Influencia de factores maternos en el desempeño de la lactancia materna

Influência de fatores maternos no desempenho da amamentação

Maternal factors influence on breastfeeding

Jéssica Caroline de Jesus Santos*
Yasmim Vieira Teixeira Alves*
Ikaro Daniel de Carvalho Barreto*
Cristina Ide Fujinaga*
Andrea Monteiro Correia Medeiros*

Abstract

Objective: Investigate maternal aspects (age, schooling, type of delivery and previous experiences with breastfeeding), and the breastfeeding dyad performance in a public maternity. **Methods:** An analytical diagnostic study, carried out from November of 2016 to March of 2017, with 50 dyads mothers-NB, through the application of the "Breastfeeding Assessment Tool", proposed by UNICEF. The collected data were tabulated and described by simple and percentage frequencies. Fisher's Exact test was used to evaluate the association between variables, with a significance level of 5%. **Results:** In the breastfeeding situation, there were significant differences between maternal age and the newborn behavioral state; previous maternal experiences with breastfeeding and breastfeeding closure. **Conclusion:** Maternal age and previous breastfeeding experiences are factors that have influenced breastfeeding performance in this population. The evaluation of the performance of the dyad in breastfeeding allows the identification of difficulties, which may contribute to the design of behaviors by health professionals, considering the singularities of each dyad.

Keywords: Speech, Language and Hearing Sciences, Breast Feeding; Maternal Health; Child Health; Newborn infant.

* Universidade Federal de Sergipe, São Cristovão, SE, Brazil

Jéssica Caroline de Jesus Santos, Yasmim Vieira Teixeira Alves, Ikaro Daniel de Carvalho Barreto, Cristina Ide Fujinaga, Andrea Monteiro Correia Medeiros

Resumo

Objetivo: Investigar a relação entre os aspectos maternos (idade, escolaridade, tipo de parto e experiências anteriores com amamentação) e o desempenho da díade mãe-recém-nascido (RN) na amamentação, em uma maternidade pública. **Métodos:** Estudo diagnóstico analítico, realizado de novembro de 2016 a março de 2017, com 50 díades mães-RN, mediante aplicação do "Protocolo de Avaliação da Mamada", proposto pela UNICEF. Os dados coletados foram tabulados e descritos por meio de frequências simples e percentuais. Para avaliar associação entre variáveis foi utilizado o teste Exato de Fisher, com nível de significância de 5%. **Resultados:** Na situação da amamentação, houve diferenças significativas entre idade materna e estado comportamental do RN; e experiências maternas anteriores com amamentação e o encerramento da mamada. **Conclusão:** A idade materna e as experiências anteriores com a amamentação são fatores que influenciaram o desempenho da mamada nesta população. A avaliação do desempenho da díade na amamentação permite a identificação de dificuldades, o que pode contribuir para o delineamento de condutas pelos profissionais de saúde, considerando as singularidades de cada díade.

Palavras-chave: Fonoaudiologia; Aleitamento Materno; Saúde Materna; Saúde da criança; Recém-Nascido.

Resumen

Objetivo: Investigar la relación entre los aspectos maternos (edad, escolaridad, tipo de parto y experiencias anteriores con lactancia materna) y el desempeño del dúo madre-recién nacido (RN) en la lactancia materna, en una maternidad pública. **Métodos:** Estudio diagnóstico analítico, realizado de noviembre de 2016 a marzo de 2017, con 50 dúos madres-RN, mediante la aplicación del "Protocolo de Evaluación de la Mamada", propuesto por UNICEF. Los datos recogidos fueron tabulados y descritos por medio de frecuencias simples y porcentuales. Para evaluar la asociación entre variables, se utilizó la prueba Exacta de Fisher, con un nivel de significancia de 5%. **Resultados:** En la situación de la lactancia, hubo diferencias significativas entre edad materna y estado de comportamiento del RN; y experiencias maternas anteriores con lactancia materna y el cierre de la mamada. **Conclusión:** La edad materna y las experiencias anteriores con la lactancia materna son factores que influenciaron el desempeño de la mamada en esta población. La evaluación del desempeño del dúo en la lactancia permite la identificación de dificultades, lo que puede contribuir a la delineación de conductas por los profesionales de la salud, considerando las singularidades de cada dúo.

Palabras claves: Fonoaudiología, Lactancia Materna; Salud Materna; Salud del Ninõ; Recién nacido.

Introduction

The act of breastfeeding is very important for the mother-newborn dyad (NB), it provides numerous nutritional benefits, physiological, emotional, cognitive and economic[1-3]. Breast sucking provides neural stimuli that promote proper craniofacial growth and development while stimulating stomatognathic system structures and functions[4,5]. It is important to highlight that even the breastfeeding process having characteristics of an instinctive act must be seen as an action that may require learning[6].

Many difficulties encountered in the early days of lactation should not last for months to come, considering the adaptation of the dyads with experience and guidance by trained professionals. The assessment of breastfeeding status in the first days after birth has been shown to be an effective strategy for identifying and monitoring lactation problems, as it enables health professionals to visualize the actual breastfeeding situation and to identify possible factors that may contribute to exclusive breastfeeding (EBF) failure[7].

There is increasing evidence of the importance of knowing the maternal aspects that influence feeding practices soon after birth, given that breastfeeding rates are below what is recommended by the World Health Organization (WHO)[8].

The literature[2-4,6,7] has pointed out several reasons, besides biological ones, that can influence

breastfeeding rates, such as culture, socioeconomic context, and support to breastfeeding women in their singularities, indicating the need for constant monitoring of newborns feeding indicators, besides identifying its determinants and the development of programs for planning in maternal and child health at national and local level.

Local studies[9,10] emphasized the need for projects and interventions focused on health education, aiming to expand the knowledge of puerperal women regarding the nutritional benefits and speech therapists of breastfeeding, considering factors such as maternal age, socioeconomic status, parity, and prenatal care[4,11]. In addition, it is important to consider maternal issues related to intergenerational knowledge, ie concepts rooted and passed on for generations.

Considering the importance of breastfeeding (BF) as an influential good in the life of human beings and breastfeeding assessment as a tool that can identify difficulties and support the elaboration of conducts to prevent breastfeeding failure, the present study aimed to investigate the relationship between maternal aspects (age, education, type of delivery and previous experiences with breastfeeding) in breastfeeding performance in dyads of a public maternity hospital.

Method

Research approved by the Research Ethics Committee (CEP), the Federal University of Sergipe under no. 53611315.6.0.0000.5546/2016, held from November 2016 to March 2017 in a highly complex public maternity hospital in the state of Sergipe, reference for high-risk pregnancy in the Unified Health System (SUS) since December 2006.

Motherhood has a team of over 1,200 professionals, including doctors, nurses, psychologists, nutritionists, physical therapists, speech therapists, social workers, nursing staff, and performs an average of 1,500 visits and about 450 monthly deliveries. Its structure has 175 beds distributed in three wards and surgical center. It operates in a rooming-in regime (RR), following the assumptions of the Child-Friendly Hospital Initiative (CFHI), and is accreditedd by the Kangaroo Method, being considered motherhood engaged in humanization and breastfeeding practices[12].

This is an analytical diagnostic study that compared the performance of mother-newborn dyads in breastfeeding relating the variables: type of delivery, maternal age and education and previous maternal experience with breastfeeding.

Fifty mother-newborn dyads who were admitted to the maternity hospital RR participated in the study. The dyads were randomly selected by drawing from the total number of interned dyads counted in the unit's daily census - RR, arranged in a single list according to bed number.

The collection was composed from visits made by researchers to RR, three times a week, over a period of four months (from November 2016 to March 2017). All participants signed the Informed Consent Form (ICF) previously.

Inclusion criteria were: healthy newborns with an APGAR score equal to or greater than 7 in the first minute of life, born at term, of both genders, whose mothers were able to breastfeed, wished to breastfeed their children.

Exclusion criteria were: NBs with craniofacial anomalies, syndromes, heart disease or respiratory disorders that made breastfeeding difficult. Also excluded were mothers who had organic impediments that contraindicated BF.

A minimum postpartum period was observed to perform the procedures so that all mothers were in similar clinical conditions of recovery: 24 hours for women who had their children by normal delivery and 48 hours for those who underwent surgical delivery.

About the draw of the mother-NB dyads, a table consisting of three columns was used. The first column contained the total number of dyads interned in RR; the second column the sequence of mothers who should be interviewed; and the third column, the mothers to be interviewed, in case of need for substitution (due to postpartum refusal or another impediment).

Then the study of the dyads' medical records was performed to verify the inclusion and exclusion criteria. Meeting the criteria, visits were made to the beds to invite the mothers to participate in the research.

After explaining the procedures and signing the consent form, a questionnaire was applied to the mothers to characterize the mother-RN dyads, including the following maternal data: name, age, address, education, profession, type of delivery, number of pregnancies, parity, miscarriages, and

prenatal care, as well as previous experiences with breastfeeding and maximum lactation time. The data regarding the newborn were: date of birth, gender, gestational age, weight and APGAR at 1' and 5'.

In the observation of the breastfeeding was used the "Breastfeeding Assessment Protocol"[13] proposed by UNICEF because it is considered the "gold standard" for breastfeeding assessment. Its application is simple and objective, and each item should be marked in an exclusive way. The application time varies because it is associated with the duration of the breastfeeding. This instrument addresses domains related to mother and newborn, such as dyad well-being, breast conditions, mother-baby bond, position, grip and sucking of the baby.

The observation of the breastfeeding occurred without interference from the researchers during the breastfeeding situation. The observed aspects were noted in the protocol, which contained two columns: the first with signs that breastfeeding is going well; and the second with signs of possible difficulties.

After the application of the instrument was completed and the research procedure was completed, care was taken to offer guidance and assist the dyads, focusing on the management of the difficulties seen during the evaluation. These interventions were performed individually, considering aspects that could negatively interfere with breastfeeding, providing the reception and care of the dyads hospitalized in the maternity ward.

To analyze breastfeeding performance, regarding maternal aspects, the following variables were considered: type of delivery, age and maternal education and previous experience with breastfeeding, which is described below.

Type of delivery:
- Normal or Vaginal (ND) delivery: characterized by the expulsion of the newborn through the vaginal canal, which may be facilitated by an incision in the perineum raphe.
- Surgical birth (SB): characterized by incisions in the abdomen and uterus, forming a space through which the newborn is removed.
- Maternal age: followed the classification used in the maternity hospital where the research was developed. Groups were organized by age group:
  - Group 1 (G1) - adolescent mothers (13-19 years),
  - Group 2 (G2) - young adult mothers (20-34 years),
  - Group 3 (G3) - late mothers (35 years and older)

Maternal Education:
- Schooling 1 (E1) - study time less than or equal to eight years of schooling (Elementary Level);
- Schooling 2 (E2) - the time of study higher than eight years (Middle, Technical or Higher Level - completed or not)

Previous Breastfeeding Experience:
- With experience with breastfeeding (EBF) - mothers who have breastfed previous children;
- No experience with breastfeeding (NEBF) - mothers who have never breastfed.

The collected data were tabulated in Microsoft Excel 2013 spreadsheets and described as simple frequencies and percentages when categorical. To assess the association between categorical variables, Fisher's exact test was used. The software used was R Core Team 2017 and the significance level adopted was 5%.

Results

The age of mothers ranged from 14 to 38 years, mean age of 24.8 years. Regarding the type of delivery, most were surgical (n = 31; 62%). Most of the mothers were primiparous and reported not having previous experiences with breastfeeding (n = 28; 56%). Regarding prenatal care, most reported having performed (n = 48; 96%), with an average of 6 consultations.

Regarding the professions the most found were: home (n = 38; 76%), followed by student (n = 5; 10%) and others (n = 7; 14%). Regarding education, most of the mothers had a study time ≥8 years (n = 28; 56%), 9 with incomplete high school, 17 with complete high school, and 2 with complete higher education, while 22 (44%) reported having attended school for less than eight years, 2 illiterate, 15 with incomplete elementary school, and 5 with complete elementary school.

Regarding newborns, most were male (n = 33; 66%), 17 female newborns (34%), with an average gestational age of 39.6 weeks, ranging from 37 to 42 weeks and average weight at birth of 3340 g (Min = 2,410 g; Max 4,590 g).

For both types of delivery and maternal education, when compared with breastfeeding performance, no significant differences were observed for any of the factors involved.

Regarding maternal age, significant differences were observed for G1, G2, and G3 regarding breastfeeding performance. The "calm and relaxed baby" behavior was significantly more prevalent in

G2 and G3 (Table 1); while "baby is impatient or crying" behavior was more incident in G1 (Table 2).

As for previous breastfeeding experiences, a significant difference was evidenced for "baby loosens breast when breastfeeding ends", which is more common in mothers without experiences (Table 3 and Table 4).

Table 1. Comparison between mother age (different groups) and breast performance parameters (signs that breastfeeding goes well) from the "Breastfeeding Assessment Protocol"[13], Aracaju, 2017

	Maternal Age (Years)			
	G1 (13-19) n (%)	G2 (20-34) n (%)	G3 (>35) n (%)	p-value
Mother looks healthy	8 (100)	38 (100)	4 (100)	
Mom looks relaxed and comfortable	8 (100)	34 (89)	4 (100)	1,000
Bond signs between Mother and Baby	7 (88)	37 (97)	4 (100)	0,426
Baby looks healthy	8 (100)	37 (97)	4 (100)	1,000
Baby looks relaxed and comfortable	**4 (50)**	**34 (89)**	**3 (75)**	**0,028**
Baby looks for chest if hungry	8 (100)	37 (97)	4 (100)	1,000
Breast looks healthy	7 (88)	33 (87)	2 (50)	0,161
No pain or discomfort	4 (50)	26 (68)	2 (50)	0,509
Breast supported with fingers away from nipple	5 (63)	26 (68)	4 (100)	0,508
Baby's head and trunk aligned	5 (63)	26 (68)	4 (100)	0,508
Baby's body very close to the mother's body	7 (88)	30 (79)	4 (100)	0,839
Baby buttocks supported	6 (75)	33 (87)	4 (100)	0,618
Baby nose at nipple height	8 (100)	36 (95)	4 (100)	1,000
Most visible areola above baby's mouth	5 (63)	31 (82)	3 (75)	0,490
Baby's mouth wide open	5 (63)	23 (61)	4 (100)	0,446
Lower lip turned out	5 (63)	27 (71)	2 (50)	0,661
Baby's chin touches the breast	7 (88)	33 (87)	4 (100)	1,000
Slow and deep sucks interspersed with pauses	6 (75)	33 (87)	3 (75)	0,503
Round cheek during breastfeeding	7 (88)	33 (87)	4 (100)	1,000
Baby releases breast when breastfeeding ends	6 (75)	24 (63)	3 (75)	0,877
Mother shows signs of oxytocin reflex	5 (63)	25 (66)	0 (0)	0,051

Legend: n – frequency. % - percentages. Fisher Exact Test. P-value <0,05

ARTICLES

Table 2. comparison between mother age (different groups) and breast performance parameters (signs of possible difficulties) from the "Breastfeeding Assessment Protocol"[13], Aracaju, 2017

	Maternal Age (Years)			
	G1 (13-19) n (%)	G2 (13-19) n (%)	G3 (>35) n (%)	p-value
Mother seems to be bad or depressed	0 (0)	0 (0)	0 (0)	
Mom looks tense or uncomfortable	0 (0)	3 (8)	0 (0)	1,000
No eye contact with baby	1 (13)	0 (0)	0 (0)	0,240
Baby looks sleepy or sick	0 (0)	1 (3)	0 (0)	1,000
Baby is impatient or crying	**4 (50)**	**4 (11)**	**1 (25)**	**0,028**
Baby doesn't look for the breast	0 (0)	1 (3)	0 (0)	1,000
Breast is red, swollen or sore	1 (13)	4 (11)	2 (50)	0,116
Sore breast or nipple	4 (50)	11 (29)	2 (50)	0,450
Mother supported his fingers on the areola	3 (38)	12 (32)	0 (0)	0,508
Baby with twisted neck or trunk	3 (38)	11 (29)	0 (0)	0,485
Baby away from mom	1 (13)	8 (21)	0 (0)	0,839
Baby supported by the head or back only	2 (25)	5 (13)	0 (0)	0,618
Baby's nose above or below the nipple	0 (0)	2 (5)	0 (0)	1,000
More visible areola below baby's mouth	3 (38)	8 (21)	1 (25)	0,616
Baby's mouth is little open	3 (38)	14 (37)	0 (0)	0,505
Lips forward or inward	3 (38)	10 (26)	2 (50)	0,579
Baby's chin does not touch the breast	1 (13)	5 (13)	0 (0)	1,000
Quick Sucks	2 (25)	4 (11)	1 (25)	0,240
Cheek strain while breastfeeding	1 (13)	4 (11)	0 (0)	1,000
Mother takes the baby off her chest	2 (25)	13 (34)	1 (25)	1,000
Mother without signs of oxytocin reflex	3 (38)	9 (24)	4 (100)	0,006

Legend: n – frequency. % - percentages. Fisher Exact Test. P-value <0,05

Table 3. comparison between previous experience with breastfeeding and breast performance parameters (signs that breastfeeding goes well) from the "Breastfeeding Assessment Protocol"[13], Aracaju, 2017

	Previous Experience		
	NEBF n (%)	EBF n (%)	p-value
Mother looks healthy	28 (100)	22 (100)	
Mom looks relaxed and comfortable	25 (89)	21 (95)	0,621
Bond signs between Mother and Baby	26 (93)	22 (100)	0,497
Baby looks healthy	28 (100)	21 (95)	0,440
Baby looks relaxed and comfortable	20 (71)	21 (95)	0,060
Baby looks for chest if hungry	28 (100)	21 (95)	0,440
Breast looks healthy	24 (86)	18 (82)	0,718
No pain or discomfort	15 (54)	17 (77)	0,137
Breast supported with fingers away from the nipple	22 (79)	13 (59)	0,214
Baby's head and trunk aligned	23 (82)	12 (55)	0,061
Baby's body very close to the mother's body	25 (89)	16 (73)	0,157
Baby buttocks supported	24 (86)	19 (86)	1,000
Baby nose at nipple height	28 (100)	20 (91)	0,189
Most visible areola above baby's mouth	22 (79)	17 (77)	1,000
Baby's mouth wide open	17 (61)	15 (68)	0,768
Lower lip turned out	18 (64)	16 (73)	0,559
Baby's chin touches the breast	25 (89)	19 (86)	1,000
Slow and deep sucks interspersed with pauses	23 (82)	19 (86)	1,000
Round cheek during breastfeeding	25 (89)	19 (86)	1,000
Baby releases breast when breastfeeding ends	**23 (82)**	**10 (45)**	**0,015**
Mother shows signs of oxytocin reflex	16 (57)	14 (64)	0,773

Legend: n – frequency. % - percentages. EBF - With experience with breastfeeding. NEBF - No experience with breastfeeding. Fisher Exact Test. P-value <0,05

Table 4. comparison between previous experience with breastfeeding and breast performance parameters (signs of possible difficulties) from the "Breastfeeding Assessment Protocol"[13], Aracaju, 2017

	Previous Experience		p-value
	NEBF n (%)	EBF n (%)	
Mother seems to be bad or depressed	0 (0)	0 (0)	
Mom looks tense or uncomfortable	2 (7)	1 (5)	1,000
No eye contact with baby	1 (4)	0 (0)	1,000
Baby looks sleepy or sick	0 (0)	1 (5)	0,440
Baby is impatient or crying	8 (29)	1 (5)	0,060
Baby doesn't look for the breast	0 (0)	1 (5)	0,440
Breast is red, swollen or sore	3 (11)	4 (18)	0,684
Sore breast or nipple	12 (43)	5 (23)	0,229
Mother supported his fingers on the areola	6 (21)	9 (41)	0,214
Baby with twisted neck or trunk	5 (18)	9 (41)	0,113
Baby away from mom	3 (11)	6 (27)	0,157
Baby supported by the head or back only	4 (14)	3 (14)	1,000
Baby's nose above or below the nipple	0 (0)	2 (9)	0,189
More visible areola below baby's mouth	7 (25)	5 (23)	1,000
Baby's mouth is little open	10 (36)	7 (32)	1,000
Lips forward or inward	9 (32)	6 (27)	0,765
Baby's chin does not touch the breast	3 (11)	3 (14)	1,000
Quick Sucks	5 (18)	2 (9)	0,444
Cheek strain while breastfeeding	3 (11)	2 (9)	1,000
Mother takes the baby off her chest	6 (21)	10 (45)	0,126
Mother without signs of oxytocin reflex	10 (36)	6 (27)	0,559

Legend: n – frequency. % - percentages. EBF - With experience with breastfeeding. NEBF - No experience with breastfeeding. Fisher Exact Test. P-value <0,05

Discussion

Some maternal factors, such as type of delivery, age, education and previous experiences with breastfeeding, have been discussed as predictors of successful lactation[4,14-27].

The type of delivery has been referenced in some studies[14-16] as an influential factor in the initial feeding process, especially on the early stimulation of breastfeeding, because, at first, may interfere with the disposition of the woman in nurse because of pain caused by uterine contractions and / or surgical manipulation performed during childbirth[14].

Nevertheless, the present study did not show significant differences for this variable, which can be explained by the period in which they were applied the tests, carried out at least 24 hours postpartum for women undergoing vaginal delivery and 48 hours for those who have undergone cesarean section respecting surgery recovery time.

In addition to maternal willingness to breastfeed, the literature reports[14,17] whereas in cesarean sections, the effects of anesthesia as well as possible hormonal dysregulation may slow milk production and descent. On the other hand, some studies[15,16] indicate that mothers who have had a normal birth are more likely to breastfeed soon after birth.

It is also worth mentioning that the data collection was performed in a maternity hospital that follows the CFHI precepts, and breastfeeding is encouraged in all dyads, regardless of the type of delivery. Thus, it is believed that the actions performed by the maternity team in favor of breastfeeding can positively interfere with milk drop, an aspect that should be better elucidated in future studies.

Maternal age is considered by many researchers[2,4,18,19] one of the factors that deserve a different look regarding breastfeeding, especially in cases of teenage mothers, because this population has been recognized as more susceptible to early weaning, for reasons that include the difficulty in taking care of the newborn, the aesthetics of the breasts, and the return to school or work[20,21].

In the present study, adolescent mothers (G1) had greater difficulty in dealing with the behavior of the newborn during breastfeeding, who changed

Jéssica Caroline de Jesus Santos, Yasmim Vieira Teixeira Alves, Ikaro Daniel de Carvalho Barreto, Cristina Ide Fujinaga, Andrea Monteiro Correia Medeiros

their alertness to "impatient or crying" during the breastfeeding's offer.

In relation to young adult mothers (G2) and late mothers (G3), a prevalence of "calm and relaxed babies" was observed. Thus, it is hypothesized that mothers of these age groups are more easily able to maintain their children's behavioral state from the beginning to the end of the breastfeeding.

Regarding maternal education, some authors[21-23] point that the increase in education levels is proportionally related to the increase in breastfeeding success[7]. In recent years, many works[24-27] have found significant differences between this aspect and the prevalence of exclusive breastfeeding.

The fact that no significant differences were found for schooling in the population studied may be associated with the number of prenatal consultations made by postpartum women, since most of these performed about six consultations, enabling the guidance of health professionals, regardless of schooling, on basic newborn care and breastfeeding[28].

Regarding previous experiences with breastfeeding, studies indicate[6,7,20,29] that mothers who had previous positive experiences find it easier to practice exclusive breastfeeding, even when these experiences are interspersed with tiring and suffering periods, and the pleasant moments enhance the desire to breastfeed[6].

The inexperience of primiparous mothers may lead to insecurity in view of the difficulties experienced at the beginning of breastfeeding[29]. This research found that mothers who never breastfed tend to wait for the newborn to release the breast to terminate the breastfeeding. This factor may be associated with the fact that mothers who did not experience breastfeeding are more attentive to their own newborn's rhythm due to lack of practice[20,29].

In contrast, more experienced mothers may be less receptive to new information, as previous experiences influence the formation of opinions and beliefs[30]. The experience may lead them to feel more confident about the effectiveness of the feed, removing the breast from NB before it let go of course, because they believe that it is satiated.

The present study contributed to the discussion about the relationship between maternal aspects in the quality of breastfeeding in the first days of life, highlighting the need for health professionals to be aware of socioeconomic aspects[9,10] of the population to be served in each specific region.

It is important to note that in the maternity hospital where the study was conducted, CFIH precepts are applied, among which is the encouragement of breastfeeding even in the first hours of newborn life. The postpartum recovery period, respected for the application of the protocol[13], may have given the opportunity for mothers to receive guidance from the professionals of the unit itself, which may have influenced the performance of the dyads subsequently evaluated.

A study limitation is the small number of participants, indicating the importance of increasing the sample for future studies.

Recognition of the factors that influence the quality of breastfeeding is of paramount importance for the production of knowledge, as they can help the team of professionals who work in breastfeeding in the direction of health education planning and practices with the population, which permeate both the clarification of doubts, guidance, and intervention[3,7,8].

Conclusion

Maternal age and previous experiences with breastfeeding are factors that influenced breastfeeding performance in this population. The assessment of the performance of the breastfeeding dyad may allow the identification of difficulties by health professionals, considering the singularities of each dyad.

Considering the various aspects involved in breastfeeding seems to be important in enabling the adoption of conducts aimed at the effectiveness and maintenance of breastfeeding, as recommended by WHO.

References

1. Chelsea EM, Mauch CE, Scott JA, Magarey AM, Daniels LA. Predictors of and reasons for pacifier use in first-time mothers: an observational study. BMC Pediatr [internet]. 2012 January [acesso em 2015 nov 10]; 12 (7): 1-10. Disponível em: https://bmcpediatr.biomedcentral.com/articles/10.1186/1471-2431-12-7

2. Sipsma HL, Jones KL, Cole-Lewis H. Breastfeeding among adolescent mothers: a systematic review of interventions from high-income countries. J Hum Lact. 2015; 31 (2): 221-9.

3. Alves JS, Oliveira MIC, Rito RVVF. Orientações sobre amamentação na atenção básica de saúde e associação com o aleitamento materno exclusivo. Ciênc. Saúde Colet. 2018; 23 (4): 1077-88.

4. Silva WF, Guedes ZCF. Tempo de aleitamento materno exclusivo em recém-nascidos prematuros e a termo. Rev. CEFAC. [Internet]. 2013 [acesso em 2015 nov 10]; 15 (1): 160-71. Disponível em: http://www.scielo.br/scielo.php?pid=S1516-18462013000100019&script=sci_abstract&tlng=pt

5. Simiquel FL, Marcello JF, Taucci RA, Cachaldora TN. Aleitamento materno – principais dificuldades da lactante e do lactente e levantamento sobre o conhecimento dos seus benefícios em relação à fonoaudiologia. CES/JF Rev. [internet]. 2006 [acesso em 2018 dez 06]; 221-33. Disponível em: https://www.cesjf.br/revistas/cesrevista/edicoes/2006/aleitamento_materno.pdf

6. Junges CF, Ressel LB, Budó MLD, Padoin SMM, Hoffmann IC, Sehnem GD. Percepções de puérperas quanto aos fatores que influenciam o aleitamento materno. Rev Gaúcha Enferm. 2010 June; 31(2): 343-50.

7. Barbosa GEF, Silva VB, Pereira JM, Soares MS, Medeiros Filho RA, Barbosa LB, et al. Dificuldades iniciais com a técnica da amamentação e fatores associados a problemas com a mama em puérperas. Rev. Paul. Pediatr. 2017 Sep; 35(3): 265-72.

8. Almeida JM, Luz SAB, Ued FV. Apoio ao aleitamento materno pelos profissionais de saúde: revisão integrativa da literatura. Rev. Paul. Pediatr. 2015 Sep; 33(3): 355-62

9. Medeiros AMC, Santos JCJ, Santos DAR, Barreto IDC, Alves YVT. Acompanhamento fonoaudiológico do aleitamento materno em recém-nascidos nas primeiras horas de vida. Audiol., Commun. res. [Internet]. 2017 [acesso em 2018 dez 06]; 22: e1856; Disponível em: http://www.scielo.br/scielo.php?script=sci_abstract&pid=S2317643120170001003398&lng=en&nrm=iso&tlng=pt

10. Medeiros AMC, Batista BG, Barreto IDC. Aleitamento materno e aspectos fonoaudiológicos: conhecimento e aceitação de mães de uma maternidade. Audiol., Commun. res. [Internet]. 2015 [acesso em 2018 dez 06]; 20 (3): 183-90. Disponível em: http://www.scielo.br/pdf/acr/v20n3/2317-6431-acr-20-3-0183.pdf

11. Cabieses B,Waiblinger D, Santorelli G, McEachan RRC. What factors explain pregnant women's feeding intentions in Bradford, England: a multi-methods, multi-ethnic study. BMC Pregnancy Childbirth.[Internet] 2014 [acesso em jul 12]; 14(50): 1-13. Disponível em: https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/1471-2393-14-50

12. Secretaria de Estado da Saúde. [homepage na internet] Maternidade Nossa Senhora de Lourdes é porta aberta 24h atendendo Sergipe e estados vizinhos. Aracaju: Secretaria de Estado da Saúde Governo de Sergipe [atualizada em 15 de fevereiro de 2019; acesso em 05 dez [2019]. Disponível em: https://www.saude.se.gov.br/?p=27145

13. WHO-World Health Organization. Positioning a baby at the breast. In: Integrated Infant Feeding Counselling: a trade course. Genebra: WHO; 2004.

14. Nunes, MLP. Subjetividade cesariana pensando o parto como potência. [Dissertação Mestrado]. Rio de Janeiro: Universidade Federal Fluminense - UFF; 2014.

15. Boccolini CS, Carvalho ML, Oliveira MIC, Vasconcellos AGG. Fatores associados à amamentação na primeira hora de vida. Rev. saúde pública. 2011 Feb; 45(1): 69-78.

16. Lins GFAC, Costa NDL, Formiga MCC, Ramos PCF. Amamentação e tipo de parto: uma avaliação envolvendo as gestantes do estudo multicêntrico sobre saúde reprodutiva no Brasil realizado em Natal-RN, 2000. Rev. PublICa. 2006. 1(2): 29 – 37.

17. Sousa L. Avaliação da eletroestimulação nervosa transcutânea para alivio da dor de contração uterina pós-parto durante a amamentação: ensaio clínico randomizado [Tese Doutorado]. Ribeirão Preto (SP): Universidade de São Paulo. Escola de Enfermagem de Ribeirão Preto; 2011.

18. Niño MR, Silva EG, Atalah SE. Factores asociados a la lactancia materna exclusiva. Rev Chil Pediatr. 2012 Abr; 83(2): 161-9.

19. Leclair E, Robert N, Sprague AE, Fleming N. Factors Associated with Breastfeeding Initiation in Adolescent Pregnancies: A Cohort Study. J Pediatr Adolesc Gynecol .2015 Dec; 28(6): 516-21.

20. Ortiz VC, Ortiz IC, Gonzalez MR, Ortiz AC, Caballero YM. Factores contribuy entesal abandono de la lactancia materna exclusiva en un área de salud. MEDISAN [Internet]. 2013 [acesso em 2014 ago 29]; 17(3): 455-61. Disponível em: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1029-30192013000300005&lng=es.

21. Camarotti CM, Nakano AMS, Pereira CR, Medeiros CP, Monteiro JCS. . The experience of breastfeeding in a group of teenage mothers. Acta paul. Enferm. 2011. 24(1): 55-60.

22. Teka B, Asseffa H, Haileslassie K. Prevalence and determinant factors of exclusive breastfeeding practices among mothers in Enderta Woreda, Tigray, Nhorth Ethiopia: a cross-sectional study. Int Breastfeed J. 2015 10(2): 1-7.

23. Queluz MC, Pereira MJB, Santos CB, Leite AM, Ricco RG. Prevalência e determinantes do aleitamento materno exclusivo no município de Serrana, São Paulo, Brasil. Rev. Esc. Enferm. USP. 2012 June; 46(3): 537-43.

24. Kader M, Perera NK. Socio-Economic and Nutritional Determinants of Low Birth Weight in India. N Am J Med Sci. [Internet]. 2014 [acesso em 2017 ago 20]; 6 (7): 302-8. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4114006/

25. Jessri M, Farmer AP, Maximova K, Willows ND, Bell RC. Predictors of exclusive breastfeeding: observations from the Alberta pregnancy outcomes and nutrition (APrON) study. BMC Pediatr [Internet]. 2013 [acesso em abr 24]; 13: 1-14. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3660294/

ARTICLES

26. Bezerra VLVA, Nisiyama AL, Jorge AL, Cardoso RM, Silva EF, Tristão RM. Aleitamento materno exclusivo e fatores associados a sua interrupção precoce: estudo comparativo entre 1999 e 2008. Rev. Paul. Pediatr. 2012; 30(2): 173-9.

27. Ben Slama F, Ayari I, Ouzini F, Belhadj O, Achour N. Exclusive breastfeeding and mixed feeding- knowledge, attitudes and practices of primiparous mothers. East Mediterr Health J. 2010 June; 16(6): 630-5.

28. Boff ADG, Paniagua LM, Scherer S, Goulart BNG. Mother's social/economic aspects and level of knowledge about breastfeeding. . Audiol., Commun. res. [Internet]. 2015 [acesso em 2017 abr 24]; 20(2): 141-5. Disponível em: http://www.scielo.br/scielo.php?pid=S231764312015000200010&script=sci_arttext&tlng=en

29. Castelli CTR, Maahs MAP, Almeida ST. Identificação das dúvidas e dificuldades de gestantes e puérperas em relação ao aleitamento materno. Rev. CEFAC [Internet]. 2014 [acesso em 2017 abr 24]; 16(4): 1178-86. Disponível em: http://www.scielo.br/scielo.php?pid=S151618462014000401178&script=sci_abstract&tlng=es

30. Al-Sahab B, Lanes A, Feldman M, Tamim H. Prevalence and predictors of 6-month exclusive breastfeeding among Canadian women: a national survey. BMC Pediatr [internet]. 2010 [acesso em 2017 ago 20];10 (20): 1-9. Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2858135/