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BABY-FRIENDLY HOSPITAL INITIATIVE: NURSING STRATEGIES TO PROMOTE, PROTECT AND SUPPORT BREASTFEEDING

Iniciativa hospital amigo da criança: estratégias de enfermagem para promoção, proteção e apoio ao aleitamento materno

Iniciativa hospital amigo del niño: estrategias de enfermería para fomentar, proteger y apoyar la lactancia materna

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RESUMO

Objetivo: conhecer as estratégias de enfermagem adotadas para a promoção, proteção e apoio ao aleitamento materno, embasadas pela Iniciativa Hospital Amigo da Criança. **Método:** estudo descritivo de abordagem qualitativa, desenvolvido na unidade clínica materno-infantil de um hospital do Rio Grande do Sul. Participaram do estudo 13 profissionais da equipe de enfermagem. Os dados foram coletados por meio de entrevista e utilizou-se a técnica de Análise de Conteúdo. **Resultados:** a equipe de enfermagem oferece apoio contínuo e responsável à mulher durante o início da amamentação, reconhecendo e adaptando as orientações com base nas particularidades de cada gestação, garantindo que se sinta confortável e confiante ao amamentar, contribuindo para a saúde materno-infantil. **Considerações Finais:** as estratégias para a promoção, proteção e apoio ao aleitamento materno, pela Iniciativa Hospital Amigo da Criança, utilizadas pela equipe de enfermagem consideram-se efetivas, pois refletem naturalmente no sucesso desta prática.

DESCRITORES: aleitamento materno; Saúde Materno-Infantil; Equipe de enfermagem.

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ABSTRACT

Objective: learn about the nursing strategies adopted to promote, protect and support breastfeeding, based on the Baby-Friendly Hospital Initiative. **Method:** descriptive study with a qualitative approach, carried out in the maternal and child clinical unit of a hospital in Rio Grande do Sul. Thirteen professionals from the nursing team took part in the study. Data was collected through interviews and the Content Analysis technique was used. **Results:** the nursing team offers continuous and responsible support to women during the start of breastfeeding, recognizing and adapting guidelines based on the particularities of each pregnancy, ensuring that women feel comfortable and confident when breastfeeding, contributing to maternal and child health. **Final Considerations:** the strategies for promoting, protecting and supporting breastfeeding used by the Baby-Friendly Hospital Initiative by the nursing team are considered to be effective as they naturally reflect on the success of this practice.

DESCRIPTORS: breastfeeding; Maternal and child health; Nursing team.

RESUMEN

Objetivo: comprender las estrategias de enfermería adoptadas para promover, proteger y apoyar la lactancia materna, a partir de la Iniciativa Hospital Amigo del Niño. **Método:** estudio descriptivo con enfoque cualitativo, desarrollado en la unidad clínica maternoinfantil de un hospital de Rio Grande do Sul. Participaron del estudio 13 profesionales del equipo de enfermería. Los datos fueron recolectados a través de entrevistas y se utilizó la técnica de Análisis de Contenido. **Resultados:** el equipo de enfermería ofrece apoyo continuo y responsable a las mujeres durante el inicio de la lactancia materna, reconociendo y adaptando pautas en función de las particularidades de cada embarazo, asegurando que se sientan cómodas y seguras al amamantar, contribuyendo a la salud materno infantil. **Consideraciones finales:** las estrategias de promoción, protección y apoyo a la lactancia materna, a través de la Iniciativa Hospital Amigo del Niño, utilizadas por el equipo de enfermería se consideran efectivas, ya que naturalmente reflejan el éxito de esta práctica.

DESCRIPTORES: lactancia materna; Salud Materno Infantil; Equipo de enfermería.

INTRODUCTION

Since 1981, the Ministry of Health has been coordinating strategies to protect and promote breastfeeding in Brazil. The country has 301 Baby-Friendly Hospitals, which promote the “Ten Steps to Successful Breastfeeding”.¹ One of the worldwide strategies to increase the time and success of breastfeeding (BF) is the Baby-Friendly Hospital Initiative (BFHI), which deals with the role of health institutions in promoting, protecting and supporting breastfeeding.^{2,3}

From this perspective, scientific evidence supports the BFHI as a protective factor for breastfeeding, also increasing the prevalence of EBF, when comparing health services with and without this Initiative and/or before and after its implementation. This highlights the need to expand coverage of the BFHI nationwide.⁴

The first 24 hours after childbirth are essential for successful breastfeeding, as it is an intense learning period for both mother and baby. The worldwide recommendation is that the first breastfeed should begin within the first hour of life, and that breastfeeding should be the exclusive form of feeding until the child is six months old and complementary feeding until the child is two years old.⁵

Breast milk contains the essential nutrients for a child’s growth and development, and is recognized worldwide as the most complete food for babies. It is also an important ally in reducing the risk of allergies, respiratory infections and diarrhea, reducing the risk of obesity and stimulating the formation of healthy adults, facilitating emotional, cognitive and nervous system development through mother-child contact during breastfeeding.⁶

Breastfeeding is considered an effective and economical intervention for reducing maternal and child morbidity and mortality, with a positive impact on global health promotion.⁷ Among the actions developed by nursing teams in maternal and child care, the promotion, support and encouragement of breastfeeding stand out, as it is a strategy that involves bonding, affection, protection and nutrition for the child.⁸

Nursing professionals’ actions include facilitating the breastfeeding process, which means taking a close and comprehensive look beyond the technical aspects of this practice, such as the correct breast latch, positioning the baby and possible breast complications. But it also involves the reality experienced by the woman, the emotional, economic and social aspects, so that this moment can be positive for mother and baby.⁹

This study is therefore justified by the importance of identifying the applicability of the strategies used by the nursing team to promote, protect and support BF, since the BFHI should bring about a change in the routines and conduct adopted in maternity wards, increasing the prevalence of breastfeeding and the duration of Exclusive Breastfeeding (EBF) in the first months of life.

Given this context, this study poses the following guiding question: What are the strategies used by the nursing team to promote, protect and support EBF through the BFHI? Based on these considerations, the aim of this study is to learn about the nursing strategies adopted to promote, protect and support EBF, based on the BFHI.

METHOD

This is a descriptive study with a qualitative approach, carried out with 13 professionals from the nursing team of the mother and child unit of a philanthropic hospital located in the northwest region of the state of Rio Grande do Sul.

The study included nurses and nursing technicians who had been working in the maternal and child unit for at least three months, who had undergone training for HCAI certification and had already applied the strategies for promoting, protecting and supporting breastfeeding in practice. The exclusion criterion was nursing staff who were not present in the service during the data collection period, which took place in October 2024.

Data was collected using semi-structured interviews with open-ended questions, enabling the research problem to be answered. The interviews were recorded using audio equipment and later transcribed in full. Data saturation occurred when the objective of the study had been achieved. The participants were identified by the letter E for “interviewees”, followed by a cardinal number, according to the order in which the interviews were conducted: E1, E2, E3.

Data analysis was organized using the Content Analysis technique, which values methodological rigour and is developed systematically in three stages: 1) Pre-analysis, 2) Exploration of the material and 3) Treatment of the results obtained and interpretation.¹⁰

The descriptive analysis of the data was based on the “Ten Steps to Successful BF”, which are: 1. Having a written standard on BF, which should be routinely passed on to the entire service team; 2. Training the entire team to implement this standard; 3. Informing all pregnant women about the advantages and management of breastfeeding; 4. Helping mothers to start breastfeeding within half an hour of giving birth; 5. Showing

mothers how to breastfeed and how to maintain lactation, even if they are separated from their children; 6. Not giving the newborn any other food or drink apart from breast milk, unless clinically indicated; 7. practicing rooming-in - allowing mothers and babies to stay together 24 hours a day; 8. encouraging breastfeeding on demand; 9. not giving artificial nipples or pacifiers to breastfed children; 10. encouraging the establishment of breastfeeding support groups, to which mothers should be referred on discharge from hospital.^{11,12}

It should be noted that the research participants signed the Free and Informed Consent Form in two copies, one remaining with the interviewee and the other with the researcher. The research followed ethical precepts and the project was approved by a Research Ethics Committee under Report No. 7.064.444.

RESULTS

Of the 13 study participants, one was a nurse and 12 were nursing technicians. They ranged in age from 18 to 45, had studied in different Brazilian states, had an average of 11 years’ experience in nursing and had worked in maternity clinics, nurseries, neonatal intensive care units, oncology and pediatrics.

Four categories emerged from the data analysis: Baby-friendly hospital initiative: perceptions of the nursing team; knowledge of the nursing team in relation to the Ten Steps; women’s recognition of the support received from the nursing team; and the responsibility of the nursing team in relation to breastfeeding.

Baby-friendly hospital initiative: perceptions of the nursing team

The participants in the survey perceived the impact that the training for HFHI certification had brought to the hospital environment, as well as recognizing the importance of the strategies proposed by the initiative, such as early skin-to-skin contact, which strengthens the emotional bond and encourages breastfeeding, active support for women, with guidance on latching on and positioning the baby, and respect and acceptance during childbirth and the postpartum period, reducing stress and encouraging lactation.

I joined before the BFHI and now that the strategies have been introduced, the difference is striking! Both in the delivery room and the reception, and from the moment the pregnant woman starts to go into labor. So it’s great to be able to put it into practice and see it happen. (E 5)

From the work we’ve done here, it’s a reflection out there for the children. Because the Initiative started because of infant mortality and, in order to reduce it, it needs to

start inside the hospital, helping mothers to breastfeed exclusively. So I think that from inside we can change the world outside. (E 3)

The BFHI emphasizes that humanized care and support for women are fundamental to successful breastfeeding, especially in the first hour of the newborn's life. The participants recognized this premise and highlighted its importance for nursing practice at the time of birth, with attention to the woman and the NB.

When the baby is born, we make skin-to-skin contact and, when it's regulating its temperature, smelling its mother's scent in the first few seconds of life, we can already see how easy it is. This bond with the mother in the rooming-in unit is visible. (E 5)

The baby is born, we put it to the breast and it already shows signs of seeking. When we put him to the breast, encouraging and explaining to the mother how to breastfeed contributes greatly to the success of breastfeeding. (E 6)

The nursing professionals' reports show that these changes have improved care for women and newborns and reinforced the collective commitment to health and well-being, helping to strengthen the bond and benefiting the maternal and child health of those involved. This transformation can go beyond the hospital, with positive repercussions in the context of family life and in the community where the mother and baby live.

The nursing team's knowledge of the ten steps

When asked about the "Ten Steps to Successful BF", the nursing professionals highlighted essential actions that reflect their technical knowledge and commitment to promoting, protecting and supporting BF.

It's having a policy in place, having trained staff, breastfeeding support groups, help in the first hour of life, explaining why you can't use nipples, pacifiers and bottles, about rooming-in. (E 13)

Instructing the father to stay with us 24 hours a day, training all the professionals in all areas, from hygiene, secretaries, nursing staff. It's important for everyone to know, so that we have the same dialog. We have a milk bank here in the hospital and we need to provide guidance on how to get there and where it is. (E 11)

In addition to technical knowledge and alignment with the practices recommended by the Ten Steps, the nursing team used educational materials and resources as complementary tools to support women. These resources reinforce the guidance provided and broaden access to information.

We have the breastfeeding booklet, the donuts, the breastfeeding pillow, the AGE oil for them to put on the nipple when they need it. (E 2)

We developed booklets with various guidelines on breastfeeding and the milk bank we have available. The booklet provides guidance from the beginning of pregnancy, on positioning, latching on, explains the issue of nipple confusion, why it can't be done and why it's not authorized at the hospital. (E 9)

We also have a B24 (Human Immunodeficiency Virus positive) mother's booklet. We put a nipple and a bottle in the corridors with a sticker saying that it's forbidden. (E 5)

The statements show that the nursing team understood the "Ten Steps to Successful BF" as fundamental pillars for professional practice. This knowledge, combined with the application of the proposed strategies, shows that continuous training and the alignment of all the professionals involved are crucial to strengthening BF and its benefits for maternal and child health.

The use of educational materials demonstrates the nursing team's commitment to offering comprehensive support during the breastfeeding process, reinforcing the guidance provided verbally, contributing to women's autonomy and empowerment by providing clear and accessible information.

Women's recognition of the support received from the nursing team

Following on from the strategies adopted by the nursing team, we highlight the women's recognition of the support they received during hospitalization. The participants revealed that, in addition to the importance of guidance on breastfeeding, the women expressed satisfaction and gratitude for the humanized care, which includes both technical and emotional support.

Everyone leaves happy when they manage to breastfeed, they leave without worrying, because if it's difficult to get help here, imagine what it's going to be like when you get home? It's going to be much harder! She's going to come home lost, and that's why it's very important that they leave here knowing what to do at home to breastfeed properly. (E 3)

They are happy and grateful for the help. When they're in the delivery room, they're very grateful to have someone there, doing non-pharmacological measures to relieve their pain. (E 6)

Some of them are very grateful to the team, for the guidance, for the care we provide, they say the team is very attentive. We get a lot of compliments and that's

gratifying! It's very nice to receive this feedback because, as professionals, we feel we've done our duty. (E 7)

They also mentioned that there was a welcoming approach when difficulties were identified involving other aspects of women's lives that interfere with breastfeeding, respecting their particularities and taking into account the different types of approach, based on each woman's needs. The women's recognition of the support they received from the nursing team reflects the effectiveness of a comprehensive approach.

We try to provide psychological support and put into practice what we've learned in training, so that it's a special moment with a stronger bond between her and the baby and carer. (E 7)

We try to see what the problem is and why she's having difficulty. We need to understand this part in order to be able to help afterwards, because it's no good just arriving and putting the baby to the breast. You need to talk to her, see what the difficulty is. (E 4)

Having an open conversation makes the woman feel comfortable telling you about her difficulties. So there's no point in you giving guidance, telling her to do it this way, and outside she doesn't have the chance to do it the way she was told. (E 11)

The speeches highlight the importance of active listening, welcoming and respecting the particularities of each woman. This support, which combines guidance, empathy and attention to emotional and social issues, is fundamental for successful breastfeeding and for strengthening the mother-baby-family bond, promoting a more peaceful and rewarding experience for all involved.

The nursing team's responsibility towards breastfeeding

With regard to the responsibility of the nursing team, the professionals stressed the importance of continuous and individualized support during the start of breastfeeding. Recognizing the differences between each pregnancy and the specific needs of each woman, nursing professionals play an active role in supporting women, especially in the first moments after giving birth.

I realize that one pregnancy is different from another. So, no matter how much experience they have, professional help is very important because of this difference from one baby to the next. (E5)

I think it's a natural instinct for a mother to pick up her child, put it to the breast and breastfeed. The support we give and the assistance we provide for that baby to latch on properly and for the mother to breastfeed is unique. The

whole team gets excited about encouraging breastfeeding!" (E 6)

I see that some mothers are quite nervous in the postpartum period, especially in normal childbirth. They still don't know how to start breastfeeding, so the help we give helps a lot!" (E 13)

The nursing team also highlighted the importance of continuous and personalized approaches to support women at all stages of the process. The strategies used are adjusted to the specific needs of each woman, taking into account any difficulties that may arise, such as increased volume and pain in the breasts after the first few days of breastfeeding, such as: using breastfeeding pillows, cold compresses, breastfeeding position, wearing a bra, among others.

We always advise that it's easier to put the baby in at first. But from the third or fourth day onwards, the latch begins and the breast becomes fuller, more painful and harder. So there are always more doubts and we advise them to put the cold compress on until the milk comes down. (E 1)

We advise you to put on maternity panties and a nursing bra to help. If the baby has difficulty latching on, we can offer them the breast milk we have in the milk bank in a cup. (E 3)

We talked about the reduction of the uterus during breastfeeding, the mother's hormonal issues and that the baby needs to suck in order for her to be stimulated to produce more milk. (E 7)

In summary, the nursing team provides continuous support from the start of breastfeeding, recognizing the particularities of each pregnancy and adapting their guidance according to each woman's needs. The professionals provided technical and emotional support, ensuring that the woman felt comfortable and confident when breastfeeding. The team's commitment to providing care and dedication to continuous follow-up were widely recognized by the women, who expressed their gratitude for the assistance they received.

DISCUSSION

The BFHI was perceived by the nursing team as having positive repercussions and significant changes to the hospital routine. In this sense, it favours a humanized environment where women have pleasant experiences, which facilitate the breastfeeding process, facts that refer to Steps 1 and 2. The nursing team is primarily responsible for promoting humanized care, involving respect and acceptance in the assistance provided. Breastfeeding must therefore be practiced

from the first hour of the baby's life onwards, as it promotes and protects maternal and child health.¹³

Step 4 is to encourage women and help them to start breastfeeding, which is fundamental for its introduction and continuity after discharge from the maternity hospital.¹⁴ Good practices involving humanization suggest welcoming women, encouraging natural childbirth, the presence of a companion, skin-to-skin contact between mother and baby at birth, encouragement and guidance on breastfeeding in the first hour of life.¹⁵ Practices developed by the study participants in their professional practice.

Promoting immediate skin-to-skin contact between mother and child to encourage early breastfeeding can help to increase the duration of breastfeeding, as the baby remains alert in the first hour of life.¹⁶ The applicability of these strategies consists of using theoretical, technical and scientific skills, identifying the nursing team that is capable of promoting, protecting and supporting breastfeeding.

The knowledge of the nursing team stands out in relation to Step 10, based on practices and guidelines that should be carried out during prenatal care, during labor, delivery, postpartum and at hospital discharge.¹⁴ The findings of this study show that having knowledge about the importance of BF and applying this theory in practice is a comprehensive process of change that influences different aspects of an institution with HFHI.

From this perspective, women's recognition of the support received by the nursing team gives them a feeling of gratitude and accomplishment. Therefore, it is essential to recognize the needs and peculiarities of each individual being cared for, offering qualified and resolute assistance, taking into account the different types of approach.¹⁷

As responsibilities, the participants used different strategies to promote, protect and support breastfeeding, with an emphasis on presenting the benefits of rooming-in for descent and milk production. These strategies are listed in Steps 3, 7 and 8. Co-bedding allows women and NBs to be together for 24 hours and, with this proximity, breastfeeding is guided by the baby's demand, contributing to milk letdown and strengthening the bond between mother and child.¹⁸

In addition, the participants emphasized the guidelines described in Steps 6 and 9 of the BFHI to the families during the hospitalization period. Step 5 stands out because the nursing team mentions the existence of the milk bank and the use of the breast pump. The Human Milk Bank receives milked milk as a donation and offers it in the absence of the mother or when the baby is unable to suckle at the breast,

preventing her from stopping producing breast milk, helping to empty engorged breasts and treating mastitis.⁷

Breastfeeding is a two-way street, because when these strategies are put into practice, they increase the chances of achieving nutritional goals, helping to reduce complications and early weaning.¹⁹ Therefore, the nursing team's theoretical and practical knowledge is essential in order to carry out different approaches to strategies for promoting, protecting and supporting breastfeeding, taking into account care based on the BFHI.

FINAL CONSIDERATIONS

The BFHI and the strategies used by the nursing team to promote, protect and support breastfeeding contribute to a higher prevalence from the first hour of life, helping to strengthen the bond between mother and child, as well as stimulating the child's search and sucking reflexes, which consequently contribute to milk letdown and reduce the chance of early weaning.

The BFHI has brought significant changes to hospital routines and the adoption of this policy has made it possible to provide humanized care for women, NBs and their families, seeking to equip them to manage breastfeeding and its possible difficulties, adapting interventions according to their individual needs.

With the BFHI, the nursing team underwent various training courses, which helped them to follow the same line of reasoning for promoting, protecting and supporting breastfeeding. Further research is suggested in order to follow up families after hospital discharge and assess the impact of strategies carried out in the hospital environment on the continuity of breastfeeding and its exclusivity in the months following birth.

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