

Facilidades e dificuldades encontradas pelas puérperas para amamentar

Facilities and difficulties found by mothers to breastfeed

Facilidades y dificultades encontradas por las madres para amamentar

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Article elaborated from the Monograph entitled “Factors that interfere in the maintenance of exclusive breastfeeding”.

How to quote this article:

Urbanetto PDG; Gomes GC; Costa AR; et al. Facilities and difficulties found by mothers to breastfeed. Rev Fund Care Online. 2018 abr/jun; 10(2):399-405. DOI: <http://dx.doi.org/10.9789/2175-5361.2018.v10i2.399-405>

ABSTRACT

Objective: This study aimed to know the facilities and difficulties encountered by postpartum to breastfeed.

Method: It was a descriptive, exploratory study of qualitative approach. Participants were 11 postpartum from a University Hospital in southern Brazil. Data were collected through interviews and analyzed by thematic analysis technique. As facilities it was found the creation of the bond between the mother and baby, affective touch, correct grasp, good milk production and the practicality of breast-feeding. As difficulties the need to return to work, complications such pain, cracks in the nipple, delay in the milk letdown, discomfort, engorgement, baby gets drowsy, sucks several times or reject the breast. **Conclusion:** It is concluded that the nurse should provide support and information necessary for the puerperal and directing practices that minimize the difficulties in the breastfeeding to prevent the weaning.

Descriptors: Infant; Newborn; Postpartum Period; Breast Feeding; Weaning; Nursing.

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RESUMO

Objetivo: Conhecer as facilidades e dificuldades encontradas pelas puérperas para amamentar. **Método:** Realizou-se um estudo descritivo exploratório de cunho qualitativo. Participaram 11 puérperas de um Hospital Universitário do sul do Brasil. Os dados foram coletados por entrevistas e analisados pela técnica de Análise Temática. **Resultados:** Como facilidades verificaram-se a criação do vínculo entre a mãe e o bebê, o toque afetivo, a pega correta, a boa produção de leite e a praticidade de amamentar. Como dificuldades a necessidade de retornar ao trabalho, complicações como dor, fissuras no mamilo, demora na descida do leite, desconforto, ingurgitamento, o bebê ficar sonolento ou mamar várias vezes ou rejeitar a mama. **Conclusão:** Concluiu-se que o enfermeiro deve dar apoio e informações necessárias para as puérperas e direcionar práticas que minimizem as dificuldades na amamentação como forma de impedir o desmame.

Descritores: Recém-nascido; Período Pós-Parto; Aleitamento materno; Desmame; Enfermagem.

RESUMEN

Objetivo: Se objetivó conocer las facilidades y dificultades encontradas por las puerperas para amamentar. **Método:** Se realizó un estudio descriptivo, exploratorio con enfoque cualitativo. Participaron 11 puerperas en un Hospital Universitario en el sur del Brasil. Los datos fueron recolectados a través de entrevistas y analizados por la técnica de análisis temático. **Resultados:** Como facilidades se encontraron la creación del vínculo entre madre y bebé, toque afectivo, succión correcta, buena producción de leche y practicidad de la lactancia materna. Como dificultades la necesidad de volver al trabajo, complicaciones como dolor, fisuras en la pezón, retraso en el flujo de la leche, incomodidad, ingurgitamiento, bebé somnoliento, succionar varias veces o rechazar el pecho. **Conclusión:** Se concluyó que el enfermero debe proporcionar apoyo y informaciones necesarias para las puerperas y direccionar prácticas que minimizen las dificultades en la lactancia como prevenir el destete.

Descriptorios: Recién Nacido; Período de Postparto; Lactancia Materna; Destete; Enfermería.

INTRODUCTION

Breastfeeding (MA) is the only natural form of nutrition for newborns (NBs) and of fundamental importance for the development of the same. The Ministry of Health recommends that breastfeeding be exclusive until the sixth month of the baby's life. Faced with this, exclusive breastfeeding (EBF) occurs when it is offered to the infant only breast milk (his/her mother or expressed) and receives no other liquid or solid food, except for vitamins and other medicines.¹

AME is an important factor in the protection of the newborn (RN). It contributes to the reduction of infant mortality, the reduction of allergic diseases and gastrointestinal problems.² In addition, breast milk has nutrients and defense substances that are passed on to the baby at the time of breastfeeding. Thus, it is the adequate, balanced and easily digested milk for the baby.³

Another important factor of breastfeeding from the first moment of life is the favoring of the mother-baby interaction. During breastfeeding a bond is created that increases

the duration of AME.⁴ Children who receive natural food (breast milk) have better visual acuity, neuropsychomotor development, cognitive development, and high intelligence quotient.⁵

However, even knowing the benefits of AME, the early weaning rate is still high. The II National Survey of Prevalence of Breastfeeding revealed that only 21% of the children are exclusively breastfed until the sixth month, in the region of Londrina-PR, Brazil.⁶ Among the factors considered as determinants of AME abandonment before 6 months are breast complications, such as: nipple fissure (34%), breast engorgement (8.1%), flat and/or inverted nipple (4.1 %) and mastitis (2.7%).⁷

In addition, another study points out that exclusive breastfeeding time was lower in mothers who worked outside the home, increasing the risk of early introduction of foods other than breastmilk.⁸ Against this background, the competences of the nurse in relation to the incentive of the puerperal to the AME stand out. This professional will be in direct contact with the woman establishing a relationship of trust that can contribute to the success of breastfeeding.

There are opportune moments for the intervention of the nurse in this practice. One of them is in the prenatal one, the other is in the hospital for delivery, in which it is taken up what was said in the prenatal period regarding lactation. With the correct guidelines given at the time of discharge, highlighting what was said earlier, the woman can feel more secure, happy and harmonious to face the difficulties faced in the puerperium.⁹

Considering the importance of MA for the reduction of infant mortality and morbidity and the role of the nurse in encouraging breastfeeding and in the education of puerperal women for this process to be satisfactory, the question that guided this study was: what factors that make breastfeeding easier and more difficult? From this, it was aimed to know the facilities and difficulties encountered by the puerperal to breastfeed.

This knowledge is important because it can guide the educational practices carried out by nurses in order to minimize the difficulties faced by puerperal during breastfeeding, reducing the rates of early weaning. It is believed that the study may provide data for the reflection of the professionals of the nursing team about their interventions against the factors that interfere in the practice of breastfeeding, qualifying their doing.

METHOD

A descriptive, exploratory, qualitative study was carried out. Qualitative research works with the universe of meanings, motives, aspirations, beliefs, values and attitudes.¹⁰ It allows the author to get directly involved in the situation and allows the agents to observe their daily lives, socially interacting with them. It is descriptive because it allows the description of the phenomenon investigated allowing it to become known, and

it is exploratory because it allows the investigator to increase his experience around a certain problem.¹¹

The study was developed at the Obstetric Inpatient Unit of a University Hospital (HU) in southern Brazil. This unit has 25 beds divided into three wards with three beds and eight wards with two beds. The HU is titled *Hospital Amigo da Criança* and practices the accommodation together. It also has Milk Bank within the maternity ward that is frequently used by mothers who perform milk milking as a protection measure for breast engorgement, in addition, they donate excess milk.

The study included 11 postpartum women who met the inclusion criterion: being in immediate postpartum in the HU, wanting to breastfeed their child and being able to answer the questionnaire; as for the newborn, be at term and in good health. Excluded were those women who had declared their intention not to breastfeed their children. The participants were guided about the methodology and objectives of the study and signed the informed consent form. Afterwards, they were advised about the importance of breastfeeding and a home visit was scheduled on the seventh day after discharge, because it is believed that the difficulties to breastfeed are mainly in the first week of life of the newborn.

Data collection was done through semi-structured interviews with each participant. These were carried out in the second half of 2012 at home previously scheduled with the puerperal before her discharge from the hospital. The interviews were recorded for later transcription. The interview is a technique that establishes a dialogical relationship with a certain intention, which is characterized as promoting the opening and deepening of communication.¹⁰ They were questioned about their experience with breastfeeding, focusing on the facilities and difficulties they are facing to breastfeed.

The data were analyzed using the Thematic Analysis technique.¹⁰ This technique is divided into three stages: pre-Analysis, in which the grouping of the statements and the elaboration of the registration units were performed; exploitation of the material, in which the data were codified, grouped by similarities and differences and organized into categories; and Treatment of the obtained results and interpretation, in which the most significant speeches were selected to illustrate the analysis and the search of authors to support the analysis was carried out.

Resolution 466/12 respecting the ethical aspects of human research was respected. The project was forwarded to the Research Ethics Committee of the Health Area (CEPAS) of the Federal University of Rio Grande - FURG and approved with opinion number 78/2012. The participants and their speeches were identified with the letter P followed by the interview number.

RESULTS

The following will be presented the characterization of the study participants and the categories generated from the thematic analysis of the data: Facilities encountered by puerperal women to breastfeed and Difficulties encountered by puerperal women to breastfeed.

Characterization of study participants:

Eleven postpartum women who had their children participated in the study at the Obstetric Hospitalization Unit. Regarding age, two were adolescents (17 and 20 years), seven were between 21 and 28 years old and two were 32 years old. As for the number of children, eight had the first child, one the second, one the third child and one the fourth child.

As for the level of education, two had incomplete Elementary School, three incomplete Secondary School, three complete Secondary School and three incomplete Higher Education. In relation to the place where they live, nine lived in masonry houses and two in wooden houses with only three pieces. Five were residents of the outskirts of the municipality and four resided in the center. When it came to the number of people who lived in the same house, it was verified that five puerperal lived with only the companion and the newborn son; three continued to live with their families of origin after the birth of the baby, residing between three and seven people in the same house.

In relation to their professions, it was verified that five (05) are from the home, three (03) are students, one (01) is operating box, one (01) is autonomous and one (01) is store attendant. Their family incomes ranged from one (01) to four (04) minimum wages. One of them, since the husband is autonomous, did not know how to report the rent. All of them underwent prenatal care, performing from four to 15 consultations, two of which were in the private network and the other in the public network. The consultations carried out in the private network were in greater numbers than those of the public health network. In addition, mothers who already had children performed fewer prenatal visits. Of those who already had children, only three women had already breastfed.

Facilities found by puerperal mothers to breastfeed

The reasons for breastfeeding are that breast milk is the major source of protection for the baby's health because it is rich in antibodies and defenses that pass from the mother to the child. They pointed out that breast milk is best for the child until the sixth month of life.

"It is more protection for him, it is the best he has until the six months and if I can breastfeed more is better." (P1)

“Yes, the defenses that passes to the baby, fundamental to growth. It is the only food that needs to be ingested by the baby”. (P2)

“Yes, the antibodies, the fact of being a complete food, one should not include water, tea, juice. We realize that milk also kills thirst, protects the baby. I decided to breastfeed for the benefits of breastfeeding, to know that it is an extra protection for him, which is a food that he needs and will contribute to his body, the fact of tucking him in the chest. These are the reasons that lead me to breastfeed.” (P3)

The importance of breast milk for the child's development and quality of life was reported by the puerperal.

“Yes, it's for everything, it's for the health of the baby, that's why I'm still giving the breast milk to him, even if it's in the bottle I'm giving right. Because of that, because it's good, right.” (P4)

“Breastfeeding is important as it will do well for my baby. For his quality of life it will be great.” (P2)

When questioned about the ease of breastfeeding, they emphasized the relation of the bond created between mother and child through breastfeeding and because this is a moment of affective touch between them.

I think it means bonding. It is one thing that unites mother and son very much, attachment and satisfaction, you see that your little child is well after he finishes breastfeeding. The bond is important, when the baby is crying to be able to calm down, to cherish it in the chest, because when we speak the baby does not understand much what is being talked about. I think in that moment little one is act, touch, that will pass the feeling to your child and I think that breastfeeding brings this (P1).

For me it means a bond between me and my son. It was my dream to breastfeed, because it creates a bond between the mother and the baby. Seeing your child feed on your body is unique. Having the power to meet his needs (P2).

I think that mother who is a mother breastfeeds, when she does not breastfeed, she seems to lose contact with her child. Now it's being less painful, it's being good. It's a moment of mine and hers. (P3).

They stated that the ability to breastfeed was based on previous experience with breastfeeding, taking advantage of this experience better than the first time.

This time it's being good. So far my chest has not cracked. I can enjoy it more, even when I first breastfed. I have enough milk. From yesterday to today I had to take a glass of milk and put it away, because she did not mind sucking both breasts. I took it not to stone (P4).

One of them said that the baby's good hand to the breast is very important and when performed correctly makes the breastfeeding time quiet without any problem.

It's being very quiet. He has enough milk and he catches well. He is not having a problem. (P5)

Good milk production was referred to as a facility that allows the establishment of breastfeeding.

It's worth it because he's taking it and I know he's doing well for it. It's normal for me. I have enough milk (P6).

In addition, the practicality of breastfeeding was verified, not needing to get up at night to breastfeed.

I do not even have to get up at night (P7).

Difficulties encountered by puerperal mothers in breastfeeding

They said that the main difficulty to continue breastfeeding is the need to return to work.

When I start working, it's going to be kind of difficult, but I'll find a way. (P2).

When I get back to work it's going to be difficult. It makes you want not to go, but we'll see (P5).

It has been found that pain and fissures in the nipple present as a difficulty they possess for breastfeeding. They said that fissures and discomfort in the breasts would be the reasons to stop breastfeeding. One woman said that breast engorgement was the main factor that made breastfeeding difficult.

It is very difficult to breastfeed, because it is painful, it hurt the breast, it discourages. Especially at night, it gets a lot more sore, but when you get it right it passes. But at first when it is catching the beak it hurts a lot (P10).

Of course there's a mother who does not. Dry milk, but there are many who give up because it hurts. I did not give up because I love my son. (P11).

[...] She hurt my breast a lot. I suckled her and I cried with pain, a lot of pain, but it passed. You look at your baby crying there do that, do that. It hurts at the time and then relieves. Then you look at that face and everything is worth it. The pain we forget. But now it does not hurt anymore. It is okay (P8).

One of them also added the fact that the milk takes to go down in the first days as a difficulty faced to breastfeed.

At first it was very difficult for the pain, not to lower the milk. These were to the difficulties, but now it is very quiet (P8).

A puerpera referred to as difficulty breastfeeding the baby's rejection of the breast.

I really wanted him to have a suck. I struggled a lot for this, but he had a rejection of the beak of my breast. He can not snatch it, understand? I was very sad, I was annoyed that I could not get it. I wish he had suckled my chest. Because it is more difficult to take in the machine, it hurts, it hurts, it bleeds, do you understand? The machine is much more sacrificial (P6).

A puerperal says that one difficulty is the fact that the baby becomes more sleepy in the first days of life. Another refers as a difficulty to the fact that the baby suckles many times, causing her to have to be always available, having to give up the domestic activities.

It's all right. She's still very sleepy. Give a blowjob and sleep. Then you have to be patient until she wakes up to nurse again. (P9).

From time to time I'm doing the house things, then I have to stop doing it, or I'm doing the dishes and my hand is cold. It's a little tricky like that, I think. (P6).

DISCUSSION

Regarding the facilities mentioned by breastfeeding mothers, they affirmed that breastmilk is a source of protection for the health of the baby, besides being essential, especially in the first six months of the infant's life. Breastfeeding is one of the basic actions to promote full growth and development of children, because LM works to prevent diseases and reduce infant mortality. Its composition meets the nutritional needs of the infant until the sixth month of life, and the supply of other foods, including water and teas, is unnecessary.¹²

LM brings benefits not only to the health and development of the newborn, but also to its own maternal figure.

Breastfeeding provides adequate nutrients for maintaining the health, growth and development of infants, while at the same time benefiting the nursing mother. Breastmilk has many biological, affective and social advantages, requiring a greater investment in information and promotion of breastfeeding.¹²

The creation of the bond and the affective touch were also cited as facilitating factors. Besides natural food, AM is the natural linking strategy, improving the quality of life of families.¹³ This aspect related to attachment was cited in a study in which 32 mothers answered that breastfeeding arouses in the woman a feeling of attachment to the child, stating that the breastfed child feels safer, especially when in contact with the mother.⁷

For many women breastfeeding is the main moment between them and their children, providing the exchange of affection, knowledge, affection and dedication. For mothers, it is difficult to describe the feeling that occurs when they are breastfeeding, the gaze exchanged with the baby during breastfeeding and affective touch is something that mothers affirm to strengthen the mother-child relationship. In addition, during breastfeeding both enjoy feelings of love and confidence. Physical contact with the baby is an essential element of interaction with the child and this contributes to the baby's health.¹⁴

In one study, it was observed that 41 mothers with previous experience with breastfeeding provided answers expressing some form of fulfillment and satisfaction in breastfeeding. This corroborates the established hypothesis that breastfeeding is an expression of maternal love.⁷

The correct handle is a facilitator in the breastfeeding process. The child should nipple not only the nipple, but most of the areola. This handle favors the nipple touching the palate and proper suctioning takes place, leading to good milk production. If the handle is only on the nipple, there may be erosion and/or nipple fissure by continued friction. The child may become restless, drop the breast, cry or refuse to nurse, because without the pressure of the lactating ducts against the palate there is no adequate outlet of milk.¹⁵

With the AM, the child grows and develops properly until the sixth month because LM is a source of protein. AM is practical because the LM does not need to be diluted, it does not become contaminated and it is always ready. Besides these advantages, the availability to serve the baby is something relevant since there is no need for expenses with milk formulas or with bottles.¹⁶

In relation to the difficulties faced by the puerperium when breastfeeding, it is reported the need for the woman to return to work after the maternity leave. The practice of breastfeeding associated with women's work culminates in many difficulties for women. This drawback results from myths about breastmilk, culture, lack of health care, or inadequate health education. Education that almost always focuses on the biological aspect of breastfeeding.¹⁷

It is verified, therefore, that the maternal absence of the home hinders the practice of breastfeeding, especially the

exclusive one. Mothers who report working a few days a week and who stay five to six months at home after the birth of the child also breastfeed more.¹⁸

Another study pointed out that in addition to the reference to crying and hunger, breast interurrences and breast refusal related to return to work outside the home were determinant for early weaning.¹⁹ A study carried out reveals that nipple trauma is the main problem reported by mothers at the beginning of breastfeeding.¹⁸ However, it was not considered a reason for early dietary supplementation, because these interurrences are still seen as a natural factor in the process of breastfeeding. Another study pointed out that 42.86% of the women found difficulties in the initial months of breastfeeding. Among the problems early detected are the difficulty of finding a position that promotes the appropriate handle, as well as the nipple traumas with consequent bleeding.¹⁴

It is necessary that from the prenatal mothers mothers know the inconveniences that can occur, how to identify them and, above all, how to prevent them. Among these inconveniences that may occur are poor sucking of the baby, delayed milk descent, flat or inverted nipples, breast engorgement, nipple fissures, mastitis either by engorgement or infectious process among others that together with the beliefs and myths about breastfeeding the major causes of early weaning.³

A study showed that one of the most common painful processes found in the 24 postpartum women interviewed in the first 72 hours after delivery was the physiological breast engorgement in 33% of them; maternal engorgement in 25% and maternal engorgement accompanied by fissures in 25%.²⁰ In another study, the breast problems presented by puerperal women related to the abandonment of breastfeeding were: nipple fissure (34%), breast engorgement (8.1%), flat or inverted nipple (4.1%) and mastitis (2.7%).⁷

A study about the determinants of the abandonment of AME in children assisted by an interdisciplinary program to promote breastfeeding showed the lack of patience of the mother, the baby being drowsy or rejecting the maternal breast and the delay in the descent of the milk as difficulties to breastfeed. However, these mothers did not report that they wanted to stop breastfeeding, even with the accumulation of household chores and baby care, which required behavioral demonstrations of perseverance. This confirms the feeling of ambiguity in the woman, despite maintaining the practice of AME because they know the benefits of breastfeeding.⁷

For the success of breastfeeding to occur, the mother's desire to breastfeed is paramount, but learning and support are also necessary. In this context, the support and encouragement of the people surrounding the mother, especially the companion and the grandparents of the child, are of the utmost importance. But for parents and grandparents to be able to support and encourage breastfeeding, they need to have the knowledge they need to properly practice breastfeeding.²¹

In this sense, women, when they first encounter the AM, require that they be presented with models or practical guides on how they should conduct themselves in the process. It stands out as important the family aid, helping the nurse in this moment of tiredness and difficulties.

CONCLUSION

The study aimed to know the facilities and difficulties encountered by puerperal mothers to breastfeed. The analysis of the data showed how the facilities of the puerperium for breastfeeding: the creation of the bond and affective touch between the mother - baby, the previous experience with breastfeeding, the good milk production and the practicality of breastfeeding. Regarding the difficulties, they said that the main reason was the need to return to work while breastfeeding. In addition, they pointed to complications such as: pain, nipple fissures, delayed milk discharge, discomfort, engorgement and the fact that the baby suckles several times or rejects the breast.

It was concluded that there are factors that facilitate and hinder the act of breastfeeding. Therefore, the nurse should provide support and information necessary for the puerperal to feel confident about SMA, benefiting them, their children and society in general, directing the educational practice in order to minimize the difficulties faced by puerperal women during breastfeeding. Through these actions, we can reduce the rates of early weaning, potentiating the factors that facilitate breastfeeding and minimizing those that make difficult, contributing to the evolution of this index.

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Received on: 22/10/2016
Reviews required: No
Approved on: 04/01/2017
Published on: 10/04/2018

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