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MATERNAL REASONS FOR EARLY WEANING AT A BASIC HEALTH UNIT

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ABSTRACT

Objective: to list the reasons that influence nursing mothers to early weaning. **Method:** cross-sectional study, with qualitative approach, carried out at a family health basic unit, with 16 women, by means of semi-structured interviews. Data collection took place in June and July 2016. The data were organized into categories, in which the speeches were associated and interpreted by the Content Analysis technique. **Results:** two categories emerged: 'exclusive breastfeeding time' and 'reports about the reasons that lead to early weaning', within this, three subcategories were created: the mother's perception on the importance of breastfeeding for the baby, mystification of weak milk and difficulties related to the nipple and incorrect latch. **Conclusion:** it is necessary to increase health education focused on gestational area and for early childcare, offering greater support to the nursing mother, minimizing the early weaning.

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INTRODUCTION

Breastfeeding is more than nourishing the child. This process involves deep interaction between mother and child, with an impact on the child's nutritional status, ability to defend from infections, physiology and emotional and cognitive development, as well as influences the mother's physical and psychic health (Ministério da Saúde, 2009). International and national organizations recommend breast milk as a form of exclusive feeding until six months old and, after this period, other foods should complement it for up to two years old or more. This practice is important for children's survival, growth, development, health and nutrition (Ministério Da Saúde, 2010). Early introduction of other foods is one of the main factors for weaning.

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A survey conducted in eight countries, including Brazil, with 2,053 children, showed that the prevalence of breastfeeding reduced to 60% after the age of one month old, which can generate potentially damaging consequences to the baby's health, such as early exposure to infectious agents, contact with foreign proteins and damage to the digestion process (Patil et al., 2015). Early weaning is the interruption of breastfeeding before the child's age of six months old, regardless of the reason for this interruption, whether maternal decision or not (Abreu, 2013). International studies highlight that one factor that can strengthen the breastfeeding practice is extending maternity leave, also including other variables associated with the good practice of exclusive breastfeeding, as planning public health practices, are necessary both at hospitals and health centers, as in the social conviviality itself (Perera et al., 2012; Bezerra et al., 1999). Despite the benefits of exclusive breastfeeding (EBF) largely dictated by scientific literature, studies point to early introduction of foods and liquids in the first six months of lie and their positive association with the use of pacifiers and bottle; prevalence of exclusive breastfeeding; type of breastfeeding immediately after birth; and complications in pregnancy/childbirth, being determining factors for early weaning, preventing children from receiving the benefits of breastfeeding (Martins et al., 2014). The theme of early weaning adopted by mothers discusses the reasons for such an attitude at a specific Basic Health Unit in São Bernardo-MA. This study aims to understand the reasons that lead to early weaning, in order to allow a humanized assistance for the involved mothers, trying to avoid the introduction of other foods before the age of six months.

MATERIALS AND METHODS

This is a cross-sectional study, with qualitative approach, which tries to understand the meaning attributed by the subject to facts, relationships, practices and social phenomena.[8]The study site was the city of São Bernardo, in the state of Maranhão. Its population consists of 26,476 inhabitants, according to IBGE estimate in 2010, distributed on an area of 1,228.34 km², divided into 15 towns. The city has 10 health establishments, designed to meet patients from the Unified Health System (UHS). One of these locations is the Family Health Basic Unit Dr. Edenir Ferreira de Sousa, where the research occurred exclusively. It is located in the town of Currais, unit of the municipal ambulatory attendance with spontaneous and referenced demand, covering 13 areas and with a team of 17 health professionals, being 13 community agents. The study took place from May 2015 to November 2016 and data collection happened during June and July 2016. The study population consisted of women with children of up to six months old who were not in exclusive breastfeeding and attended in the Family Health Strategy (FHS). The number of interviews was set during data collection through the saturation criterion, which encloses interviews when the speeches start to repeat information, when new elements no longer exist. Sixteen women were interviewed. Inclusion criteria were women aged over 18 years, with children under six months old, during consultations in the Basic Health Unit in the data collection period and assigned in the unit where the research occurred. Exclusion criteria: women with any transmissible pathologies that hinder breastfeeding, or those that reported exclusive breastfeeding. For the selection of women who were not exclusively breastfeeding, the following guiding question was used: What food do you offer to your child?

The participants were identified through a questionnaire consisting of socio-economic and obstetric questions. The qualitative approach used an interview guide with guiding questions related to breastfeeding and early weaning: During pregnancy, did you receive guidance on breastfeeding? Can you write them down?; What is the best food for your son until six months old?; Do you think breast milk is important?; What do you think that breast milk means to your son?; How long did the exclusive breastfeeding last?; Why have you quit exclusively breastfeeding?; Do (did) you feel some difficulty to breastfeed? Which one?; Do you think that breastfeeding brings advantages or disadvantages for you?. To ensure the reliability of the reports, the interview was recorded. During the childcare consultation, women were invited to participate in the study and, after acceptance, the day and time for the meeting were scheduled. Data collection occurred in a reserved manner at a room available in the Basic Health Unit. At first, the researcher explained all the information about the research, and, after reading and signing the Informed Consent Form-ICF, data collection started. After the interviews, the lines were grouped according to their thematic core into categories and interpreted by the Content Analysis technique. The analysis was divided into three parts: the first one was the interviews transcription and the material organization; the second one is the material exploration and floating reading and the third part intends to understand the reported speeches (Minayo, 2010). At the end of the analysis, lines were arranged and adapted into three categories: 'The mother's perception on the importance of breastfeeding', 'Mystification of weak milk' and 'Difficulties related to the nipple and incorrect' latch'. The study meets Resolution 466/12 of the CNS/MS and has approval of the CEP/FACEMA under opinion 1,464,244. The study does not present any conflict of interest.

RESULTS AND DISCUSSION

The population of nursing mothers interviewed (n=16) achieved 100% participation rate. There were no losses in data collection, either by lack of information or refusal to participate in the study.

Table 1. Socioeconomic characterization of the nursing mothers attended in the BHU in em São Bernardo-MA,2016

Variables	N	%
Age (Years)		
18 |--- 20	6	37.5
21 |--- 30	8	50
31 |--- 38	2	12.5
Education		
Incompleteelementaryschool	4	25
Complete elementaryschool	3	18.75
Incomplete high school	4	25
Complete high school	5	31.25
Family Income		
Lessthan1wage	14	87.50
1 - 2 wages	2	12.50
Marital Status		
Unmarried	4	25
Married	3	18.75
Stableunion	9	56.25
TOTAL	16	100

Table 1 shows that nursing mothers have the following profile: age group of 21 to 30 years (50.0%), with complete high school (31.25%), with family income below a minimum wage (87.50%) and stable union (56.2%). Studies show that the higher age is unfavorable to the BF practice (Wenzel et al., 2014; Caminha et al., 2015).

A plausible explanation for the lower prevalence of breastfeeding among older women is that most of them present professional stability, which would result in less time available for baby care, including for breastfeeding. Another factor that may be involved is the maternal decision not to breastfeed (Wenzel et al., 2014). Mothers with more years of study have shown to know more about breastfeeding (Boff et al., 2015). Low maternal education proved to be associated with the interruption of exclusive breastfeeding, possibly because mothers with higher education level have more access to information about the advantages of this mode of breastfeeding and more self-confidence to keep this practice in the first months of the baby's life (Alves et al., 2013). The level of maternal education affects the motivation to breastfeed. In many developed countries, mothers with more education tend to breastfeed for a longer time, due mainly to the possibility of greater access to information about the benefits of breastfeeding (Araújo, 2004). Pregnant women with family monthly income greater than two minimum wages breastfed their last child on average three to four months, while those with less than two minimum wages breastfed on average one to six months. The need to return to work to supplement the family income associated with little information about breastfeeding can justify the shorter breastfeeding period (Nakano et al., 2007). Living with a partner can be critical to a greater adherence to the practice of breastfeeding because it promotes better understanding of the benefits, and the presence of the partner may favor it, especially when he encourages, supports and helps on general tasks, such as housechores and child care (Batista et al., 2013). A survey conducted in the city of Quixadá-CE, points out that the partner influences breastfeeding, since gestational period until puerperium. The partner encourages breastfeeding believing it is the best food, important for his child and more economical. Positive father involvement is essential and more effective the more he knows about the benefits and management of breastfeeding, the lack of relationship between father and baby early in life can leave a painful vacuum in future child feelings (Queiroz, 2015).

Prenatal care

Table 2. Obstetric characterization of the nursing mothers attended in the BHU in São Bernardo-MA, 2016

Variables	N	%
N. of pregnancies		
Only 01	9	56.25%
02 |--- 04		
N. of prenatal consultations	7	43.75%
1 - 3	1	6.25
4 - 6	10	62.50
+6	5	31.25
Prenatalguidance		
YES	12	75
NO	4	25
TOTAL	16	100

Table 2 shows that nursing mothers have the following profile: primiparas (56.25%), attended four to six prenatal consultations (62.50%), with guidance on breastfeeding (75%). In Brazil, one of the main causes for early weaning is the nursing mothers' lack of knowledge on the practice of breastfeeding, their milk quality and its importance for the baby's healthy development (Azevedo, 2010). The formal support, provided by postpartum health professionals, can positively influence the duration of breastfeeding and promote exclusive breastfeeding (Kaneko, 2006; Khresheh et al., 2016). Prenatal is indispensable in order to monitor the child's growth and development. This is an opportune time to discuss important childcare issues, such as the provision of information essential for breastfeeding promotion (Schincaglia et al., 2016). Although most women in this study performed prenatal care and reported receiving guidance on BF in at least one of the consultations, there was no prevalence of EBF in the first six months of life of children. The low rate of breastfeeding can demonstrate a deficiency in the quality of care offered to pregnant women during prenatal monitoring, since guidelines on BF practice comprise the minimum requirement of the Ministry of Health in a routine prenatal consultation (Ministério da Saúde, 2011).

Time of exclusive brastfeeding

The interviews showed that the participants did not exclusively breastfeed during the period established by the Ministry of Health, although they all reported knowing its importance, and most of them confirm receiving any information about it during the prenatal consultations, similar to another study (Martins, 2013). Some mothers did not even offer breastmilk to the baby, introducing another type of food, as the following mothers report, when questioned about the time: *"No day, because she didn't take the chest"* (M7) *and "She didn't want to get the chest, not at all, I don't know why".* (M10)

In some cases, mothers were close to the recommendations of the Ministry, breastfeeding until five months old: *"I nursed until he was five months old and stopped because he don't want to breastfeed".* (M9). Health professionals need to have more than basic knowledge and skills in breastfeeding. They must also have competence to communicate effectively, more easily acquired using the breastfeeding advice technique. The advice does not mean telling the woman what she should do, it means helping her make decisions after listening to it, understanding it and talking with her about pros and cons of the options. Women need to feel the professional's interest in their well-being and of their children so that they acquire confidence, feel supported and welcome (Agencia Nacional de Vigilância Sanitária-ANVISA, 2007). These reasons, frequently pointed out, may occur because current women have a more anxious and tense experience and, possibly, because of the lack of cultural support of traditional societies, in which the grandparents passed on information and training for mothers in relation to breastfeeding, encouraging them to do so (Escobar, 2016). Regarding the time of exclusive breastfeeding, the child should be breastfed shortly after birth, still in the delivery room. If this is not possible, the child is breastfed in the first six hours of life. This initiative developed at hospitals enables mother greater incentive to exclusive breastfeeding, greater prevalence and prolonged duration of lactation (Ministério da Saúde (BR), Secretaria de Atenção à Saúde, 2016).

Reports on the factors that lead to early weaning

The mother's perception on the importance of breastfeeding: The interviews showed that the nursing mothers are aware of the importance of breastfeeding, but not enough to do it. Most interviewees claim that milk is relevant, because it protects the child against various diseases, promoting a healthy development. M3 reports that contradiction, stating that: "*Breast milk is the best food for your son until six months old*" and then, when questioned

about the importance of milk, she also says: "*It is important because it is healthy*", but she immediately reports exclusively breasfeeding for only three months, and the reason: "*because they said breast milk wasn't sustaining anymore"*. This statement shows that, despite the mother's knowledge on the importance and durability of breastfeeding, she does not do it, because she does not believe it alone will provide the child everything he/she needs during the first six months. This knowledge of the study mothers is evident in the speech of M5: "*breast milk is enough, but it isn't keeping her satisfied*", quitting exclusive breastfeeding when her daughter was two months old. Some of the benefits also pointed out by the mothers are those realted to tooth eruption, painlessly and without other symptoms usually reported by mothers, like diarrhea, fever and rash, evidenced in the following lines: "*because it prevents problems when teeths start to come out?"* (M11). Children's health is subject to adequate nutrition. Due to the high growth speed, the infants are more vulnerable to food errors and deficiencies, significantly affecting their nutritional status. Therefore, the rescue of breastfeeding is critical to growth and development, listed under the point of view of promotion, protection and support for women, which should start at the beginning of gestation (Silva et al., 2016; Barbosa et al., 2016).

Mystification of weak milk: Failure to observe milk ejection by mothers and children's manifestation of dissatisfaction by frequently crying often make them have doubts in relation to the actual condition of the breast milk. Many nursing mothers presented difficulties dealing with the crying and hungry children, and eventually associate that the amount and composition of the milk are not satisfactory, reasons used to justify the interruption of breastfeeding or simply for not performing it exclusively. "*I breastfed only in the hospital, when I got back home, and came here (mother-in-law's house), only fifteen days*" (M4). When questioned about the reason: "*because she was just crying, crying a lot when I only breastfed her, my milk's very weak*" (M4), thus she began to offer the child a mass composed by starch, milk and sugar. M6 exclusively breastfed during only her child's fisrt 20 days of life, even knowing and reporting that breast milk "*prevents many diseases, and is the adequate milk for children*". A study in São Paulo, analyzing the main causes of early complementation reported by mothers, found that 17.8% of them replied that it was due to their "weak milk" or that it "did not support" their baby.[24] Other research, when verifying the reasons for early introduction of complementary feeding among women attended at a maternity hospital *Amiga da Criança* in Teresina (PI), showed in the interviewees' lines the figure of weak milk (Ramos, 2003). Puerperas report insufficient and weak milk as reasons for early weaning, which can be interpreted by healthcare professionals as a cry for help in the face of the difficulties experienced during breastfeeding (Polido et al., 2011). This reflects the maternal insecurity that interprets the crying as signs of hunger. The anxiety generated by this situation is often passed to the baby, who responds with more crying, when the use of supplement with other milks or teas reduce maternal stress; this tranquility is passed on to the child, who reduces the crying, remaining the idea that the child was hungry (Ferreira, 2010).

Dificulties related to the nipple and incorrect latch: "*There was no beak, I did everything to get it but the children did not suck, they couldn't do it.*" (M2) "*Because she couldn't latch on my breast" "I had no difficulty to breastfeed, I had no beak, it was very small, so she (the child) couldn't latch on."* (M7) *"He didn't want to suck, but I had no difficulty to breastfeed."* (M9) *"He didn't want to latch on my chest, but I don't know why, I offer him milk, a porridge", "I had no trouble breastfeeding, I know the advantages brought by milk*". (M10) The woman's ability to position correctly her child on the chest can be learned by observation and practice. The training is essential and the whole team must be able to teach how to breastfeed, emphasizing positioning, correct latch, care to prevent fissures, engorgement and diagnose possible difficulties (Araujo et al., 2008). Some factors are significant risks for the emergence of nipple trauma, in puerperium: the partner's absence, primiparity, turgid and engorged breasts, semi-protrusion and malformed nipples, and depigmentation of the nipple-areolar region. Breastfeeding in the first hour of the child's life is a significant risk factor for the occurrence of the injury. This practice should be stimulated only with the supervision of a health professional (Batista, 2013).

Acknowledgment

Breast milk is of great importance for the child's life, because it is the most natural and desirable method of infant feeding, regarding the physiological and psychological aspects involved. It contains all the ingredients necessary for the proper formation of the baby, such as proteins, antibodies, fat, vitamins, iron, sugar, enzymes and growth factors that help in the development. The act of breast-feeding establishes a bond between mother and child, when the mother's warmth, love and affection give the child the safety he/she felt when still in the womb. Exclusive breastfeeding must be performed up to six months without use of teas, water, cow's milk and formulas. From the sixth month, it can be supplemented with other types of food. With sociodemographic bases listed in the survey, most women are in the age group from 18 to 26 years, with only complete elementary school, stable union and family income corresponding to less than a minimum wage. In relation to obstetrical data, the rates indicate from one to three pregnancies in most nursing mothers, having performed four to six prenatal consultations, where most reported receiving guidance on breastfeeding. Most interviewed nursing mothers reported having full knowledge about breastfeeding, even mentioning the minimum age for exclusive breastfeeding, and the importance not only for the child, but also for them. They all performed early weaning, because they introduced other foods before the child's sixth month, even though breast milk still was part of the child's food life.

The main reasons raised as a cause to disrupt exclusive breastfeeding before six months of life were mystification of weak milk, difficulty related to the nipple and the right latch. Most of these women that weaned early performed prenatal care and received guidance on breastfeeding. Mothers bear in mind that breast milk is weak, that it does not feed the child, even though they know its importance. During data collection, several mothers showed certain restriction to participate, because they thought that, when answering the questions, they would lose the registration in the social program *BolsaFamília*. The health team also needs to know the reality of women's family to discuss and implement activities according to their experience, not establishing actions based on assumptions and preconceived ideas. Health professionals must guide women in relation to BF early during pregnancy, identifying mothers and babies that may be at risk of facing difficulties in BF. We need to have sensitivity and to be alert to identify and act on such

situations. Health professionals, including nurses, generally have a key role in the promotion of exclusive breastfeeding and should be an instrument for women to acquire practical autonomy. Pregnancy is an ideal moment to discuss the importance of breastfeeding, assuming that it is an experience of intense feelings, which can generate interest on matters involving the baby. The nurse's behavior can influence this process; he/she must support them, acting as a facilitator, attentive to the evidence of their needs for guidelines and care, and needs to position him/herself on the assistance protocols for breastfeeding, establishing a welcoming, guiding attitude, not imposing nor oppressive. The community health agent is also an extremely active factor in the context of this research, as he/she performs the function of conveying important information necessary in the house context, and not only during the consultation, such as breastfeeding. This professional is closer to the population, with greater contect and, thus, women should receive greater incentive regarding breastfeeding from him/her. An educational process with awareness, humanization and clarification during prenatal care should be performed in a more competent and persistent way by a multidisciplinary team, thus increasing mothers' knowledge and decreasing early weaning.

REFERENCES

Abreu FCP, Fabbro MRC, Wernet M. Fatores que intervêm na amamentação exclusiva: Revisão integrativa. Rev Rene (Internet). 2013 (acesso em 2016 Jun 10);14(3):610-19. Disponível em: http://www.revistarene.ufc.br/revista/ index.php/revista/article/view/697/pdf

Agencia Nacional de Vigilância Sanitária-ANVISA (BR). Banco de leite humano: funcionamento, prevenção e controle de riscos (Internet). Brasília: ANVISA; 2007 (acesso em 2016 Sep 12). Disponível em: http://www.redeblh.fiocruz.br/media/blhanv2008.pdf

Alves ALN, Oliveira MIC, Moraes JR. Iniciativa Unidade Básica Amiga da Amamentação e sua relação com o aleitamento materno exclusivo. Rev Saúde Pública (Internet). 2013 (acesso em 2016 Sep 05);47(6):1130-40. Disponível em: http://www.scielo.br/pdf/rsp/v47n6/0034-8910-rsp-47-06-01130.pdf

Araújo MFM, Fiaco A, Pimentel LS, Schmitz BAS. Custo e economia da prática do aleitamento materno para a família. RevBras Saúde MaterInfant (Internet). 2004 Apr/Jun (acesso em 2016 Sep 06);4(2)**:**135-141. Disponível em: http://www.scielo.br/pdf/rbsmi/ v4n2/20999.pdf

Araujo OD, Cunha AL, Lustosa LR, Nery IS, Mendonça RCM, Campelo SMA. Aleitamento materno: fatores que levam ao desmame precoce. Rev Bras. Enferm (Internet). 2008 Jul/Aug (acesso em 2016 Sep 03);61(4):488-92. Disponível em: http://www.scielo.br/pdf/reben/v61n4/ 15.pdf

Azevedo DS, Reis ACS, Freitas LV, Costa PB, Pinheiro PNC, Damasceno AKC. Conhecimento de primíparas sobre os benefícios do aleitamento materno. Rev RENE (Internet). 2010 Apr/Jun(acesso em 2016 Sep 07);11(2):53-62. Disponível em: http://www.repositorio.ufc.br/bitstream/ riufc/14665/1/2010_art_dsazevedo.pdf

Barbosa MB, Palma D, Bataglin T, Taddei JAAC. Custo da alimentação no primeiro ano de vida**.** RevNutr (Internet). 2007 Jan/Feb (acesso em 2016 Sep 16);20(1):55-62. Disponível em: http://www.scielo.br/pdf/rn/v20n1/ a06v20n1.pdf

Batista KRA, Farias MCAD, Melo WSN. Influência da assistência de enfermagem na prática da amamentação no puerpério imediato. Saúde debate (Internet). 2013 Jan/Mar (acesso em 2016 Sep 06);37(96):130-8. Disponível em: http://www.scielo.br/pdf/sdeb/v37n96/15.pdf

Bezerra VLVA, Nisiyama AL, Jorge AL, Cardoso RM, Silva EF, Tristão RM. Aleitamento materno exclusivo e fatores associados a sua interrupção precoce: estudo comparativo entre 1999 e 2008. Rev Paul de Pediatr (Internet). 2012 (acesso em 2016 Apr 23);30(2): 173-9. Disponível em: http://www.scielo.br/pdf/rpp/v30n2/04.pdf

Boff ADG, Paniagua LM, Scherer S, Goulart BNG. Aspectos socioeconômicos e conhecimento de puérperas sobre o aleitamento materno. AudiolCommum Res (Internet). 2015 (acesso em 2016 Sep 05);20(2):141-5. Disponível em: http://www.scielo.br/pdf/acr/v20n2/2317-6431-acr-20-2-0141.pdf

Caminha MFC, Cruz RSBLC, Acioly VMC, Nascimento RR, Azevedo PTACC, Lira PIC, et al. Fatores de risco para a não amamentação: um estudo caso-controle**.** RevBras Saúde MaternInfant(Internet). 2015 Apr/Jun (acesso em 2016 Sep 05);15(2):193-9. Disponível em: http://www.scielo.br/pdf/rbsmi/v15n2/1519-3829-rbsmi-15-02-0193.pdf

Escobar AMU, Ogawa AR, Hiratsuka M, Kawashita MY, Milka Y, Teruya PY, et al. Aleitamento materno e condições socioeconômico-culturais: fatores que levam ao desmame precoce. RevBras Saúde MaternInfant (Internet). 2002 Sep/Dec (acesso em 2016 Sep 12);2(3):253-61. Disponível em: http://www.scielo.br/pdf/%0D/rbsmi/v2n3/ 17095.pdf

Ferreira IP, Evangelista LA . Gestantes e o conhecimento sobre os benefícios da prática de exercícios físicos da Unidade de Saúde da Família Ana Adelaide em Porto Velho-RO. Periódicos Unir (Internet). 2010 (acesso em 2016 Sep 20);1(1). Disponível em: http://www.periodicos. unir.br/ index.php/semanaeduca/article/view/113/153

Kaneko A, Kaneita Y, Yokoyama E, Miyake T, Harano S, Suzuki K et al. Factors associated with exclusive breast-feeding in Japan: for activities to support child-rearing with breast-feeding. J Epidemiol (Internet). 2006 Mar (acesso em 2016 Sep 07);16(2):57-63. Disponível em: https://www.jstage.jst.go.jp/article/jea/16/2/16_2_57/_pdf

Khresheh R, Suhaimat A, Jalamdeh F, Barclay L. The effect of a postnatal education and support program on breastfeeding among primiparous women: a randomized controlled trial. Int J Nurs Stud (Internet). 2011 Sep (acesso em 2016 Sep 07);48(9):1058-65. Disponível em: http://www.journal ofnursingstudies.com/article/S0020-7489(11)00038-1/fulltext

Martins CBG, Santos DS, Lima FCA, Gaíva MAM. Introdução de alimentos para lactentes considerados de risco ao nascimento. Epidemiol. Serv. Saúde (Internet). 2014 Jan-Mar (acesso em 2016 Apr 22);23(1):79-90. Disponível em: http://scielo.iec.pa.gov.br/pdf/ess/v23n1/ v23n1a08.pdf

Martins MZO, Santana LS. Benefícios da amamentação para saúde materna. Interfaces Cientificas-Saúde e Ambiente (Internet). 2013 Jun (acesso em 2016 Sep 09);1(3):87-9. Disponível em: https://periodicos.set.edu.br/index.php/ saude/article/viewFile/763/443

Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec-Abrasco; 2010.

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: Editora do Ministério da Saúde; 2009 (acesso em 2016 Jul 16). Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/saude_crianca_nutricao_aleitamento_alimentacao.pdf

Ministério Da Saúde (BR), Secretaria de atenção à saúde, Departamento de Ações Programáticas Estratégicas. Área técnica de saúde da criança e aleitamento materno. Cartilha para a mãe trabalhadora que amamenta (Internet). Brasília: Ministério da Saúde, 2010 (acesso em 2016 Jul 16). Disponível em: http://bvsms.saude.gov. br/bvs /publicacoes/cartilha_mae_trabalhadora_amamenta.pdf

Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Área Técnica de Saúde da Criança e Aleitamento Materno. Iniciativa Hospital Amigo da Criança (Internet). Brasília: Ministério da Saúde; 2011 (acesso em 2016 Sep 09). Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/iniciativa_hospital_amigo_crianca.pdf

Nakano AMS, Reis MCG, Pereira MJB, Gomes FA. O espaço social das mulheres e a referência para o cuidado na prática da amamentação. RevLatinoamEnferm (Internet). 2007 Mar/Apr (acesso em 2016 Sep 06);15(2):230-8. Disponível em: http://www.scielo.br/pdf/rlae/v15n2/pt_v15n2a07.pdf

Patil CL, Turab A, Ambikapathi R, Nesamvuni C, Chandyo RK, Bose A, et al. Early interruption of exclusive breastfeeding: results from the eight-country MAL-ED network. J Health Popul Nutr. (Internet). 2015 May (acesso em 2016 Jun 10);34(10). Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5025973/pdf/41043_2015_Article_4.pdf

Perera PJ, Ranathunga N, Fernando MP, Sampath W, Samaranayake GB. Actual exclusive breastfeeding rates and determinants among a cohort of children living in Gampaha district Sri Lanka: a prospective observational study. Inter Breastfeed J (Internet). 2012 Dec (acesso em 2016 Apr 23);7(1). Disponível em: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3546863/pdf/1746-4358-7-21.pdf

Polido CG, Mello DF, Parada CMGL, Carvalhaes MABL, Tonete VLP. Vivências maternas associadas ao aleitamento materno exclusivo mais duradouro: um estudo etnográfico**.** Acta Paul Enferm (Internet). 2011 (acesso em 2016 Sep 20);24(5):624-30. Disponível em:http://www.scielo.br/pdf/ape/v24n5/05v24n5.pdf

Queiroz RFC, Santos SLF, Pessoa CV, Borges RN, Barros KBT. Aleitamento materno e uso de medicamentos por puérperas em um município do estado do Ceará. Boletim Informativo Geum(Internet). 2015 Jul/Sep (acesso em 2016 Sep 06);6(3):7-14. Disponível em: http://www.ojs.ufpi.br/index.php/geum/article/view/3875

Ramos CV, Almeida JAG. Aleitamento materno: como é vivenciado por mulheres assistidas em uma unidade de saúde de referência na atenção materno infantil em Teresina, Piauí. RevBras Saúde MaterInfant (Internet). 2003 Jul/Sep (acesso em 2016 Sep 16);3(3):315-21. Disponível em: http://www.scielo.br/pdf/rbsmi/v3n3/17926.pdf

Schincaglia RM, Oliveira AC, Sousa LM, Martins KA. Práticas alimentares e fatores associados à introdução precoce da alimentação complementar entre crianças menores de seis meses na região noroeste de Goiânia. EpidemiolServ Saúde (Internet). 2015 Jul/Sep (acesso em 2016 Sep 07);24(3):465-474.

Silva MBC, Moura MEB, Silva AO. Desmame precoce: representações sociais de mães. Rev eletrônica enferm (Internet). 2007 (acesso em 2016 Sep 16);9(1):31-50. Disponível em:https://www.fen.ufg. br/fen_revista/v9/n1/pdf/v9n1a03.pdf

Wenzel D, Souza SB. Fatores associados ao aleitamento materno nas diferentes regiões do Brasil. RevBras Saúde MaternInfant (Internet). 2014 Jul/Sep (acesso em 2016 Sep 05);14(3):241-9. Disponível em: http://www.scielo.br/pdf/rbsmi/v14n3/1519-3829-rbsmi-14-03-0241.pdf

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