



## **FACTORS THAT INTERVENE IN EXCLUSIVE BREASTFEEDING: AN INTEGRATIVE REVIEW**

*FATORES QUE INTERVÊM NA AMAMENTAÇÃO EXCLUSIVA: REVISÃO INTEGRATIVA*

*FACTORES QUE INTERVIENEN EN LA LACTANCIA MATERNA EXCLUSIVA: REVISIÓN INTEGRADORA*

Flávia Corrêa Porto de Abreu<sup>1</sup>, Márcia Regina Cangiani Fabbro<sup>2</sup>, Monika Wernet<sup>3</sup>

Early weaning is still very present in Brazil, despite the investments in promoting, supporting and protecting breastfeeding. This current integrative review of qualitative researches characterized the factors that intervene in the early weaning and identified the collaborative nuclei for its prevention. Fourteen primary researches composed this study, through a research developed in the following databases: BDNF, LILACS, MEDLINE, and SCIENCE DIRECT, with the descriptors: Breast Feeding, Weaning, and Nursing. Early weaning is related to the socioeconomic context, working mom, previous experiences, and breast problems. These are all considered in the decision-making on weaning. Health professionals need to review their practices to encourage and support breastfeeding, aiming to develop them in an individual and dialogued way together with the women and her family.

**Descriptors:** Evidence-Based Nursing; Breastfeeding ; Weaning.

O desmame precoce é realidade em nosso país, apesar dos investimentos na promoção, proteção e apoio ao aleitamento materno. A presente revisão integrativa de pesquisas qualitativas caracterizou intervenientes do desmame precoce e identificou núcleos colaborativos na prevenção do mesmo. Catorze pesquisas primárias integraram o estudo, com busca desenvolvida junto às bases de dados BDNF, LILACS, MEDLINE, SCIENCE DIRECT, com os descritores: aleitamento materno, desmame e enfermagem. O desmame precoce está associado ao contexto socioeconômico, trabalho materno, experiências prévias e problemas mamários. Estes são apreciados na decisão em relação ao desmame. Os profissionais de saúde precisam rever as práticas de incentivo e apoio, com vistas a desenvolvê-las de forma individualizada e dialogada junto às mulheres e sua família.

**Descritores:** Enfermagem Baseada em Evidências; Aleitamento Materno; Desmame.

El destete precoz es una realidad en nuestro país, aunque los esfuerzos en la promoción, protección y apoyo a lactancia materna. La presente revisión integradora de investigaciones cualitativas caracterizó intervenientes del destete precoz e identificó las áreas que colaboran para su prevención. Catorce investigaciones primarias integraron el estudio con búsqueda desarrollada junto a las bases de datos: BDNF, LILACS, MEDLINE y SCIENCE DIRECT, con los descriptores: lactancia materna, destete y enfermería. El destete precoz está asociado con el contexto socioeconómico, trabajo materno, experiencias previas y problemas mamarios. Estos son apreciados en la decisión cuanto al destete. Los profesionales de la salud deben rever sus prácticas de incentivo y apoyo, visando desarrollarlas de forma individualizada y dialogada junto a las mujeres y su familia.

**Descriptores:** Enfermería Basada en la Evidencia; Lactancia Materna; Destete.

<sup>1</sup> Nurse. Graduated from the Universidade Federal de São Carlos (UFSCar). Masters student from the Graduate Nursing Program from UFSCar. Member of the research group Health and Family. São Carlos-SP, Brazil. E-mail: flavinhacpa@yahoo.com.br

<sup>2</sup> Obstetric Nurse. PhD in Education. Post-Doctorate from the University of Barcelona, Spain. Assistant Professor, Nursing Department of UFSCar. Leader of the Studies Research Group in Interdisciplinary Care to Women's Health (CISMu). São Carlos-SP, Brazil. E-mail: cangiani@ufscar.br

<sup>3</sup> Nurse. PhD in Nursing from the Nursing School of the Universidade de São Paulo. Assistant Professor, Nursing Department of UFSCar. Member of the research group Health and Family. São Carlos-SP, Brazil. E-mail: monika.wernet@gmail.com

## INTRODUCTION

The World Health Organization<sup>(1)</sup>, the United Nations Children's Fund<sup>(2)</sup> and the Brazilian Ministry of Health recommend exclusive breastfeeding for the first six months of life for every child. And after this period, continue with breastfeeding along with complementary foods until two years old or beyond. Such recommendation contributes with bonding, protection and infant nutrition, and reduces child morbidity and mortality<sup>(3-4)</sup>. Despite the efforts, early weaning is a reality in the Brazilian scenario. It is understood as the interruption of breastfeeding before six months of life, regardless of the reason for interruption or if was a maternal decision or not<sup>(5)</sup>. Among the reasons that lead to early weaning, we highlight the social, biological, cultural and economic factors<sup>(5-6)</sup>. It is recognized that the breastfeeding is based on women's subjectivity and experiences, being socially conditioned<sup>(7-8)</sup>. Therefore, the social interactions need to be taken into consideration in approaching the practice<sup>(8)</sup>. Breastfeeding is the focus of several studies in healthcare. Especially in nursing, there are many qualitative researches that have mothers and/or professionals as subject. An integrative review of these researches enables a more descriptive analysis and aims to discuss the topic from the theoretical and contextual perspective<sup>(9)</sup>.

Thus, as research object we chose the early weaning and as research question: "*Which aspects are involved with early weaning?*" The research question, in this type of review, allowed to understand or interpret social, emotional, cultural and behavioral issues, interactions or experiences that happen in the context of healthcare or in society, from the occurrence of a phenomenon, besides subsidize the development of new theories<sup>(9)</sup>. Therefore, the present study aimed to characterize the actors involved in early weaning and identify collaborative nuclei in its prevention, from an integrative review of qualitative researches. We seek to present this articulated situation to the implications for

health professionals' performance in the complexity of breastfeeding management.

## METHOD

This integrative review of qualitative researches was carried out from a qualitative study<sup>(9-10)</sup>. The search for the primary studies occurred in July 2011, and it was developed in the BDNF, LILACS, MEDLINE, and SCIENCE DIRECT databases, by using the following descriptors: Breast Feeding; Weaning; and Nursing; united in pairs by Boolean operator "and". Inclusion criteria were: field research of qualitative approach, published in Portuguese, English or Spanish language and with full text available online; published from 2005 to 2011; having as subject women and/or their families and have, in results, data on the experience of early weaning. Exclusion criteria were: articles that do not describe clearly the data collection and analysis methods; and studies that approached weaning in special situations, namely: premature infants, children with disabilities and nursing mothers with pathologies.

To determine the search period we considered the year of the National Covenant for the Reduction of Maternal and Neonatal Mortality<sup>(11)</sup>, an important national landmark in the promotion of mother and child health.

Fourteen (14) primary researches composed this review, their characterization is presented in Figures 1 and 2 below, and the analytical processes adopted were: fully reading and rereading the primary researches by a pair of researchers, to decide on its inclusion in the review. Posterior reading, by the same pair of researchers, in order to extract from the study results the information concerning the question. We highlight that, over the above mentioned steps, the group of researchers got together every two weeks to discuss the pair's decisions about the articles, as well as the need to assess the pair's opinion by a third researcher, in the case of different decisions.

Subsequently, the trio of researchers always worked together and face to face, to conduct the organization, summarization, critical and integrative analysis of the information extracted, and identification of thematic nuclei that allowed the understanding of

early weaning from the questions established for the review. It is worth mentioning that we did not find researches in 2011, within the criteria established to this review.

**Figure 1** - Data of primary researches published in the years 2006, 2007 and 2008, part of the study. São Carlos-SP, Brazil, 2011.

<b>Author(s)/Year</b>	<b>Focus of study</b>	<b>Synthesis of results</b>
Pontes C.M., Osório M., Alexandrino A.C. 2006.	The father's participation in breastfeeding.	The father supports and is an ally for breastfeeding.
Moore E.R., Coty M.B. 2006.	Breastfeeding support in prenatal care.	Insufficient support and encouragement, however the benefits and practicability promote the practice.
Faleiros F.T.V., Trezza E.M.C., Caradina L. 2006.	Decision and duration of breastfeeding.	The family support, workplace conditions and previous positive experience promote breastfeeding.
Salim A.O., Persson L.A., Olsson P. 2006.	Mothers' perception about the child's feeding.	In child's feeding they consider the benefits of breastfeeding, domestic work and financial aspects.
Sepka G.C., Gasparelo L., Silva A.B.F., Mascarenhas T.T. 2007.	Breastfeeding and adolescents.	The monitoring and guidance during prenatal and postpartum are essential for breastfeeding.
Souza T.O., Bispo T.C. 2007.	Factors that influence breastfeeding.	Myths and taboos are the main factors that cause early weaning.
Frota M.A., Soriano N.N., Silveira V.G., Rolim K.M.C., Martins M.C. 2008.	Knowledge and feelings about breastfeeding.	Mothers know the benefits of breast milk, but claim to be hard to breastfeed, which leads to weaning.
Silveira V.G., Martins M.C., Albuquerque C.M., Frota M.A. 2008.	Perceptions on breastfeeding in childcare.	The childcare supplies knowledge about breastfeeding, however the work and culture intervene.
Parizotto J., Zorzi N.T. 2008.	Factors related to early weaning.	Early weaning is associated with information, breast problems, relationships with professionals, and work.

**Figure 2** - Data of primary researches published in the years 2009 and 2010, part of the study. São Carlos-SP, Brazil, 2011.

Author(s)/Year	Focus of study	Synthesis of results
Silva A.V., Oliveira D.M., Grei E.V.E., Gonçalves P.C., Gesteira E.C.R. 2009.	Factors related to early weaning.	The risk factors are: return to work, disinterest, myths, breast problems, and lack of guidance in prenatal care.
Gurgel A.H., Oliveira J.M., Sherlock M.S.M. 2009.	Breastfeeding experience.	As facilitator, there is no need for food preparation, and the difficulties are the breast problems.
Wambach K.A., Cohen S.M. 2009.	Breastfeeding experience of adolescent mothers.	Weaning occurs due to the idea of milk insufficiency, breast problems, lack of time, lack of support, overload, and frustration.
Frota M.A., Costa F.L., Soares S.D., Filho O.A.S., Albuquerque C.M., Casimiro C.F. 2009.	Factors related to early weaning.	Breastfeeding is a difficult practice, and the child's growth is a concern, thus leading to the introduction of complementary foods.
Reid J., Schmied V., Beale B. 2010.	Grandmothers' influence in breastfeeding.	Grandmothers tend to influence breastfeeding; however they need to consider the permission and space given by the mother and family.

## RESULTS

In the consolidation of the results, four (4) thematic nuclei emerged, characterizing the intervening aspects of early weaning.

### Thematic nucleus: socioeconomic context

The opinions and concepts identified in the social and family nucleus impact on actions and decision-making associated with breastfeeding<sup>(5-6,12,14,16-17)</sup>. People present in the everyday life of nursing mothers are actively involved in supporting the decision of breastfeeding the baby<sup>(6,13-14,18-22)</sup>.

In this sense, we highlight the influence of grandmothers, as the ones that most interfere in the breastfeeding practice<sup>(14,18-19,21-22)</sup>, given the contact they have with the woman throughout the entire pregnancy and postpartum, and by the fact they are recognized as people of respect and trust<sup>(19,22)</sup>.

Furthermore, their influence is directly correlated with the breastfeeding practice experienced by grandmothers, i.e. those that successfully breastfeed tend to have a positive influence<sup>(21)</sup> and, those that failed tend to influence negatively<sup>(18)</sup>.

As regards to the child's father, some authors claim that he interferes in the breastfeeding practice<sup>(13-14,21)</sup>, while others affirm he is indifferent<sup>(6)</sup>. His support is in providing a favorable environment for the practice, in the emotional, educational and socioeconomic context<sup>(13)</sup>. However, when breastfeeding interferes in the sexual life between couples, weaning appears an option<sup>(13-14,22)</sup>.

In contemporary society, we identify devaluation in transferring family habits, especially those associated with exclusive breastfeeding, with the encouragement of early introduction of foods in child's feeding<sup>(13)</sup>.

In this scenario, the choice for cow's milk stands out and is associated with the idea that it is the most nutritious, because in maternal perception its use staves off hunger<sup>(18)</sup>. Still regarding the use of cow's milk, there are cultures that associate its use to a greater maternal concern with the child, and sometimes represents, in the family imaginary, that she has better financial conditions to care for the child<sup>(19)</sup>.

The nutritious quality of breast milk is also associated with weaning, since the myth of "weak breast milk" casts doubt on the safety of exclusive breastfeeding maintenance<sup>(5,6,12,14,18)</sup>. In decision-making

regarding exclusive breastfeeding, we identify the influence of the amount of milk produced, the child's weight gain, and the intensity and frequency of baby's cry<sup>(5-6,12,14,18)</sup>.

Particularly, a baby crying distresses the nursing mother<sup>(5-6)</sup> and is associated with hunger, especially when occurs after breastfeeding<sup>(12,18-19)</sup>. This tends to promote the introduction of complementary food in the child's diet<sup>(12,19)</sup>, as well as the use of pacifier and baby bottle<sup>(6)</sup>.

The bottle-feeding, as a resource for providing artificial milk, causes nipple confusion, which interferes with the correct grasp to the maternal breast and with the quality of breastfeeding<sup>(4,6)</sup>. Additionally, it promotes incorrect suction, short and infrequent feedings, and breast fullness and engorgement<sup>(6)</sup>. As a consequence of this scenario, the feeding is not full, there is hunger and crying, which reinforce the idea that their milk is weak<sup>(5-6)</sup>, thus casting doubt on the continuation of breastfeeding.

Another idea present is that the child cries when thirsty, which leads to offering water, an element seen as healthy and thirst-quenching<sup>(19)</sup>, thus interfering in the frequency of feedings and in breast milk production, culminating in early weaning.

The media has a dual effect, on one hand, it highlights the advantages and benefits of breastfeeding for baby and mother, and on the other, it encourages the use of baby bottle and the possibility of using artificial milk to replace the breast milk<sup>(5,18)</sup>.

The correlation between the maternal role and breastfeeding is a constant matter in society<sup>(15)</sup>. So much that, its failure brings feelings of guilt<sup>(15,20)</sup>, depression, frustration and embarrassment to the mother<sup>(20)</sup>. Whereas its success determines feelings of happiness, wellness, achievement, fulfillment of duty, exercise of protection and possession<sup>(18)</sup>. Therefore, the success in its practice gives a positive feedback, while failure brings a negative one<sup>(17)</sup>.

The decision to breastfeed involves a reflection process, and the information available in the social context of the woman and her family have an important role. These information are obtained through readings, videos, lessons, and conversations with people from their social network, such as their mothers, family, friends, nurses, doctors, among others<sup>(20)</sup>.

The information about the practicability of breastfeeding, especially at night<sup>(20)</sup>, the benefits to the child<sup>(12)</sup>, the contribution of breast milk in preventing diseases, infections and obesity<sup>(20)</sup>, in the tooth development<sup>(14)</sup>, in the nursing mother's health<sup>(12,18,20)</sup>, and the economic advantages<sup>(20)</sup> integrate the decision for breastfeeding.

As result of social interactions, women recognize that the human milk is ideal, even when they possess only superficial knowledge about it<sup>(14)</sup>. However, the information gap is considered a relevant problem, with especial reference to: the advantages of breastfeeding for the nursing mother<sup>(12)</sup>, for the child<sup>(15)</sup> and those related with the correct handling<sup>(12)</sup>.

The lack of information associated to popular and cultural knowledge ends up influencing negatively the practice and continuity of breastfeeding<sup>(6,15)</sup>. Additionally, there are also flaws in the way the information is offered to women<sup>(14,17-20)</sup>.

The instructional unpreparedness of professionals to offer and conduct informational support is a fact<sup>(13,19-20)</sup>, without mentioning the recommendation mistakes concerning the complementation of breastfeeding<sup>(12-13,20)</sup>. Furthermore, there are professionals who have a demanding attitude, which does not contribute to breastfeeding maintenance<sup>(15)</sup>.

The socioeconomic conditions and lack of infrastructure in communities interfere with the breastfeeding practice<sup>(14)</sup>. There are controversies with regard to the correlation between breastfeeding and socioeconomic conditions. We identified studies<sup>(14,16)</sup> that claim there is direct correlation between the duration of

exclusive breastfeeding and the educational level, maternal literacy and family income. However, there are studies that say there is no direct correlation between financial conditions and breastfeeding practice<sup>(17)</sup>.

### **Thematic nucleus: working mom**

Working mom can influence the early weaning by the fact it does not favor the maintenance of breastfeeding, given the disrespect to the maternity leave, the inexistence of day-care centers or conditions to perform breastfeeding at the workplace and in working hours<sup>(6,12-15)</sup>. The distance between work and residence has negatives effects on the breastfeeding, since the mother chooses to leave earlier from work instead of taking a break legally guaranteed<sup>(5)</sup>.

The above mentioned aspects are intensified by financial dependence on the job<sup>(13,15)</sup> with strong tendency of women being the financial providers for their household<sup>(6,15)</sup> and by unfamiliarity with their labor rights<sup>(13,16-17)</sup>. In this sense, the family income is associated with the duration of breastfeeding, as well as the life and work conditions<sup>(6,15)</sup>.

### **Thematic nucleus: previous breastfeeding experiences**

The positive or negative feelings associated with previous breastfeeding experiences influence its realization<sup>(6,13)</sup>, in order to contribute with full decision-making<sup>(17)</sup>. Among the aspects considered in these experiments, there are: the satisfaction they had when performing the practice<sup>(6,17)</sup>, the child's behavior in breastfeeding<sup>(6)</sup> and the family support received along its practice<sup>(17,19)</sup>. In this sense, primiparous women are more vulnerable to factors that promote weaning<sup>(13)</sup>.

### **Thematic nucleus: breast problems**

Pain stands out as the main factor that leads to weaning, related to the milk ejection and consequently to the breast fullness, which aggravates the situation that ends up leading to weaning<sup>(5-6,18)</sup>. This process occurs in the first breastfeeding experiences and

therefore is concentrated in the first days postpartum<sup>(5-6)</sup>. Experiencing such interurrences in first week postpartum tends to cause tension in nursing mothers<sup>(21)</sup>.

The lack of information about the management and previous breastfeeding experiences are correlated to the presence of cracked nipples and engorgement<sup>(12)</sup>, which are the main causes of pain<sup>(18)</sup>.

Given the described findings, the collaborative nuclei for weaning prevention are: include the family in the actions of promotion, encouragement and support of breastfeeding, specially the father<sup>(13,14,21-22)</sup> and grandmothers<sup>(14,18-19, 21-22)</sup>; consider the history of woman and her family<sup>(5-6,12,14,16-17)</sup>, in order to apprehend her knowledge, beliefs, myths and taboos related to breastfeeding, as well as her concerns and doubts; conceive breastfeeding as a social practice<sup>(5-6,12-14,16-22)</sup> and therefore include the community in which the woman lives in the interventions aimed at breastfeeding; consider actions aimed at the support, encouragement and promotion of breastfeeding throughout the pre-natal, postpartum and childcare<sup>(12,18)</sup>; present and talk to the woman and family about the labor laws to protect breastfeeding<sup>(13,16-17)</sup>; know the working conditions of nursing mother to identify how they affect breastfeeding<sup>(5-6,13-17)</sup>; have dialogical attitude along the approach to the breastfeeding practice in order to offer contextualized and clear guidance and information<sup>(6,14-15,17-20)</sup>; provide space for conversations addressing the impact of breastfeeding in sexual life between couples<sup>(13-14,22)</sup>; avoid prescriptive postures<sup>(15)</sup>; invest in continuous training and education of professionals in order to keep them updated for the promotion, protection and support of breastfeeding<sup>(12-13,19-20)</sup>; evaluate the breastfeeding technique adopted and all breast interurrences experienced by nursing women<sup>(5-6,12,18,21)</sup> and together help solving the problems identified; encourage expression of feelings arising with the breastfeeding experience<sup>(15,17-18,20)</sup>; develop punctual interventions

addressed at classical themes articulated to weaning, with special reference to the myths of: weak breast milk, breast milk insufficiency to quench thirst and nutrition of the child, and its association with the child's crying<sup>(5-6,12,14,18-19)</sup>; consider the issues broadcast by the media about breastfeeding and child nutrition<sup>(5,13,18)</sup>, and discuss them with the woman, family and community<sup>(13)</sup>.

The studies analyzed also suggest investments in training and education. Furthermore, it should be highlighted the advantages of breastfeeding, its practicability for the woman<sup>(12,18,20)</sup>, and its benefits for the woman<sup>(12,18,20)</sup>, for the child<sup>(12,14, 20)</sup> and financials<sup>(20)</sup>.

## DISCUSSION

The choice for exclusive breastfeeding integrates the assessment and evaluation of the different elements of the social and family context as discussed above. In this sense, the impact of values, concepts and beliefs acquired in social interactions during the nursing mother's life are revealed, in this review, as of great importance. This result leads us to recommend that the woman's life story must be known and explored throughout the pre-natal and postpartum, in order to understand and identify the people and concepts that compose her considerations about breastfeeding<sup>(23)</sup>.

Thus, pre-natal consultations, as well as postpartum<sup>(6)</sup>, are crucial moments to address breastfeeding<sup>(6,12,17)</sup>. However, the effectiveness of this approach is directly related to listening and contextualized clarification of the doubts of every woman<sup>(6)</sup> and family. In this sense, the health professional is the fundamental resource in encouragement and support to exclusive breastfeeding<sup>(14,24)</sup>, especially through their attitudes, knowledge and technical and communication skills demonstrated in the relationship with the woman<sup>(14,24)</sup> and her family. We can affirm that it involves her availability and interest in this relationship.

We believe that the women and her family need to feel welcomed to talk about the myths, doubts and fears related to breastfeeding. It is up to the professional to recognize that the reasons and intentions of breastfeeding arise from the experiences of each woman and family. Thus, the professional need transpose the only and exclusive investment of knowledge transmission about the breastfeeding advantages and techniques<sup>(23)</sup>.

On the other hand, in the social context, among the relations that have greater influence on breastfeeding practices are the grandmothers and the child's father. So, include them in the process emerges as an important partnership in achieving exclusive breastfeeding<sup>(5,7,12,22,24-25)</sup>. Breastfeeding is a social practice and requires the promotion, protection and support not only to the pregnant woman, in order to reach it throughout the whole pregnancy postpartum process<sup>(26)</sup>. In accordance with this enlarged concept of breastfeeding to children, the men and the whole community should be included<sup>(26)</sup>.

As for the working mom, the aspects related to their financial participation in family income, the distance between work and residence, the workplace conditions for breastfeeding and/or breast milk storage, and the actual implementation of the labor rights by the company are elements that compose the decision of continuing breastfeeding when facing the return to work. We identify the insufficiency of the legal support for the practice of exclusive breastfeeding<sup>(5-6,12-15)</sup>, especially regarding the spaces and conditions to breastfeed, perform milking and breast milk storage<sup>(13)</sup>. We can assume that the difficulties assessed stimulate the working woman to weaning. Thus, in this scenario, we need to sensitize the employment institutions for the importance of breastfeeding and in compliance with labor laws.

As regards to breast problems, the present study resumes the correlation between pain and weaning. The

pain needs to be individualized and considered as an important element in assistance to nursing mothers. It should not be limited to the assessment of breast injuries, in order to include listening with complaint valorization. In this sense, we highlight the centrality of welcoming for the quality of care<sup>(27)</sup>. Another aspect brought by this review was the incidence of breast interurrences in the first days postpartum, which refers to the importance of longitudinal monitoring of the nursing mother<sup>(26)</sup>.

Based on the above, the qualification of health professionals should ensure that they value the sociocultural context of women and their families, recognize and expand their technical skills and breastfeeding counseling for an individualized and quality care. Thus, increases the probability of exclusive breastfeeding as a choice from the woman and her family.

As limitations of this study, we mention the choice for the qualitative integrative review, as this suggests the development of integrative reviews of quantitative studies and/or mixed integrative reviews.

## CONCLUSION

The current review identified that the socioeconomic context, social interactions, previous breastfeeding experiences, breast problems and working mom are intervening factors of exclusive breastfeeding.

The collaborative nuclei revealed in this study point to the need of changes in health practices regarding breastfeeding, surpassing the biologicistic and decontextualized view of the care provided to the woman and her family. This implies in considering the specificity of the experience, in a certain way breaking with the literal adoption of recommendations of manuals and protocols, and practicing the creativity and dialogue in their interventions.

Given the results, we conclude that early weaning is just the tip of the iceberg of several factors present in

everyday life of women and their families; and that health professionals have an extremely important role to help reversing this trend of early weaning.

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