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RESEARCH ARTICLE

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PUBLIC HEALTH EDUCATION POLICIES ON BREASTFEEDING: A SYSTEMATIC LITERATURE REVIEW USING THE METHODI ORDINATIO

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ABSTRACT

This article presents a systematic review of the literature on public health education policies related to breastfeeding. The aim was to identify the main initiatives, evaluating their effectiveness in promoting, protecting, and supporting breastfeeding. The use of the Methodi Ordinatio method allowed for the classification of articles based on impact factor, number of citations, and year of publication, ensuring the selection of relevant studies. From a final portfolio of 16 articles, it was possible to identify that policies supporting breastfeeding in the workplace, such as extended maternity leave and spaces for milk expression, are essential for increasing the duration of breastfeeding. Furthermore, initiatives such as the Baby-Friendly Hospital Initiative (IHAC) and community programs were found to be effective, especially in vulnerable populations. However, the lack of sustained funding for these policies and the absence of long-term monitoring were identified as barriers to their effectiveness. In conclusion, although public policies promoting breastfeeding have made progress, challenges remain, such as insufficient support in the workplace, lack of continuous training for healthcare professionals, and the need to adapt policies to local realities.

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INTRODUCTION

Breastfeeding is widely recognized as one of the most effective practices to ensure the health and well-being of both children and mothers. According to the World Health Organization (WHO), exclusive breastfeeding during the first six months of life is crucial for reducing infant mortality, preventing diseases, and promoting healthy development (Grummer-Strawn *et al.*, 2017). In addition to direct health benefits, breastfeeding also fosters an emotional bond between mother and child and has a positive impact on maternal health, such as reducing the risk of breast and ovarian cancer (Victora *et al.*, 2016). However, despite these proven benefits, breastfeeding rates around the world remain below the global targets set, especially in vulnerable populations (Jolly *et al.*, 2018). In this context, public health education policies have played a critical role in encouraging and supporting breastfeeding. Initiatives such as the Baby-Friendly Hospital Initiative (BFHI) and workplace breastfeeding protection laws have been implemented in various countries to promote healthy practices and create breastfeeding-friendly environments (Lamounier *et al.*, 2019). These policies not only provide support to mothers but also educate healthcare professionals and communities about the importance of breastfeeding, ensuring that breastfeeding is viewed as both a social and public health responsibility (Safon *et al.*, 2018). Despite these advances, several barriers continue to limit the success of public policies promoting breastfeeding. Socioeconomic factors, lack of support in the workplace, misinformation, and cultural influences still present significant challenges (Hawkins *et al.*, 2007).

Therefore, a more robust and inclusive approach, one that takes into account social inequalities and the needs of vulnerable groups, is necessary to increase breastfeeding rates and reduce health disparities (Toma & Rea, 2008). Against this backdrop, the present article aims to conduct a systematic literature review using the Methodi Ordinatio method (Pagani, 2017) to identify and analyze the key national and international studies addressing public health education policies aimed at promoting breastfeeding. Methodi Ordinatio is a methodology that allows for the classification of articles based on their scientific relevance, considering factors such as citation count, journal impact factor, and publication year. Through this analysis, the goal is to contribute to the debate on the effectiveness of implemented public policies and to identify gaps that may guide future research and interventions in the field.

METHODOLOGY

This study conducted a systematic literature review with the objective of analyzing public health education policies aimed at promoting breastfeeding. To ensure the objectivity and robustness of the article selection process, the Methodi Ordinatio method was employed. This methodology allows for the classification and organization of the relevance of scientific articles based on three main criteria: journal impact factor, article citation count, and publication year. The combination of these factors generates a relevance index, called

InOrdinatio, which facilitates the selection of the most pertinent studies on the topic of interest. The research was conducted in the PubMed, Scopus, Science Direct, and Web of Science databases, selected for their comprehensiveness and for containing a large number of relevant articles in the fields of public health and breastfeeding policies. The search period had no temporal cutoff, covering all studies published up until the time of data collection, which was conducted in 2024. The following combinations of keywords in both English and Portuguese were used to cover as many articles as possible: "Breastfeeding" AND "public policy" AND ("health promotion" OR "health education"). These keywords were applied in the title, abstract, and keywords fields of each database to identify articles that directly or indirectly addressed the impact of public policies on breastfeeding promotion. After the initial collection, 58 articles were obtained across the consulted databases. The filtering process was conducted in several stages to ensure the relevance of the selected articles. First, duplicates were removed, eliminating 13 articles.

ranking that guided the reading and analysis of the articles. Therefore, the classified articles were analyzed regarding their content, focusing on three main aspects: the description of breastfeeding public policies, the outcomes and impact of the policies, and the barriers and challenges. The bibliometric analysis of the article portfolio was conducted using VOSviewer software, which allowed for the identification of the author network, keyword density, and temporal trends in publications on the topic. This analysis showed that, despite the first article on breastfeeding public policies being published in 1987, academic production on the topic remains relatively limited, with a higher concentration of publications starting in 2017. In summary, the use of Methodi Ordinatio optimized the article selection process and ensured that the review included the most relevant and current research. This method contributed to the construction of a robust bibliographic portfolio aligned with the research objectives, providing a solid foundation for the study's discussions and conclusions.

Table 1. Ranking of Articles with the Highest Impact Obtained Using the Methodi Ordinatio Methodology

Title	Author and Year	Article Approach	In Ordinatio ($\alpha = 5$)
Benefits of breastfeeding for maternal and child health: An essay on the scientific evidence	Toma, T.S. & Rea, M.F. 2008.	Analysis of the Benefits of Breastfeeding for maternal and Child Health	158.59
The impact of maternal employment on breastfeeding duration in the UK Millennium Cohort Study	Hawkins, S.S., Griffiths, L.J., Dezateux, C., & Law, C. 2007.	Impact of Returning to Work on Breastfeeding Duration in the United Kingdom	115.08
Baby-Friendly Community Initiative—From national guidelines to implementation	Kavle, J.A., Ahoya, B., Kiige, L., Mwando, R., Olwenyi, F., Straubinger, S., & Gathi, C.M. 2019.	Child-Friendly Community Initiative in Kenya and Breastfeeding Practices	109.40
Outcomes from the Centers for Disease Control and Prevention 2018 Breastfeeding Report Card	Bass, J.L., Gartley, T., & Kleinman, R. 2020.	Policy Implications of the CDC Breastfeeding Report Card in the United States	75.79
Predicting the Duration of Lactation: Evidence from a National Survey	Piper, S. & Parks, P.L. 1996.	Evidence on Breastfeeding Duration from a National Survey	72.21
Baby friendly hospital initiative: 25 years of experience in Brazil	Lamounier, J.A., Chaves, R.G., Rego, M.A.S., & Bouzada, M.C.F. 2019.	Evaluation of the Baby-Friendly Hospital Initiative (BFHI) in Brazil After 25 Years of Implementation	64.87
Determinants of breastfeeding attitudes of mothers in Jordan: A cross-sectional study	Alkhalidi, S.M., Al-Kuran, O., AlAdwan, M.M., Dabbah, T.A., Dalky, H.F., & Badran, E. 2023.	Cross-Sectional Study on Breastfeeding Attitudes in Jordan	51.75
Can "Becoming Breastfeeding Friendly" Impact Breastfeeding Protection, Promotion, and Support in Mexico?	Safon, C., Buccini, G., Ferré, I., de Cosío, T.G., & Pérez-Escamilla, R. 2018.	Impact of the 'Becoming Breastfeeding Friendly' Program in Mexico	34.94
Breastfeeding practices in baby friendly hospitals of Indore	Nigam, R., Nigam, M., Wavre, R.R., Deshpande, A., Chandorkar, R.K. 2010.	Breastfeeding Practices in Baby-Friendly Hospitals in Indore	34.86
Examining the Washington State Breastfeeding-Friendly Policy Development Process	Steinman, L.E., Bradford, V., Quinn, E., Otten, J.J., McNamara, J., Fisher, K., & Johnson, D.B. 2017.	Policy Development Process for Breastfeeding-Friendly Practices in Washington State	32.63
Breastfeeding laws and breastfeeding practices by race and ethnicity	Smith-Gagen, J., Hollen, R., Walker, M., Cook, D.M., & Yang, W. 2014.	Breastfeeding Laws and Practices by Race and Ethnicity	24.53
Performance based regulation: A strategy to increase breastfeeding rates	Cobo-Armijo, F., Charvel, S., & Hernández-Ávila, M. 2017.	Performance-Based Regulation Strategies to Increase Breastfeeding Rates	15.83
Tensions and contradictions in government interventions for the promotion of breastfeeding	Rodríguez, R.M.R., & González, M.G.H. 2017.	Barriers and Intervention Strategies for Working Mothers Who Breastfeed	8.72
Breastfeeding and the working mother: Barriers and intervention strategies	Barber-Madden, R., Petschek, M.A., & Pakter, J. 1987.	Integrative Review on Institutional Strategies to Support Breastfeeding	5.35
Institutional relationships in the implementation of breastfeeding promotion, protection and support strategies	Fonseca, S.M.P., García, L.F.G. Pava-Cárdenas, A., Zea, M.P.L., Rivera, J.M., Ponce, Y. Y., Murillo, O.O.M., González, A.M.S., & Payán, M.V.R. 2023.	Government Interventions and Breastfeeding Promotion	5.23
Breast-feeding and public policy in Australia: Limitations of a nutritional focus	Morrow, M. & Barraclough, S. (1993)	Limitations of Australian Public Policies with a Nutritional Focus	4.72

Next, books, book chapters, and conference proceedings were excluded, removing 12 articles, as they did not meet the criteria of being peer-reviewed journal articles with an impact factor, focusing only on articles and reviews. Subsequently, articles with irrelevant content were excluded, removing 17 articles whose focus was not directly related to public policies on breastfeeding. Thus, the final number of articles was 16, which contained relevant topics for the analysis, discussion, and achievement of the objectives of this study. For this study, the α value was set to 10, prioritizing the relevance of more recent articles, as the review aimed to capture contemporary discussions on breastfeeding public policies. With this parameterization, the InOrdinatio method generated a relevance

RESULTS

The application of the Methodi Ordinatio method in the systematic literature review resulted in a ranking of 16 highly relevant articles for the analysis of public health education policies focused on breastfeeding. The main findings based on the classified articles are discussed above. Figure 1 presents a network map generated by the VOSviewer software, which represents the co-occurrence of the main keywords associated with research on breastfeeding and public health policies. Each group of keywords is represented by a different color, forming clusters that indicate the semantic proximity between the terms.

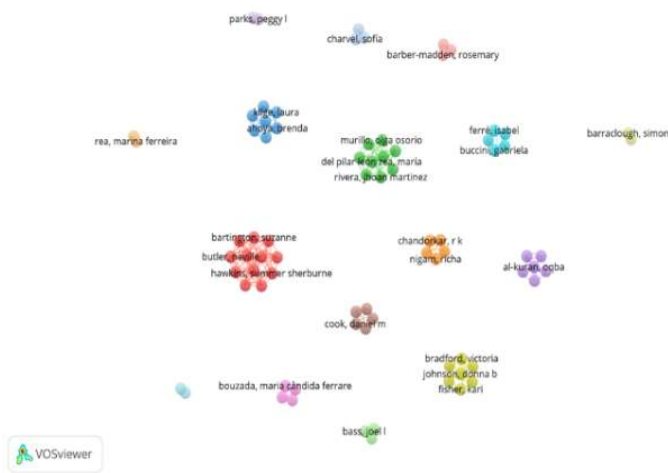


Figure 1. Network Map Obtained Using VOSviewer Software Containing the Main Keywords

Authors associated with similar topics are shown as connected, highlighting collaborations and common areas of study. The red cluster represents studies related to public policies supporting breastfeeding and the implications of the workplace environment on breastfeeding duration. The blue cluster is associated with community initiatives and the promotion of breastfeeding in highly vulnerable areas, as discussed in the context of the Baby-Friendly Community Initiative. The green cluster groups terms referring to government programs for monitoring and promoting breastfeeding, such as the Breastfeeding Report Card. The yellow cluster addresses cultural and economic issues that impact the implementation of breastfeeding promotion policies, particularly in low-income contexts. The purple and orange clusters refer to more specific factors, such as barriers to breastfeeding and the analysis of policies based on different governance models. Thus, this visualization facilitates the identification of the most relevant areas of study, as well as the interconnections between different approaches related to breastfeeding.

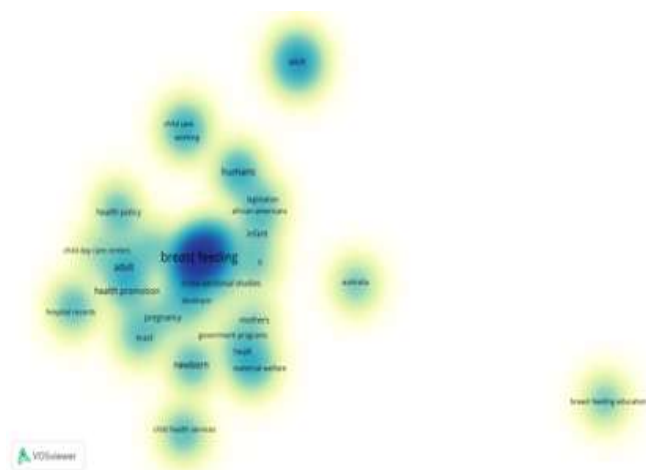


Figure 2. Keyword Density Map Generated by VOSviewer Software

Figure 2 illustrates a keyword density map related to breastfeeding research, obtained through the VOSviewer software. The colored areas indicate the concentration and relevance of keywords, with darker regions showing higher density of occurrences and lighter regions representing lower density. The densest area around "breastfeeding" indicates that this is the most frequently associated keyword in the analyzed publications, highlighting its centrality in discussions about maternal and child health. Additionally, keywords such as "health promotion," "pregnancy," "newborn," and "child health services" appear alongside the main term, suggesting a strong

connection between breastfeeding and public health programs targeted at mothers and children. Terms like "government programs" and "health policy" indicate the relevance of political interventions in promoting breastfeeding. Meanwhile, the term "breastfeeding education" appears isolated, indicating a specific focus on breastfeeding education programs. The warmer colors (dark blue) highlight the areas with the highest co-occurrence frequency, reflecting the most discussed themes in the analyzed scientific publications. The density map facilitates the visualization of the main topics addressed in the field of breastfeeding, demonstrating the interconnection between different research and intervention areas.

DISCUSSION

In comparison with other systematic reviews found in the literature, this review reveals that, although there is a substantial amount of research focused on the benefits of breastfeeding and the importance of public policies, there are still few initiatives directed at analyzing their long-term effectiveness. Studies such as that by Safon *et al.* (2018), focused on Mexico, exemplify how cultural and economic barriers can undermine the implementation of well-intentioned policies that fail to consider local complexities. Similarly, other reviews indicate a need for greater adaptation of global policies to local realities, a finding that this review also corroborates. Another relevant comparison is the approach to gaps in training and professional development. Research by Lamounier *et al.* (2019) shows that the implementation of programs such as the Baby-Friendly Hospital Initiative (IHAC) in Brazil has brought significant improvements in breastfeeding rates, but gaps in healthcare professionals' training continue to be an obstacle to full adherence to these policies. This reflects the urgent need for continuous and integrated training at all levels of healthcare, an aspect that many previous reviews also pointed to as a common deficiency. Furthermore, the article proposed by Toma & Rea (2008) confirms the extensive evidence regarding the benefits of breastfeeding, both for maternal and child health. This study highlights the importance of public policies that encourage breastfeeding starting from prenatal care, recommending that health systems prioritize educating mothers about the long-term benefits. However, despite the robustness of the scientific evidence, a significant gap identified is the lack of adherence to these policies in many regions, particularly in low- and middle-income countries, where support infrastructure remains limited.

The relevance of Hawkins *et al.* (2007) emphasizes the negative impact of working conditions on breastfeeding rates. The study shows that early return to work, coupled with a lack of workplace support policies, such as lactation rooms and paid breaks, contributes significantly to early weaning. This finding is corroborated by other studies in the review, which highlight the need for more robust political interventions aimed at supporting breastfeeding in the workplace. Although the literature is clear about the importance of this support, the absence of more effective regulations represents a major gap, especially in countries with more flexible labor laws. The study by Kavle *et al.* (2019), focused on the Baby-Friendly Community Initiative, highlights the effectiveness of community-based initiatives for promoting breastfeeding, especially in rural and low-income areas. The implementation of these policies has shown positive results in increasing exclusive breastfeeding rates. However, a gap observed is the lack of continuity in these initiatives in terms of funding and long-term monitoring. Many of the programs mentioned, such as the Baby-Friendly Hospital Initiative, have faced challenges in their financial sustainability, limiting their scope and long-term impact. The review also identified significant gaps that still need to be addressed by the academic community and policymakers. First, the lack of long-term impact evaluation of policies implemented in many countries is one of the major gaps. While many studies assess breastfeeding rates immediately after policy implementation, few analyze the impact of these policies in terms of child development and maternal health over the years. Another important gap is the lack of more robust intersectoral approaches. While some initiatives, such

as the Baby-Friendly Community Initiative, promote collaboration between sectors, many countries still lack effective integration between health, education, and labor systems. This lack of coordination between sectors contributes to the fragmentation of policies and the difficulty of adapting them to local realities. Future studies could benefit from focusing on more integrated intersectoral governance models that allow for more cohesive and efficient implementation of public breastfeeding policies. Finally, the studies reviewed suggest an increasing need for policy approaches that take into account the social determinants of health, such as socioeconomic context, regional disparities, and cultural influences. While many programs succeed at the national level, breastfeeding policies still face substantial challenges in rural areas and marginalized communities, which often lack access to the necessary resources and information to promote breastfeeding. Moreover, this review reveals that, although public policies focused on breastfeeding have advanced significantly in recent decades, important gaps remain that need to be addressed to ensure more effective and sustainable implementation. The Methodi Ordinatio method allowed for the identification of key studies that can serve as a foundation for future research, providing a platform for the development of more robust policies adapted to local needs.

CONCLUSION

The systematic review conducted on public health policies for breastfeeding revealed significant advances in the promotion of this practice, particularly in contexts where there is robust governmental support and well-implemented intersectoral strategies. However, considerable challenges still need to be overcome to ensure greater adherence to breastfeeding policies and, consequently, improvements in maternal and child health indicators. The results highlight that policies aimed at supporting the workplace, such as extended maternity leave and the creation of appropriate spaces for breastfeeding, are crucial for prolonging the duration of breastfeeding. The lack of adequate support in companies remains a significant barrier, pointing to the need for legislative reform in many countries. It is suggested that governments expand these policies by implementing stricter regulations to ensure the creation of favorable conditions for breastfeeding in the workplace. Furthermore, community initiatives, such as the Baby-Friendly Hospital Initiative, have proven effective in increasing breastfeeding rates, especially in vulnerable populations. However, the sustainability of these policies depends on continuous funding and long-term monitoring mechanisms. Therefore, it is essential that governments invest in strategies for regular follow-up and adapt global policies to local needs and particularities, ensuring that the most disadvantaged populations receive adequate support.

Another critical area identified is the continuous training of healthcare professionals. The lack of proper training still undermines the effectiveness of public policies, especially in terms of emotional and technical support for mothers during the pre- and postpartum periods. Therefore, it is recommended that governments and healthcare institutions invest in ongoing training programs for professionals involved in supporting breastfeeding mothers. Finally, one of the main gaps identified is the lack of long-term evaluations on the impact of breastfeeding public policies. While many studies show improvements in breastfeeding rates in the short term, there is a scarcity of data on the effects of these policies over the years. Future studies should, therefore, focus on longitudinal analyses that can provide a more comprehensive view of the impact of prolonged breastfeeding on maternal and child health. In conclusion, public policies promoting breastfeeding are vital for the health of mothers and infants, but their implementation and effectiveness depend on an integrated approach adapted to local realities. Policymakers must prioritize institutional, community, and professional support, as well as ensure continuous monitoring and adequate funding for these initiatives. Future studies should delve deeper into analyzing the long-term impact of these policies, thus providing a solid foundation for

developing new strategies to support breastfeeding in diverse social and cultural contexts.

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