

# Knowledge of mothers about forms of breastfeeding and deleterious habits

## Conhecimento de mães sobre formas de aleitamento e hábitos deletérios

## Conocimiento de madres sobre formas de lactancia y hábitos deletéreos

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### Abstract

**Introduction:** Exclusive breastfeeding is essential until six months, because in addition to promoting integral health for the baby, it assists in craniofacial development and stomatognathic functions. **Objective:** To investigate the knowledge of mothers about breastfeeding, harmful oral habits and other methods to offer the diet to the baby. **Method:** This is a descriptive quantitative study. A semi-structured questionnaire with open and closed questions was applied to 80 mothers of a Speech-Language Pathology Clinic from June to September 2017. **Results:** 66.3% of the mothers were between 18 and 30 years old, 98.8% performed prenatal care, 63.8% performed exclusive breastfeeding until six months of age, most (88.8%) demonstrated knowledge about exclusive breastfeeding and 72.5% received information about breastfeeding in the hospital, 43.8% received information on pacifier use and 27.5% regarding bottle use. It was observed that the bottle is the second best known way to offer milk to the baby, totaling 52.7%. Regarding the professional who advised the most about breastfeeding, harmful oral habits and feeding utensils was the nurse (57.5%) and only 16.30% received guidance from speech therapists. **Conclusion:**

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FADS Data collection, conception of the manuscript, organization and writing; CCC Review of the manuscript and addition of significant parts; JC Review of the manuscript and addition of significant parts; MFB Review of the manuscript and addition of significant parts; GRC Orientation, writing of the manuscript, standardization of the norms according to the journal and addition of significant parts.

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It can be concluded that there is high adherence to exclusive breastfeeding, but there is still a portion that does not perform this way. Mothers have knowledge regarding pacifiers, bottles, breastfeeding and other forms of breastfeeding, but information about the stomatognathic system is scarce. It was found that there was not much performance of the speech therapist with this population. It is noteworthy that there are more nurses compared to the number of speech therapists.

**Keywords:** Breast Feeding; Stomatognathic System; Bottle Feeding; Pacifiers.

## Resumo

**Introdução:** O aleitamento materno exclusivo é fundamental até os seis meses, pois além de promover a saúde integral para o bebê, auxilia no desenvolvimento craniofacial e nas funções estomatognáticas. **Objetivo:** Investigar o conhecimento das mães sobre aleitamento materno, hábitos orais deletérios e outros métodos para ofertar a dieta ao bebê. **Método:** Trata-se de um estudo descritivo de caráter quantitativo. Foi aplicado um questionário semiestruturado com perguntas abertas e fechadas, em 80 mães de uma Clínica Escola de Fonoaudiologia, no período de junho a setembro de 2017. **Resultados:** 66,3% das mães possui idade entre 18 a 30 anos, 98,8% realizou pré-natal, 63,8% realizou aleitamento materno exclusivo até os seis meses de idade, a maioria (88,8%) demonstrou conhecimento acerca da amamentação exclusiva e 72,5% receberam informações sobre o aleitamento no hospital, 43,8% receberam informações sobre o uso da chupeta e 27,5% quanto ao uso da mamadeira. Observou-se que a mamadeira é a segunda forma mais conhecida para ofertar leite ao bebê, totalizando 52,7%. Em relação ao profissional que mais orientou sobre a amamentação, hábitos orais deletérios e utensílios de alimentação foi o enfermeiro (57,5%) e apenas 16,30% receberam orientações de fonoaudiólogos. **Conclusão:** Pode-se concluir que há grande adesão do aleitamento materno exclusivo, porém há ainda uma parcela que não realiza desta forma. As mães possuem conhecimento em relação à chupeta, mamadeira, aleitamento materno e outras formas de aleitar, porém, as informações sobre o Sistema Estomatognático estão escassas. Verificou-se que não houve muita atuação do fonoaudiólogo com essa população. Vale ressaltar que há maior número de enfermeiros, em comparação com o número de fonoaudiólogos.

**Palavras-chave:** Aleitamento Materno; Sistema Estomatognático; Alimentação Artificial; Chupetas.

## Resumen

**Introducción:** La lactancia materna exclusiva es esencial hasta seis meses porque, además de promover la salud integral del bebé, ayuda en el desarrollo craneofacial y las funciones estomatognáticas. **Objetivo:** Investigar el conocimiento de las madres sobre la lactancia materna, los hábitos orales nocivos y otros métodos para ofrecer la dieta al bebé. **Método:** Este es un estudio cuantitativo descriptivo. Se aplicó un cuestionario semiestruturado con preguntas abiertas y cerradas a 80 madres de una Clínica de Patología del Habla y Lenguaje de junio a septiembre de 2017. **Resultados:** 66.3% de las madres tenían entre 18 y 30 años, 98.8% realizó atención prenatal, 63.8% realizó lactancia materna exclusiva hasta los seis meses de edad, la mayoría 88.8% demostró conocimiento sobre lactancia materna exclusiva y 72.5% recibió información sobre lactancia materna en el hospital, 43.8% recibió información sobre el uso de chupetes y 27.5% sobre el uso de biberones. Se observó que el biberón es la segunda forma más conocida de ofrecer leche al bebé, con un total de 52.7%. En cuanto al profesional que más aconsejó sobre la lactancia materna, los hábitos orales nocivos y los utensilios de alimentación fue la enfermera el 57.5% y solo el 16.30% recibió orientación de los logopedas. **Conclusión:** Se puede concluir que existe una alta adherencia a la lactancia materna exclusiva, pero todavía hay una porción que no funciona de esta manera. Las madres tienen conocimientos sobre chupetes, biberones, lactancia materna y otras formas de lactancia materna, pero la información sobre el sistema estomatognático es escasa. Se descubrió que no había mucho rendimiento del terapeuta del habla con esta población. Es de destacar que hay más enfermeras en comparación con el número de logopedas.

**Palabras claves:** Lactancia Materna; Sistema Estomatognático; Alimentación Artificial; Chupetes.

## Introduction

Working with breastfeeding requires interdisciplinary and multiprofessional care. Speech therapy is one of the professions involved. The World Health Organization (WHO) recommends that breastfeeding be exclusive up to six months of age, as it promotes the integral health of the newborn (NB), assists in the growth/development of the oral motor sensory system and the correct establishment of the stomatognathic, breathing, sucking, swallowing, chewing and articulating functions<sup>1-3</sup>.

Among the aforementioned functions, suction is of utmost importance for the NB, because to extract breast milk the baby activates the muscles of the face, a fact that stimulates, develops and strengthens oral structures<sup>4</sup> and also directs the growth of important structures such as the maxillary sinus and the mandibular branch<sup>2,5</sup>.

Exclusive breastfeeding also satisfies the need for sucking, which involves emotional, psychological and organic components, such aspects must be in balance, otherwise the need for sucking may not be achieved, causing emotional dissatisfaction, so the child may seek a substitute such as finger, pacifier, or objects, acquiring deleterious habits that can cause changes in the balance of the stomatognathic system<sup>5</sup>.

The WHO recommends not using artificial nipples such as baby bottles and pacifiers, as they contribute to early weaning<sup>6</sup>. However, in cases where it is not possible to perform natural breastfeeding, the best known and most commonly used form is the bottle, which allows only the buccinator and orbicularis muscles of the mouth to work. Thus, the other muscles of the face are not activated, which results in excessive work of the orbicular muscles and impairs oral motor function<sup>7</sup>.

Another form of feeding the NB used is the cup technique, which is a safe method of feeding, especially when bottle sterilization means are not accessible, but some Speech Therapists see it as a tool that causes many problems in the administration of the diet, such as milk leakage and wasting, lack of anterior lip seal, increased risk of bronchoaspiration, decreased stimulation of suction muscles, among others<sup>2</sup>.

It is worth remembering that the duration, frequency, and intensity of natural breastfeeding, artificial breastfeeding, and non-nutritive sucking

habits can influence orofacial development, and when negative they can cause instability in orofacial functions and malocclusion<sup>8</sup>.

Children who have been absent from natural breastfeeding, early weaning or who have been fed with the use of bottles more often develop harmful oral habits, thus justifying studies that assess the knowledge of mothers about the relationship of natural breastfeeding in the development of deleterious oral habits<sup>9</sup>.

Besides, inappropriate feeding practices may compromise the child's health in the short and long term, so mothers' knowledge is critical to maintaining breastfeeding and introducing food at the right time.

Given the importance of breastfeeding for the overall development and adequate oral motor growth of the baby, this study has as its main objective to investigate the knowledge of mothers about breastfeeding, deleterious oral habits and other methods to offer the diet to the baby.

## Method

This is a descriptive research of quantitative character. The research complied with the norms established by Resolution 466/2012, of the National Health Council, on ethical aspects in research with human beings and is approved by the Ethics Committee of the "Universidade Estadual Do Centro-Oeste - UNICENTRO", under opinion number 2,037,060. The collection took place from June to September 2017. The study included mothers of babies from zero to six months of age who were in the waiting room of a speech therapy clinic. All mothers were waiting for the neonatal screening (test or retest) and were invited to participate in the research. At this time, the mothers were informed that participation in the research was voluntary and all signed the Informed Consent Form.

The sample consisted of 80 mothers who agreed to participate voluntarily and answered the questionnaire.

The inclusion criteria for the study were: mothers with infants from zero to six months of age without neurological impairment, without cleft lip and palate or any deformity of the skull and face and who were born at term or premature over 36 weeks of gestational age. Exclusion criteria: mothers under 18 years old and incomplete questionnaires. The research was carried out through

the application of a semi-structured questionnaire elaborated by the researchers containing 26 open and closed questions, with the objective of investigating mothers' knowledge about breastfeeding, deleterious oral habits and other methods to offer the diet to the baby (Figure 1). The researcher read the questionnaire and filled it out as the mothers answered orally. In order not to have the influence of the researcher's knowledge, no question was explained and when the mother said she did not understand the question, it was left unfilled.

After collection completion, the results were tabulated and statistically analyzed with a significance level of 5% ( $p < 0.05$ ). Statistical analysis was performed using the Test for Equality of Two Proportions.

## Results

Most of the sample, 66.3%, consisted of mothers aged between 18 to 30 years, in addition, 95% have 1 to 3 children and 55% of them do not work. Regarding the age of the babies, the sample consisted of 100% aged 0 to 6 months; of this, 78.8% were born at term, 61.3% of the mothers underwent cesarean delivery and 98.8% had a prenatal follow-up.

Regarding the type of breastfeeding, the results are shown in Table 1. It was observed that most mothers perform exclusive breastfeeding, constituting 63.8% of the sample. Of the mothers who use artificial or mixed breastfeeding 12.5% introduced on their own initiative, and 23.8% by medical advice.

Table 2 shows that most mothers are aware of the advantages of exclusive breastfeeding. Of these, 62.6% reported that this exclusive practice prevents disease, 13.8% that it is the ideal food for the baby, 5% that favors weight gain, 3.7% that there is a greater bond between mother-baby, 3.7% said there is greater convenience for the mother and 11.3% do not recognize any advantage. 72.5% of

the mothers reported having received guidance/information regarding breastfeeding. As for the knowledge about other forms of breastfeeding, the majority reported knowing another form, being the bottle referred by 52.7% of mothers. Regarding the use of utensils for milk supply, most reported not receiving information on the handling of the cup, spoon, bottle, glass, and syringe (Table 2).

Table 3 presents the opinion of mothers as to the maximum age at which they think it is best to offer breast milk, 66.3% consider it important to offer for more than 6 months.

With regard to the knowledge about the use of the cup to replace the breast, most mothers, 83.8%, reported not having knowledge about the advantages of this method. Regarding those who know, 10% said that the cup can prevent early weaning, 2.5% believe that this method can replace the breast and 3.7% said that the cup can be used in place of the bottle because so does not cause alteration in the formation of the dental arch.

On deleterious oral habits, 43.8% of mothers reported receiving information about pacifiers, 28.8% mentioned that they received information that pacifiers damage the teeth, 10% causes early weaning, 2.5% received the information that it causes confusion of nipple and 2.5% mentioned that it can become a habit.

Still, regarding the pacifier 53.8% mentioned offering it to the baby, being 45% offering with orthodontic feeding nipple and 8.8% with a round nipple. Regarding the type of bottle nipple, 25% reported offering round nipple and 11.2% orthodontic feeding nipple.

As for the bottle, 27.5% reported having received information, of this 8.7% that the bottle causes early weaning, 8.7% harms the baby as a whole, 5.2% harms the teeth, 2.5% causes obesity, 1.2% cause nipple confusion and 1.2% said they received information that bottle milk "comes very easy, but in the breast, the baby needs to suck."

1. Age: ( ) 18 to 30 years old ( ) 30 to 50 years old
2. Do you work? ( ) Yes ( ) No
3. How many children do you have? ( ) 1 to 3 ( ) more than 3
4. Have you breastfed before? ( ) Yes ( ) No
5. What is the current age of the baby? ( ) 0 to 6 months ( ) 6 months to 12 months ( ) more than 12 months
6. How many weeks was your baby born? ( ) pre term ( ) to term ( ) post term
7. What was the type of delivery? ( ) Normal ( ) Caesarean
8. Did you have prenatal follow-up? ( ) Yes ( ) No
9. If you breastfeed, how do you do it?:  
( ) Exclusive breastfeeding ( ) Mixed breastfeeding (breast and bottle) ( ) Artificial Breastfeeding (bottle)
10. Did you get guidance on breastfeeding? ( ) Yes ( ) No
11. Do you know any advantages of breastfeeding? ( ) Yes ( ) No  
Which? \_\_\_\_\_
12. Do you know another way to offer milk (breast or artificial) to the baby? ( ) Yes ( ) No  
Which? \_\_\_\_\_
13. Do you know the advantages of using the cup as a replacement for the breast? ( ) Yes ( ) No  
Which? \_\_\_\_\_
14. Did you receive information about the disadvantage of using a bottle? ( ) Yes ( ) No  
Which ones? \_\_\_\_\_
15. Does your child use a pacifier? ( ) Yes ( ) No
16. Did you receive information about the disadvantage of using a pacifier?  
( ) Yes ( ) No Which ones? \_\_\_\_\_
17. If using a pacifier which type of nozzle do you use? ( ) Not using ( ) Round ( ) Orthodontic
18. Do you think that the pacifier could do any harm to the baby? ( ) Yes ( ) No  
Which? \_\_\_\_\_
19. Do you think that the bottle can do any harm to the baby? ( ) Yes ( ) No  
Which? \_\_\_\_\_
20. If you use a bottle, what kind of nozzle do you use? ( ) Not using ( ) Round ( ) Orthodontic
21. Up to what age do you consider it important to offer breast milk? ( ) 0 to 6 months ( ) more than 6 months
22. Who recommended introducing formula milk?  
( ) Doctor ( ) Nurse ( ) Pharmacist ( ) Speech therapist ( ) Own initiative ( ) Did not introduce
23. Have you received any guidance as to the use of any utensil below?  
( ) Bottle ( ) Syringe ( ) Spoon ( ) Cup ( ) No
24. What do you use to feed your child?  
( ) Bottle ( ) Glass ( ) Syringe ( ) Spoon ( ) Breast only ( ) Breast and bottle
25. Did you have any difficulty during the breastfeeding period? ( ) Yes ( ) No  
Which? \_\_\_\_\_
26. Which health professionals passed the guidelines?  
( ) Nurse ( ) Doctor ( ) Nutritionist ( ) Speech therapist ( ) None

**Figure 1.** Questionnaire

**Table 1.** What type of breastfeeding is used.

Type of breastfeeding	n	%	p*
Artificial	10	12.5	<0.001**
Exclusive	51	63.8	Ref.
Mixed	19	23.7	<0.001**

Legend: \*Test for equality of two proportions; n=number of subjects; %=percentage; \*\*p&lt;0.05

**Table 2.** Information on breastfeeding, ways of breastfeeding and guidelines on feeding utensils.

Question	No		Yes		p*
	n	%	n	%	
Do you know any advantages of Breastfeeding	9	11.3	71	88.8	<0.001**
Do you know another way to offer breast/artificial milk	23	28.8	57	71.3	<0.001**
Did you receive information about breastfeeding	22	27.5	58	72.5	<0.001**
Guidelines when using the cup	80	100.0	0	0.0	<0.001**
Guidelines on the use of the spoon	79	98.8	1	1.3	<0.001**
Guidelines on the use of the bottle	74	92.5	6	7.5	<0.001**
Guidelines on the use of the glass	75	93.8	5	6.3	<0.001**
Guidelines on the use of the syringe	78	97.5	2	2.5	<0,001**

Legend: \*Test for equality of two proportions; n=number of subjects; %=percentage; \*\*p&lt;0.05

**Table 3.** Up to what age do you consider it important to offer breast milk.

Age	n	%	p*
0 to 6 months	27	33.8	<0.001**
+ 6 months	53	66.3	

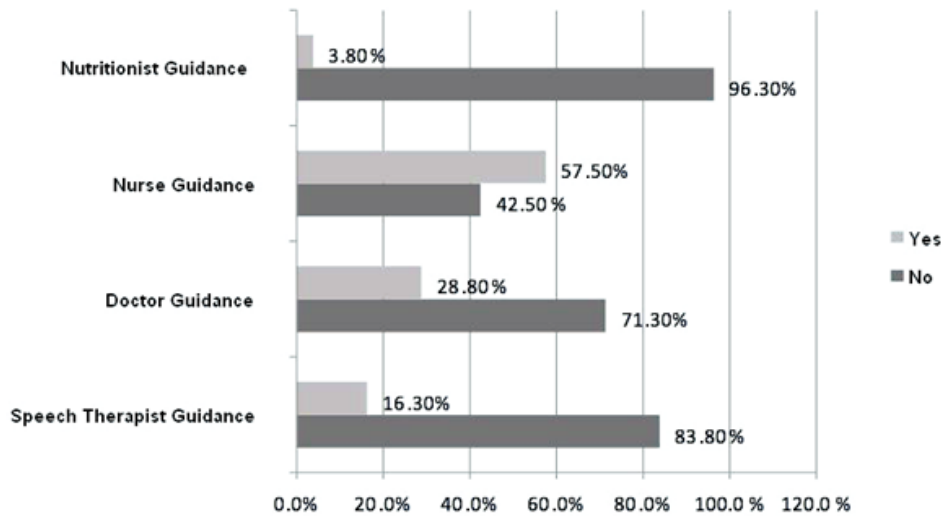
Legend: \*Test for equality of two proportions; n=number of subjects; %=percentage; \*\*p&lt;0.05

When asked if the use of these utensils could cause harm to the general health of their children, most 80% reported that the bottle does not cause anything and the others reported that: 10% harm the teeth, 3.9% causes early weaning 2.5% impairs breathing, speech and teething, 1.2% becomes habit, 1.2% risk of choking and 1.2% damages as a whole. Regarding the use of pacifiers 65% said that it can cause alterations and damage to the health of their child, it was mentioned by 56.4% of mothers that pacifiers affect the dental arch, 2.5% reported that it impairs speech, 1.2% chewing, 1.2% breath-

ing, 2.5% that the pacifier has many bacteria, and 1.2% said it favors early weaning.

As for the professionals who advised them about breastfeeding, feeding utensils or deleterious oral habits, the results are shown in Figure 2. It is noteworthy that some mothers reported being guided by more than one professional.

From the results obtained in the research, it can be seen that there is statistical significance in the variables, as they presented the value of  $p < 0.001$ , except the guidance of the nurse who obtained ( $p = 0.058$ ).



**Figure 2.** Which professionals provided guidance. Descriptive analysis.

## Discussion

Most of the sample consisted of mothers aged 18 to 30 years, 66.3% and 55% of them do not work. In a survey of 34,366 infants, 72.2% were between 20 and 35 years old and 66.2% were not working outside the home<sup>10</sup>. Regarding age, the opposite happens in another study with the participation of 190 mothers, and the majority ( $n = 103$ ) aged 31 to 40 years, ( $n = 66$ ) 18 to 30 years and ( $n = 21$ ) over 40 years<sup>11</sup>.

Regarding the type of delivery, 61.3% were cesarean sections, which is in agreement with another study<sup>12</sup> in which the majority, 65.6%, underwent cesarean delivery.

In this study, 63.8% of the mothers performed exclusive breastfeeding and the sample studied was aged from 0 to 6 months. It is noteworthy that the WHO recommends that this practice should be performed exclusively until six months of age<sup>1</sup>, there is still a portion that does not perform or complement with other milk, being artificial 12.5% and mixed 23.7%.

These results corroborate another study conducted in the municipality of Mamonas/MG, which concluded that the prevalence of exclusive breastfeeding in the municipality in 2013 was 51.52%. The result was considered satisfactory and consistent with that recommended by the WHO since most breastfeeding women were able to

maintain exclusive breastfeeding time until the sixth month of life<sup>13</sup>.

In another study<sup>14</sup> on exclusive breastfeeding adherence, 60 infants participated in the study, of which 49 were exclusively breastfed.

Regarding the maximum age that they consider being more appropriate for breast milk supply, most mothers reported more than 6 months, constituting 66.3% of the sample. The opposite happens in another research conducted with nursing women registered at the Human Milk Bank of the Municipal Hospital of Esau Matos, where it was found that 60% of respondents introduced water or some type of food before the sixth month. Thus verifying less adherence to exclusive breastfeeding for more than six months<sup>15</sup>.

In a study published in 2014, where the objective was to observe the perception of mothers regarding breastfeeding, six reported that it is recommended by the WHO until 2 years, 20 mothers reported that it is exclusive until 6 months and three mothers do not know the period recommended by the WHO; it is also observed that 2 mothers intend to introduce early liquid, 13 intend to introduce early use of pacifiers for their NB and 9 introduced early bottle for their NB<sup>16</sup>.

Children who have been breastfed for more than 12 months have tended not to develop deleterious habits, proving that natural breastfeeding is one of the most effective methods for preventing non-nutritive sucking habits<sup>17</sup>.

Regarding the guidelines received about breastfeeding, 72.5% reported having received information about this practice, with the majority of the sample. These results corroborate another study<sup>3</sup> in which the sample consisted of 250 mothers and most, 197 of them, received guidance on breastfeeding.

The opposite happens in another study<sup>18</sup> where the sample consisted of 16 mothers and of these 9 were not oriented, most who reported having knowledge on the subject reported that it had been acquired through neighbors, family and community health workers.

In relation to prenatal follow-up, 98.8% performed, only 1.3% did not perform consistent with other studies<sup>3,19</sup> where most performed follow-up.

It is during prenatal care that mothers are informed of the various benefits this practice can have on their baby. In the present study, 88.8% of the mothers reported having knowledge about this importance. Among the advantages cited by mothers, 62.5% reported that breastfeeding prevents disease, the same happens in older studies<sup>3,20</sup>.

Mothers in another study mentioned the benefit of exclusive breastfeeding to prevent infections; they also reported that it promotes healthy development for the newborn. In addition, prenatal care influenced issues of dental/occlusal aspects, chewing and hearing<sup>21</sup>.

In the present study, no mother mentioned the benefits of breastfeeding for oral motor development and stomatognathic functions. It is noteworthy that mothers do not have access to this information, so it is clear that the orientation of the speech therapist is extremely important during pregnancy and after birth, since the speech therapist is the qualified professional with the necessary knowledge to advise on benefits of this practice, as well as breathing, sucking, swallowing, chewing and articulation.

In a literature review where 18 studies were analyzed, it was demonstrated, for the most part, that the health professional is not trained to promote breastfeeding. All health professionals with whom pregnant women come into contact should be committed to breastfeeding promotion and able to provide appropriate information, as well as demonstrate practical skills in the management of breastfeeding<sup>22</sup>.

Regarding the use of pacifiers, it can be verified that this habit causes alterations in the oral motor

system as well as in the stomatognathic functions, besides occlusion alterations as anterior open bite. It is noteworthy that the duration, frequency, and intensity of the habit will determine the change<sup>23</sup>. Most health professionals, as well as laypeople and mothers, believe that pacifiers are harmless, or even necessary and beneficial to the development of the baby, having an indifferent or permissive attitude<sup>23</sup>.

In this study, 46.3% reported not using pacifiers and 53.7% use pacifiers, 45% using orthodontic nipples and 8.7% conventional nipples. As for the bottle, 25% with orthodontic nipple and 11.2% conventional nipple.

It can be seen that most of those who offer pacifiers to their children prefer the orthodontic nipple. In the scientific community, statements are made about the preferred use of this type of nozzle. In one study, the result was that there is no possibility of concluding the existence of differences regarding the consequences of the use of different pacifier/bottle nipples for the stomatognathic system, thus requiring further work related to this subject<sup>24</sup>.

A systematic review and meta-analysis were performed in 2016, where the objective was to estimate the prevalence of malocclusion in children using orthodontic and conventional pacifiers. The result was that there seems to be a higher prevalence of marked overjet and anterior open bite in children using pacifiers with conventional nipples compared to orthodontic pacifiers. However, there is no difference in posterior crossbite. It seems that the time of use in months and hours per day of the pacifier is more related to malocclusion than the anatomy of the pacifier itself<sup>25</sup>.

When asked the mothers that the use of the bottle and pacifier could cause some harm to the overall health of the baby most 80% reported that the bottle would not cause any kind of damage and in relation to the use of the pacifier 65% said that it could cause changes and damage to the health of their children.

In this study it can be verified that the parents are laymen as to the similarity of these utensils, they do not take into consideration that the bottle also has a nipple and that it can cause alterations, such as pacifiers. It is noteworthy that the pacifier is used more often than the bottle, but it can also cause changes in oral motor and stomatognathic system function, regardless of the type of nipple used<sup>24</sup>.

A previous study concluded that artificial breastfeeding is associated with pacifier sucking,



digital sucking, and malocclusions, with the emphasis on the anterior open bite, posterior crossbite, and marked overjet<sup>26</sup>.

Regarding the guidelines concerning deleterious oral habits, 43.8% of mothers reported having received information about pacifiers and 27.5% about bottle feeding. These results demonstrate that there is still a lack of guidance from professionals regarding these utensils, the same is true in another study<sup>27</sup> where the authors point out that guidance on the use of pacifiers proved to be considerably flawed, a fact that may compromise the continuity of exclusive breastfeeding.

Guiding parents soon after childbirth in the hospital environment is of great importance for the prevention of early weaning and the introduction of other sucking means such as a bottle and a pacifier<sup>17</sup>.

Regarding knowledge of mothers about other forms of breastfeeding, 53.7% of the participants reported knowing about the bottle. This result is consistent with findings in the literature, where they report that the bottle, after breastfeeding, is the second best-known form by the general population to offer food to the NB<sup>28</sup>.

With regard to the use of the cup to replace the maternal breast, in the present study, only 16.3% said they knew the advantages, the same happens in a previous study<sup>3</sup> where only 17.6% knew the advantages of this method.

In one study<sup>28</sup> the results show that the use of the cup in breastfeeding proved to be a safe form of feeding to newborns that are unable to suck the breast. It is safe, practical and favors exclusive breastfeeding, thus avoiding early weaning. There are factors that favor early weaning, such as the introduction of artificial nipples and bottles, beliefs, myths of mothers and their families, nipple trauma and lack of training by health professionals.

As for the professionals who advised the mothers, most of them reported being informed by nurses 57.5%, 28.8% received information from the doctor, 16.3% of the sample reported being guided by the speech therapist and 3.8% nutritionist. In a study conducted in 2014, it was observed that 85% received information from the doctor, 75% from the nurse and 60% from the nutritionist<sup>29</sup>.

It can be noted that the mothers in this study and in the study mentioned above<sup>29</sup> received greater guidance from the nursing professionals, which is justified by the fact that the nurse is the closest

professional to the woman during the prenatal and postnatal periods, and plays an important role in prenatal health education programs<sup>30</sup>.

Thus, it is evident that the speech therapist must increasingly dedicate himself to gain space in this area, showing health authorities and society how much speech therapy guidance is beneficial for mother-baby health and can contribute to the reduction of early weaning and preventing future changes in the structures and functions of the stomatognathic system<sup>21</sup>.

## Conclusion

It can be concluded that adherence to exclusive breastfeeding occurs, but there is still a portion that does not perform this way. Mothers have knowledge regarding pacifiers, bottles, breastfeeding and other forms of breastfeeding, but knowledge about speech therapy issues is scarce.

Most mothers do not mention the work of the speech therapist. It is noteworthy that there are more nurses compared to the number of speech therapists. Therefore, it is necessary that this professional is increasingly inserted in this area, so that mothers know the various benefits that exclusive breastfeeding causes to the baby, in addition, so that this professional is better known and the provided guidelines valued by mothers.

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