

Self-efficacy on breastfeeding and anxiety levels in postpartum women: a comparative study between high-risk and low-risk pregnancies

Autoeficácia na amamentação e níveis de ansiedade em puérperas: um estudo comparativo entre gestações de alto risco e risco habitual

Autoeficacia en la lactancia materna y niveles de ansiedad en puérperas: un estudio comparativo entre embarazos de alto riesgo y de riesgo habitual

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Abstract

Introduction: The World Health Organization (WHO) recommends exclusive breastfeeding up to six months of age due to its benefits for the mother-infant dyad. However, factors such as mental health, especially depression and anxiety, may interfere with breastfeeding. **Objective:** To investigate the perception of breastfeeding self-efficacy and anxiety levels in postpartum women with high-risk and low-risk pregnancies. **Methodology:** This is a field-based, cross-sectional, and quantitative study conducted in a hospital in southern Brazil. Data collection took place at the bedside, in the rooming-in

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Authors' contributions:

GRP, MVCD: study conception; methodology; data collection, analysis and interpretation of the results; and writing of the manuscript.

BNP, GMB: analysis and interpretation of the results; writing of the article.

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unit, with participants signing the Informed Consent Form. The Beck Anxiety Inventory (BAI) and the Breastfeeding Self-Efficacy Scale - Short Form (BSES-SF) were used. Data were tabulated in Excel and analyzed using Statistica 9.1 software. **Results:** The study included 29 postpartum women (63.09%) with high-risk pregnancies and 17 (36.96%) with low-risk pregnancies. It was found that 72.41% of the high-risk group presented some degree of anxiety, while the rate in the low-risk group was 52.91%. Regarding breastfeeding self-efficacy, 100% of the sample showed high perception. No statistical association was found between anxiety levels, self-efficacy, and pregnancy risk. **Conclusion:** Anxiety was present in more than half of the postpartum women in the sample, but no significant association was found between anxiety and pregnancy risk. Additionally, all participants demonstrated high breastfeeding self-efficacy, indicating that high-risk pregnancy did not affect their perceived ability to breastfeed.

Keywords: Speech, Language and Hearing Sciences; Breastfeeding; Anxiety; High-risk pregnancy.

Resumo

Introdução: A Organização Mundial da Saúde (OMS) recomenda o aleitamento materno exclusivo até os seis meses de idade, devido aos benefícios para a diáde mãe-bebê. Entretanto, fatores como a saúde mental, especialmente depressão e ansiedade, podem interferir na amamentação. **Objetivo:** Investigar a percepção de autoeficácia na amamentação e os níveis de ansiedade em puérperas com gestação de alto risco e de risco habitual. **Metodologia:** Estudo de campo, transversal e quantitativo, realizado em hospital do sul do Brasil. A coleta ocorreu mediante convite à beira do leito, no alojamento conjunto, com assinatura do Termo de Consentimento Livre e Esclarecido. Foram utilizados o Inventário de Ansiedade de Beck (BAI) e a Breastfeeding Self-Efficacy Scale - Short Form (BSES-SF). Os dados foram tabulados no Excel e analisados pelo software Statistica 9.1. **Resultados:** Participaram 29 puérperas (63,09%) com gestação de alto risco e 17 (36,96%) com risco habitual. Verificou-se que 72,41% das puérperas de alto risco apresentaram ansiedade em algum grau, enquanto no grupo de risco habitual a taxa foi de 52,91%. Em relação à autoeficácia na amamentação, 100% da amostra apresentou alta percepção. Não houve associação estatística entre os níveis de ansiedade, autoeficácia e risco gestacional. **Conclusão:** A ansiedade esteve presente em mais da metade das puérperas da amostra, mas não houve associação significativa entre ansiedade e risco gestacional. Além disso, a totalidade da amostra demonstrou alta autoeficácia para amamentar, indicando que a gestação de risco não interferiu na percepção de capacidade para amamentação.

Palavras-chave: Fonoaudiologia; Amamentação; Ansiedade; Alto risco gestacional.

Resumen

Introducción: La Organización Mundial de la Salud (OMS) recomienda la lactancia materna exclusiva hasta los seis meses de edad, debido a sus beneficios para la diada madre-bebé. Sin embargo, factores como la salud mental, especialmente la depresión y la ansiedad, pueden interferir en este proceso. **Objetivo:** Investigar la percepción de autoeficacia en la lactancia materna y los niveles de ansiedad en puérperas con embarazo de alto riesgo y de riesgo habitual. **Metodología:** Estudio de campo, transversal y cuantitativo, realizado en un hospital del sur de Brasil. La recolección de datos ocurrió mediante invitación al lado de la cama, en el alojamiento conjunto, con firma del Consentimiento Informado. Se utilizaron el Inventario de Ansiedad de Beck (BAI) y la *Breastfeeding Self-Efficacy Scale - Short Form* (BSES-SF). Los datos fueron tabulados en Excel y analizados con el software Statistica 9.1. **Resultados:** Participaron 29 puérperas (63,09%) con embarazo de alto riesgo y 17 (36,96%) con riesgo habitual. Se observó que el 72,41% del grupo de alto riesgo presentó algún grado de ansiedad, mientras que en el grupo de riesgo habitual la tasa fue del 52,91%. En cuanto a la autoeficacia en la lactancia, el 100% de la muestra presentó alta percepción. No se encontró asociación estadísticamente significativa entre los niveles de ansiedad, la autoeficacia y el riesgo gestacional. **Conclusión:** La ansiedad estuvo presente en más de la mitad de las puérperas de la muestra, pero no se evidenció asociación significativa entre ansiedad y riesgo gestacional. Además, todas demostraron alta autoeficacia para amamentar, indicando que el embarazo de riesgo no afectó su percepción de capacidad para la lactancia.

Palabras clave: Fonoaudiología; Lactancia materna; Ansiedad; Embarazo de alto riesgo.



Introduction

The World Health Organization (WHO) recommends that babies should be exclusively breastfed until six months of age, a practice known as Exclusive Breastfeeding (EBF). Exclusive breastfeeding is considered the most appropriate in terms of nutritional, immunological and cognitive aspects for the infant¹. In addition, breastfeeding also contributes to the harmonious development of the stomatognathic system, since it involves the coordinated action of the orofacial muscles during the milking motion, as well as the functions of sucking, swallowing and breathing².

Furthermore, EBF also provides benefits for the breastfeeding mother, such as rapid recovery of her pre-pregnancy weight; lower risk of immediate postpartum hemorrhage; greater protection against breast cancer, among others³.

The act of breastfeeding is also important for establishing the bond between mother and baby, thus promoting a greater feeling of affection and protection between the dyad, as well as contributing to the better emotional and cognitive development of the baby and the relationship between them^{3,4}.

However, it is extremely important to know that there are some factors that interfere with the breastfeeding process, and among them is mental health, such as symptoms of anxiety and depression^{1,4}. The postpartum period is a challenging time, during which women need to adapt to the physical and emotional changes inherent in this phase. Furthermore, they must know how to balance the challenges of motherhood with the family and professional roles they play in society⁵.

Another factor that can increase anxiety levels during this period is a high-risk pregnancy, which frequently requires the support of a multidisciplinary team⁶. High-risk pregnancies refer to all situations that can interfere with the normal course of a pregnancy, focusing on aspects related to both maternal and fetal health. These conditions may occur due to various reasons, including gestational diabetes, hypertension, obesity, among others⁷.

It is important to differentiate high-risk pregnancy, as previously mentioned, which involves complications that can affect maternal and/or fetal health. In contrast, there is low-risk pregnancy, characterized by the absence of clinical conditions, sociodemographic factors or obstetric history that could compromise the development of the preg-

nancy or fetus. In these cases, the pregnant woman does not present any complications requiring special care, which favors a peaceful pregnancy and a safe delivery⁷.

In order to demonstrate the relationship between mental health and breastfeeding, some research^{3,5,6} indicates how anxiety and its symptoms can negatively impact this process and the self-perception of breastfeeding mothers regarding their breastfeeding effectiveness. Prospective studies suggest that persistent anxiety related to pregnancy or the perinatal period is associated with a higher risk of early cessation of exclusive breastfeeding and shorter breastfeeding duration during the first few months, highlighting the importance of monitoring anxiety symptoms from pregnancy onwards^{8,9}.

Prospective studies suggest that persistent anxiety associated with pregnancy or the perinatal period is related to a higher risk of early cessation of exclusive breastfeeding and shorter breastfeeding duration during the first few months, highlighting the importance of monitoring anxiety symptoms from pregnancy onwards^{10,11}.

Even though the benefits of breastfeeding are already known, there are still few studies that link breastfeeding self-efficacy with anxiety symptoms, especially in relation to women with different types of pregnancies, such as low-risk and high-risk pregnancies. Most research focuses only on the physical aspects of pregnancy or on mental health in isolation, without considering the mutual influence between these factors. Furthermore, comparisons between postpartum women in these two groups regarding their perception of their ability to breastfeed and their anxiety levels during this delicate period of their lives are lacking.

In the field of **Speech-Language-Hearing Sciences**, this topic becomes particularly relevant, as speech-language-hearing professionals work directly in the promotion, guidance and clinical management of breastfeeding, in addition to contributing to the strengthening of the mother-baby bond and to the orofacial and communicative development of the newborn. Therefore, investigating the relationship between **self-efficacy in breastfeeding and anxiety in postpartum women** contributes to the improvement of speech-language-hearing practices and to the construction of more effective interdisciplinary strategies for support and care.



Then, from this study, we intend to fill this gap, contributing to a better understanding of these aspects and offering support for more adequate care for the needs of these mothers, especially those in high-risk situations, with a view to protecting and promoting breastfeeding.

Therefore, this study aims to investigate the perception of self-efficacy in breastfeeding and the level of anxiety symptoms in postpartum women who had high-risk pregnancies and postpartum women with low-risk pregnancies.

Materials and methods

This study was registered and approved by the Projects Office (GAP) and the Ethics and Research Committee of the institution of origin, under number 5,861,862 and CAAE, and all participants consented to their participation by signing the Informed Consent Form - ICF.

This study consisted of field research conducted through a quantitative and cross-sectional analysis, using a convenience sample.

The research was conducted at a University Hospital in a city in southern Brazil, in the Maternity Ward. The target population of the study consisted of 46 postpartum women, which allowed for the inclusion of the largest possible number of individuals in the research. This University Hospital is a reference center for high-risk pregnancies and neonatal care, covering a population of over 1 million inhabitants distributed across 43 municipalities in the region. On average, the hospital performs approximately 1,800 deliveries per year and has 52 obstetrics beds and 25 Neonatal Intensive Care Unit (NICU) beds.

The sample consisted of women who were in the postpartum period; who wished to breastfeed and did not have specific conditions that prevented them from doing so. In addition, participants were required to sign the ICF. Only participants who fully completed the Beck Anxiety Inventory (BAI) and the Breastfeeding Self-Efficacy Scale - Short Form (BSES-SF), the data collection instruments used in the research, were included.

The adopted exclusion criteria were women who were no longer in the postpartum period, or who presented any other health issues that prevented them from breastfeeding, or who showed cognitive difficulties in understanding and answering the questionnaires. In addition, premature

newborns, twins, newborns with malformations, or newborns who were not being breastfed were also excluded. The exclusion of women outside the postpartum period is due to the focus of the study on the immediate postpartum period (the first 24 to 48 hours after delivery), a period of intense hormonal and emotional changes. This delimitation ensured greater homogeneity of the sample and allowed a precise analysis of maternal self-efficacy and anxiety at the beginning of breastfeeding.

In our study, we used a convenience sample, without prior sample size calculation, due to the exploratory nature of the study and the availability of participants during the data collection period. Therefore, the selection of research participants was carried out through bedside invitations during the execution of the research, which took place between October and December 2024.

In order to verify whether the participants met the eligibility criteria, a brief interview was carried out, in addition to reviewing their medical records for a better understanding of each case and identification of the eligibility criteria.

The protocols used were the Beck Anxiety Inventory¹² (BAI) and the Breastfeeding Self-Efficacy Scale – Short Form¹³ (BSES-SF). BAI consists of 21 items that evaluate physical and emotional symptoms of anxiety, with scores ranging from 0 to 63, classifying levels as minimal, mild, moderate and severe. BSES-SF, in turn, contains 14 items, with responses on a Likert scale of 1 to 5, assessing maternal self-confidence in breastfeeding – the higher the score, the greater the perception of self-efficacy. The inclusion of this information reinforces methodological transparency and facilitates the understanding of the results and statistical analysis.

BAI and BSES-SF questionnaires were administered in the immediate postpartum period, at least 24 hours after delivery, as this corresponds to the **immediate puerperium**, a period of intense physical and emotional changes. During this phase, **maternal anxiety tends to be increased** and can interfere with milk ejection and the initiation of breastfeeding. Studies also indicate that **high levels of postpartum anxiety** are associated with lower breastfeeding rates^{14,15}. Thus, this methodological approach sought to capture these variables at a critical moment of adaptation, recognizing this condition as a limitation already mentioned in the discussion and conclusion of the paper.

Data collection was only carried out after the participants signed the ICF. After data collection, breastfeeding support was provided, including guidance and clinical management, if necessary. It is worth noting that the unit where the study was conducted has a multidisciplinary team specializing in breastfeeding, and the institution was recently accredited as a Baby-Friendly Hospital.

The data obtained from the application of the instruments allowed for quantitative analysis and its variables were related as follows:

- Correlating the results of the BAI questionnaire with the results of the BSES-SF between groups;
- Comparing questionnaire results between high-risk and low-risk postpartum women.

The data were tabulated in a spreadsheet using Microsoft Excel software and imported into the STATISTICA 9.1 application for descriptive and inferential analysis. The normality of quantitative variables was tested using the Shapiro-Wilk test. The Mann-Whitney U test was used to verify the relationship between high-risk pregnancy and BSEF-SF and BAI scores. Correlation of Spear-

man was used to verify the correlation between the BSEF-SF and BAI scores. A significance level of 5% was considered for all analyses.

Although the high-risk group had a larger number of participants (n=29) than the low-risk group (n=17), the statistical analysis was not compromised, as non-parametric tests (Mann-Whitney and Spearman) were applied, which are appropriate for samples with different sizes and non-normal distribution.

Results

The study included 46 postpartum women, of whom 29 (63.09%) presented high-risk pregnancies and 17 (36.96%) presented low-risk pregnancies. Regarding the type of delivery, 31 women (67.39%) underwent cesarean section, a higher number than those who had vaginal delivery, which was 15 (32.61%). This fact may be attributed mainly to the high proportion of high-risk pregnancies in the studied group (Table 1).

Table 1. Characterization of the sample (n=46) regarding the presence of gestational risk, type of delivery, maternal education, marital status and breastfeeding.

Variables	Yes N (%)	No N (%)
High-risk pregnancy	29 (63.04)	17 (36.96)
Cesarean section	31 (67.39)	15 (32.61)
Completed high school education	28 (60.87)	18 (39.13)
Marital status (with partner)	41 (89.13)	5 (10.87)
Have you ever breastfed before?	33 (71.74)	13 (28.26)
Did you breastfeed the baby in the first hour?	40 (86.96)	6 (13.04)
Are you currently breastfeeding?	46 (100)	0 (0.00)
Did you receive help with the first feeding?	29 (63.04)	7 (36.96)
Did breastfeeding meet your expectations?	42 (91.30)	4 (8.70)
Were you informed about breastfeeding during prenatal care?	39 (84.78)	7 (15.22)

Caption: N - number; % - percentage

Regarding breastfeeding, most of the sample had breastfed previously, in a total of 33 (71.14%) postpartum women with prior breastfeeding experience. In relation to satisfaction with breastfeed-

ing, 42 (91.30%) of the mothers reported that the breastfeeding experience met their expectations. Furthermore, all participants in the sample (100%) were breastfeeding during data collection (Table 1).

Table 2. Association between the classification of postpartum women on the Beck Anxiety Inventory and the presence or absence of gestational risk.

BAI Classification	High-risk pregnancy		p-value
	Yes (n=29) N (%)	No (n=17) N (%)	
Sem alteração	8 (27.59)	8 (47.06)	0.57
Nível leve	9 (31.03)	3 (17.65)	
Nível moderado	10 (34.48)	5 (29.41)	
Nível grave	2 (6.90)	1 (5.88)	

Caption: N - number of subjects % - percentage
Chi-square test ($p \leq 0.05$)

Table 2 presents the results found in BAI and the association of these findings with the type of pregnancy (high risk or low risk). It was verified that 21 (72.41%) participants in the sample of postpartum women with high-risk pregnancies presented anxiety to some degree. In the group of postpartum women with low-risk pregnancies, anxiety was present in 52.91% of the sample. There

was no association between high-risk pregnancy and perceived anxiety among postpartum women.

Regarding self-efficacy in breastfeeding, 100% of the sample showed high efficacy. Therefore, high-risk pregnancy did not interfere with the perception of efficacy of postpartum women in breastfeeding their newborns.

Table 3. Relationship between high-risk pregnancy and average scores on the Breastfeeding Self-Efficacy Scale - Short Form (BSES-SF) and the Beck Anxiety Inventory.

Assessment Instruments	High-risk pregnancy				Z	p-value
	Yes (n=29)		No (n=17)			
	M	SD	M	SD		
EAEA Score	63.38	±6.06	64.53	±5.29	0.5376	0.59
BAI Score	13.45	±8.22	10.88	±11.16	-1.2647	0.21

Caption: N - number; Z - value of the Z statistic of the Mann-Whitney U test; SD - standard deviation; M - mean
Values expressed as mean and standard deviation; Mann-Whitney U Test ($p \leq 0.05$)

Table 3 presents the relationship between high-risk pregnancy and the average scores on BSES-SF and BAI assessment instruments. It was found that there was no difference between the high-risk and low-risk pregnancy groups in relation to the average scores obtained on these assessment instruments.

When analyzing the correlation between the scores of the assessment instruments, no correlation was observed between the BSES-SF and BAI scores (p -value = 0.07; r = -0.2648).

Discussion

From this study, we aimed to analyze the perception of self-efficacy in breastfeeding and the level of anxiety symptoms in women in the im-

mediate postpartum period, comparing groups with high-risk and low-risk pregnancies. The findings contribute to understanding how emotional factors can relate to breastfeeding in different contexts, especially regarding the impact of gestational risk on the maternal experience.

In relation to the self-efficacy during breastfeeding, it was observed that 100% of postpartum women presented high levels of self-efficacy, regardless of the type of risk during pregnancy. Although some literature suggests that high-risk conditions may negatively influence maternal self-confidence and hinder the initiation or maintenance of breastfeeding, other studies do not consistently demonstrate this relationship, suggesting that the support received during prenatal care and the postpartum period plays a more decisive role than the



type of gestational risk. The results of this study are in agreement with this second perspective, indicating that, although high risk represents a potentially stressful factor, it did not compromise the confidence of the mothers in their ability to breastfeed. These findings corroborate authors who highlight the importance of multidisciplinary follow-up and prior guidance in strengthening self-efficacy¹³. The high number of participants who received information about breastfeeding during prenatal care (84.78%) may have contributed to this self-confidence, promoting greater security and autonomy during breastfeeding.

Regarding anxiety, it was verified that most of the participants with high-risk pregnancies presented some level of anxiety (72.41%). However, the statistical test did not demonstrate a significant association between the type of pregnancy and the presence of anxiety symptoms, which is consistent with studies that point to the multifactorial nature of emotional responses in the postpartum period¹⁰. These responses depend not only on clinical conditions, but also on factors such as social support, psychological preparedness and previous experiences with motherhood.

A comparative analysis of the mean scores on BAI and BSES-SF instruments between the groups did not show significant differences, reinforcing the hypothesis that gestational risk, in isolation, is not a determining factor in the perception of anxiety or self-efficacy. Prior breastfeeding experience, present in 71.74% of the participants, may have acted as a protective factor, increasing self-confidence and contributing to emotional regulation, as observed in studies that link prior experience with greater self-efficacy and less emotional vulnerability¹¹.

Another relevant point is the absence of a significant correlation between self-efficacy levels and anxiety symptoms. This lack of a direct relationship suggests that self-perception of breastfeeding ability is more associated with educational, relational and practical experience factors, while anxiety is influenced by multiple determinants, including hormonal and psychosocial aspects.

It was also observed that the majority of participants (89.13%) had partner support, a factor recognized as protective in the breastfeeding process. The emotional and practical support which was received during the postpartum period can contribute to the self-esteem and self-confidence of

the woman, promoting positive attitudes towards breastfeeding¹⁶.

Thus, although the literature points to varied results regarding the influence of gestational risk on breastfeeding self-efficacy, the findings of this study indicate that the care context, professional support, and prior experiences play a more relevant role in building maternal confidence than the type of gestational risk itself.

Conclusion

Based on the results that were presented, it is possible to observe that high-risk pregnancy did not significantly interfere, when compared to low-risk pregnancy, with the levels of the BSES-SF scale in the obtained sample. All participants presented high scores on this scale, indicating high levels of self-efficacy and a good level of self-confidence in their ability to breastfeed. Thus, it is evident that despite the difficulties that may be associated with a complicated pregnancy, the postpartum women managed to maintain a positive perception regarding breastfeeding. Prenatal care and the support received seems to have played an important role in this process.

It was also observed that most postpartum women with high-risk pregnancies presented some level of anxiety (72.41%), even though without statistical difference compared to the low-risk group (36.96%). Furthermore, there was no correlation between anxiety and self-efficacy in breastfeeding, suggesting that these factors can manifest independently. That is, even presenting anxious symptoms, a woman may feel confident to breastfeed, thus reinforcing the multidisciplinary nature of breastfeeding, which is influenced both by family support and by the guidance given during prenatal care and any previous experiences with breastfeeding.

Finally, we conclude that gestational risk alone does not seem to determine levels of self-efficacy in breastfeeding or anxiety symptoms. On the other hand, it cannot be ignored that the degree of risk is an element that makes up an emotional burden and that can aggravate vulnerabilities that may be present. Educational actions in the prenatal and immediate postpartum periods should continue to be encouraged, to increasingly promote maternal self-confidence, thus also building a better mother-baby bond.

Some limitations of this study should be mentioned, such as the small number of participants and the data collection in the immediate postpartum period, facts that may have captured perceptions that were still emotionally unstable, mainly due to the sensitive nature of this moment that postpartum women experience.

Despite these limitations, the study presents relevant scientific implications, in the field of speech-language-hearing sciences, especially regarding hospital area, and the care of postpartum women and their newborns. The findings reinforce the importance of interdisciplinary approaches that encompass not only the technical teaching of breastfeeding, but also emotional support during the postpartum period and its importance. Further research is recommended to evaluate the evolution of self-efficacy and anxiety throughout different phases of the postpartum period, as well as the months following childbirth.

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