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THE BREASTFEEDING EDUCATION PRACTICES FOR BREAST MILK OFFERING: A SYSTEMATIC REVIEW

As práticas educativas em amamentação para oferta do leite materno: uma revisão sistemática

Prácticas de educación en lactancia materna para oferta de leche materna: una revisión sistemática

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RESUMO

Objetivo: analisar na literatura científica as orientações e as formas de ofertar o leite ao recém-nascido que são abordados nas práticas educativas sobre amamentação. **Métodos:** revisão sistemática realizada nas bases de dados LILACS, BDNF, MedLine, SciELO, EMBASE e Catálogo de teses e dissertações da CAPES. A coleta de dados foi realizada em setembro de 2021 e atualizada em julho de 2024. **Resultados:** as orientações mais frequentes foram os benefícios do leite materno, pega e posição, ordenha e volta ao trabalho e apenas um estudo apresentou a técnica do copinho para a oferta do leite. **Conclusão:** as informações acerca das formas de ofertar o leite ainda não estão presentes nas ações educativas, tornando-se fundamental investir na formação profissional para que tenhamos informações que atendam aos anseios das mulheres, promovendo e protegendo a amamentação através da oferta segura do leite, em situações de necessidade, que não contribuam para o desmame precoce.

DESCRITORES: Aleitamento materno; Educação em saúde; Promoção da saúde; Saúde da mulher.

ABSTRACT

Objective: To analyze in the scientific literature the guidelines and ways of offering milk to the newborn that are addressed in educational practices on breastfeeding. **Methods:** systematic review carried out in the LILACS, BDNF, MedLine, SciELO,

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EMBASE and CAPES theses and dissertations databases. Data was collected in September 2021 and updated in July 2024. **Results:** the most frequent guidelines were the benefits of breast milk, latch-on and position, milking and returning to work, and only one study presented the cup technique for offering milk. **Conclusion:** information about ways to offer milk is not yet present in educational actions, making it essential to invest in professional training so that we have information that meets women's desires, promoting and protecting breastfeeding through the safe supply of milk, in situations necessary, which do not contribute to early weaning

DESCRIPTORS: Breast feeding; Health education; Health promotion; Women's health.

RESUMEN

Objetivo: analizar la literatura científica sobre las orientaciones y formas de dar leche al recién nacido que son abordadas en las prácticas educativas sobre lactancia materna. **Método:** revisión sistemática realizada en las bases de datos LILACS, BDENF, MedLine, SciELO, EMBASE y catálogo CAPES de tesis y disertaciones. Los datos fueron recolectados en septiembre de 2021 y actualizados en julio de 2024. **Resultados:** las orientaciones más frecuentes fueron los beneficios de la leche materna, el agarre y la posición, el ordeño y la vuelta al trabajo, y sólo un estudio presentó la técnica de la copa para ofrecer leche. **Conclusión:** la información sobre cómo dar leche aún no está presente en las actividades educativas, por lo que se hace imprescindible invertir en la formación de profesionales para disponer de información que responda a los deseos de las mujeres, promoviendo y protegiendo la lactancia materna mediante el suministro seguro de leche, en situaciones de necesidad, que no contribuyan al destete precoz.

DESCRIPTORES: Lactancia materna; Educación en salud; Promoción de la salud; Salud de la mujer.

INTRODUCTION

Breast milk (BM) is the most complete food for newborns (NB), and breastfeeding is a practice that goes beyond child nutrition, being an intense exchange between mother and child. The short- and long-term impacts and benefits of this act can be verified.¹ For this reason, the World Health Organization promotes exclusive breastfeeding (EBF), which is the provision of only human milk, either expressed or directly from the breast, until the baby is six months old. However, data from 2020 show that only 45.7% of babies remain on EBF.^{1,2} Thus, EBF should be encouraged, protected, and promoted.

The cause of low EBF adherence is multifactorial, with lack of knowledge being one of the causes. Although breastfeeding is inherent and expected in the postpartum period, it is an activity that needs to be learned, and many women report difficulties that ultimately lead to early weaning. Factors such as low self-confidence in breastfeeding, beliefs related to weak milk, incorrect latching, pain, and the use of artificial nipples are factors that lead to early weaning and can be modified through educational intervention.³

Thus, health education is an important strategy for promoting health, enhancing care, and preventing early weaning. It is a tool that allows for increased bonding between health professionals and women, values the real needs of individuals, and enables the clarification of doubts

and myths related to breastfeeding. It is a dynamic process of knowledge construction that aims to educate the population on the subject, making the participants themselves authors of their own care.⁴ In this context, educational actions are fundamental to promoting the protection of EBF, since, through the methodology used, it is possible to address various aspects that provide participating women with the knowledge, confidence, and skills necessary for breastfeeding, allowing breastfeeding (BF) to continue exclusively until the baby is six months old.⁵⁻⁷

In this sense, taking into account the importance of educational actions and the impact already identified in studies of the causes of early weaning through the use of nipples as a way of offering milk, the study aimed to analyze in the scientific literature the guidelines and ways of offering milk to newborns that are addressed in educational practices on breastfeeding.

METHODS

It consists of a systematic review of the literature, described in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement.⁸ To formulate the research question, the PICO strategy was used, aiming to answer the following question: what guidelines and ways of offering milk to newborns are addressed in

educational practices of BF carried out with pregnant women and postpartum women?

Data collection was carried out in September 2021 and updated in July 2024, in the following databases: Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Database (BDENF) through the Virtual Health Library (VHL); Online System for Searching and Analyzing Medical Literature (MedLine), Scientific Electronic Library

Online (SciELO), European Studies Database (EMBASE), and Catalog of Theses and Dissertations (CAPES) through CAPES CAFE access. The thesauri of Health Sciences Descriptors (DeCS), Medical Subject Headings (MeSH), and Embase Subject Headings (EMTREE) were used, according to each database, in order to obtain greater sensitivity in the search, as shown in Table 1.

Table 1 - Article search strategy. Rio de Janeiro, RJ, Brazil (2024)

Databases	Search strategy – DeCS, MeSH, Emtree
LILACS and BDENF	(Educação em Saúde) AND (Aleitamento Materno) AND (Métodos de Alimentação) AND (Mães OR gestante)
MedLine and SciELO	(health education) AND (feeding methods) AND (“breast feeding) AND (mothers OR pregnant women)
EMBASE	(‘breast feeding education’/mj OR ‘breastfeeding’/mj) AND (‘educational intervention’/exp OR ‘health education’/exp) AND (‘pregnant woman’/exp OR ‘mothers’/exp) AND (‘infant feeding’/exp OR ‘food intake’/exp)
Thesis and dissertation catalog	“Educação em Saúde” OR “Práticas educativas” AND “Aleitamento Materno” “Mães” OR “Gestante”

Source: Prepared by the authors (2024)

For the selection of studies, the eligibility criteria were: articles, experience reports, dissertations, and theses that discussed the topic in question, with full text freely accessible or made available upon request by email to the author, in Spanish, Portuguese, and English, published up to the date of the search conducted by the researcher. The exclusion criteria were articles in which the author or publisher had a deadline for making the full material available of more than 30 days when requested by email, duplicate texts in the databases, and publications that did not discuss the topic. It is worth noting that no filters were used in the searches.

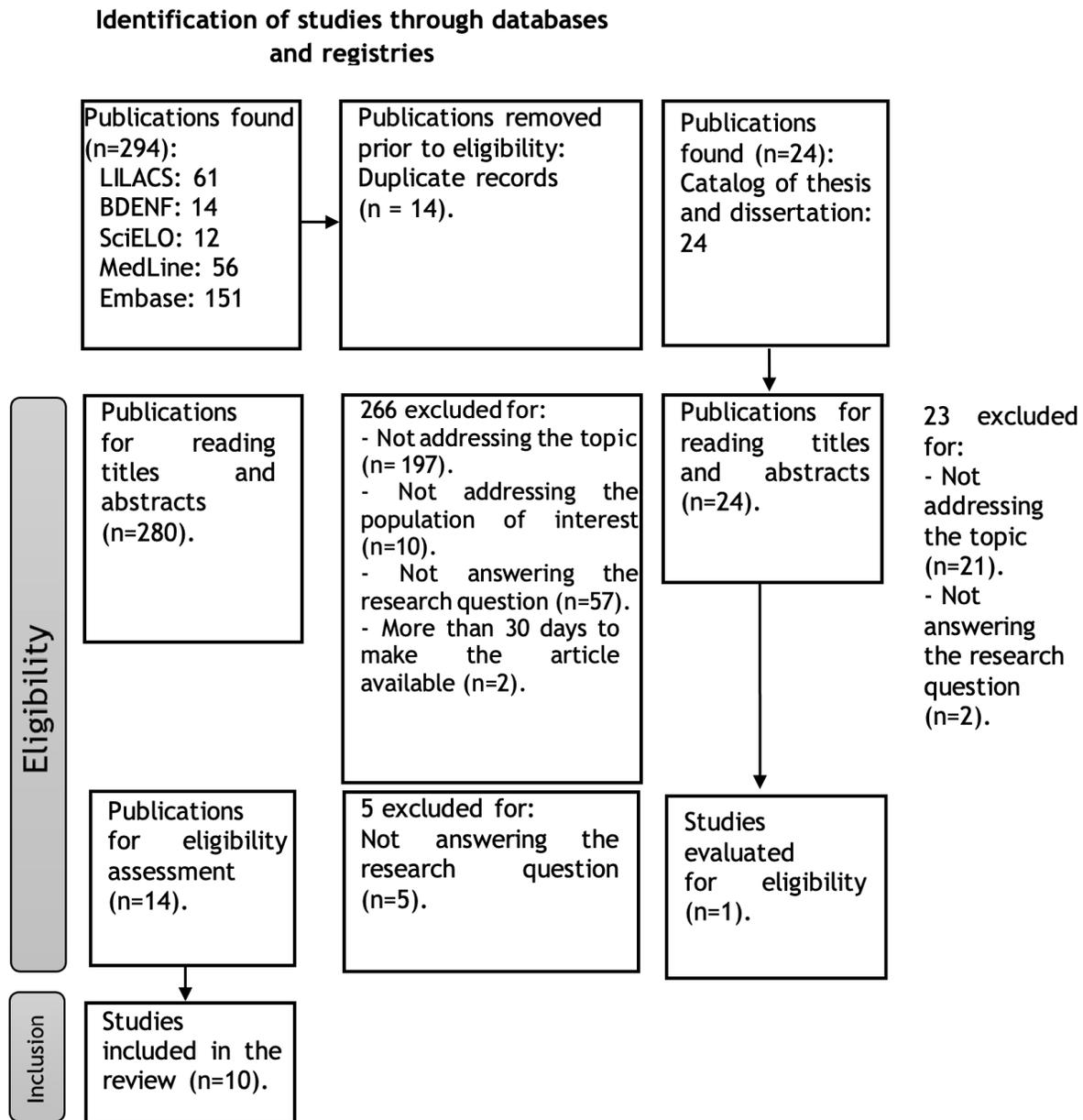
The categories of the Agency for Healthcare Research and Quality (AHRQ)⁹ were used to classify the levels of evidence of the publications, which cover six levels, namely: Level I: results from systematic review or meta-analysis; Level II: results obtained from randomized clinical trials; Level III: results from non-randomized clinical trials; Level IV: results from cohort and case-control studies; Level V: results obtained from systematic reviews of descriptive and qualitative

studies; and Level VI: results from descriptive or qualitative research studies.

RESULTS

In the identification phase, 318 publications were found. After excluding duplicate publications, 304 studies remained. After analysis based on inclusion and exclusion criteria and research questions, the number of publications was restricted to 18, which were analyzed in full (Figure 1). Ten studies comprised the sample, and the summary of the scientific productions evaluated is distributed in Table 2.

Guidance on the harms of artificial nipples was found in two studies (20%),^{12,14} and in one (10%) publication, guidance was provided during educational practice on the reasons for the baby’s crying.¹⁹ Regarding ways of offering breast milk to newborns other than directly from the mother’s breast, only one study demonstrated the technique of feeding through a cup.¹³

Figure 1 – Flowchart of the article selection process according to PRISMA (2020). Rio de Janeiro, RJ, Brazil (2024)

Source: Prepared by the authors (2024)

The most frequent approaches in the studies analyzed were individual or group BF sessions;^{13,14,17} the distribution of informational brochures/books with content review and question and answer sessions.^{12,14-15,17}

Regarding the outcome of the studies, it was observed that in two (20%) of the studies analyzed, the educational practice did not demonstrate a positive influence on BF, not influencing its duration and exclusivity, these studies being specific actions.

However, in seven (70%) publications, educational practices positively influenced BF,^{10,12,13,16,17,18,19} either by increasing women's knowledge and attitudes on the subject, increasing EBF rates, or promoting BF, and one (10%) did not report any influence.¹¹ In addition, the actions contributed to strengthening paternal attachment and increased the supply of colostrum among newborns.^{12,13}

Table 2 – Studies included in the review. Rio de Janeiro, RJ, Brazil (2024)

Author and year of publication	Title	Category (Ahrq)	Guidelines for educational practices
García EPL, 2020	Impacto de la educación para la salud en la lactancia materna. Beneficios para el recién nacido	III	The benefits of BF; Indications for BM; Counseling mothers on breastfeeding techniques; and Mother-child bonding.
Rempel LA, Moore KC, 2012	Peer-led prenatal breastfeeding education: a viable alternative to nurse-led education	III	Volunteers: Encourage the initiation of breastfeeding; What women expect from this practice; Practical information about common breastfeeding problems. Nurse: Benefits of breastfeeding; Anatomy and physiology; Positioning and latching; Practice breastfeeding positions with the aid of a doll; and answer mothers' questions.
Renuka M et al., 2020	Effectiveness of educational intervention on breastfeeding among primi pregnant women- a longitudinal study	III	Benefits of breastfeeding; EBF; Importance of feeding with colostrum; Harmful effects of feeding with pre-milk foods; Holding and positioning with illustrative photos; Adverse effects of bottle feeding; Signs of adequate breast milk intake; How to feed with expressed milk; When to start complementary feeding.
Özlüses E, Çelebioglu A, 2014	Educating fathers to improve breastfeeding rates and paternal-infant attachment	II	Demonstration of the technique using a milking pump, milk collection bags, feeding cup, chairs and benches, pillow, and massage oil.
Wong KL, Tak Fong DY, Yin Lee IL, Chu S, Tarrant M, 2014	Antenatal Education to Increase Exclusive Breastfeeding: A Randomized Controlled Trial	II	Benefits of EBF; Risks of supplements; Co-sleeping; On demand feeding; Artificial nipples and pacifiers; Professional support; Milk production; Feeding frequency; Determining adequate intake; Maternal nutrition; Importance of a good latch; Family support; Returning to work and breastfeeding; 10-15 min. question and answer session.
Yancey J, Segreti EM, Irvin CR, 2013	Breastfeeding education and encouragement on the ob timeline	III	The ten advantages of BM.
Nankunda J et al., 2010	Establishing individual peer counselling for exclusive breastfeeding in Uganda: Implications for scaling-up	IV	During prenatal care: Skin-to-skin contact; Early initiation of breastfeeding; Colostrum; Do not give pre-milk feedings to the baby; Frequent breastfeeding increases milk production; The baby should empty one breast before switching to the other; AME. In subsequent visits (with varying emphasis): Latching and positioning; Breast milk production; Emptying the breast; How to deal with a crying baby; Expressing and storing breast milk; Normal stools and normal urination; EBF; Maternal feeding.
Petrova A, Ayers C, Stechna S, Gerling JA, Mehta R, 2009	Effectiveness of Exclusive Breastfeeding Promotion in Low-Income Mothers: A Randomized Controlled Study	II	Benefits of breastfeeding; Encouraging exclusive breastfeeding and delaying the introduction of formula; Frequency and duration of breastfeeding; How to avoid discomfort and associated problems; Techniques for solving problems; Maintaining breastfeeding.
Gijsbers B, Mesters I, Knottnerus JA, Kester ADM, Van Schayck CP, 2006	The success of an educational program to promote exclusive breastfeeding for 6 months in families with a history of asthma: A randomized controlled trial	II	Benefits of breastfeeding; Breast milk and asthma; The father as the mother's coach; When there is no breastfeeding support at the hospital; Latching, position, and frequency; Myths about breastfeeding; Adequate breast milk intake; Complications; CMPA; What to expect from healthcare professionals; Returning to work and breastfeeding; Phone numbers for lactation organizations/consultants and useful websites.

Author and year of publication	Title	Category (Ahrq)	Guidelines for educational practices
Dodou HD, 2017	Promoção do AM a partir de uma intervenção educativa de longa duração mediada por telefone: ensaio clínico randomizado controlado	II	Free demand; Signs that breastfeeding is going well; Pain during breastfeeding; Professional and personal life during breastfeeding; Priorities during breastfeeding; Support for the couple; EBF; Benefits of breastfeeding; Breast milk vs. formula; Latching and positioning; Maternal satisfaction; Mother's psychological state; The baby's crying; The breast is not always for feeding, it is a form of affection; The mother's tension is passed on to the baby; Breastfeeding in public; Maternal vulnerability; Self-confidence and emotional satisfaction; Breastfeeding experience and the bond between mother and child; Time and breastfeeding; Starting breastfeeding; Maternal rest and self-care; Paternal involvement in breastfeeding; Family support.

Source: Prepared by the authors (2024)

DISCUSSION

When it comes to the methodologies used in educational activities, in order for them to have positive effects on breastfeeding, it is recommended that guidance on this topic be provided at different stages of a woman's life. Thus, at each consultation, breastfeeding guidance is provided to reinforce the information discussed previously and clarify any new questions that may arise during the lactation process.²⁰ This is in line with one of the research findings, which is that one-off actions do not have positive results on breastfeeding.¹⁴⁻¹⁵

In addition to actions at different times, this is not the only thing that will enable quality learning. Co-participation through Paulo Freire's dialogical model becomes an important tool for actions, since activities in which the professional transmits knowledge without listening to what the participants have to say and does not value their prior knowledge and culture become a questionable strategy, in which learning will likely be deficient.²¹ Thus, co-participation during activities is a way to deepen knowledge based on each participant's previous experience, in addition to providing the most appropriate environment for knowledge construction, promoting greater interaction and bonding among the group.²²

In addition, the use of educational materials promotes the development of maternal skills. According to authors, the use of audiovisual resources, such as test tubes and dolls, increases the prevalence of EBF by up to 30 days, and other authors report that when we read informational brochures/books, we learn only 10% of the content, but by asking questions, discussing, talking, and exchanging experiences, we learn

70%, and by practicing a certain action, we learn about 80% of the content. Thus, it is clear that active methods in health education actions, where women can interact with the group in a broad way, are the most appropriate ways to carry out an educational activity. Thus, it is essential that studies, whether or not they demonstrate the impact of an educational action on breastfeeding, detail the methodology used in this activity, as it may be directly linked to the success or failure of the action.

Another methodological strategy found in the results of this study was health education through home visits, which is a unique space where the beliefs and values of each individual are embedded, thus enabling greater dissemination of knowledge, considering that, in addition to the pregnant woman, other family members may live in the residence and will comprise her support network during breastfeeding, strengthening the promotion of this practice.

Regarding the topics covered in the educational activities, the most frequent was related to the benefits of BF for the mother-baby dyad. However, authors show that women have prior knowledge about the benefits of BF,²⁶ making it possible to address other topics that require greater attention from professionals, such as milk expression and returning to work, which was found in only four studies.^{12,14,16,18}

When there is guidance and training on how to express milk, how to store it, and the correct way to feed the baby, there is greater confidence in the technique, which is identified as a protective factor, since it delays the introduction of artificial nipples,^{3,7,27} which is identified as a determining factor in reducing the duration of breastfeeding, due to differences in the oral configuration for sucking the breast and the artificial

nipple. Thus, it is essential to provide guidance on the cup technique for feeding milk, thereby avoiding the baby's contact with other nipples.

However, guidance on the harms of artificial nipples was found in only two of the studies^{12,14} and the cup technique as a way of feeding milk to the baby in only one study.¹³ It should be noted that the use of artificial nipples in breastfed children causes several harms, impacting the lives of all family members. Because of this, the use of pacifiers and baby bottles in children is contraindicated because they promote early weaning, interfere with the development of orofacial structures, and are an important source of contamination by microorganisms that are harmful to health.²⁸

The use of nipples is associated with factors external to the breastfeeding process, such as maternal sociodemographic factors, such as age ≥ 35 years, marital status (married women have a higher prevalence of offering nipples), maternal education of nine or more years of study, and return to work.²⁹ They are also associated with experience and difficulties during breastfeeding and the encouragement of BF that women receive during childcare. Thus, it is increasingly necessary to introduce this topic into educational activities, with a view to promoting BF and preventing early weaning.^{7,25}

The guidelines seek to prevent factors that contribute to early weaning, such as postpartum breast complications and beliefs that have no scientific basis, the most common being nipple fissures, mastitis, and the belief that inverted or flat nipples make breastfeeding impossible. It is possible to verify that the main complications can be avoided when women perform the latching and positioning techniques correctly. Thus, studies indicate that the topic and simulations of latching and positioning are issues that need to be included in educational actions to promote and protect breastfeeding.²⁹

One aspect that was little discussed in educational strategies was the reasons for a baby's crying, which is a topic that needs to be disseminated among the population, as it causes stress and discomfort for families, making breastfeeding a more difficult process. Crying is part of child development, characterized as part of the child's adaptive process to the world outside the womb, and explaining this to parents helps to demystify what society imposes, such as crying being only a sign of hunger or weak milk.²⁹

FINAL CONSIDERATIONS

Studies have shown that the most frequent guidelines in educational practices on breastfeeding are the benefits of breast milk, correct latching and positioning when breastfeeding,

pumping and returning to work, and breastfeeding on demand. Regarding the ways of offering expressed milk or milk formulas to the baby, this was observed in only one study and focused on only one method, the cup technique. However, there are other ways that families can offer milk, such as using cups and spoons, and information can also be provided on relactation or translactation techniques.

It is clear that information about ways of offering milk is not yet included in breastfeeding promotion strategies, and it is necessary to improve the skills of the professionals involved in these actions so that they have quality information to combat the use of artificial nipples in infant feeding, strengthening the support, promotion, and protection of breastfeeding.

The positive effect of 70% of studies on educational actions demonstrates that this practice plays an important role in the lives of pregnant and postpartum women, in clarifying doubts and myths and in training activities involving the lactation process. These actions enable women to acquire skills and competencies that will sustain their confidence when they are away from a professional, recognizing when it is necessary to seek help if something is not as they expect for themselves and their child.

However, the information needs to be appropriate and of interest to women and their families in order to really make a difference during breastfeeding. A pre-assessment of knowledge and usefulness of the subject, together with active methodology strategies in a welcoming environment, is always the best plan when it comes to breastfeeding, as it allows for broader learning without barriers, ensuring a rich learning experience.

The results of this review suggest that educational practices in breastfeeding should be based not only on the main complications that influence early weaning, but also on the assessment of the doubts, fears, and anxieties of women and their families, with theoretical and practical knowledge, simulations, and the use of teaching materials such as dolls and breasts. Preferably, the work should be done in groups, as this allows women to exchange experiences, contributing to the construction of knowledge. In addition, an important finding was identified, namely that the specific educational practices that occurred in two studies had no effect on the maintenance of exclusive breastfeeding, suggesting that guidance should occur during prenatal, postpartum, and puerperal care, as doubts, difficulties, and needs change according to each phase. Finally, this study recommends investment in professional training so that professionals can provide information, using appropriate educational techniques, that meet women's needs and promote and protect breastfeeding through various safe ways of offering milk.

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