








Parturients breastfeeding and speech-language therapy knowledge in a public maternity hospital from Northeastern Brazil

Conhecimento de puérperas sobre amamentação e fonoaudiologia em uma maternidade pública do Nordeste brasileiro

Conocimiento de las madres sobre la lactancia materna y la terapia del habla en un hospital público de maternidad en el noreste de Brasil

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Abstract

Introduction: Prior guidance on breastfeeding during the period before birth, in prenatal consultations and in the preventive actions proposed in health units, seems to be important to raise awareness among future mothers. **Objective:** To verify the knowledge of mothers on breastfeeding and speech-language therapy aspects involved in breastfeeding (language, orofacial motricity, and hearing). **Methods:** Interventional and analytical study carried out with 254 mothers in a public maternity hospital in Northeastern Brazil; divided according to schooling, age group, breastfeeding previous experience and guidance on breastfeeding. The knowledge level was obtained through a questionnaire with 8 statements,

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analyzed by the 3 parameters Birnbaum model based on Item Response Theory. The Mann-Whitney / Kruskal-Wallis tests analyzed differences in medians. R Core Team 2020 software was used, with a 5% significance level. **Results:** The highest percentage of correct answers was about certain statements about language (72.8% L1), orofacial motricity (71.7% MO1) and hearing (65% A2); and minors in breastfeeding statements (58.3% AM2 and 42.1% AM1); and others on orofacial motricity (48% MO2); language (39.8% L2) and hearing (34.6% A1); without significant differences between groups. **Conclusion:** We conclude that not all parturients demonstrated full knowledge of the contents covered, although some aspects of speech therapy are well recognized.

Keywords: Breast-feeding; Health Education; Group Structure; Maternal and Child Health.

Resumo

Introdução: Orientações prévias sobre aleitamento materno durante o período que antecede o nascimento, em consultas pré-natais e nas ações preventivas propostas em unidades de saúde, parecem ser importantes para conscientizar as futuras mães. **Objetivo:** Verificar o conhecimento de mães sobre aleitamento materno e aspectos fonoaudiológicos envolvidos na amamentação (linguagem, motricidade orofacial e audição). **Métodos:** Estudo intervencionista e analítico realizado com 254 puérperas em maternidade pública do Nordeste brasileiro; divididas de acordo com escolaridade, faixa etária, experiência prévia com amamentação e orientações sobre aleitamento materno. O nível de conhecimento foi obtido através de questionário com 8 afirmações, analisado pelo modelo de Birnbaum de 3 parâmetros baseado na Teoria de Resposta ao Item. Os testes Mann-Whitney/Kruskal-Wallis analisaram diferenças nas medianas. Utilizou-se software R Core Team 2020, com nível de significância 5%. **Resultados:** O maior percentual de acertos foi sobre determinadas assertivas sobre linguagem (72,8% L1), motricidade orofacial (71,7% MO1) e audição (65% A2); e os menores nas assertivas de aleitamento materno (58,3% AM2 e 42,1% AM1); e outras sobre motricidade orofacial (48% MO2); linguagem (39,8% L2) e audição (34,6% A1); sem diferenças significativas entre os grupos. **Conclusão:** Concluímos que nem todas as parturientes demonstraram conhecimento pleno dos conteúdos abordados, embora alguns aspectos da fonoaudiologia sejam bem reconhecidos.

Palavras-chave: Aleitamento Materno; Educação em Saúde; Estrutura de Grupo; Saúde Materno-Infantil.

Resumen

Introducción: La orientación previa sobre la lactancia materna durante el período anterior al nacimiento, en las consultas prenatales y en las acciones preventivas propuestas en las unidades de salud, parece ser importante para crear conciencia sobre las futuras madres. **Objetivo:** Verificar el conocimiento de las madres sobre los aspectos de la lactancia materna y la terapia del habla relacionados con la lactancia materna (lenguaje, motricidad orofacial y audición). **Métodos:** Estudio analítico y de intervención realizado con 254 madres en un hospital público de maternidad en el noreste de Brasil; dividido de acuerdo con la educación, grupo de edad, experiencia previa en lactancia y pautas de lactancia materna. El nivel de conocimiento se obtuvo a través de un cuestionario con 8 declaraciones, analizadas por el modelo de 3 parámetros de Birnbaum basado en la Teoría de respuesta al ítem. Las pruebas de Mann-Whitney / Kruskal-Wallis analizaron las diferencias en las medianas. Se utilizó el software R Core Team 2020, con un nivel de significación del 5%. **Resultados:** El porcentaje más alto de respuestas correctas fue sobre ciertas afirmaciones sobre lenguaje (72.8% L1), habilidades motoras orofaciales (71.7% MO1) y audición (65% A2); y menores en declaraciones de lactancia materna (58.3% AM2 y 42.1% AM1); y otros sobre motricidad orofacial (48% MO2); lenguaje (39.8% L2) y audición (34.6% A1); sin diferencias significativas entre grupos. **Conclusión:** Llegamos a la conclusión de que no todos los parturientas demostraron un conocimiento completo de los contenidos cubiertos, aunque algunos aspectos de la terapia del habla son bien reconocidos.

Palabras clave: Lactancia materna; Educación en salud; Estructura de grupo; Salud materna e infantil.

Introduction

Exclusive breastfeeding is recommended until the first six months of life, because breast milk is a complete food that provides antibodies and reduces the risk of diseases¹. Due to the importance of breastfeeding, the Ministry of Health of Brazil has implemented public policies for its encouragement, such as: human milk banks, the Breastfeeding Friendly Postman project, Baby Friendly Hospital Initiative (BFHI), Rede Cegonha, Humanized Care for the Newborn - low birth weight (Kangaroo Method), and National Strategy for Promotion of Breastfeeding and Complementary Feeding^{2,3}.

In addition, it created the Breastfeeding Friendly Basic Unit Initiative, which works in conjunction with the Rede Amamenta Brasil, both of which aim to train health professionals to act in the promotion of breastfeeding¹. Thus, protective factors for breast milk, including exclusive breastfeeding, are widespread. But there are other aspects that should also be emphatically included in the knowledge of the population, since they are very important, and are related to speech therapy health.

In this context, it is important to consider that breastfeeding contributes to stomatognathic system development⁴ based on functional stimuli for the proper growth of orofacial structures and the promotion of nasal breathing⁵. It collaborates for the development of language and hearing, due to the intense interaction between the mother and newborn (NB) dyad, increasing the affective bond⁶, through conversation, touch and looks⁷.

The National Policy for Comprehensive Child Health Care³ recommends the importance of identifying and intervening early in factors related to the initiation and maintenance of exclusive breastfeeding, as well as the establishment of a comprehensive and effective care network for newborns and infants, being the participation of the speech therapist in this context fundamental, enabling health and information education, expanding the knowledge of the profession.

The literature is limited about group intervention in the relationship between speech therapy and breastfeeding in the immediate postnatal period, even in the hospital environment⁸. However, support for pregnant women and nursing mothers is an important health education strategy^{9,10} to determine the success of breastfeeding¹¹. Group actions are tools that can enable the dissemination of informa-

tion regarding the benefits of breastfeeding, both during gestation⁹ and after birth. The assistance of professionals and / or lay sympathizers is of fundamental importance in this regard¹¹.

Lack of support on the part of the multidisciplinary team in the postnatal period⁶, little interest by professionals about mother's health and the NB, as well as haste in attendance and lack of provision of basic information necessary for care after hospital discharge, has been reported^{10,12}. Although the breastfeeding process has characteristics of an instinctive act, it may need learning⁸ and require specific guidance¹³. The difficulties of some women may be related to the unfavorable anatomical characteristics of nipples and breasts, which impair the newborn's grip; previous experiences of failure to breastfeed; or even by the influence of family reports that discourage lactation¹⁴.

Previous guidance on breastfeeding during the period before birth¹⁵, in prenatal consultations and in the preventive actions proposed in health units, seem to be important to raise awareness of future mothers¹⁶. Collective actions in maternity hospitals are strategies that aim to share knowledge, experiences and promote effective breastfeeding¹⁷. The actions aim to maintain this practice in the months that follow, from the understanding of the benefits of breastfeeding, from biological to socioeconomic, psychological and cultural aspects^{8,18}.

The literature shows a higher level of education, advanced age at first pregnancy and the presence of previous pregnancies as favorable indicators for exclusive breastfeeding, assuming that the mothers included in these criteria have more knowledge and self-confidence for lactation¹⁸.

The objective of the present study was to verify the mothers' knowledge about breastfeeding and speech therapy aspects involved in breastfeeding, relating it to the level of education, age group, previous experience with breastfeeding and guidance on breastfeeding.

Methods

Interventional and analytical study that evaluated the mothers' knowledge about breastfeeding and speech therapy aspects involved in breastfeeding, considering characteristics such as educational level, age group, previous experience with breastfeeding and having received previous guidance on breastfeeding.

Approved by the Ethics Committee of the Federal University of Sergipe, under CAAE nº 45411315.6.0000.5546, opinion nº 1.177.171. As an inclusion criterion, mothers should be admitted to the Joint Accommodation (ALCON) or the Kangaroo Neonatal Intermediate Care Unit (UCINCa) of the maternity hospital and accept to participate in the intervention by signing the free and informed consent form (ICF). The non-connection to the units or not being in clinical conditions to participate in the guidelines made up the exclusion criteria.

The study included 254 mothers who underwent group intervention in the public maternity Nossa Senhora de Lourdes, in Aracaju, SE, Brazil, from August 2015 to July 2016, divided as described below.

- Education level: study time equal to / less than 8 years: or longer than 8 years.
- Age group: G1 - teenage mothers (between 13 and 19 years old); G2 - young adult mothers (between 20 and 34 years old); and G3 - late mothers (age 35 years or older).
- Breastfeeding Previous experience: E1 - mothers who have breastfed previous children; and E2 - mothers who never breastfed.
- Breastfeeding Previous guidelines, both during prenatal care (consultations, actions in basic health units or courses for pregnant women) and during hospitalization in the maternity hospital: O1 - have already been advised; and O2 - were never oriented.

The group actions were carried out by the researchers themselves previously trained. The wards of the ALCON and UCINCa units contained three beds, with or without the presence of companions with the mothers. Personal data was obtained directly from each parturient, but a study was also made of hospital records to complement the collection of gestational data, prenatal care and parity.

Mother approach method was standardized, including the language used, handling of the materials used and the application of the assertiveness test, which measured the knowledge of the mothers about breastfeeding and speech-language health.

The methodology for applying the assertiveness test followed the design of the previous one¹⁷. However, in the present study there was an increase in the number of statements (total of eight, instead of four), aiming to expand the investigation about the knowledge of the puerperal women. The current

statements, with the respective expected pattern of response, were distributed among the themes: breastfeeding (BF), language (L), orofacial motricity (OM) and hearing (H), and are presented below.

BF1 - In some women, breast milk is weak and does not support the baby.

Expected answer: I don't agree

BF2 - During a feeding, the milk at the beginning quenches thirst and the milk at the end is fattening.

Expected answer: Strongly agree

L1 - The way people talk to the baby helps in the development of their language.

Expected answer: Strongly agree

L2 - The baby has no communication in the first months of life.

Expected answer: I don't agree

OM1 - Sucking the breast strengthens the muscles that will be used in speech.

Expected answer: Strongly agree

OM2 - Nose breathing helps the baby's face to grow and develop.

Expected answer: Strongly agree

H1 - Breastfeeding the baby lying down can cause inflammation in the ear.

Expected answer: Strongly agree

H2 - The baby begins to hear only after birth.

Expected answer: I don't agree

The mothers individually ticked off the desired option on an assertiveness test response sheet which contained illustrations, as in a previous study¹⁷, allowing them, regardless of educational level, to express their opinion without the need for intervention or assistance from third parties.

The data obtained were tabulated using Microsoft® Excel 2007 software and treated statistically. To assess the mothers' knowledge level, the test was assessed using the 3-parameter Birnbaum model based on the Item Response Theory¹⁹. The level of difficulty, the power of discrimination and the probability of guessing for each item were evaluated, as well as the mothers knowledge level, on a continuous scale.

The results are described by absolute and percentage frequencies (categorical) or median and interquartile range (continuous). Adherence of the mothers' knowledge level to the normal distribution was tested using the Shapiro-Wilks test. Since this was not confirmed, the median differences were assessed using the Mann-Whitney (2 groups) or Kruskal-Wallis (3 or more groups) tests. The soft-

were used was the R Core Team 2020 and the level of significance adopted was 5%.

Results

The results will be presented according to the groups division described in the methodology, from the characterization of the population and according to the statistical crossings performed.

Of the 254 mothers, 216 were from ALCON and 32 from UCINCa. This difference in the number of participants in each type of accommodation was due to the high turnover of beds in ALCON, since there are newborns without clinical complications, which are discharged earlier.

Statistical crossings were carried out between the two educational groups, the three age groups, the two groups according to breastfeeding previous experience and the two groups regarding guidelines on breastfeeding.

In terms of characterization of the population, in terms of education, 45.5% of mothers had a time of 8 years or less, while 54.5% of mothers were older than 8 years. The mothers' average age was 26.91 years, ranging from 13 to 44 years.

As for breastfeeding previous experience, 51.4% of mothers had already breastfed their previous children, while 48.6% of mothers had no previous experience because they were primiparous or chose not to breastfeed. Regarding the receipt of guidance on breastfeeding, 44.1% of the puerperal women reported never having received any guidance, 55.9% reported having received guidance on the subject.

The answer sheets marked by the mothers were analyzed in order to determine their domain regarding each topic addressed. The themes that showed greater dominance by the studied population were language (72.8% for L1), about the communication aspect of the mother / baby dyad; orofacial motricity (71.7% for OM1), on the stimulation of phonoarticulatory organs during breastfeeding; followed by hearing (65% for H2), on hearing development at birth. The other statements showed less dominance by the mothers, specifically breastfeeding (58.3% for AM2); orofacial motricity (48% for OM2); breastfeeding (42.1% for BF1); language (39.8% for L2) and hearing (34.6% for H1) (Table 1).

The statements used in the group action were calibrated in terms of the probability of guessing, difficulty and power of discrimination (Table 2).

Table 1. Percentage of mothers' domain, according to the proposed theme

	Expected Answers		Unexpected Answers	
	N	%	N	%
BF1 - In some women, breast milk is weak and does not support the baby.	107	I don't agree 42.1	147	Other alternatives 57.9
BF2 - During a feeding, the milk at the beginning quenches thirst and the milk at the end is fattening.	148	Strongly agree 58.3	106	Other alternatives 41.7
L1 - The way people talk to the baby helps in the development of their language.	185	Strongly agree 72.8	69	Other alternatives 27.2
L2 - The baby has no communication in the first months of life.	101	I don't agree 39.8	153	Other alternatives 60.2
OM1 - Sucking the breast strengthens the muscles that will be used in speech.	182	Strongly agree 71.7	72	Other alternatives 28.3
OM2 - Nose breathing helps the baby's face to grow and develop.	122	Strongly agree 48.0	132	Other alternatives 52.0
H1 - Breastfeeding the baby lying down can cause inflammation in the ear.	88	Strongly agree 34.6	166	Other alternatives 65.4
H2 - The baby begins to hear only after birth.	165	I don't agree 65	89	Other alternatives 35

Legend: n - absolute frequency. % - percentages.

Table 2. Affirmatives of the test used in-group actions regarding the probability of being hit at random, difficulty and power of discrimination

Affirmatives	Guessing	Difficulty	Discrimination
BF1	0.012	0.976	0.367
BF2	0.481	0.764	62.27
L1	0.660	0.809	11.59
L2	0.378	1.714	13.60
OM1	0.184	-0.164	109.9
OM2	0.212	0.580	1.734
H1	0	0.731	1.075
H2	0.184	-1.597	0.179

Legend: One-dimensional Birnbaum model with 3 parameters - - Item Response Theory (IRT)

Guessing is the probability of an individual getting the expected answer right without, in fact, having knowledge about the topic addressed. L1 (Language) showed the highest probability of being hit randomly (66.0%), in contrast to H1 (hearing) was not likely to be hit as a “kick”.

The statements varied among themselves according to the level of difficulty. The highest levels of difficulty were demonstrated by L2 (language, 1.714) and AM1 (breastfeeding, 0.976). However, statement H2 on hearing was characterized as the one with the least difficulty (-1.597).

Discriminatory power is the ability that the statement has to assess the real level of knowledge about the topic. In this respect, OM1 (orofacial motricity, 109.9) had the highest index, followed by BF2 (breastfeeding, 62.27).

After calibrating the test, the empirical Bayesian estimates of the mothers' knowledge levels were estimated and scaled to an average of 50 and a standard deviation of 15 (for an approximately normal distribution, this implies a coverage of 99.7% of the values between 5 and 95 within the proposed scale).

There was no significant difference for any of the factors analyzed, namely: education: $p = 0.990$; age group: $p = 0.279$; previous experience: $p = 0.094$; guidance on breastfeeding: $p = 0.913$; the groups were organized according to the level of knowledge of the contents covered (Table 3).

Crossings were still performed combining the different factors studied, with no significant difference being obtained in these (Table 4).

Table 3. Level of knowledge of mothers - isolated factors

	Median	IQR	p-value
Schooling			
<=8 study years	50.25	47.51-54.88	0.990*
>8 study years	50.25	47.51-54.21	
Age Group			
G1 - Teenage mothers	50.25	47.51-53.53	0.279**
G2 - Young adult mothers	50.25	47.51-54.88	
G3 - Late mothers	51.63	47.51-59.18	
Breastfeeding Previous Experience			
E1 - Mothers which have breastfed	51.63	47.51-59.18	0.094*
E2 - Mothers which have not breastfed	50.25	47.51-53.53	
Breastfeeding Previous Guidelines			
O1 - Mothers which have guided	50.25	47.51-54.88	0.913*
O2 - Mothers which have not guided	50.94	47.51-54.88	

Legend: IQR - Interquartile Range. *Mann-Whitney Test **Kruskal-Wallis Test ($p < 0,05$)

Table 4. Level of knowledge of mothers - cross factors

Age Group	BPE	BPG	Median	N	IQR	p-value*	
Age Group							
Teenage	Yes	Yes	50.25	10	46.61-55.4	0.910	
		Never	51.63	7	43.91-51.63		
	Never	Yes	50.25	23	47.51-51.63		
		Never	50.25	34	47.51-53.87		
Young adult	Yes	Yes	50.25	39	47.51-60.61		
		Never	52.58	32	47.51-59.18		
	Never	Yes	50.25	35	47.51-53.53		
		Never	50.25	26	43.91-53.53		
Late Mothers	Yes	Yes	51.63	33	47.51-60.64		
		Never	53.53	7	47.51-60.61		
	Never	Yes	51.63	1	-		**
		Never	50.52	2	47.51-50.52		**
Age group							
Teenage	Yes		50.25	17	45.71-52.58	0.568	
	Never		50.25	57	47.51-53.53		
Young adult	Yes		51.63	71	47.51-60.61		
	Never		50.25	61	47.51-53.53		
Late Mothers	Yes		52.58	40	47.51-60.61		
	Never		51.63	3	47.51-51.63		
Age group							
Teenage		BPG	50.25	33	47.51-52.58	0.706	
		Never	50.25	42	47.51-53.53		
Young adult		Yes	50.25	75	47.51-54.88		
		Never	50.94	60	47.51-54.88		
Late Mothers		Yes	51.63	34	47.51-60.63		
		Never	53.53	10	47.51-56.32		
Age group							
	BPE	BPG				0.398	
	Yes	Yes	50.25	82	47.51-60.61		
		Never	51.63	46	47.51-56.32		
	Never	Yes	50.25	59	47.51-53.53		
		Never	50.25	62	47.51-53.53		

Legend: IQR – Interquartile Range. *Kruskal-Wallis Test; **Group not used for Kruskal-Wallis test due to insufficient information; BPE: Breastfeeding Previous Experience; BPG: Breastfeeding Previous Guidelines.

Discussion

As evidenced in the results, no topics covered showed significant differences when compared to the groups discriminated in the present study.

The increase in the mothers' education level did not determine greater knowledge about breastfeeding and the baby's speech-language health; opposing a previous study¹⁸ that stated that mothers with more years of schooling better understand the benefits of exclusive breastfeeding and tend not to wean early or offer any type of food formula before six months of life.

It is believed that the methodology adopted (test with illustrative figures) allowed an equal survey of responses to the statements of the en-

tire population studied, regardless of the level of education.

As for the age group, the findings indicated that there was no significant difference between the groups (young, mature or late) in the knowledge of the aspects surveyed. Although maternal age has been considered as a factor that influences the duration and maintenance of breastfeeding²⁰, in the present study, knowledge of the specific speech-language aspects involved in breastfeeding was not related to this variable. Depending on the social reality, there may be little information on the implications of breastfeeding for speech-language health, associating the profession more with the difficulties related to speech or hearing²¹, ignoring the other areas of activity.

A study states that the experiences and knowledge provided by the experience of women considered mature contribute to a greater mastery over some aspects of child development, although they can also make it difficult to receive new information²². On the other hand, younger mothers tend to wean early, due to concerns about aesthetic factors, returning to school, or entering the job market²³. The young age, for some women, has been indicated as a factor that can make them more vulnerable to difficulties and doubts in the lactation process. In the present study, there were no differences in knowledge due to maternal age, both in relation to questions about breastfeeding (myth of weak milk and characteristics of milk during breastfeeding), and in relation to the speech-language aspects involved.

With regard to breastfeeding experiences, mothers who had already breastfed did not show a significant difference in the level of knowledge in relation to mothers who never breastfed. This data could be related to the fact that subjective aspects, such as culture, can also influence the appropriation of the information transferred²⁴, regardless of experience.

Regarding the previous guidelines, there were also no differences between knowledge of the content covered in the statements, according to whether or not they received guidance. It is worth mentioning that, in general, the guidelines on breastfeeding during the prenatal period are widely given by health professionals²⁵, but they do not necessarily address the speech-language aspects related to breastfeeding.

Certain statements showed good knowledge of parturients about some speech-language aspects, corroborating with findings from a previous study¹⁷. The highest percentage of correct answers in the present study was on language (72.8% L1), orofacial motricity (71.7% OM1) and hearing (65% H2).

The statement L1 (influence of the way people talk to the baby for language development) presented the highest level of knowledge by the population studied. Although this assertion is also the one with the highest chance of success at random, this content has been referred to as the best known by the general population¹⁷. The statement OM1 (sucking the breast strengthens the muscles that will be used in speech) also showed good mastery on the part of the parturients, being especially important for its high discrimination power. Assertive H2 (baby's

hearing capacity at birth) showed good mastery by mothers, coinciding with being the assertion with the lowest level of difficulty. In general, the aspects involved in statements L1, OM1 and H2 may have obtained a higher level of knowledge from mothers, as they are more widespread in other health care specialties, as well as in different social environments and / or even in cultural groups, to which mothers belong¹⁷.

The other statements OM2, L2 and H1 showed low parturients' knowledge about some of the speech therapy aspects, corroborating with the literature that states that the population in general associates speech pathology pathologies only with speech difficulties, ignoring the other areas²⁶. The lowest percentage of correct answers was for the statements about hearing (34.6% H1), language (39.8% L2) and orofacial motricity (48% OM2).

The statement H1 (relationship between the position of breastfeeding and hearing problems) showed the lowest domain of knowledge, which may be related to studies that do not emphasize the position of breastfeeding at the risk of developing hearing problems²⁷. The statement L2 (communication of the baby in the first months of life) had a low knowledge domain of the mothers, at the same time that it was the statement with the highest level of difficulty; evidencing the lack of knowledge of this population about the contents that advocate the capabilities of the newborn at birth, such as crying as a form of communication²⁸. In the statement OM2 (nasal breathing and orofacial development of the baby), there was a low knowledge domain of all groups, showing that the population studied here does not relate NB respiratory aspects to the development of speech-language organs.

Although the research was carried out in a health institution that advocates and follows the principles of breastfeeding promotion, according to the BFHI²⁹, the results showed greater maternal ignorance precisely in the breastfeeding statements (58.3% BF2 and 42.1% BF1).

The highest level of ignorance in BF1 (breast milk myth) coincides with being an assertion with a high level of difficulty and low chance of being hit at random (kick), but corroborates with the studies that report that this is the main aspect that hinders the process breastfeeding, being frequent in the Brazilian population in general^{6,30}. The statement BF2 (characteristics of breast milk), on the other hand, showed high power of discrimination, giving

robustness to the finding about the lack of knowledge of this aspect by the parturients studied here.

Conclusion

Considering health education, regardless of the education and profile of the parturients, access to information on breastfeeding and speech therapy health permeates public policies for the dissemination and recognition of the profession.

In summary, the present study demonstrated that age, education level, guidelines and previous experience with breastfeeding are not related to the level of maternal knowledge about speech-language aspects involved in breastfeeding.

The lack of full control over speech therapy contents points to the need for their dissemination more widely. Specific campaigns in the area of speech therapy and breastfeeding, comprehensive public policies that take this knowledge to the population in general, and specifically to women during the pre and post-natal period are essential to carry out health education and ensure the success of breastfeeding.

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