mother and baby. Therefore, it is essential that the nurse evaluate the self-



efficacy in breastfeeding by applying scales to understand the level of self-confidence and satisfaction of the mother when breastfeeding. In this way, action plans and educational interventions can be developed that facilitate the process and extend the period of breastfeeding⁽⁶⁾.

Given the above, this research seeks to answer the following guiding question: What is the level of self-efficacy in breastfeeding among mothers in the immediate postpartum period, and which associated factors influence positively or negatively this self-efficacy? The objective is to evaluate the level of self-efficacy in breastfeeding between postpartum women in the immediate postpartum period, identifying the associated factors that can influence positively or negatively this self-efficacy.

METHOD

This is a cross-sectional, descriptive study with quantitative approach, conducted in a maternity hospital in the city of Campina Grande, Paraíba. This hospital unit has complete infrastructure, including delivery room, modern surgical and obstetric center, maternity with joint housing, intensive care units (adult, infant and neonatal), as well as apartments and wards. The multidisciplinary team of the institution promotes qualified assistance to the mother-child binomial. The choice of location was due to the large flow of puerperal women that the hospital receives, its title of Child-friendly Hospital Initiative (IHAC) and its function as an internship field for the Bachelor's degree in Nursing at the State University of Paraíba (UEPB), campus I.

The sample was calculated using the technique of Simple Random Sampling (SRS) for finite samples. The study population consisted of 330 women, corresponding to the number of normal and cesarean deliveries performed in 2022 at the General Hospital of Campina Grande CLIPSI. The adopted confidence level was 95%, with a margin of error of 5%, resulting in a significance level of 0.05 (with $z = 1.96$), and $p=0.50$ ⁽⁷⁾. The sample size was determined in 229 women.

The study included puerperal women over 18 years of age, in the immediate postpartum period (between 8 and 48 hours after delivery), exclusively breastfeeding (EBF), and who were in shared accommodation. Puerperal women with children admitted to the neonatal intensive care unit were excluded, those with clinical or obstetric complications and pathologies that contraindicated breastfeeding and/or prevented communication with the researcher.

Data collection took place from August to October 2023, in a hospital setting, during the first 8 to 48 hours of postpartum. The postpartum women were informed about the objectives of the research and invited to participate while they were in the joint accommodation. Participants who accepted were taken to a private room with their babies to respond to the collection instruments. Data were collected after submission and approval of the Ethics and Research Committee of the State University of Paraíba.

Two instruments were used for data collection: the Breastfeeding Self-Efficacy Scale – Short Form (BSES-SF)⁽⁸⁾ and a



sociodemographic characterization questionnaire and obstetric data of the mothers.

The study-dependent variable was the self-efficacy of breastfeeding, measured by BSES-SF. Technical domain questions included: 1 (I always feel when my baby is breastfeeding enough), 3 (I always feed my baby without using powdered milk as a supplement), 4 (I always notice if my baby is taking the breast right during the whole feeding.), 6 (I can always breastfeed even if my baby is crying), 11 (I always breastfeed my baby in one breast and then move to the other), 12 (I always continue breastfeeding my baby with each feeding) 13 (I can always match my needs to the baby's needs and 14 (I always know when my baby has finished breastfeeding).

The questions related to intrapersonal domain were: 2 (I always manage breastfeeding successfully, just as I do other challenges), 5 (I always manage breastfeeding satisfactorily), 7 (I always feel like breastfeeding), 8 (I can always breastfeed comfortably in front of people from my family), 9 (I am always satisfied with my breastfeeding experience) and 10 (I can always cope with the fact that breastfeeding takes time).

The scale follows the Likert opinion criterion, specifying the level of agreement with the statements, ranging from 1 (totally disagree) to 5 (totally agree). The total score is calculated based on the sum of each item, classifying self-efficacy as low (14 to 32 points), average (33 to 51 points) or high (52 to 70 points)⁽⁹⁾.

The independent study variables include sociodemographic characteristics (age, race,

marital status, schooling, occupation and family income) and obstetric data (number of children, parity, history of prematurity, previous breastfeeding practice, main reasons for breastfeeding and factors that hindered or prevented breastfeeding in previous pregnancies). Information on current pregnancy and puerperium includes prenatal care, first-hour breastfeeding, planned time for exclusive breastfeeding, and receiving breastfeeding guidance.

The data were inserted into Excel® spreadsheets and analyzed with the help of IBM Statistical Package for the Social Sciences (SPSS), version 20.0. The analysis included descriptive statistics (absolute and relative frequencies, measures of central tendency and dispersion) and inferential analysis to evaluate the association between the independent variables and the outcome, using the Chi-Square Test and the Fisher's Exact Test. The strength of the association was measured by calculating the adjusted standardized residues.

The research was approved by the Research Ethics Committee of the State University of Paraíba, under opinion n. 6.237.703, in accordance with Resolution n. 466/12 of the National Health Council⁽¹⁰⁾, and Resolution 564/2017 of the Federal Nursing Council⁽¹¹⁾.

The data collection was carried out individually, ensuring respect for the dignity of participants, preserving their identity and guaranteeing anonymity. All participants signed the Informed Consent Form, without suffering



any prejudice for their participation. Doubts were cleared as they arose.

Although the research involved minimal risks, such as psychological aspects (invasion of privacy, revelation of intimate feelings, time spent completing questionnaires and fear of breach of confidentiality), these risks were mitigated by measures such as anonymity, clear explanations and the possibility of withdrawal at any time. The researcher's contact was made available so that participants could clarify questions related to the research.

RESULTS AND DISCUSSION

The self-efficacy scores of breastfeeding in the study sample ranged from 38 to 70 points. It was observed that only postpartum women with average effectiveness (33 to 51 points) and high efficacy (52 to 70 points) participated in the study, without records of low self-efficacy (14 to 32 points). The mean score was 60.61. The prevalence of medium and high efficacy was 12.2% and 87.8%, respectively, in the period from 6 to 48 hours postpartum. The favorable profile of self-efficacy can be attributed to the fact that 99.1% of women had prenatal care, which contributes to self-efficacy and practice of breastfeeding (BF). Professional support throughout pregnancy is a fertile field to prepare the mother and family for the breastfeeding process. Another factor that can strengthen maternal self-efficacy is the fact that the maternity hospital where the birth took place is accredited by the Child-Friendly Hospital (CFH), which favors the promotion of breastfeeding⁽¹²⁾.

Studies indicate that mothers with higher self-efficacy scores tend to keep exclusive breastfeeding longer, which confirms that women with high self-efficacy are less likely to have early weaning⁽¹⁾. Similarly, a longitudinal and prospective study conducted in Ceará showed that high self-efficacy in breastfeeding is a positive indicator for the practice of breastfeeding⁽¹³⁾.

Regarding the sociodemographic data, it was observed that most of the postpartum women (49.3%) were between 26 and 35 years old, 70.3% were brown, 72.9% had a partner, 65.1% had between 8 and 12 years of schooling, 63.3% had no paid work and 54.1% had family income of one or two minimum wages.

Research indicates that variables such as maternal age between 26 and 35 years or more than 36, being married or in a stable union, not having an employment relationship, having breastfed in the first hour of life of the newborn were born, have received guidance on breastfeeding in the Basic Health Unit and offer only breast milk to the newborn at the maternity hospital are associated with high self-efficacy in breastfeeding⁽¹⁾.

Regarding obstetric history, 38.9% were primiparous, 55.9% had more than one child and 3.5% gave birth prematurely in the current pregnancy. Most of the interviews (46.7%) were conducted between 12 and 24 hours after delivery. More than half of the women had previously breastfed. When asked about the reason for breastfeeding, 65.1% mentioned desire, 19.2% obligation and only 15.3% reported



having received help or support for this. The majority (97.4%) had no breast problems, and 71.6% received breastfeeding guidance, usually at the BHU or maternity hospital, with only 24.9% receiving guidance in both locations.

As for breastfeeding in the first hour of life, 72.5% of women reported having had this opportunity. Regarding the desire to exclusively breastfeed, 93.4% intended to exclusively breastfeed for six months, 1.7% did not intend to continue offering only breast milk and 4.8% reported that they would breastfeed for less than six months. At the time of collection, 89.1% of newborns were fed exclusively with breast milk, 10.5% with breast milk and occasional supplement, and 0.4% with breast milk and supplement in all diets.

The analysis of the relationship with breastfeeding self-efficacy, measured by the Breastfeeding Self-Efficacy Scale Short Form (BSES-SF), and the predictor variables (sociodemographic characteristics, obstetric history, current pregnancy and puerperium) revealed significant associations with: number of children, prematurity, puerperium time, previous breastfeeding, reason for breastfeeding, breastfeeding in the first hour of life and feeding of the newborn at the maternity hospital. There was a statistically significant association between high breastfeeding efficiency and the following variables: having more than one child (p -value=0.056), being more than 24 hours postpartum (p -value=0.004), having previously breastfed (p -value=0.030), breastfeeding in the first hour of life (p -value=0.017) and feeding

exclusively with breast milk at the maternity (p -value=0.010). The average breastfeeding efficacy was associated with prematurity (p -value=0.026) and reason for breastfeeding related to obligation (p -value=0.000).

Parity seems to influence the timing of the first offer of breastfeeding⁽¹⁴⁾. A cross-sectional study showed that having more than one child influences the mother's perception of breastfeeding, since the experience with the first child, often marked by difficulties, can lead to lower effectiveness in subsequent births⁽¹⁵⁾. Considering that 44.1% of the sample was composed of primiparous, a greater dissemination of information on breastfeeding and infant feeding during prenatal and child care is necessary to improve maternal and child health.

Positive experience with previous breastfeeding may increase the willingness to breastfeed the new baby⁽¹⁶⁾. At the time of data collection, 89.1% of mothers were exclusively offering breast milk to their children. This finding is relevant, since the practice of exclusive breastfeeding from the beginning can reduce the likelihood of early weaning, functioning as a motivating and protective factor⁽¹⁷⁾.

A crucial factor that can modify the effectiveness of breastfeeding is breastfeeding in the first hour of life. Women who breastfed during this period usually report greater confidence and satisfaction in feeding their children. However, stress factors such as low milk production and insecurities can negatively affect self-efficacy⁽¹⁸⁾. It is important to pay special attention to the percentage of 27.5% of



mothers who could not breastfeed in the first hour of life.

The puerperium time also influences the self-efficacy of breastfeeding: the longer the postpartum period, the higher the rate of high efficacy, because the experience acquired over time increases the mother's self-satisfaction⁽¹⁷⁾. The good birth conditions of the child are protective factors for skin-to-skin contact and breastfeeding in the first hour, essential for successful breastfeeding⁽¹⁹⁾. Mothers with premature babies had lower self-efficacy, which can be justified by the clinical status of the baby and the lack of confidence of the mothers, who need more professional support.

The support network should include people who understand the mother's experiences during breastfeeding. Empathy and encouragement are essential to maintain the mothers' courage and self-esteem, especially in the face of challenges such as initial pain and doubts and insecurities⁽²⁰⁾. The feeling of obligation to breastfeed, reported by 19.2% of postpartum women, was associated with average effectiveness. The "mother and baby's own stimuli" dimension reflects the preferences and benefits perceived by the mother, who values both the needs of the baby and the comfort of breastfeeding⁽²¹⁾.

The emotional and practical support offered by family, friends and health

professionals can directly influence the mother's confidence in her ability to breastfeed. Mothers who receive encouragement and adequate information during the pregnancy-puerperal cycle tend to show greater confidence, which results in a more positive and prolonged breastfeeding experience⁽²²⁾. In addition, continuous guidance, both in the hospital environment and in the Basic Health Units (BHU), provides a solid foundation for the mother, minimizing uncertainties and insecurities related to breastfeeding technique, management of difficulties and care for the newborn. Studies show that mothers who participate in support groups or receive home visits are less prone to early weaning, reinforcing the importance of social and educational interventions during the puerperal period⁽²³⁾.

On the other hand, lack of support and social pressure to perform multiple tasks or return to work can act as stressors that negatively affect self-efficacy⁽²⁴⁾. The feeling of "obligation" in breastfeeding, mentioned by some postpartum mothers in the study, reveals the importance of working on psycho-emotional support so that breastfeeding is seen as a positive choice, not just a responsibility.

Table 1 - Distribution of postpartum women according to items in the Technical domain and the intrapersonal thoughts domain of the BSES-SF. Paraíba, 2023.

Technical domain	1	2	3	4	5
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Item					
1	13 (5.7)	13 (5.7)	49 (21.4)	37 (16.2)	117 (51.1)
3	71 (31)	9 (3.9)	16 (7)	9 (3.9)	124 (54.1)
4	2 (0.9)	7 (3.1)	14 (6.1)	29 (12.7)	177 (77.3)
6	5 (2.2)	7 (3.1)	17 (7.4)	52 (22.7)	148 (64.6)
11	4 (1.7)	5 (2.2)	11 (4.8)	15 (6.6)	194 (84.7)
12	6 (2.6)	15 (6.6)	40 (17.5)	42 (18.3)	126 (55)
13	6 (2.6)	7 (3.1)	42 (18.3)	70 (30.6)	104 (45.4)
14	7 (3.1)	14 (6.1)	22 (9.6)	24 (10.5)	162 (70.7)
Intrapersonal thoughts domain					
5	8 (3.5)	4 (1.7)	23 (10)	56 (24.5)	138 (60.3)
7	4 (1.7)	1 (0.4)	17 (7.4)	34 (14.8)	173 (75.5)
8	10 (4.4)	6 (2.6)	20 (8.7)	23 (10)	170 (74.2)
9	4 (1.7)	5 (2.2)	13 (5.7)	53 (23.1)	154 (67.2)
10	3 (1.3)	3 (1.3)	17(7.4)	45 (19.7)	161 (70.3)

Source: created by the author

The items in the intrapersonal domain with the highest prevalence of "totally disagree" and "disagree" responses were item Q8 (I can always breastfeed comfortably in front of people from my family) (Table 1). This indicates that mothers have lower self-efficacy in this aspect, suggesting the need to intensify guidance during prenatal care and throughout the pregnancy-puerperal cycle to maintain the confidence of mothers. Negative external factors can reduce self-efficacy and negatively impact the breastfeeding process^(25,26).

The highest agreement (considering the answers "sometimes I agree", "I agree" and "I totally agree") was observed in items Q2 (I always read with breastfeeding successfully, just as I do with other challenges), Q5 (I always read with breastfeeding in a way to satisfy myself) and Q7 (I always feel like breastfeeding). These items reflect the mothers' willingness to continue breastfeeding, which contributes to the reduction of early weaning rates.

In the technical domain category, the highest proportion of "totally disagree" and

"disagree" responses was observed in items Q3 (I always feed my baby without using powdered milk as a supplement) and Q14 (I always know when my baby has finished feeding). These findings suggest the need for guidance by health professionals to clarify doubts of the nurses about aspects related to satiety of the baby.

It is essential to clarify, in addition to the recommendation of offering breast milk on free demand, how to identify whether the baby is breastfeeding enough. Some indicative signs include: generally, 8 to 12 feedings in the 24-hour period, preventing the baby from feeling hungry; checking the correct grip, noting that the breast has emptied and became light and soft; after feeding, the baby should release the breast spontaneously and stay calm and relaxed; monitoring of diaper change, because from the second week, 4-5 diaper changes with urine and feces are carried out per day; and check the weight of the baby to ensure that it is suitable for age, confirming proper nutrition⁽²⁶⁾.

The items with greater agreement in the technical domain with the answers "I agree" and

"I totally agree" were, respectively, Q6 (I can always breastfeed even if my baby is crying) and Q11 (I always breastfeed my baby on one breast and then move to the other). These results indicate that mothers who agreed to these items have greater self-efficacy in breastfeeding, reflecting an adequate guidance on the breastfeeding technique and skills during feeding.

One of the limitations of the study was the high percentage of cesarean sections performed, which made it difficult to collect data in the first 24 hours after delivery, due to surgical and anesthetic recovery. This resulted in the need for a greater number of visits to the service to obtain the estimated number of participants for the survey.

This study provides a relevant contribution to the understanding of factors associated with self-efficacy in breastfeeding, especially in immediate puerperium, when effective interventions can have a lasting impact. By identifying variables that positively influence self-efficacy, such as professional and family support, the study points out ways to create targeted strategies to promote exclusive breastfeeding, with a positive impact on maternal and child health. The knowledge generated can support the development of public policies that strengthen the support to women in the postpartum period, especially in BHU, where continuity of care is crucial.

CONCLUSION

The results did not reveal cases of low self-efficacy in breastfeeding at this initial time,

which is a positive result. Although this does not guarantee the maintenance of exclusive breastfeeding for the six-month period recommended by the Ministry of Health, these findings may serve as a basis for professionals who have followed the mother-child binomial, helping to strengthen educational strategies on breastfeeding and considering all factors associated with this practice of breastfeeding in this population.

The key role of nursing in care during prenatal, delivery and postpartum consultations - including caring for the mother and baby, the resolution of doubts and guidance on the benefits and skills needed for breastfeeding - makes this study especially relevant, as it points out ways that corroborate professional practice. This helps to promote the reduction of risks associated with early weaning, which, in addition to being a problem for mother and baby, represents safety and health issues at national level, such as obesity, malnutrition, underdevelopment and high recurrence of the need for medical care.

In addition, this study highlights the need to expand access to educational and breastfeeding support programs, such as support groups, home visits and specialized follow-up, which can be incorporated into primary care strategies. These programs have the potential to reduce early weaning rates, improve child health indicators and decrease costs related to the care of non-breastfed children. Future studies may explore the self-efficacy of breastfeeding in populations that face socioeconomic barriers or lack access to adequate prenatal care.



Therefore, it is crucial that research in this area be continued and that health professionals integrate these evidences into their practices, ensuring that health policies evolve to effectively meet the needs of mothers and infants, promoting a healthier future for the next generations.

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Authorship criteria (authors' contributions)

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Declaration of conflict of interest

“Nothing to declare”.

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