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INTEGRATIVE LITERATURE REVIEW *DOI:10.9789/2175-5361.rpcfo.v17.13589*

TELENURSING IN PROMOTING MATERNAL SELF-EFFICACY AND EXCLUSIVE BREASTFEEDING

Telenfermagem na promoção da autoeficácia materna e aleitamento materno exclusivo

Teleenfermería en la promoción de la autoeficacia materna y la lactancia materna exclusiva

Mariana Mistrinel[I]
Vanessa Morais Dias[2]
Michelle Cristine de Oliveira Minharro[3]
Clarita Terra Rodrigues Serafim[4]

RESUMO

Objetivo: identificar na literatura qual o impacto da telenfermagem na promoção da autoeficácia materna e aleitamento materno exclusivo. **Método:** trata-se de uma revisão integrativa da literatura, em que os artigos foram pesquisados a partir da chave de busca utilizando-se os descritores "telenfermagem", "autoeficácia", "aleitamento materno", "tecnologia da informação" e "lactente". **Resultados**: foram encontrados 101 artigos. Concluiu-se que apenas seis cumpriam os critérios estabelecidos. Os artigos foram desenvolvidos em três categorias: a) Dificuldades associadas à prática do aleitamento materno; b) Mudanças ocasionadas pelo acompanhamento da amamentação e c) Ações educativas a serem implementadas. **Conclusão:** o suporte através de Tecnologias da Informação e Comunicação pode interferir na duração da amamentação.

DESCRITORES: Aleitamento materno; Autoeficácia; Lactente; Tecnologia da informação; Telenfermagem.

ABSTRACT

Objective: to identify in the literature the impact of telenursing on promoting maternal self-efficacy and exclusive breastfeeding. **Method:** this is an integrative literature review, in which articles were searched using the search key using the descriptors "telenursing", "self-efficacy", "breastfeeding", "information technology" and "infant". **Results:** a total of 101 articles were found. It was concluded that only six met the established criteria. The articles were divided into three categories: a) Difficulties

[1,2,3,4] São Paulo State University (Unesp), São Paulo, Botucatu, Brazil.

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associated with breastfeeding; b) Changes caused by breastfeeding monitoring and c) Educational actions to be implemented. **Conclusion:** support through Information and Communication Technologies can interfere with the duration of breastfeeding.

DESCRIPTORS: Breast feeding; Self efficacy; Infant; Information Technology; Telenursing.

RESUMEN

Objetivo: identificar en la literatura el impacto de la teleenfermería en la promoción de la autoeficacia y la lactancia maternas exclusiva. **Método:** se trata de una revisión integradora de la literatura, en la que se buscaron los artículos mediante la clave de búsqueda utilizando los descriptores "telennursing", "self-efficacy", "breastfeeding", "information technology" e "infant". **Resultados:** se encontraron 101 artículos. Se concluyó que sólo seis cumplieron con los criterios establecidos. Los artículos fueron desarrollados en tres categorías: a) Dificultades asociadas a la lactancia materna; b) Cambios provocados por el seguimiento de la lactancia materna y c) Acciones educativas a implementar. **Conclusión:** el apoyo a través de Tecnologías de la Información y la Comunicación puede interferir en la duración de la lactancia materna.

DESCRIPTORES: Lactancia materna; Autoeficacia; Lactante; Tecnología de la información; Teleenfermería.

INTRODUCTION

Digital health refers to the use of information and communication technology (ICT) resources to produce and make reliable health information available to those who need it when they need it. It incorporates recent technological advances, such as new concepts, social networking applications, the Internet of Things, and artificial intelligence, among others. Through COFEN Resolution No. 696/2022, amended by COFEN Resolutions No. 707/2022 and 717/2023, the Federal Council of Nursing regulates nursing practice in digital health within the scope of the Unified Health System (SUS) and in supplementary and private health, referring to it as telenursing.[1]

Telnursing encompasses several activities, such as nursing consultation, interconsultation, consulting, monitoring, health education, and reception of spontaneous demand, all of which are mediated by ICT. All ICT-mediated actions involving one or more patients must be carried out through secure, registered platforms that guarantee the storage, confidentiality, and security of personal sensitive data in accordance with the General Data Protection Law. Additionally, written (printed or digital) or verbal consent from the involved user or their legal guardian is essential.[1] Telenursing is an excellent tool for distance communication between nurses and patients. It can be used to answer questions, make referrals, and provide guidance on various health topics, including breastfeeding.[2]

Breast milk is the first food offered to babies in their first months of life because it contains the appropriate concentration of macronutrients for infants and is rich in antibodies and other substances found only in breast milk. These substances benefit babies' health and protect them against various infections.[3]

Breast milk also reduces the risk of being overweight or obese and ensures the prevention of infant morbidity and mortality.[4] The World Health Organization (WHO) and the Brazilian Ministry of Health recommend exclusive breastfeeding for the first six months of life and continued breastfeeding until the age of two years or older.[4] However, according to the WHO, only about 48% of children aged 0 to 6 months are exclusively breastfed (EBF).[5] This is because difficulties and insecurities often arise during the breastfeeding process, hindering exclusive breastfeeding and causing it to be interrupted before the sixth month of life.[4]

The mother's confidence in her ability to breastfeed can influence the success and duration of breastfeeding. Self-efficacy is defined as an individual's belief in his or her ability to perform a certain activity or behavior successfully. Therefore, self-confidence in breastfeeding corresponds to a woman's perception or expectation that she has the necessary knowledge and skills to successfully breastfeed her baby for as long as she wishes. This trust is developed through various sources of information, including previous positive experiences, observing other mothers breastfeed, watching educational videos, and receiving support and encouragement from individuals close to and respected by the woman. Thus, researchers have been investigating ways to promote self-confidence and have found that interventions conducted by health professionals can increase it. This opens the door to new interventions in prenatal and postnatal care.[6-8]

Given the numerous benefits of exclusive breastfeeding (EBF), this study aims to promote maternal self-efficacy through new care modalities, such as telenursing. The goal

is to encourage breastfeeding mothers to offer only breast milk during the first six months of their babies' lives. The objective of this study is to review the literature on the impact of telenursing on promoting maternal self-efficacy and exclusive breastfeeding.

METHOD

This is an integrative review (IR). An IR aims to systematically synthesize the results of studies on a given subject to disseminate knowledge about the subject's content. Reviews enable interested parties to identify the professionals who primarily research a subject, their areas of expertise, and their most significant contributions.[9]

The principles outlined by Ganong (1987) were adopted to structure the literature review. This methodological criterion has six distinct phases: (1) defining the research question, (2) sampling and selection, (3) representing the characteristics of the captured material, (4) analyzing the selected sample, (5) interpreting the results, and (6) presenting the results.[10]

The guiding question, which will inform the relevant searches and methods used to locate the aggregated information, is developed during the definition of the review problem (1).[11] In this study, the P.I.C.O. strategy was selected to construct the guiding question. P.I.C.O. stands for Patient, Intervention, Comparison, and Outcomes. This method improves the quality of results and optimizes response time by maximizing the evidence found in databases. It also avoids redundant searches and contributes to more directed decision-making in the health field.[12]

Thus, the patients to be evaluated were binomial pairs (mother/baby), based on interventions carried out through telenursing that would act on maternal self-efficacy and breastfeeding. The evaluation compares the presence or absence of telenursing in promoting self-efficacy in breastfeeding when the expected outcome is exclusive breastfeeding for up to six months.

Therefore, the guiding question of this integrative review was established: What is the role of telenursing in promoting maternal self-efficacy and exclusive breastfeeding?

The second stage aims to specifically select the research that will direct the literature review discussion. Inclusion and exclusion criteria were applied as strategies to ensure reliability and quality.[11] For the article search, combinations of the descriptors "telemedicine," "self-efficacy," and "breastfeeding" were used in Portuguese and their English counterparts. These descriptors were included in the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH). To favor the search, combinations of descriptors with Boolean operators were also used, respecting the differences between databases (Chart 1).

Inclusion criteria included online, primary texts published in scientific journals with full access in the selected databases. The exclusion criteria were texts that did not answer the guiding question, as well as dissertations, theses, literature reviews, and duplicate articles in the chosen databases. RAYYAN platform was used to identify duplicates.

The article search took place in April 2024. The search was conducted in seven online databases: PubMed (National Library of Medicine and National Institutes of Health), Medline (Medical Literature Analysis and Retrieval System Online), Scielo, Scopus, Web of Science, Cinahl, and Embase (Excerpta Medica Database). The next step was to extract, organize, and summarize the information to create an easy-to-manipulate dataset.[11]

When evaluating the studies attached to the review, it is essential to conduct a critical analysis that allows for the identification and understanding of the unique characteristics of each article, as well as the reasons for the discrepancies in the results of the selected studies. To this end, the results were arranged in tables following Rocha's (2009) adaptation of the files and Ganong's approach to highlight the articles' distinctive characteristics.

Interpreting the results condenses the information highlighted in the article analysis to provide an understanding of the discussed subject and highlight existing gaps. This process allows for the identification of priorities for future research.[11] In the final presentation, the document is prepared so that the reader can understand the importance of the methods used and the relevance of the chosen theme to guide the research under consideration.[11]

Chart 1 - Search strategies applied for the integrative review. Botucatu, SP, Brazil, 2024

Databases	Search strategy
Scielo	((Telenfermagem OR Telenursing OR Teleenfermería OR Télénursing) OR (Comunicação em Saúde OR Health Communication OR Comunicación en Salud OR Communication sur la santé OR Informação e Comunicação em Saúde OR Informação e Comunicação na Saúde)) AND (Autoeficácia OR Self Efficacy OR Autoeficacia OR Auto-efficacité) AND (Aleitamento Materno OR Breast Feeding OR Lactancia Materna OR Allaitement naturel OR Aleitamento OR Aleitamento Materno Exclusivo OR Alimentado ao Peito OR Alimentado no Peito OR Alimentação ao Peito OR Amamentado OR Amamentação OR Amamentação com Ama-de-Leite OR Compartilhamento de Leite).
PubMed, Medline, Scopus, Web of Science, and Cinahl	(Telenursing OR "Health Communication" OR "Communication, Health" OR "Communications, Health" OR "Health Communications") AND ("Self Efficacy" OR "Efficacy, Self") AND ("Breast Feeding" OR Breastfed OR Breastfeeding OR "Breast Fed" OR "Milk Sharing" OR "Sharing, Milk" OR "Breast Feeding, Exclusive" OR "Exclusive Breast Feeding" OR "Breastfeeding, Exclusive" OR "Exclusive Breastfeeding" OR "Wet Nursing").
Embase + EMTREE	("tele-nursing" OR "virtual nursing" OR Telenursing OR "health information" OR "information, medical" OR "medical information" OR "Health Communication" OR "Communication, Health" OR "Communications, Health" OR "Health Communications") AND ("concept, self" OR self OR "self awareness" OR "self confrontation" OR "self image" OR "self perception" OR "self rating" OR "self representation" OR selfconcept OR "self concept" OR "Self Efficacy" OR "Efficacy, Self") AND ("feeding, breast" OR "Breast Feeding" OR Breastfed OR Breastfeeding OR "Breast Fed" OR "Milk Sharing" OR "Sharing, Milk" OR "Breast Feeding, Exclusive" OR "Exclusive Breast Feeding" OR "Breastfeeding, Exclusive" OR "Exclusive Breastfeeding" OR "Wet Nursing".

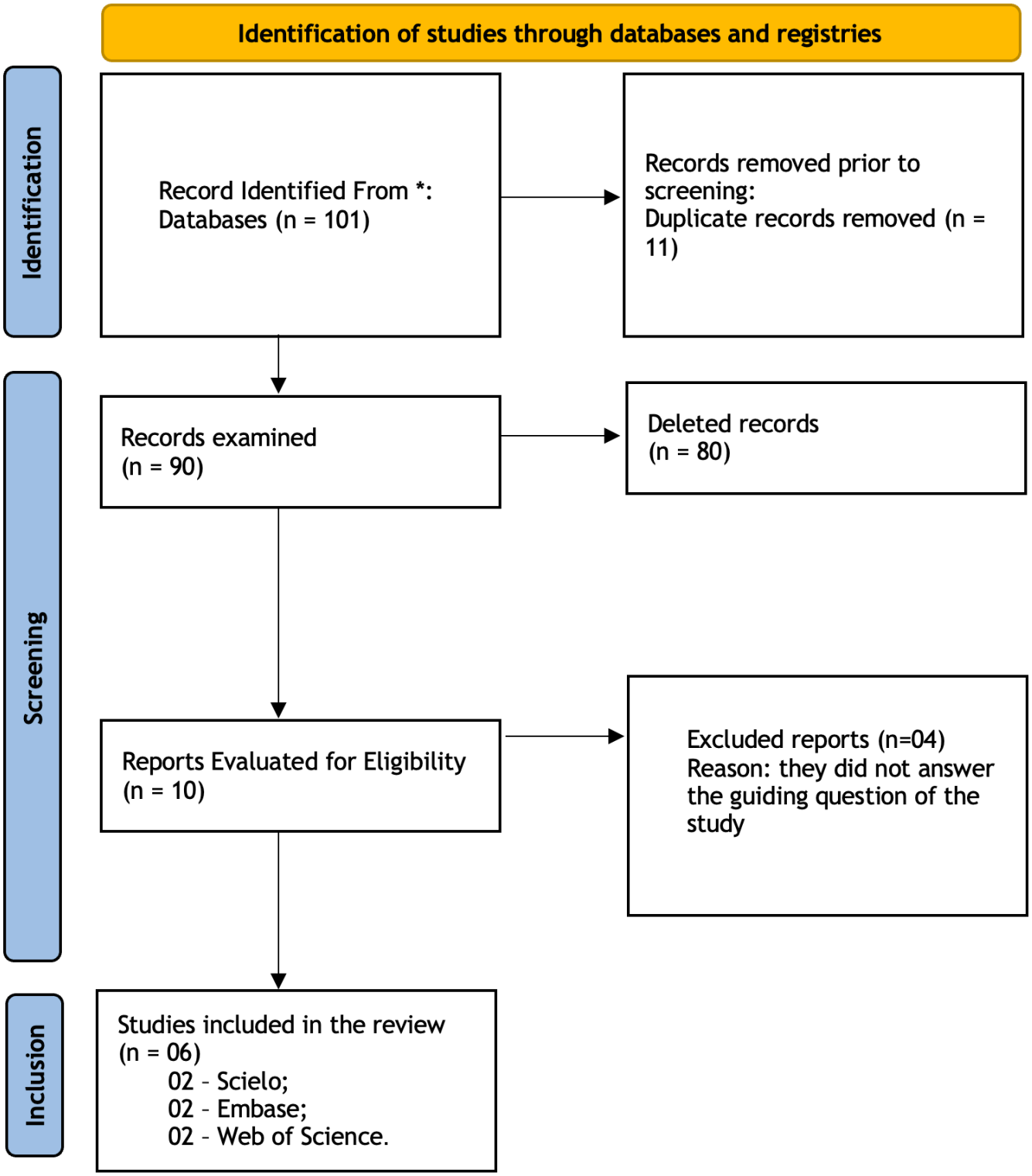
Source: The Authors, 2024.

RESULTS

A total of 101 articles were initially identified. For the primary selection, only articles with full text available were considered. These articles were distributed among the following databases: three from PubMed (2.97%), 14 from Medline (13.86%), two from Scielo (1.98%), two from Scopus (1.98%), three from Web of Science (2.97%), two from Cinahl (1.98%), and 75 from Embase (74.25%). Eleven duplicate articles were identified and removed during this process, resulting in 90 articles for evaluation. After three of the authors of this study thoroughly analyzed and read each study, it was found that six articles (6.6%) met the previously defined inclusion criteria.

Of the selected articles, two belong to SciELO, two to Embase, and two to Web of Science (Figure 1).

Figure 1 – Diagram of the selection of articles and the composition of the integrative review. Botucatu, SP, Brazil, 2024



Source: Page MJ, *et al.* BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

Regarding the years of publication, only one article was considered for each year between 2018 and 2021, while three articles were selected for 2023.

Chart 2- Synthesis of the characteristics of the articles included in the integrative review. Botucatu, SP, Brazil, 2024

Title	Authors	Journal/year	Objective	Sample	Results
Can a phone call make a difference? Breastfeeding self-efficacy and nurse responses to mother's calls for help.	Gallegos D., Cromack C., and Thorpe K.J.	Jornal de Cuidados de Saúde Infantil, 2018	The study aimed to identify effective telephone support through a self-efficacy framework	N= 149	Three aspects related to breastfeeding and counseling by health professionals were identified. The first is the medicalization of breastfeeding as a pragmatic way of resolving the demands presented by mothers. Second, there is criticism directed at mothers who consider stopping breastfeeding. These mothers are labeled as selfish or weak. The third aspect presented characteristics associated with increased self-efficacy: teamwork and credible affirmation that privileges the maternal.
A Technological Approach to Improved Breastfeeding Rates and Self-Efficacy: A Randomized Controlled Pilot Study	Baza A.S., Mignacca C., Delgado P.E., Paterniti T.A., Mello Sá S.R., Looney S. and Zahler-Miller C.	Jornal de Lactação Humana, 2023	To determine whether a smartphone app affects maternal self-efficacy and breastfeeding exclusivity rates	N= 40	The intervention group evaluated the use of mobile applications positively. Additionally, the rates of exclusive breastfeeding were higher in the intervention group than in the control group, as was the desire to continue breastfeeding. Self-efficacy increased significantly after delivery when assessed by the BSES-SE scale in the intervention group.
Impact of Mobile Technology-Enhanced Follow-Up Program for Mothers with New-Born Babies on Mothers' Anxiety, Self-Efficacy, and Infant Health.	Güne□ N.B, Bakyr E., Mine and Oztoprak P.U.	Journal of Community Health Nursing, 2023.	To investigate the effects of mobile technology-enhanced interventions on women's self-efficacy, anxiety levels, and child health	N=60	The mobile technology intervention improved self-efficacy in breastfeeding, maternal anxiety, and child health. Anxiety levels decreased as mothers received support from health professionals during postpartum seclusion, making them more competent in caring for their baby. Regarding child health, issues such as body care, bathing, umbilical cord cleaning, and other newborn-related problems were addressed during the communications.

Title	Authors	Journal/year	Objective	Sample	Results
Effect of antenatal milk expression education on lactation outcomes in birthing people with pre-pregnancy body mass index ≥25: protocol for a randomized, controlled trial	Demerci, J.R., Glasser M., Bogen D.L., Sereika S.M., Ren D., Ray K. Bodnar L.M., Sullivan T.A., and Himes K.	Revista Internacional de Amamentação, 2023.	To examine the potential impact of exclusive breastfeeding (EBF) on other lactation outcomes in the short and long term	N=280	The relevance of the breastfeeding approach to acquiring self-efficacy in breastfeeding was examined from prenatal care. Additionally, early weaning was evaluated in subgroups that had been little studied, such as first-time fathers and those with a pre-pregnancy BMI greater than 25 kg/m².
Intervenção telefônica na promoção da autoeficácia, duração e exclusividade do aleitamento materno: estudo experimental randomizado controlado [A Randomized Controlled Trial of a Telephone Intervention to Promote Breastfeeding Self-Efficacy, Duration, and Exclusivity]	Chaves A.F.L, Ximenes L.B, Rodrigues D.P, Vasconcelos C.T.M, Monteiro J.C.S and Oriá M.O.B.	Revista Latino-Americana de Enfermagem, 2019	To evaluate the effect of a telephone educational intervention on maternal self-efficacy and the duration and exclusivity of breastfeeding (BF) and exclusive breastfeeding (EBF)	N= 132	Data analysis revealed that self-efficacy in breastfeeding remained consistent between the intervention (IG) and control (CG) groups in the short term (two months). However, in the long term (four months), we found that the IG had higher levels of efficacy. Educational intervention resulted in 100% breastfeeding in the IG, while the CG decreased. Finally, when exclusivity of breastfeeding was evaluated, no differences were found between the groups.
Intervenção telefônica para promoção da autoeficácia materna ao amamentar: ensaio clínico randomizado [A Randomized Clinical Trial of a Telephone Intervention to Promote Maternal Breastfeeding Self-Efficacy]	Dodou H.D, Bezerra R.A, Chaves A.F.L, Vasconcelos C.T.M, Barbosa L.P and Oriá M.O.B.	Revista Escola de Enfermagem USP, 2021.	To analyze the effects of a long-term telephone educational intervention on maternal self-efficacy while breastfeeding	N=240	The results showed better maternal self-efficacy in the intervention group, which received an educational intervention at 60, 120, and 180 days after delivery. This demonstrates the intervention's effectiveness. Additionally, over the three periods, the self-efficacy of the intervention group remained higher than that of the control group. The control group showed increased efficacy from the fourth to sixth months.

Source: The Authors, 2024.

DISCUSSION

The selected articles were grouped into three categories: a. Difficulties associated with breastfeeding; b. Changes caused by breastfeeding monitoring; c. Educational actions to be implemented.

Difficulties associated with breastfeeding

According to Gallegos *et al.* (2018), many women seek support from health professionals in the weeks following childbirth to improve their self-efficacy in breastfeeding. However, the same study showed that professional support does not always positively influence breastfeeding. After telephone consultations, many postpartum women reported receiving insensitive or useless support from nurses, which negatively impacted breastfeeding.[14]

Conversely, interactions centered on the mother that addressed her insecurities and encouraged teamwork increased maternal self-efficacy.[14] In other words, the quality of professional intervention during the postpartum period is crucial, as inappropriate interactions can have lasting negative consequences for the mother and the newborn.

Numerous factors can interfere with breastfeeding, including biological, personal, socioeconomic, cultural, and psychological aspects.[4,15] The study by Chaves *et al.* (2019)[16] found that marital status influenced maternal self-efficacy; women who did not live with their partner had lower self-efficacy. Thus, the importance of professionals providing qualified care to this population is highlighted to promote the initiation and continuation of breastfeeding.[16] In this context, mobile technology can be used to improve the efficiency and quality of nursing care during pregnancy and lactation.[17]

Additionally, a study by researchers from the Federal University of Minas Gerais (UFMG) School of Nursing showed that the drop in breastfeeding levels during the pandemic was due to difficulty accessing obstetric services and lack of prenatal and postnatal support.[18] In the midst of this and other, less extreme scenarios, Güneş *et al.* (2023) pointed out in their study that health interventions aimed at breastfeeding can be carried out using mobile technology. These interventions can reduce anxiety in postpartum women, increase self-efficacy, and consequently improve infants' health outcomes.[17]

Changes caused by breastfeeding monitoring

A pilot study by Baza *et al.* (2023) showed that participants with access to an educational smartphone app had significantly higher breastfeeding self-efficacy scores (65%) in the first six weeks postpartum compared to the control group. Thus, apps that provide encouragement and information about available resources can be considered a promising intervention for breastfeeding practices.

Other studies, such as the one by Güneş *et al.* (2023), have reinforced the idea that mobile interventions are positive resources for promoting child self-efficacy and health. This is because results obtained through ICT use showed reduced maternal anxiety rates, increased breastfeeding rates, and infant weight gain. The researchers concluded that this phenomenon was likely due to the professional support and childcare education provided to mothers, which may have increased breastfeeding women's confidence in newborn care, including breastfeeding, umbilical cord care, bathing, and body care.[17]

Finally, according to Chaves *et al.* (2019), the breastfeeding self-efficacy of the mothers in the study did not change during the first two months of the intervention. The authors highlighted that this may be related to preexisting factors, such as guidance received during prenatal care and previous experiences with breastfeeding. However, in the long term (four months), the intervention group had higher self-efficacy levels than the control group. Thus, it is evident that the telephone intervention increased women's self-efficacy regarding breastfeeding in the medium term, though it did not influence exclusive breastfeeding.[16]

Educational actions to be implemented

Dodou *et al.* (2021) argue that educational interventions promoting breastfeeding boost maternal commitment and guide behavior during challenges. Thus, strengthening a woman's confidence in her ability to breastfeed yields results such as strengthening the bond and encouraging the growth and development of the child, which promotes the continuation of breastfeeding.

Therefore, based on the analyses of the studies included in this review, educational practices can be implemented to promote maternal self-efficacy and exclusive breastfeeding. Several tools have already been used to improve self-efficacy and breastfeeding duration, including lectures, informational leaflets, and telephone support. Currently, telephone is the most widely used information and communication technology (ICT) for promoting breastfeeding interventions in the long term by professionals specializing in the field.[16]

Furthermore, as previously mentioned, the study by Gallegos *et al.* (2018) emphasizes the importance of training telehealth professionals to provide adequate breastfeeding support and strengthen mothers' confidence in the process. Other studies also suggest that mothers should receive this teleservice in a more interactive manner from the prenatal period through counseling, educational activities, and practical approaches to increase participant involvement and improve performance during the breastfeeding experience.[16,19]

In line with the above reference, Demerci *et al.* (2023) mention another educational approach to be implemented to prolong the duration of breastfeeding and improve its performance from the prenatal period. The actions taken were related to the storage and transportation of breast milk. These actions were carried out through video classes, in which manual milk extraction was taught to pregnant women. Afterwards, during the postpartum period, the women had an appointment with a health professional who evaluated and improved their breast milk extraction technique.

The researcher also clarifies the effectiveness of expressing milk before labor and its association with proper storage and transportation from the maternity ward to the postpartum

period. Among postpartum women who performed this practice, self-efficacy in breastfeeding and exclusive breastfeeding were significantly higher in the first two weeks after delivery.

Additionally, Baza *et al*. (2023) point out that participants' involvement in educational activities should be increased through discussions and comments by parents, and these interventions should be expanded to other platforms to increase the number of users.

Finally, it is emphasized that the nursing professional facilitates the nurturing process and can intervene when necessary to ensure the mother's physical and psychological well-being. Additionally, this professional understands the importance of the family and the social context of the nursing mother, seeking mechanisms that make breastfeeding enjoyable for mother and baby.[22]

LIMITATIONS OF THE STUDY

Some limitations were identified during this study that should be considered when interpreting the obtained results. First, the limited number of articles addressing the practice of telenursing in relation to breastfeeding indicates that this topic is rarely discussed or used to educate postpartum women on breastfeeding.

Additionally, a weak correlation was found between maternal self-efficacy and the duration of exclusive breastfeeding up to six months postpartum. In short, the studies address breastfeeding without specifying exclusivity.

Finally, several demands associated with breastfeeding were observed during the studies, including similar and sometimes ineffective practices to increase self-efficacy, low adherence and interest among puerperal women in participating in these practices, and numerous social factors that favor early weaning.

CONCLUSION

Telenursing, the practice of nursing mediated by information and communication technologies (ICTs), is a technological innovation that contributes to the democratization of access to health. It enables interaction between patients and professionals at a distance. Telenursing can be used directly or to complement face-to-face care. It can guide pregnant and postpartum women on the importance of exclusive breastfeeding, promote maternal self-efficacy, and consequently, improve the well-being of mothers and babies.

A mother's self-efficacy in breastfeeding can be greatly affected by her interactions with healthcare professionals. Support through ICTs can positively impact the duration of breastfeeding when the support process increases rather than hinders self-efficacy.

In short, quality interventions are needed with professionals who specialize in breastfeeding and cover several aspects, such as the benefits of breastfeeding, breastfeeding techniques, and psychological support. Mothers with greater self-efficacy are more likely to persist in breastfeeding, even when they encounter obstacles or difficulties. Additionally, telenursing can reduce anxiety levels in mothers during the early postpartum period and improve newborn health outcomes.

Finally, telecare should be as interactive as possible from the prenatal to the postnatal period. This can be achieved through counseling, educational activities, and practical approaches to increase participant involvement and improve breastfeeding and exclusive breastfeeding rates.

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