

## Factors that influence the interruption of exclusive breastfeeding in nursing mothers

*Fatores que influenciam na interrupção do aleitamento materno exclusivo em nutrizes*

*Factores que influyen en la interrupción de la lactancia materna exclusiva en madres lactantes*



Luna Jamile Xavier Amaral<sup>a</sup>

Sandra dos Santos Sales<sup>a</sup>

Diana Paula de Souza Rego Pinto Carvalho<sup>b</sup>

Giovanna Karinny Pereira Cruz<sup>b</sup>

Isabelle Campos de Azevedo<sup>b</sup>

Marcos Antonio Ferreira Júnior<sup>b</sup>

DOI: <http://dx.doi.org/10.1590/1983-1447.2015.esp.56676>

### ABSTRACT

**Objective:** To identify factors that can influence nursing mothers to interrupt exclusive breastfeeding during the first six months of life of the infant.

**Method:** Descriptive, exploratory, qualitative research. Information was collected through semi-structured interviews with 14 nursing mothers who had received prenatal care in the Family Basic Health Units in the city of Campina Grande - PB, from April to May 2013. The data were subjected to the content analysis technique proposed by Bardin.

**Results:** The nursing mothers had little knowledge of the mother-child bond, reduced family spending on child nutrition and the risk of bleeding after delivery. Their beliefs included insufficient milk production, the child's rejection of the breast, and the possibility of various mammary postpartum complications.

**Conclusions:** It is necessary to expand the guidance and support of breastfeeding for nursing mothers in the early postpartum period.

**Keywords:** Breast feeding. Weaning. Family health. Millennium Development Goals.

### RESUMO

**Objetivo:** Identificar os fatores que podem influenciar as nutrizes na interrupção do aleitamento materno exclusivo durante os primeiros seis meses de vida do lactente.

**Método:** Pesquisa descritiva, exploratória, qualitativa. As informações foram coletadas por meio de entrevista semiestruturada com 14 mulheres que estavam em aleitamento materno e realizaram pré-natal em Unidades Básicas de Saúde da Família no município de Campina Grande-PB, no período de abril a maio de 2013. Os dados foram tratados pela técnica de Análise de Conteúdo de Bardin.

**Resultados:** Pouco conhecimento das nutrizes em relação ao vínculo afetivo do binômio, à redução dos gastos da família com a alimentação da criança e ao risco de hemorragias no pós-parto; crença na produção insuficiente de leite; dificuldade de pega da mama; e diversas intercorrências mamárias no pós-parto.

**Conclusões:** É necessário expandir as orientações e o apoio ao AM com vistas principalmente ao apoio às nutrizes nas primeiras semanas pós-parto.

**Palavras-chave:** Aleitamento materno. Desmame. Saúde da família. Objetivos de Desenvolvimento do Milênio.

### RESUMEN

**Objetivo:** Identificar los factores que pueden influir en las madres lactantes en la interrupción de la lactancia materna exclusiva durante los primeros seis meses de vida del bebé.

**Método:** Estudio descriptivo, exploratorio, cualitativo. La información se recogió a través de entrevistas semiestructuradas con 14 mujeres que estaban amamantando y se sometieron a la atención prenatal en las Unidades de Salud Familiar Básica en la ciudad de Campina Grande-PB, de abril a mayo de 2013. Los datos fueron tratados mediante la técnica de análisis de contenido de Bardin.

**Resultados:** Poco de conocimiento de las madres lactantes en relación con la unión del gasto binomial, la reducción de la familia en la nutrición infantil y el riesgo de sangrado después del parto; creencia en la producción de leche insuficiente; dificultad de mama mango; diversas complicaciones mamarias después del parto.

**Conclusiones:** Es necesario ampliar la orientación y el apoyo de BF, apuntando principalmente al apoyo a las madres lactantes en las semanas después del parto temprano.

**Palabras clave:** Lactancia materna. Destete. Salud de la familia. Objetivos de Desarrollo del Milenio.

<sup>a</sup> Universidade Estadual da Paraíba. Campina Grande, Paraíba, Brasil.

<sup>b</sup> Universidade Federal do Rio Grande do Norte, Departamento de Enfermagem, Programa de Pós-Graduação em Enfermagem. Natal, Rio Grande do Norte, Brasil.

## ■ INTRODUCTION

Exclusive breastfeeding (EBF) ensures the best nutrition for babies during the first six months of life due to the ideal and rich supply of vitamins, proteins, carbohydrates, fats, minerals and water of breast milk. These nutrients are essential for the growth and development of infants. After this period, complementary feeding should be initiated to satisfy the nutritional needs of infants, and breastfeeding should be maintained until two years of age or older. Breastfeeding, included as one of the Millennium Development Goals and as a national priority, is considered the best strategy to prevent morbidity and mortality among infants and the best way to promote the physical and mental health of infants and nursing mothers<sup>(1-3)</sup>.

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have undertaken efforts to protect, promote and support EBF and enable mothers to establish and maintain this practice until the six months of a baby's life<sup>(1)</sup>. However, this goal is far from being achieved in Brazil, since the prevalence of EBF among infants under six months is only 41%, according to a survey conducted in Brazilian state capitals and the Federal District (DF)<sup>(4)</sup>.

Consequently, nurses play an important role in promoting breastfeeding and establishing a standard for infant nutrition due to their technical and scientific knowledge. Their interventions must focus on the nutritional, immunological, physiological and emotional benefits to the mother and child based on scientific evidence.

It is important to stress that mothers should be encouraged to successfully breastfeed, as the discomfort and difficulties that may occur in the early days of nursing are considered the main reasons for early weaning<sup>(5)</sup>.

In this context, the following question emerged: What are the main factors that can lead mothers to interrupt exclusive breastfeeding during the first six months of the infant's life?

Weaning is defined as the introduction of any type of food to the diet of a child who is breastfeeding. Therefore, the weaning period begins with the introduction of new forms of feeding until the complete suppression of breastfeeding<sup>(6)</sup>.

The aim of this paper is to identify the factors that can influence nursing mothers to interrupt EBF during the first six months of the infant's life.

## ■ METHODOLOGY

A descriptive, exploratory study with a qualitative approach, conducted in the city of Campina Grande, Paraíba,

north-eastern Brazil, in the area of the Family Basic Care Units (UBSF) Hênio Azevedo and José Pinheiro, in Sanitary District I of that municipality. This study was presented as a monograph for the final course work of the undergraduate programme in nursing of the Universidade Estadual da Paraíba.

The study population consisted of nursing mothers who had received prenatal care at one of the UBSF of the city of Campina Grande/PB in Sanitary District I. The selected mothers had given birth one to six months previously and were exclusively breastfeeding or mixed feeding. The sample was defined according to the saturation of the statements<sup>(7)</sup>.

The criteria for inclusion were accessibility to the UBSF; nursing mothers over the age of eighteen, who had given birth one to six months previously; who practiced exclusive breastfeeding or mixed feeding; and who had received prenatal care at one of the UBSF. The nursing mothers were invited to voluntarily participate in the research. The participants individually signed informed consent statements as they were invited to participate in the research, prior to the start of the data collection stage.

Data collection occurred through participant observation and semi-structured interviews based on the following questions: 1. What is your understanding of breastfeeding? 2. How would you describe the first experiences of breastfeeding? 3. Do you have or did you have difficulties to breastfeed? If yes, which? How did you cope with these difficulties? 4. Did you get any support and encouragement to breastfeed? If yes, from whom? 5. During the prenatal period, did you obtain information about the importance of exclusive breastfeeding for the first six months of your infant's life? If yes, from whom?

The interviews were conducted during home visits accompanied by community health agents, from April to May 2013. The interviewees were identified according to the order of the interviews, from E1 to E14.

The empirical material and the thematic content were processed using the theoretical framework proposed by Bardin, which consists of three basic content analysis stages: pre-analysis, analytical description and inferential interpretation<sup>(8)</sup>.

Based on this framework, the material was scanned and subsequently read in detail. It was then analytically described to find answers that could be categorised according to the most frequent and similar themes. Finally, the material was subjected to inferential interpretation where the categories were associated with consistent references to allow the interpretation of the collected data.

The research protocol was approved by the Research Ethics Committee of the Universidade Estadual da Paraíba, and filed under CAAE 0441.0.133/2012, on December 5, 2012. This study observed the ethical principles of Resolution 196/96<sup>(9)</sup>, revoked by Resolution 466/12 of the National Health Council.

## ■ RESULTS AND DISCUSSION

We interviewed 14 nursing mothers between the ages of 20 and 38. Of these mothers, 3 were exclusively breastfeeding and 11 were mixed feeding. Two of the participants were first-time mothers. The infants were between nine days and six months old.

In order to achieve the proposed objective according to the content analysis of Bardin, the results were structured into three categories: The mother's knowledge of breastfeeding; Predictive factors for interrupting exclusive breastfeeding; and Experiences of the nursing mothers in the breastfeeding process, keeping in mind that these factors can lead mothers to interrupt breastfeeding.

### Category 1: The mother's knowledge of breastfeeding

The understanding of the nursing mothers of breastfeeding directly influences their attitudes toward breastfeeding. This study revealed a knowledge that is intrinsically linked to the biomedical discourse, where breastfeeding is mostly for the prevention of diseases. There was an appreciation of the immune protection, the nutritional factor, the child's teeth formation and the benefits to the mother's health, as identified in the following statements:

*The milk is good for lots of things. For diseases [...] Lots of things (E2).*

*[...] to be honest, for my health, I don't know. But for him, everyone says it's the first vaccine. The child is more resistant to various diseases. I know that it's very important, because it is the best milk for him (E3).*

*Breast milk is good for children's health. It has vitamins (E6).*

*I know it's good for the baby, it makes her stronger [...] That's what I know about breastfeeding (E4).*

According to the nursing mothers, breastfeeding is related to immunological protection and to the healthy development of children. The protection breast milk offers against

infant mortality is greater when the child is smaller. The ratio of deaths caused by infectious and contagious diseases is one in six among children under two months who are not breastfed. This ratio decreases as the child gets older. However, in the second year of life, this proportion is still double<sup>(4)</sup>.

Some of the benefits mentioned by the mothers are linked to tooth eruption that is painless and is not associated to other symptoms that are usually reported by mothers, like diarrhoea, fever and rash, as revealed in the following statements:

*It is important for the baby to grow more, it helps with the teething (E1).*

*When the baby is teething, to reduce diseases (E7).*

This perception can contribute to the success of breastfeeding, since the start of teething can cause anxiety and distress among mothers who fear their babies will get sick in the process.

As regards to the benefits of breastfeeding for the health and well-being of women, the mothers stated the following:

*Yes [...] the matter of nodes. I heard that breastfeeding mothers are less likely to have nodes (E3).*

*To prevent breast cancer (E5).*

*It prevents uterine cancer, breast cancer, lots of diseases. It's good for my health (E11).*

In this context, the statements of the nursing mothers support a study that found that breastfeeding reduces the risk of breast cancer by as much as 4.3% for every 12 months of lactation<sup>(10)</sup>.

However, the statements show that the mothers are not fully aware or do not fully appreciate the other benefits of breastfeeding, like the mother-child bond, reducing family expenses and reducing the risk of postpartum bleeding<sup>(10)</sup>.

### Category 2: Predictive factors for interrupting exclusive breastfeeding

Breastfeeding can occur naturally or can involve situations that cause anxiety in the new mothers. It can require measures that circumvent the problems and consequently ensure pleasure and well-being for both the mother and the child during breastfeeding. The statements show that the mothers attribute their difficulties to a wide range of

issues, from the belief that their milk is poor or insufficient to breast complications.

This category was subdivided into five subcategories that represent the predictive factors for interrupting breastfeeding: Believing that milk production is insufficient; Difficulty in accepting the breast; Predominant breastfeeding; Complications with the neonate and Breast Intercurrences.

### **Believing that milk production is insufficient**

Sometimes mothers believe their milk production is insufficient because their breasts are not full or they are in the early days of the puerperium, which causes worry and fear that they will not produce the right amount of milk for their child to grow and gain weight, as noted in the following statement:

*I'm having trouble producing milk. I wish there were more. I get anxious (E3).*

Biologically, the mothers produce enough milk to meet the demands of their children. Mothers can believe their milk production is insufficient due to uncertainties in relation to their ability to fully nourish their babies<sup>(10)</sup>.

When mothers have doubts regarding the quantity of milk, they tend to introduce other forms of feeding without seeking professional help, which can compromise EBF and its benefits for the mother-child dyad.

### **Difficulty in accepting the breast**

One of the difficulties pointed out by the women when breastfeeding is the reluctance of their babies to accept the breast and the preference of infants for only one breast:

*With 12 days she has already eaten pasta. Because she did not want the breast. She wouldn't accept it at all. My breasts were swollen and hard and she did not accept them. She accepted breastfeeding when she was more than a month old. And even then, she only wanted the right breast. In time, she started to accept the left one (E4).*

The resistance of babies to breastfeeding may be linked to the use of artificial nipples or bottles, or to pain when they are positioned to be breastfed. The absence of utensils, proper positioning, insistence on breastfeeding and the mother's tranquillity are important methods to stimulate babies<sup>(11)</sup>.

In relation to infants who prefer only one breast, this difficulty can occur for various reasons such as differences

between the nipples, the flow of milk and changes when positioning the baby on a given side that may cause discomfort during breastfeeding<sup>(10)</sup>. These problems can be prevented with the orientation of health professionals, who should be alert during the entire process of breastfeeding.

Recent mothers who participated in a longitudinal study reported pain and other difficulties while breastfeeding, which is consistent with the expected physical challenges of breastfeeding. One explanation for this may be that, in an effort to promote the positive aspects of breastfeeding, the negative aspects may not be addressed. Maternal self-efficacy is highly correlated with the duration of breastfeeding. Women must prepare for the challenges of the prenatal period and consequently increase maternal self-efficiency to solve problems and prolong exclusive breastfeeding<sup>(12)</sup>.

### **Predominant breastfeeding**

The sociocultural context interferes with the way women act and think in the postpartum period. There are a number of myths and beliefs related to the act of breastfeeding that directly influence the early introduction of other liquids such as teas and water. These attitudes are observed in the following statements:

*Honestly, I'm not giving [water] because of the climate [cold weather]. But when it's too hot I give them those things, I gave them to the eldest [...] (E3).*

*I give her a cup of tea every once in a while (E9).*

*Yes, I give her water (E10).*

*I give him water. I don't give him tea (E12).*

*Only breast milk. And I give him water as well (E1).*

According to the WHO, predominant breastfeeding occurs when the infant also feeds on water, tea and fruit juices<sup>(10)</sup>. The introduction of substitute food affects milk production, since less sucking on the breast reduces the production of milk. Milk is only produced and excreted when there are external stimuli, such as suction, vision, smell or crying<sup>(4)</sup>.

### **Complications with the neonate**

The conditions of childbirth and the postpartum can negatively influence the process of breastfeeding. Compli-

cations with the neonate were mentioned as one of the reasons for early interruption of EBF, as shown in the following statement:

*My baby was in the maternity ward for three days on phototherapy, then I had to give the baby formula and breast milk (E3).*

The routines of maternity wards and the lack of preparation of the recent mothers and the health professionals in relation to breastfeeding can have a negative impact on nursing. Thus, it is of paramount importance to address the issue and involve the mothers in self-care during the prenatal consultations, and become familiar with their socio-cultural reality in order to provide support and guidance that enables them to continue with exclusive breastfeeding after birth<sup>(13)</sup>.

### Breast Intercurrences

Breast interurrences are common in the post-partum period and are usually related to acceptance issues or the improper positioning of the child when breastfeeding. The statements were the following:

*There was this wound. And the milk took a while (E5).*

*My nipple was very sore, so when he said that, I panicked (E3).*

*Just injuries on my nipples (E11).*

Pain during breastfeeding contributes to early weaning<sup>(14)</sup>. Steps can be taken to prevent the trauma, such as proper breastfeeding technique, nipple exposure to sunlight, milking by hand when the breast is engorged and keeping the nipples dry and clean<sup>(10)</sup>.

The factors related to the interruption of EBF are linked to ignorance of the physiological aspects of lactation. The participants claimed that their milk production was insufficient or "weak", which contributes to the early use of water and teas. The statements also revealed that the mothers were not prepared to identify and seek solutions to cope with the difficulties of nursing.

According to the Millennium Goals for breastfeeding, healthcare professionals must advise mothers using good communication skills. This includes the use of basic skills and tools related to breastfeeding, such as: actively listening and encouraging the resolution of maternal difficulties; building self-confidence and providing information

that targets the problem; suggesting attitudes to relieve difficulties; and supporting nursing mothers during the breastfeeding process. The goal must be to empower mothers to autonomously make decisions and feel comfortable about maintaining an open dialogue with health professionals<sup>(2)</sup>.

### Category 3: Experiences of the nursing mothers in the breastfeeding process

In this category, we observed that when the mothers experienced breastfeeding in a positive way, they tended to practice the lessons learned with their own experiences, with the experiences of the people around them, with the media and with health professionals.

Successful experiences create a moment of tranquility for the mother and child. The testimonies showed that some of the nursing mothers did not have difficulties or problems while breastfeeding.

*It was easy to breastfeed him (E2).*

*It went well. I didn't feel pain, nothing like that (E10).*

*As I mentioned, it's a unique moment in a woman's life. That relationship between mother and baby [...] And because it is very important for the baby (E3).*

It is essential to encourage mothers to maintain the practice of breastfeeding and enjoy the unique experience. Nursing mothers should be understood from all perspectives so they can receive the appropriate guidance from the health professionals.

The role of these professionals can determine whether a mother chooses to breastfeed due to the orientations and references they provide. Health professionals must guide the mothers through pregnancy and childbirth, especially in relation to the importance of breast milk for the growth and development of the child<sup>(15)</sup>.

Successful lactation without complications encourages the nursing mothers to practice breastfeeding continuously and exclusively in future pregnancies, as shown in the statement:

*No complications. I was already breastfeeding my other child, who is two years old. So my breasts remained the same. Just a little fuller (E9).*

Cultural factors, past experiences, the intention of breastfeeding, the support and experiences of friends and

family members, education, and other factors are decisive when a woman chooses whether to breastfeed<sup>(15)</sup>.

It is also important for mothers to put their experiences with previous children into practice. It was found that positive experiences led the nursing mothers to initiate breastfeeding with ease and tranquillity. Similarly, negative experiences helped the mothers prevent previous mistakes and overcome their difficulties<sup>(15)</sup>.

The statements below reveal some difficult and painful experiences of the mothers during lactation:

*The only difficulty was sore nipples (E8).*

*Very sore. A lot. My breast was hurt, bleeding. I had this issue, that she didn't want to breastfeed at all. I offered my breast and she choked, vomited, she rejected it (E4).*

The cause of suffering and anxiety mentioned by the nursing mothers was breast trauma, which can lead to less frequent feeding due to the pain suffered by the mothers. Such difficulties can occur due to the lack of access to social and professional guidance and support during pregnancy and the postpartum.

Therefore, women who have had a negative breastfeeding experience must be assisted by health professionals in order to correctly handle and position the infant<sup>(15)</sup>.

### **How the nursing mothers cope with the possible difficulties/discomfort during breastfeeding**

During the process of breastfeeding, the nursing mothers stated that the opinion of their family members helped them decide to continue breastfeeding. The advice of their husbands/partners and mothers was essential and encouraged breastfeeding, and helped them cope with any difficulties and the discomfort.

In some cases, regardless of the family support, the nursing mothers used their own beliefs and chose certain paths to follow based on what they thought was best for them and their children, as shown in the following statements:

*No [...] Because I think it's important for him. My husband says I should only breastfeed, that I shouldn't give him anything else now, so he doesn't get sick (E5).*

*I wanted to breastfeed and my mother said it was good to breastfeed when he's small and I got lots of support (E12).*

The support and guidance of health professionals in relation to the correct way to breastfeed should be offered without devaluing the knowledge and preconceived beliefs of the mothers. Information provided by healthcare professionals that differs from popular knowledge may only confuse the mothers. However, there are mothers who adapt and follow the guidelines offered by the health service, as shown in the following statements:

*The first child, he was premature. I didn't know about the importance of breastfeeding, until then. When I was on maternity leave, I realised that breastfeeding is important, they taught me how it had to be ... the baby has to get the areola. Because my nipple is inverted [...] (E3).*

*I get a lot of encouragement from the nurse. She gives me lots of advice (E9).*

*The doctor said that if you don't feed him, he will not survive. He needs breast milk, not milk from a tin (E3).*

*I got it. As my pregnancy was risky, I was also assisted by a prenatal doctor, a gynaecologist from the health centre. She's very good. She prescribed the vitamins, gave me the best advice. But the nurse is also very good (E4).*

*But now I asked the nurse for an indication, she recommended a dummy and some cream, too. So it stopped hurting. It only hurt the first few days (E6).*

*I passed ointment. I got support from a nurse in the maternity ward and it was voluntary (E11).*

The statements reflect the importance of the nurses and medical professionals who provide educational activities, encouragement and support to nursing mothers, especially in the case of difficulties. To carry out these measures, the professionals should have a solid clinical and theoretical basis and communication skills<sup>(16)</sup>.

Healthcare professionals in the hospitals and the basic care units evidently provide prenatal and childcare support for the nursing mothers.

It is essential that they receive support from their families and from healthcare professionals in order to prevent difficulties and ensure the health of the nursing mother and her infant. However, according to the statements below, some women still face the difficulties and discomforts of breastfeeding without support:

*No, I did it myself (E1).*

*On my own, alone (E8).*

The lack of support from family members and professionals negatively influences the practice and duration of EBF. Nursing mothers must know how to manage breastfeeding and require constant encouragement and support in order to successfully continue with this practice. However, the statements show that the nursing mothers often dealt with the problems of breastfeeding alone<sup>(14)</sup>.

The positive influence and effectiveness of social and professional support for the initiation and duration of breastfeeding is highly established among laypersons<sup>(12)</sup>.

Studies analysed in an integrative review show that health professionals are not trained to promote breastfeeding. In this way, all health professionals that assist pregnant women and recent mothers must undertake to promote breastfeeding, provide adequate information, and demonstrate practical breastfeeding skills<sup>(17)</sup>.

The Millennium Goals for breastfeeding address the need to provide targeted and shared educational support that recognises the individual difficulties of nursing mothers and shares examples and situations to minimise their uncertainties and insecurities<sup>(2)</sup>.

Family members and healthcare professionals should therefore provide support during breastfeeding that involves preparing expectant mothers for lactation and continues beyond the prenatal period, with follow-up in childcare, continued guidance, and the demystification of concepts and beliefs that may impair adhesion and maintenance.

## ■ CONCLUSION

Although breastfeeding is one of the priorities of the millennium for Brazil and although healthcare professionals and nursing mothers are aware of the importance of breastfeeding, the results of this study show that mothers tend to interrupt EBF before the recommended period.

This interruption is mostly caused by the lack of knowledge of nursing mothers, especially in relation to the mother-child bond, reducing family expenses with the child and reducing the risk of bleeding in the postpartum period. Some mothers also believe they produce insufficient milk, or that their babies do not accept the breast. Other beliefs include limitations due to the extreme conditions of some babies or breast complications that can arise in the postpartum associated to a lack of confidence and advice from family and friends.

Healthcare professionals of the basic care units must therefore acknowledge breastfeeding as a complex prac-

tice that does not merely involve biological aspects, but psychological, social and cultural factors as well. Thus, it is necessary to expand guidance and support for breastfeeding, especially in the first few weeks of the postpartum period.

Although this study presents limitations in relation to the size of the sample, we hope it contributes to the planning of actions in the primary care units during the entire pregnancy and puerperal cycle, the promotion of breastfeeding and its benefits for the mother and child, and the prevention of the early interruption of EBF.

## ■ REFERENCES

1. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Departamento de Ações Programáticas e Estratégicas. II Pesquisa de prevalência de aleitamento materno nas capitais brasileiras e Distrito Federal. Brasília (DF): Ministério da Saúde; 2009.
2. World Health Organization (CH). Infant and young child feeding: model chapter for text books for medical students and allied health professionals. Geneva; 2009.
3. Dias MCAP, Freire LMS, Franceschini SCC. Recomendações para alimentação complementar de crianças menores de dois anos. *Rev Nutr.* 2010;23(3):475-86.
4. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde da criança: nutrição infantil: aleitamento materno e alimentação complementar [Internet]. Brasília (DF); 2009 [cited 2015 fev 10]. Available at: [http://bvsmis.saude.gov.br/bvsmis/publicacoes/saude\\_crianca\\_nutricao\\_aleitamento\\_alimentacao.pdf](http://bvsmis.saude.gov.br/bvsmis/publicacoes/saude_crianca_nutricao_aleitamento_alimentacao.pdf)
5. Azevedo DS, Reis ACS, Freitas LV, Costa PB, Pinheiro PNC, Damasceno AKC. Conhecimento de primíparas sobre os benefícios do aleitamento materno. *Rev Rene.* 2010;11(2):53-62.
6. Diogo EF, Souza T, Zocche DA. Causas do desmame precoce e suas interfaces com a condição socioeconômica e escolaridade. *Enferm Foco.* 2011;2(1):10-3.
7. Bauer MW, Aarts BA. A construção do corpus: um princípio para coleta de dados qualitativos. In: Bauer M, Gaskell G. *Pesquisa qualitativa com texto, imagem e som.* Petrópolis: Vozes; 2002. p. 39-63.
8. Bardin L. *Análise de Conteúdo.* 20. ed. Lisboa: Edições 70; 2009.
9. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução nº 196, de 10 de outubro de 1996. Diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Diário Oficial [da] República Federativa do Brasil.* 1996 out.16;134(201 Seção 1):21082-5.
10. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas e Estratégicas. Atenção à saúde do recém-nascido: guia para os profissionais de saúde. Brasília (DF): Ministério da Saúde; 2011. v. 1.
11. Caires TL, Oliveira TC, Araújo CM. Análise do conhecimento, manejo e informações recebidos pelas mães sobre amamentação. *R Enferm Cent O Min.* 2011;1(3):342-54.
12. Hawley NL, Rosen RK, Strait EA, Raffucci G, Holmdahl I, Freeman JR, et al. Mothers' attitudes and beliefs about infant feeding highlight barriers to exclusive breastfeeding in American Samoa. *Women Birth.* 2015;28(3):e80-6.
13. Moraes JT, Oliveira VAC, Alvin EAB, Cabral AA, Dias JB. A percepção da nutriz frente aos fatores que levam ao desmame precoce em uma unidade básica de saúde de Divinópolis/MG. *R Enferm Cent O Min.* 2014;4(1):971-82.

14. Araújo OD, Cunha AL, Lustosa LR, Nery IS, Mendonça RCM, Campelo SMA. Aleitamento materno: fatores que levam ao desmame precoce. *Rev Bras Enferm.* 2008;61(4):488-92.
15. Rocha NB. O ato de amamentar: um estudo qualitativo. *Physis Revista de Saúde Coletiva.* 2010;20(4):1293-305.
16. Caminha MFC, Serva VB, Anjos MMR, Brito RBS, Lins MM, Batista Filho M. Aleitamento materno exclusivo entre profissionais de um Programa Saúde da Família. *Cienc Saúde Coletiva.* 2011;16(4):2245-50.
17. Almeida JM, Luz SAB, Ued FV. Support of breastfeeding by health professionals: integrative review of the literature. *Rev Paul Pediatr.* 2015;33(3):355-62.

■ **Author's address:**

Diana Paula de Souza Rego Pinto Carvalho  
Universidade Federal do Rio Grande do Norte, Departamento de Enfermagem  
Av. Senador Salgado Filho, s/n, Lagoa Nova  
59072-970 Natal – RN  
E-mail: diana-rego@hotmail.com

Received: 20.07.2015

Approved: 20.10.2015