

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

SCOPING REVIEW

DOI:10.9789/2175-5361.rpcfo.v17.13829

BREASTFEEDING PROMOTION: MATERNAL EMPOWERMENT INTERVENTIONS DURING THE PREGNANCY-PARTURITION CYCLE

Promoção da amamentação: intervenções para a capacitação materna durante o ciclo gravídico-puerperal

Promoción de la lactancia: intervenciones para la capacitación materna durante el ciclo embarazo-puerperio

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RESUMO

Objetivo: identificar as intervenções realizadas pelo enfermeiro obstetra no ciclo gravídico-puerperal, que visem a capacitação das mulheres para a amamentação. **Método:** revisão *Scoping* segundo modelo *do Joanna Briggs Institute*, abrangendo estudos publicados nas plataformas *EBSCOhost*, *B. On*, *Web of Science* e *Scopus*. **Resultados:** incluídos e analisados 12 estudos que permitiram a identificação de seis categorias de intervenções: 1) educação pré-natal; 2) apoio pós-natal individualizado; 3) promoção da autoeficácia materna; 4) intervenções durante o parto e internamento na maternidade; 5) envolvimento familiar e apoio social e 6) intervenções complementares e alternativas. **Conclusões:** Programas educativos abrangentes do pré-natal ao pós-parto, sessões em grupo, acompanhamento telefônico, visitas domiciliares, grupos de apoio online e envolvimento familiar evidenciaram-se como estratégias eficazes na capacitação materna para amamentar. O enfermeiro obstetra tem um papel crucial na promoção da amamentação. A formação contínua e a adesão a políticas públicas são essenciais para garantir a eficácia das suas intervenções.

DESCRITORES: Amamentação; Enfermeiro obstetra; Cuidados de enfermagem; Gravidez; Período pós-parto.

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Received: 2025/03/05. **Accepted:** 2025/05/14

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How to cite this article: Moreira ACA, Tavares MFM. Breastfeeding promotion: maternal empowerment interventions during the pregnancy-parturition cycle. *R Pesq Cuid Fundam (Online)*. [Internet]. 2025 [cited year month day];17:e13829. Available from: <https://doi.org/10.9789/2175-5361.rpcfo.v17.13829>.



ABSTRACT

Objective: to identify the interventions conducted by midwives during the pregnancy-puerperium cycle, aimed at training women to practice breastfeeding. **Method:** scoping review according to the Joanna Briggs Institute model, covering studies published on the EBSCOhost, B. On, Web of Science and Scopus platforms. **Results:** six categories of interventions were identified from the inclusion and analysis of twelve studies: 1) prenatal education; 2) tailored postnatal care; 3) fostering maternal self-efficacy; 4) interventions in the maternity unit and during childbirth; 5) social support and family participation; and 6) complementary and alternative therapies. **Conclusions:** comprehensive educational programs from prenatal to postpartum, group sessions, phone follow-up, home visits, online support groups and family participation have proven to be effective strategies in empowering mothers to breastfeed. Breastfeeding promotion is a vital responsibility of midwives. To ensure their interventions are effective, ongoing education and compliance with public health policies are necessary.

DESCRIPTORS: Breastfeeding; Nurse midwife; Nursing care; Pregnancy; Postpartum period

RESUMEN

Objetivo: identificar las intervenciones realizadas por la partera en el ciclo embarazo-puerperal, que tienen como objetivo capacitar a las mujeres para la práctica de la lactancia materna. **Método:** revisión de alcance según el modelo del *Joanna Briggs Institute*, abarcando estudios en las plataformas *EBSCOhost*, *B. On*, *Web of Science* y *Scopus*. **Resultados:** se incluyeron y analizaron 12 estudios, que permitieron identificar seis categorías de intervenciones: 1) educación prenatal; 2) apoyo posnatal individualizado; 3) promoción de la autoeficacia materna; 4) intervenciones durante el parto y la hospitalización en la maternidad; 5) involucramiento familiar y apoyo social y 6) intervenciones complementarias y alternativas. **Conclusiones:** los programas educativos integrales desde el periodo prenatal hasta el posparto, las sesiones de grupo, el seguimiento telefónico, las visitas a domicilio, los grupos de apoyo en línea y la participación de la familia demostraron ser estrategias efectivas para empoderar a las madres para que amamenten. La partera tiene un papel crucial en la promoción de la lactancia materna. La capacitación continua y el cumplimiento de las políticas públicas son esenciales para garantizar la efectividad de sus intervenciones.

DESCRIPTORES: Lactancia materna; Enfermera obstetra; Atención de enfermería; Embarazo; Periodo posparto

INTRODUCTION

Breastfeeding is widely recognized as an essential practice for the health of mother and baby. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend exclusive breastfeeding until the baby is six months old, with breastfeeding continuing until the baby is two years old or older, in addition to adequate nutrition.¹

There are many recognized benefits of breastfeeding, not only for children, but also for mothers and families.^{2,3}

Despite the recognized benefits, breastfeeding rates remain far below the established global targets. Factors such as lack of knowledge, lack of family and professional support², cultural barriers and insufficient health policies to encourage breastfeeding appear to be the main culprits behind the high abandonment rates.⁴ The role of obstetric nurses has proved decisive in supporting, training and guiding women during the pregnancy-puerperium cycle, promoting practices that favor the success and continuity of breastfeeding.

The pregnancy-puerperium cycle is marked by intense physical, emotional and social changes in a woman's life, requiring specialized support to enable her to cope with

these changes and develop confidence and knowledge about breastfeeding.^{5,6}

Empowerment for breastfeeding is a process based on the acquisition of knowledge and skills to enable effective practice. This empowerment, combined with the encouragement of women's active participation and intervention in problems arising from breastfeeding, leads to improved self-efficacy and maternal control.⁵

Therefore, obstetric nurses play a central role in providing technical support and promoting educational interventions that foster women's self-confidence and self-efficacy.⁷ The interventions they carry out are not limited to individual support for mothers and include the implementation and monitoring of structured programs, often associated with public policies to promote breastfeeding. One example is the "Baby-Friendly Hospital Initiative", developed by the WHO (World Health Organization) and UNICEF, which defines ten fundamental steps for successful breastfeeding, including the promotion of breastfeeding in the first hour of life and rooming-in.¹ The implementation of these steps has been shown to be effective in increasing exclusive breastfeeding rates in hospital settings.^{8,9}

Despite the progress made, there are still significant gaps in the perception of the most effective interventions for empowering women to breastfeed, particularly with regard to the role of obstetric nurses. The aim is therefore to explore the interventions carried out by these professionals, with the aim of identifying strategies that can be applied more widely and systematically, contributing to the improvement of health policies and the training and work of health professionals.

METHOD

The methodology and recommendations of the Joanna Briggs Institute¹⁰ guided this scoping review. The research question was structured based on the PCC method:

- Population (P): Obstetric nurse.
- Concept (C): Nursing interventions that enable breastfeeding.
- Context (C): Pregnancy-puerperium cycle.

The guiding question was “What interventions are implemented by obstetric nurses in the pregnancy-puerperium cycle that enable women to breastfeed?”

The key concepts (interventions, breastfeeding, obstetric nurse, pregnancy-puerperium cycle) were identified and translated into English; using MeSH/DeCS terminology, the most relevant descriptors were defined, which combined with Boolean operators, gave rise to the search expression: *Interven* AND Breastfeed* OR Breast-feed* OR Lactation AND Midwif* OR Nurse midwif* OR Midwife AND Puerperium OR Post-Natal period OR Postpartum period OR After birth OR Labor OR Pregnancy OR Childbirth.*

The search was carried out between October and November 2024 in the EBSCOhost, B.On, Web of Science and Scopus

databases, chosen to ensure broad and diverse coverage of studies in different contexts.

Inclusion criteria were defined as studies whose population was pregnant women, parturients or puerperal women of legal age, healthy and with healthy newborns; primary studies. Exclusion criteria: secondary studies and studies that did not mention interventions that enable women to breastfeed in the pregnancy-puerperium cycle.

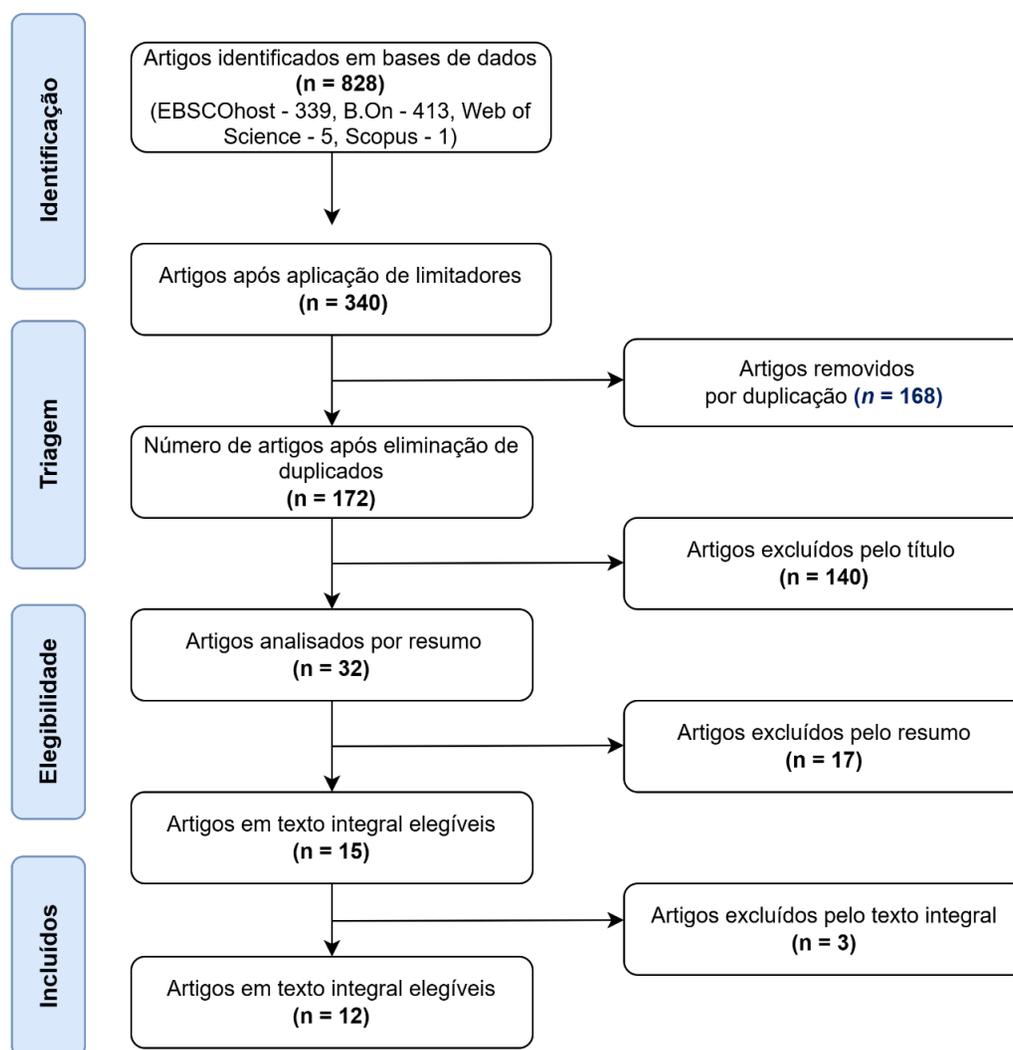
We wanted studies written in Portuguese, English or Spanish (because they didn't need to be translated, avoiding possible biases), published between 2014 and 2024 (ensuring the inclusion of the most recent evidence).

The articles obtained were then exported to the Rayyan review organization software. Two independent reviewers carried out the selection applying the previously established criteria. There were no disagreements between the reviewers. If there were, the intervention of a third reviewer was defined.

RESULTS

The selection of studies followed a structured and systematic process, summarized in the PRISMA-ScR10 Model study selection and inclusion flowchart (Figure 1).

The initial search identified a total of 828 articles from the four databases used. After applying the date and language limiters, 340 articles were obtained. In the next step, 168 duplicate articles were eliminated, resulting in 172 articles. The articles were then screened according to the established inclusion and exclusion criteria. The analysis led to the exclusion of 140 studies by title; 32 articles by analyzing the abstracts; 3 articles after reading the full text. Twelve studies were included in the review.

Figure 1 - Flowchart for selecting and including studies

Source: Adapted from PRISMA-ScR, 2024

Table 1 shows a summary of the 12 studies included in this review. There was some diversity in the practices analyzed, with differences in terms of context, study design, sample size and specific objectives. With regard to the quality of the studies, applying the GRADE system (www.gradeworkinggroup.org),

it can be seen that the studies identified with the numbers 1, 2, 3, 4, 11 and 12 can be classified as having high quality; the studies numbered 5, 7, 8 and 10 achieve moderate quality and the studies with the numbers 6 and 9 have a low quality mark.

Table 1 - Characterization of the studies included in the review

#	Authors (Year)	Country	Type of study	Participants	Objectives	Results
1	Dagla et al. (2021)	Greece	Quantitative (Randomized clinical trial)	1080 women	To investigate the association between continuous midwife-led long-term breastfeeding support combined with psychosocial support and the initiation and duration of exclusive breastfeeding and any breastfeeding. -Identify the factors related to the duration of exclusive breastfeeding and/or any breastfeeding	-More support for exclusive and general breastfeeding. -Maternal mental well-being prolongs exclusive and general breastfeeding -Main strategies for promoting breastfeeding; perinatal education and support
2	Hosseini et al. (2023)	Iran	Quantitative (Case-control clinical trial)	120 women (60 in the control group, 60 in the intervention group)	Investigating the effect of midwife-led breastfeeding counseling based on Bandura's model on breastfeeding performance and self-efficacy	-Significant increase in knowledge, attitudes, self-efficacy and duration of exclusive breastfeeding; -Maternal self-efficacy can be a significant predictor of breastfeeding duration; -Collective strategies to increase self-efficacy can improve the quality and continuity of exclusive breastfeeding -Home-based counseling in the postpartum period improves the breastfeeding process and maternal satisfactions
3	Rodríguez-Gallego et al. (2024)	Spain	Quantitative, randomized controlled clinical trial	382 women divided into 2 groups (control and intervention)	-To evaluate the effectiveness of a midwife-led breastfeeding support group intervention during the postpartum period in promoting exclusive breastfeeding until the baby is 6 months old; To evaluate the impact of this intervention on breastfeeding self-efficacy and its relationship with the duration and exclusivity of breastfeeding.	-Improved breastfeeding rates up to 6 months after birth. -Improved perceived self-efficacy which in turn contributed to higher SMA rates -Online support through social media groups reinforces group intervention by increasing breastfeeding self-efficacy
4	Vakilian et al. (2020)	Iran	Quantitative, randomized clinical trial	130 women hospitalized postpartum (65 in the control group, 65 in the intervention group)	To evaluate the effects of a home-based educational intervention in the postpartum period, using pamphlets and CDs, on promoting self-efficacy rates and exclusive breastfeeding.	-Higher rates of breastfeeding self-efficacy -Higher rates of exclusive breastfeeding in the 1st month after the educational intervention

#	Authors (Year)	Country	Type of study	Participants	Objectives	Results
5	Rabiepoor et al. (2019)	Iran	Quantitative, single-blind clinical trial	66 pregnant women (33 in the control group, 33 in the intervention group)	Examining the effect of husbands' participation on breastfeeding self-efficacy in the postpartum period	The participation of husbands during pregnancy and lactation increases the rate of breastfeeding self-efficacy
6	Akin et al. (2023)	Turkey	Quantitative, descriptive and relational	331 primiparous women who gave birth vaginally in a maternity hospital	Evaluate the effect of supporting women during labor on their perception of childbirth and breastfeeding self-efficacy	-Positive correlation between supportive care for women during childbirth and breastfeeding self-efficacy; -Relationship between comfort and education behaviors during childbirth and breastfeeding self-efficacy;
7	Setyawati et al. (2024)	Indonesia	Quantitative, quasi-experimental study	50 primiparous women (25 in the control group, 25 in the intervention group)	Compare the effectiveness of the SETIA program with that of the standard program to promote exclusive breastfeeding in the first month after childbirth.	-No significant differences in breastfeeding between the 2 groups; -Participation in the program increased the ability to manage breastfeeding problems and more mothers continued to breastfeed after 1 month.
8	Franciska et al. (2023)	Indonesia	Quantitative, descriptive, quasi-experimental	60 puerperal women (30 in the control group, 30 in the intervention group)	To check the impact of lactation massage and hypno-nursing on breastfeeding mothers' ability to produce milk	Significant and effective effect on milk production
9	Burhan et al. (2023)	Indonesia	Quantitative pre-experimental	30 pregnant women in the third trimester (15 in the control group, 15 in the intervention group)	Determine the effect of comprehensive breastfeeding education on breastfeeding success	Significant effect on attitudes, knowledge and practices of successful breastfeeding.
10	Hadjiona et al. (2016)	Cyprus	Quantitative, cross-sectional, descriptive and comparative	216 mothers	-To assess mothers' self-efficacy in breastfeeding in the first 48 hours after childbirth -To explore the experiences of mothers regarding the implementation of the "10 steps" by health professionals in the first 48 hours after childbirth.	-Midwife assistance to develop breastfeeding skills and encouraging breastfeeding on demand were the stages most experienced by mothers; Co-housing, not offering pacifiers and breastfeeding support after discharge were not systematically practiced; Low rates of skin-to-skin contact, exclusive breastfeeding and breastfeeding self-efficacy

#	Authors (Year)	Country	Type of study	Participants	Objectives	Results
11	Fu et al. (2014)	China	Quantitative, multicenter, prospective, randomized clinical trial	722 primiparous breastfeeding women	To evaluate the effect of 2 postnatal professional support interventions on the duration of exclusive breastfeeding and breastfeeding of any kind	-Higher rates of exclusive and general breastfeeding; -Telephone support increased the likelihood of breastfeeding after 1 month and 2 months and exclusive breastfeeding after 1 month; -Hospital support increased the likelihood of breastfeeding, although without a statistically significant effect
12	Moosazadeh et al. (2020)	Iran	Quantitative (Case-control clinical trial)	165 breastfeeding mothers (83 in the control group, 82 in the intervention group)	To evaluate the effect of telephone counseling during the postpartum period on exclusive breastfeeding	Increased exclusive breastfeeding with telephone counseling

Nota. SETIA = Self Empowering Woman, Empathy, Trust, Intimate and Affection
Source: Study data, 2024

DISCUSSION

The 12 included studies identified various interventions that were grouped into six main categories, reflecting approaches that promote maternal empowerment for

breastfeeding (Table 2) and which will be analyzed. These interventions, grouped into main categories, are fundamental to successful breastfeeding. Each category offers a distinct but interconnected perspective on the midwife's role in positively influencing the breastfeeding experience.

Table 2 - Categorization of interventions

Categories	Interventions	Studies
Prenatal education	Individual and group educational sessions Structured counseling during pregnancy	1, 2, 9 1, 9
Individualized postnatal support	Postpartum home visits Telephone follow-up	2, 7 1, 11, 12
Promoting maternal self-efficacy	Counseling based on behavioral models Strategies for resolving difficulties	2, 5 1, 2, 4, 7
Interventions during childbirth and in the maternity ward	Support during labor Support during hospitalization	6 10, 11
Family involvement and social support	Including partners in educational sessions Support groups	5 3
Complementary and alternative interventions	Use of digital technologies, online support and social networks Complementary techniques: lactation massage and hypno-nursing	3, 4 8

Source: Research authors, 2024

PRENATAL EDUCATION

The ideal time for guidance on breastfeeding is during prenatal care, which should be well structured, with preventive actions that empower and reassure mothers-to-be about breastfeeding.^{11,12} Prenatal education is recognized as essential to prepare women for breastfeeding.¹³ Structured educational programs, especially those led by obstetric nurses, promote maternal knowledge and confidence, contributing to higher rates of exclusive breastfeeding.³ Receiving specific guidance on breastfeeding during the pregnancy-puerperal cycle is essential to ensure the quality of care provided and to prevent early weaning¹⁴. Such actions provide successful breastfeeding experiences.^{14,15}

Similarly, the relevance of comprehensive educational programs in the pregnancy-puerperium cycle is crucial in addressing knowledge gaps and improving breastfeeding practices.¹⁶

Educational groups stand out as an effective strategy for promoting exclusive breastfeeding, being an important source of support.^{12,17} In them, mothers benefit from sharing diverse experiences, contributing to reducing anxiety and understanding emotions typical of this period. Group activities aim to complement individual consultations, offering humanized support, encouraging the adoption of appropriate practices and strengthening the relationship between professionals and pregnant women.¹²

However, providing information alone is not enough to guarantee motivation and success in breastfeeding. Group dynamics with interactive resources, playful activities, videos and games are also recommended, encouraging the exchange of experiences and the mutual enrichment of knowledge.^{12,18} In addition, interactive educational sessions, combining theory and practice, have a greater impact on preparing mothers.⁴

The distribution of complementary materials, such as leaflets or other reading material, containing guidelines and tips not only for pregnant women, but also for their partners and family members, also guarantees supportive information.¹²

Individualized post-natal support

Home visits by trained health professionals significantly increase the duration of exclusive breastfeeding, especially in high-risk populations.¹⁹ Early interventions that include home visits reduce early weaning rates by strengthening mothers' confidence in breastfeeding.^{4,17,20}

Telephone follow-up during the postpartum period is a viable and effective alternative for providing ongoing support to mothers¹². This type of support addresses practical

issues such as baby positioning, managing insufficient milk production and mothers' emotional needs.²¹

The success of telephone follow-up lies in its continuity and accessibility, allowing mothers to seek immediate support for emerging problems.²² This model has been recommended by international organizations such as WHO & UNICEF¹, due to its ability to incorporate specialized assistance even in remote areas. It has been found that mothers who use telephone counseling programs have higher breastfeeding rates up to six months, proving that the accessibility and emotional support offered by this model can overcome geographical and logistical challenges.²³

The combination of home visits and telephone follow-up offers a holistic and comprehensive approach to postnatal support. These interventions increase exclusive breastfeeding rates, promote mothers' mental health by reducing anxiety and increase maternal confidence.³

Promoting maternal self-efficacy

The use of behavioral models, such as Bandura's social cognitive theory, have proven to be effective strategies for strengthening maternal self-efficacy.¹⁷

Interventions based on behavioral theories, which included verbal reinforcement and peer observation, have been shown to significantly increase mothers' confidence in their ability to breastfeed, especially in contexts of high social risk. The combination of delegated experiences (such as assisting other mothers) and positive social incentives stood out as a practical approach to overcoming cognitive and emotional barriers.^{2,24,25} Analysis of the application of behavioral theories in low-income communities revealed a 35% increase in mothers' self-efficacy in exclusive breastfeeding during the first six months of their baby's life.²⁶ This shows the notable need and relevance of including family support networks in breastfeeding promotion programs.²⁷

In order to overcome the technical and emotional challenges of breastfeeding, problem-solving strategies are essential. The use of multimedia materials and pamphlets as a form of home-based education are effective educational tools in empowering breastfeeding.²⁸

The practical approach combined with emotional support is especially effective for mothers who face psychological barriers such as anxiety and fear of failure. These interventions help to reduce the impact of stress triggers, improving confidence and continuity of breastfeeding. Community programs, which include sessions to resolve difficulties such as breast pain or latch-on problems, are also essential in maintaining exclusive breastfeeding until the baby is six months old.^{29,30,31}

It is essential that women are informed about the possible problems and difficulties that may arise, how to identify and prevent them, and strategies for resolving them in order to promote their self-efficacy.^{12,20} These include delayed milk letdown, difficulties with the baby's sucking, inverted or flat nipples, breast engorgement, cracked nipples and mastitis. These issues, combined with the beliefs and myths surrounding breastfeeding, are some of the main reasons for early weaning.¹²

Whether it's telephone counseling, home visits or other types of support, the important thing is that there is close monitoring, which provides mothers with strategies for resolving difficulties in the breastfeeding process.^{15,17}

Interventions during childbirth and in the maternity ward

The support provided by the obstetric nurse during childbirth and in the maternity ward is fundamental to supporting breastfeeding and improving the childbirth experience.^{32,33,34}

Continuous support during childbirth is extremely important, particularly emotional support, which has an effect on reducing labor time, reducing the need for medical interventions and promoting better interaction between mother and baby in the first hours after birth. Non-pharmacological interventions, such as massage and breathing techniques, have proven to be effective in reducing stress during childbirth and improving maternal and neonatal outcomes, particularly in establishing breastfeeding.^{35,36}

During the hospitalization period, support has been widely recognized as essential for establishing and maintaining successful breastfeeding practices.^{12,22,33,37,38} Adequate training of health professionals is also fundamental, and there is evidence that hospitals certified as "Baby Friendly" have better breastfeeding results due to the continuous training of their teams in the protocols recommended by the WHO.⁹

Family involvement and social support

The breastfeeding support network contributes to individual and collective empowerment³⁹, hence the relevance of establishing support networks aimed at groups of pregnant and postpartum women, especially focusing on the promotion and continuity of breastfeeding.⁴⁰

The inclusion of partners in educational sessions during the pregnancy-puerperium cycle should be widely encouraged in order to strengthen the mother's support network and improve breastfeeding outcomes.^{41,42}

The involvement of partners during the prenatal period is associated with greater continuity of exclusive breastfeeding

until the baby is six months old, as it reduces barriers such as lack of confidence and emotional stress for mothers. In the postpartum period, the role of partners as facilitators of breastfeeding care and practice is strengthened.^{27,42}

Therefore, including partners in educational sessions and using different strategies to highlight the importance of the family bond is in line with the aim of empowering the entire family unit, allowing breastfeeding challenges to be overcome together.^{41,42,43}

Support groups also allow mothers to develop practical skills and share common challenges, strengthening their self-confidence. Their purpose goes far beyond the simple one-way transmission of information, promoting dialog and encouraging women's active participation, allowing them to establish relationships, share knowledge and jointly identify experiences and learning.^{7,12,39,44}

The puerperal women's social support network is mainly made up of family and community members, and it is important that health services integrate and value the participation of this network in the process. In addition, the decision to breastfeed reflects cultural influences, personal experiences and interaction with the support network. It is therefore essential that health professionals consider these contexts in order to implement actions that help women overcome challenges and fully experience breastfeeding.^{12,39,40}

Health policies that integrate families and communities into maternal and child care are key to improving breastfeeding rates.¹

Complementary and alternative interventions

The use of digital technologies in the pregnancy-puerperium cycle has transformed the way mothers receive breastfeeding support. Online support groups and social networks allow continuous access to information and interactions between peers and professionals.^{45,46} The use of apps, websites, online videos, podcasts and emails to get answers to their questions can alienate women from health services. It is essential to recognize the role of these support groups in promoting breastfeeding and to reinforce the need for health professionals to get involved in social networks in order to better reach mothers.⁴⁷

A qualitative study carried out on a private Facebook group managed by health professionals concluded that this space stood out as crucial in supporting exclusive breastfeeding, promoting dialogue, exchange of experiences and trust in women.⁴⁵ Management by health professionals reinforces credibility, underlining the importance of integrating digital tools into breastfeeding promotion strategies.^{44,45}

Inadequate milk production has been identified as one of the barriers to abandoning breastfeeding.⁴⁸ Lactation massage and hypno-nursing are complementary interventions that have been shown to be effective in increasing milk production and reducing breastfeeding difficulties.^{48,49,50}

For women facing stress factors in the postpartum period, such as sleep deprivation, physical exhaustion, hormonal changes and anxiety about caring for the newborn and adapting to the role of mother, these conditions can delay the onset of lactation, reducing milk production. Lactation massage relaxes the mother, stimulates the release of oxytocin and helps to unblock the lactiferous ducts, improving milk flow.⁴⁸ The WHO recommends oxytocin reflex stimulation massage as a technique to support mothers who face difficulties in starting breastfeeding.⁵¹ Hypnobirthing uses relaxation techniques to reduce maternal stress, promoting greater milk production.⁴⁹ These methods are particularly effective when implemented in contexts with professional support⁴⁹ and obstetric nurses should have specific training in these types of interventions.⁴⁸

The limitations of this study include the heterogeneity of the methodologies and contexts of the studies analysed, which makes it difficult to generalize the results, the lack of qualitative studies, which limits the understanding of mothers' subjective experiences, and the lack of long-term research, which restricts the evaluation of the sustained effects of the interventions. These limitations point to the need for future research combining quantitative and qualitative approaches, as well as studies evaluating the impact of interventions adapted to different socio-cultural realities.

CONCLUSION

This study reinforces the fundamental role of obstetric nurses in training women to breastfeed during the pregnancy-puerperium cycle. The interventions analyzed showed positive results in increasing exclusive breastfeeding rates, reducing early weaning and strengthening maternal confidence and autonomy.

The implications for the clinical practice of obstetric nurses are significant, and they must be trained to provide technical support and strategies to promote maternal confidence and autonomy. Continuous training and the promotion of public policies are essential to ensure the effectiveness of interventions.

The central role of obstetric nurses in empowering mothers to breastfeed is clear, and they stand out as an ally in overcoming barriers and promoting a more positive experience for women and their children.

This scoping review answered the research question and the proposed objective, highlighting the importance of continuing to develop research, training and public policies to consolidate effective practices and promote a lasting impact on global health.

CONFLICT OF INTEREST

The authors declare that there was no conflict of interest.

FUNDING

There was no funding for the research.

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