



The experience of breastfeeding in a group of teenage mothers*

Perfil da prática da amamentação em grupo de mães adolescentes

Perfil de la práctica del amamantamiento en grupo de madres adolescentes

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ABSTRACT

Objectives: To describe the breastfeeding experience among teenage mothers, to identify past breastfeeding experience, and to identify events / situations perceived as obstacles to their current breastfeeding. **Methods:** An exploratory study was conducted with 80 adolescent mothers in a low-risk maternity setting in Ribeirão Preto-SP. A structured data collection tool was administered three times (at hospital discharge, during consultation between 10-15 days postpartum, and by telephone one month after discharge). Descriptive statistics were used in the analyses of the resulting data. **Results:** Among those adolescents with previous breastfeeding experience, 38.5% breastfed longer than six months. There was a gradual reduction of breastfeeding in the population of teenage mothers in this study. Problems were identified that led to decreased breastfeeding, including: nipple trauma, and inadequate suckling at the breast by the infant, but at discharge the mothers were able to demonstrate understanding of how to properly breastfeed. **Conclusions:** The teenage mother needs support and attention, specific to her role as an adolescent breastfeeding mother, without preconceived ideas of her being unable to care for a child due to her age. **Descriptors:** Maternal and child health; Breast feeding; Pregnancy in adolescence

RESUMO

Objetivos: Caracterizar o aleitamento materno entre mães adolescentes; identificar as experiências anteriores da amamentação; identificar eventos/situações que consideram como obstáculo na amamentação atual. **Métodos:** Estudo exploratório desenvolvido em maternidade de baixo risco de Ribeirão Preto-SP. Foram entrevistadas 80 puérperas adolescentes. Aplicou-se um formulário em três momentos (alta hospitalar, consulta nos 10º a 15º dias pós-parto e busca via telefone, após um mês). Utilizou-se a estatística descritiva. **Resultados:** Houve redução gradativa de aleitamento materno exclusivo. Em experiência anterior, 38,5% das adolescentes amamentaram mais de seis meses. Na experiência atual, consideraram problemas: os traumas mamilares e a dificuldade de sucção do bebê e demonstraram estar instrumentalizadas para amamentar. **Conclusões:** A mãe adolescente requer atenção sem rótulos pré-concebidos de incapacidade para cuidar do filho, guardando as especificidades da adolescência.

Descritores: Saúde materno-infantil; Aleitamento materno; Gravidez na adolescência

RESUMEN

Objetivos: Caracterizar la lactancia materna entre madres adolescentes; identificar las experiencias anteriores del amamantamiento; identificar eventos/situaciones que consideran como obstáculo en el actual amamantamiento. **Métodos:** Estudio exploratorio desarrollado en maternidades de bajo riesgo de Ribeirão Preto-SP. Fueron entrevistadas 80 puérperas adolescentes. Se aplicó un formulario en tres momentos (alta hospitalaria, consulta entre el 10º a 15º días post-parto y búsqueda por vía telefónica después de un mes). Se utilizó la estadística descriptiva. **Resultados:** Hubo reducción gradual de la lactancia materna exclusiva. En experiencia anterior, el 38,5% de las adolescentes amamantaron más de seis meses. En la experiencia actual, consideraron problemas: los traumas del pezón y la dificultad de succión del bebé y demostraron estar instrumentalizadas para amamentar. **Conclusiones:** La madre adolescente requiere atención sin rótulos preconcebidos de incapacidad para cuidar al hijo, guardando las especificidades de la adolescencia.

Descriptorios: Salud materno-infantil; Lactancia materna; Embarazo en adolescencia

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INTRODUCTION

Studies have indicated an underestimated ability of the adolescent to care for the child. It should be considered that, regardless of age, becoming a mother requires new adaptations, interpersonal and intrapsychic readjustments. Adaptation to the maternal condition involves developing the capacity to provide care to the fragile and dependent child which, for the adolescent, can become a more complex process when they do not obtain the appropriate support in their relational environment. Among the capabilities to care for the child, is feeding, which includes breastfeeding. It is known that breastfeeding is an important component of adequate infant feeding and that the feeding, from birth and in the early years of the life of the child, has repercussions throughout the life of the individual⁽¹⁾.

The process of establishment of breastfeeding includes the learning of the practice by the women⁽²⁾. Facing this, the author emphasizes the important role of the health professional in the prevention and management of common difficulties during breastfeeding, among them, breast engorgement, nipple trauma, breast infections and low milk production. Poor breastfeeding technique, infrequent feeds and feeds at predetermined times, the use of pacifiers and of food complements constitute important factors that may predispose to the appearance of complications of lactation that often lead to weaning. In this sense, the knowledge of the mother regarding the nutritional aspect is one of many factors that interfere in the decisions of breastfeeding, weaning and infant feeding⁽³⁾. Regardless of being an adolescent or not, mothers need information and support to develop skills to breastfeed.

It should be noted that adolescents constitute a target of care for the health professionals in order to make them aware of the maternal role and prepare them for this. Evaluations of educational programs aimed at adolescent mothers have significant prominence in the literature investigated⁽⁴⁾. However, it must be considered that, in general, the proposals of educational action and of assistance show dissociations, i.e. they do not consider the diversities of the women in the experiences and demands of breastfeeding. This not only occurs with age criterion, but also with the quality of information that is transmitted to the women. In this sense, expanded and integral care to this population is necessary in order to help the adolescents in their quotidian journey, empowering them to deal positively with the difficulties faced during maternity and breastfeeding. From this, the proposal of this study is to contribute to a better instrumentalization of the health professionals who work with adolescents and their children, as it aims to understand the process of establishment and

maintenance of breastfeeding among the adolescents.

Thus, this study had as its aims:

- To characterize the type of breastfeeding practiced, according to the indicators of the World Health Organization, among adolescent mothers;
- To characterize the previous experiences of breastfeeding regarding the duration of exclusive breastfeeding, breastfeeding and the causes of weaning;
- To identify which events or situations are perceived by adolescent mothers as obstacles to the practice of breastfeeding

METHODS

This is a quantitative study carried out in a low-risk maternity unit, which attends the clientele of the Brazilian National Health System (SUS), located in the municipality of Ribeirão Preto - SP, accredited as a Baby-Friendly Hospital. In this study, the study participants were adolescent puerperae attended in that institution mentioned who met the inclusion criteria: less than 19 years of age, as defined by the World Health Organization (WHO)⁽⁵⁾, resident in the city, gestation ≥ 37 weeks, breastfeeding at hospital discharge and the neonate presenting an absence of abnormalities or special breastfeeding care. The sample was selected for convenience and included 80 adolescent puerperae. Data collection was performed, firstly in the postpartum nursing consultation at the same hospital. This takes place on approximately the 10th to 15th day postpartum for all puerperae residents of the municipality that received delivery care at this maternity hospital. The puerperae were approached following the nursing consultation, where they received information regarding the study and were invited to participate. Next, approximately 30 days after delivery, the study subjects were contacted by telephone in order to reevaluate the type of feeding practiced; taking as the criterion to perform three attempts on different days and times, before ruling out another attempt at contact.

To collect the data, a questionnaire was administered to the adolescent mothers, which included sociodemographic information, data regarding the current and previous pregnancies and births and specific data on breastfeeding practices (frequency, duration of breastfeeding, maternal perception regarding the emptying of the breasts, suckling and satisfaction of the child). The proposed instrument was adapted from the questionnaire developed for the research: Iron deficiency in children of 3 to 12 months, comprehension of the biological and social determinants and their implications for the encouragement of exclusive breastfeeding⁽⁶⁾. The data were stored in a structured database in Microsoft Excel, which was double entered, allowing the validation

of the data entered, eliminating possible errors and ensuring reliability. After the validation of the data, the analysis was based on descriptive statistics, and responses were grouped and quantified by thematic categories that corresponded to the content of the information presented. For the statistical analysis the Statistical Analysis System, version 9.0 program was used.

For the analysis of the type of breastfeeding, the categories proposed by WHO⁽⁷⁾ were used, including: Exclusive Breastfeeding (EBF): the child receives only breast milk, directly from the breast or extracted and no other liquid or solid with the exception of medications or vitamin supplements; Predominant Breastfeeding (PBF): the child receives breast milk directly from the breast or extracted, and water or water-based beverages (teas, juices) and no other liquid or solid food; Breastfeeding (BF): The child receives breast milk directly from the breast or extracted, regardless of also receiving any other liquid or solid food, including other milks; Weaned (W).

The research project was approved by the Research Ethics Committee of the School of Nursing of Ribeirão Preto, University of São Paulo, according to Resolution n°. 196/96. The study subjects were informed about the study and prior to acceptance, signed the Terms of Free Prior Informed Consent. During the family visit, the consent of their parent or guardian for the participation in the study was obtained, when they arrived for the postpartum follow-up consultation .

RESULTS

Of the 80 puerperae interviewed who met the sampling criteria, the majority (57.5%) were born in Ribeirão Preto, and 42.5% were natives of other cities and other states. The majority lived in urban areas (98.8%). Regarding their housing situation, 91.3% lived in houses and 57.5% reported that they were the owners of the property, the majority living with three to seven people (67.5%). The household income was unknown for 36.6% of subjects, with the highest percentage (42.5%), having an income between R\$ 300.00 and R\$

800.00. The age of the adolescents ranged from 15 to 19 years and the mean age was 17 years. It was identified that all interviewees reported having studied, the majority (52.5%) had high school education (complete and incomplete) and 47.5% elementary education (complete and incomplete). Regarding marital status, the majority lived in a stable union (57.5%) and had activities performed at home as their occupation (85%).

For the obstetric history of the adolescents, it was identified that 62 (77.5%) were primiparous, 16 (20%) presented two pregnancies, one of which resulted in miscarriage, and two (2.5%) presented three pregnancies. Regarding information relating to the present pregnancy and birth, it was found that all the adolescents interviewed underwent prenatal monitoring, and that the majority of them (52.5%) had attended six to ten consultations. It was identified that the majority had the resolution of the pregnancy with the gestational age between 40 and 42 weeks (77.5%) and vaginal delivery (81.3%).

Concerning the characterization of the type of breastfeeding practiced, according to the WHO indicators, among adolescent mother subjects of this study, data are presented in Table 1, in three distinct stages of data collection, i.e. at hospital discharge, at postpartum follow-up consultation (10 to 15 days postpartum) and at the telephone contact (after one month). It is relevant to consider that the percentage of those who maintained exclusive breastfeeding (84.7%) after one month refers to a total of 64 mothers who could be contacted. Among those who were not maintaining EBF, the duration ranged from 8 to 15 days. One child was weaned early and when the mother was contacted by telephone after 30 days, she indicated that the milk had dried up when the child completed three weeks.

Of the adolescents surveyed, 13 (16.3%) cited previous experiences in breastfeeding. Regarding such experiences, 46.2% maintained EBF for 90 to 180 days, followed by 30.8% with duration of 60 days and 23% with duration of 10 days. Among the reasons reported for weaning, the most frequent causes were: return to work (46.2%) and did not like to breastfeed (30.8%).

Table 1 - Types of breastfeeding practiced by the adolescents at the three moments of data collection (hospital discharge, postpartum follow-up consultation and telephone contact). Ribeirão Preto, MATER, 2008

Types of Breastfeeding	Hospital discharge (n=80)		Follow-up consultation (n=80)		Telephone contact (n=64)	
	n°	%	n°	%	n°	%*
EBF	80	100.0	70	88.0	54	84.4
PBF	-	-	10	12.0	9	14.0
BF	-	-	-	-	-	-
W	-	-	-	-	1	1.6
Total	80	100.0	80	100.0	64	100.0

EBF – Exclusive breastfeeding; PBF – Predominant breastfeeding; BF – Breastfeeding; W – Weaned.

* Percentage relative to the total interviewed by telephone contact (64)

With regard to the guidance on breastfeeding, 95% of the participants reported having received guidance during the pregnancy. It was verified that guidance was given during prenatal consultations and in courses for pregnant women and focused on the same contents, being, care of the breasts, advantages of breastfeeding for the mother and the baby, performing breastfeeding, and the importance of exclusive breastfeeding on free demand. It was found that the percentage of adolescents that received guidance in pre-natal consultations was higher (60%) in relation to those that received it in courses for pregnant women (35%).

Regarding the events or situations perceived by the adolescent mothers as obstacles to the practice of breastfeeding, at the time of hospital discharge and after 10 to 15 days postpartum, it was found that there was an increase in the percentage of adolescents who reported problems with breastfeeding after hospital discharge from 15% to 32.5%. The problems most mentioned during hospitalization were: nipple trauma and poor suckling of the newborn, which were, in most cases, resolved before hospital discharge with the use of focused light (nipple trauma) and relactation (difficulties of suckling), according to the adolescents. After discharge the predominant problems were nipple trauma, and a single depressive condition. The strategies used for the resolution of the problems in the post-hospitalization period included: sunbathing or no intervention for nipple trauma, seeking medical help for the depressive condition.

In relation to the perception that the teenagers had about their breasts at the end of feeding, 83.8% said they noticed the breast empty and light. With regard to the perception of the satisfaction of their babies at the end of feeding, it was found that the majority (82.5%) believed that they were satisfied, reporting the following reasons: the baby sleeps (78.8%), stays calm (15.2%), gains weight (3%) and releases the breast (3%).

DISCUSSION

The adolescents in this study belonged to the low-income class, a condition already noted by other authors⁽⁸⁾. The marital status is another characteristic trait of the studied group of adolescents who mostly lived in a consensual union. The difficulties to resolve the bonds of dependence of the family group may lead youths to achieve pseudo independence, substituting the links with the parents for the emotional dependence of the couple. This includes youths who marry to "leave home"⁽⁹⁾. Early pregnancy is associated with other determinants, such as lower educational level, less purchasing power and, often, the fact of being single. Additionally, the adolescents relate their own insecurity

and lack of confidence in themselves to provide food for their baby, with the lack of support from their mothers or close relatives, with the self-centeredness of their age and with problems of self-image, often leading to a lower rate of breastfeeding⁽¹⁰⁾. In this sense, aspects were found in the group of adolescents regarding the practice of breastfeeding. There was a gradual reduction of the EBF when considering the three stages of data collection, being, 100%, 88% and 84.4% (at hospital discharge, during the postpartum consultation and during telephone contact after one month respectively). An inverse trend was observed for the percentage of PBF, which was 0%, 12% and 14%, respectively, for each point of data collection. Among the liquids offered to the babies, were water and juice to quench their thirst, tea for colic and infant formula as a supplement due to the perception of poor or insufficient milk. The tendency of decreasing EBF over the course of the months of the child's life has been verified as a reality independent of the maternal age, found in national, state and local studies, particularly in Ribeirao Preto, the scenario of this study⁽¹¹⁻¹³⁾.

Regarding the adolescents who cited previous experience, 38.5% of them had breast fed for longer than six months, below that recommended, considering that breastfeeding should be continued, after six months with other foods until the age of two⁽¹⁴⁾. Among the alleged reasons for weaning in previous experiences, were plans to return to work. According to some authors, this reason does not seem to interfere with the decision to initiate breastfeeding, however if the return to work occurs within the first two to three months after giving birth, this seems to hinder their success. Often this early return to work is the result of pressure, particularly in the case of unregistered mothers due to the fear of losing their jobs⁽¹⁵⁾.

Feelings of displeasure to breastfeed were verbalized by some adolescents in the study, as opposed to what is socially expected, given that breastfeeding is a practice valued in our society, which often does not allow mothers to express other desires inconsistent with this universe of meanings⁽¹⁶⁾. In this sense, the opportunities for learning about breastfeeding are constructed, not only by experience but also by the information and values transmitted by the media, traditions, school, family, health services and other factors that influence the taking of decisions regarding this process. Systematized guidance in health services often focuses on technical information related to the management of breastfeeding which can be useful and important, as observed by some authors, as it respond to the doubts present⁽¹⁷⁾. To give orientation on breastfeeding is a major challenge for health professionals which involves sensitivity and the ability to cope with the demands of the women in the face of

experiences with breastfeeding, and requires training of health professionals to act in the support of breastfeeding in an approach that goes beyond the biological frontiers, comprehending the nurturer in all their dimensions of being a woman⁽¹⁸⁾. In this regard, the WHO in collaboration with the United Nations Children's Fund has created a course of Breastfeeding Counseling which seeks to train health professionals for specific skills to facilitate communication and achieve a constructive action, considering the breastfeeding process⁽¹⁹⁾.

In respect of the situations considered by the adolescents as problems in the initial stages of breastfeeding, such as nipple trauma and difficulties in suckling of the newborn, these aspects are mentioned by other authors as problems presented by breastfeeding women, independent of age. Authors observe that it is in the institutional hospital context, where breastfeeding is a norm to be complied with by all the hospitalized women, the fact that "the baby does not want to take the breast" becomes a problem⁽²⁰⁾. During the period of hospitalization, the adolescents receive a heavy load of information from the health team and many do not have enough time to assimilate and adapt to the role of nurturer, considering the increasingly early hospital discharge. Taking into account the specificities of the puerperium in which mood changes, doubts, conflicts and insecurities are common, the emergence of problems in this phase increases the vulnerability of these mothers⁽²¹⁾.

The problems during the initial phase of breastfeeding increases after the hospital discharge. According to the results, the percentage of adolescents who reported any problems, doubled after discharge, which alerts health professionals to the need for continued support for the women in the process of breastfeeding, at home and in the services available in their community. Authors report that the problems in lactation related to the breasts tend to appear in the first weeks postpartum, a time when the women are out of the hospital environment, in their homes, where they often lack the social support necessary to minimize or resolve their problems, which tends to complicate the condition of interurrences, constituting an early weaning factor⁽²⁰⁾.

For the group of adolescents, the strategies used to face the problems during breastfeeding meet those

recommended in the health service for the treatment of nipple trauma (sunbathing). This practice is questionable, since wound healing is most effective if the layers are kept moist. The moist treatment of the cracks is currently recommended and aims to form a protective layer that prevents the dehydration of the deeper layers of the epidermis⁽²⁾. Relactation was another strategy mentioned by the adolescents, which occurs as part of the hospital context. It is indicated in breastfeeding mothers, whose lactation flow is reduced, for the restoration of milk production, or when the newborn needs to relearn the suction mechanism⁽²²⁾.

The perceptions presented by the adolescents regarding the satisfaction of the baby and their breasts at the end of feeding, made it possible to conclude that they are constructed as nurturing mothers in an interactive process with their children. The behavioral manifestations of the newborn have a major impact on how the mother constructs meaning from the experience of breastfeeding, as from this interpretation the mother perceives herself secure or insecure regarding her ability to ensure the feeding of the child⁽²³⁾.

CONCLUSION

Maternity in adolescence is a phenomenon of great social relevance in which the causes, risks and consequences to the health of the mother and the child are investigated. A look at the practice of breastfeeding performed by these young mothers, in most cases, shows the reality of being mothers of low social economic levels associated with other factors that require differentiated and structured assistance so that they can maintain breastfeeding, according to that recommended by the WHO, which has not happened in this study.

In the practice of breastfeeding, the adolescents revealed themselves to be committed to this role and within the context of their lives they seek to perform it adequately. However, it may become clear that health professionals need to remove the labels that place adolescents as insecure and self-centered in the exercise of the maternal role, creating strategies that enable the team to know them in their life projects, in an integrated manner with their family and community, making them the protagonists of the experiences of maternity, particularly breastfeeding.

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