

The influence of the knowledge of nurses working on the family health strategy in the process of breastfeeding

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Abstract: The success of breastfeeding depends on the commitment of professionals to encourage breastfeeding. This study aimed to evaluate the influence of the knowledge of nurses from the Basic Health Units (UBS) of Feira Nova in the promotion of THE. Descriptive, exploratory study with quantitative approach. There was a higher prevalence of nurses aged between 31 and 40 years (50.0%), females (87.5%) and with specialization (100.0%). Only 40.8% of children between 0 and 6 months are exclusively breastfed, 47.9% of children between 07 months and 02 years do not breastfeed anymore. The level of knowledge was lower than expected in relation to the general knowledge of breastfeeding and moderate in relation to management. 62.5% claimed to work the theme through groups, 75.0% use the waiting room, 75.0% lectures and 75.0% guide the consultations. New health education strategies need to be used in order to improve positive rates for breastfeeding.

Keywords: Breastfeeding. Nursing. Care

1. Introduction

According to the World Health Organization (WHO), Breastfeeding (BREASTFEEDING) can be conceptualized as the process by which the infant receives milk from its mother or nursing mother, being considered exclusive when the same does not receive any other liquid or solid, except for vitamins, mineral supplements or medications (CARVALHO *et al.*, 2011).

The AM is currently one of the most efficient ways of nutritional, immunological and emotional supply for the child, especially in the first year of life (CARVALHO *et al.*, 2011; SIQUEIRA *et al.*, 2017). The baby who is breastfed is less likely to develop diabetes, hypertension and heart diseases (CARVALHO *et al.*, 2011; GH; ZUSE, 2011).

The data presented through the II Breastfeeding Prevalence Survey showed that the average of exclusive breastfeeding in Brazil is 54.1 days (1.8 months), a fact that indicates the need for greater efforts of segments linked to public health to achieve the goal recommended by the WHO where this type of breastfeeding should be performed up to the first six months of the baby, and can be performed in a complementary way until the age of two years (SIQUEIRA *et al.*, 2011; FONSECA-MACHADO *et al.*, 2012).

It is known that the participation of health professionals in the education process of this practice is fundamental for the transformation of this reality (BATISTA *et al.*, 2013). The nurse is one of the professionals who has a greater capacity to opportunist health education to the population, and can facilitate the practice of breastfeeding through promotion and continuing education, effectively. In addition, nurses are the professional who most closely relates to the couple during the pregnancy-puerperal cycle and, for this reason, the preparation of pregnant women for breastfeeding becomes essential. This is necessary to develop the commitment and technical-scientific knowledge related to lactation (CARVALHO *et al.*, 2011; SIQUEIRA *et al.*, 2017; BATISTA *et al.*, 2013; WEDGE; SIQUEIRA, 2016).

Although the attitudes and discourses of nurses are usually favorable to the act of breastfeeding, they are often not effective, causing failure in the lactation process (BATISTA *et al.*, 2013). This fact can be proven through a study that points out that most pregnant women receive guidance on breastfeeding during prenatal care, however, in practice, numerous weaknesses regarding the desired range of exclusive breastfeeding and the duration of breastfeeding are observed (SIQUEIRA *et al.*, 2017).

It is believed that the unpreparedness of nurses, who accompany the couple in the pregnancy-puerperal period and children in the period of birth and childcare, associated with conducts, routines, and inappropriate practices in health services and distribution of infant formulas, can be considered contributing factors for this early weaning (SIQUEIRA *et al.*, 2017).

In this context, this study aims to evaluate the influence

of knowledge of nurses responsible for the follow-up of nursing/infants in the Basic Health Units (UBS) of the municipality of Feira Nova in encouraging and promoting AM. It is understood that, from this survey, professionals can intervene more effectively in the prevention of early weaning thus ensuring the benefits for the mother-baby binomial.

2. Methodology

Descriptive and exploratory study, with quantitative approach. Field research was used by investing in data collection. The study was carried out in the municipality of Feira Nova, located in the Zona da Mata of the state of Pernambuco, 9 km south-east of Limoeiro. The site was chosen for study due to the strong influence of interior culture on empirical practices related to breastfeeding that can interfere with early weaning.

The target population was composed of nurses linked to the municipal public network of Feira Nova with regard to primary care. The sample consisted of nurses specifically linked to the Family Health Strategy of the municipality, these being crowded in the Basic Health Units, totaling 08 (eight) professionals. The nurses working in the UBS of the municipality of Feira Nova and who were active in the study were included. In addition, the signing of the Free and Informed Consent Form (TCLE) was also considered as an inclusion criterion. Nurses linked to the municipal network of Feira Nova who do not work in the Family Health Strategy were discarded from the study. The signature negative of the Inactivation of the employment relationship was also considered exclusion criteria.

The data collection instrument corresponded to the structured form composed of objective questions pertinent to the theme. Data collection occurred in person by the researcher through interviews conducted in the UBS of the municipality of Feira Nova, previously scheduled, from Monday to Friday during business hours. During the approach, nurses were sensitized about the purposes of the research, the risks and benefits involved in the study, in addition to ensuring the preservation of identity and the possibility of withgoing the research at the time they wished. The Informed Consent Form (Informed Consent) was presented in two ways, one for the researcher and one for the interviewee.

The risks were minimal, among them we can mention the embarrassment of professionals related to the exposure of flawed work processes and the out-of-date knowledge on the subject, failures of records by under monitoring the area of adscription and refusal to sign the TCLE. The benefits are numerous, among them the possibility of identifying some factors, related to professional practices, which enable early weaning and from this process the possibility of reorganizing care practice in what concerns the AM in the municipality of Feira Nova.

The results were presented through tables and the data were analyzed using the Microsoft Excel 2010 program. The

research project was submitted to the Research Ethics Committee through the Plataforma Brazil Portal, through CAAE: 78860317.8.0000.5192, and was approved on December 11, 2017 after Opinion Embono no . 2,428,389 issued by HUOC/Procape Hospital Complex. The project is in accordance with resolution 466 of 12 December 2012. The research involved the direct approach with human beings; however, it was performed from the application of questionnaires, ensuring confidentiality and anonymity.

3. Results and Discussion

The study was conducted with 100% of the sample, that is, there was no refusal in relation to participation in the research. Table 1 shows the profile of the nurses who composed the sample.

Table 1. Profile of nurses who make up the Primary Care Teams of the municipality of Feira Nova in the period of December 2017.

| Age | N | % |
|-----------------------------|----|-------|
| Between 20 and 25 years old | 01 | 12,5 |
| Between 26 and 30 years old | 01 | 12,5 |
| Between 31 and 35 years old | 02 | 25,0 |
| Between 36 and 40 years old | 02 | 25,0 |
| Over 40 years | 02 | 25,0 |
| Sex | | |
| Male | 01 | 12,5 |
| Female | 07 | 87,5 |
| Specialization | | |
| Yes | 08 | 100,0 |
| No | 00 | 0,0 |

Source: The authors

There was a higher prevalence of nurses aged between 31 and 40 years (50.0%), females (87.5%) and *latu sensu* specialization as maximum education (100.0%).

Cross-sectional study, conducted in Rio Grande, a municipality located in the extreme south of Rio Grande do Sul and an observational study developed in the urban teams of the Family Health Strategy of the Municipal Health Department of the municipality of Uberaba, Minas Gerais, presented similar findings to the present study where the highest predominance of nurses (93.5% and 96.5%, respectively) were female. The first study also pointed out that 66.9% of the nurses completed the *latu sensu* specialization

(VASQUEZ *et al.*, 2015). Table 2 shows the data reported by nurses regarding the monitoring of children under 02 years of age in relation to breastfeeding practices.

Table 2. Data related to the registration of children between 0 and 2 years reported by nurses working in primary care in the municipality of Feira Nova in December 2017.

| Data related to ad registration | N | % |
|--|-----|-------|
| Total number of children from 0 to 6 months followed up at the UBS | 98 | 100,0 |
| In exclusive breastfeeding | 40 | 40,8 |
| In predominant breastfeeding | 27 | 27,6 |
| In complementary breastfeeding | 11 | 11,2 |
| Non-existence of breastfeeding | 10 | 10,2 |
| Total children from 7 months to 2 years followed at the UBS | 215 | 100,0 |
| In predominant breastfeeding | 35 | 16,3 |
| In complementary breastfeeding | 50 | 23,3 |
| Non-existence of breastfeeding | 103 | 47,9 |

Source: the authors

The data reported by the nurses were added and it was found that the total number of children aged 0 to 6 months was 98. Of these, only 40.8% are in exclusive AM, as recommended by the WHO. It was also observed that 10.2% do not breastfeed anymore.

Regarding children between 07 months and 02 years, attention is made to the fact that 47.9% do not breastfeed anymore, corresponding to 103 individuals. It is notable that 25% of the nurses (n=02) did not answer this question, a fact that can potentiate this problem.

A study conducted in the municipality of Moreno (PE) was in line with the present study where the duration of breastfeeding exclusivity is still far from what is recommended by the WHO, with a median of 04 months (SILVA *et al.*, 2008). Table 3 presents the percentage distribution of nurses' responses in relation to aspects related to BREASTFEEDING, including benefits, breast milk composition and general aspects.

Table 3. Data related to the level of knowledge of nurses working in primary care in the municipality of Feira Nova in December 2017 about breastfeeding.

| Data related to the level of knowledge about breastfeeding | N | % |
|--|---|---|
| Breastfeeding promotes better conformation of the soft palate of children because it exerts a slight effort in the removal of milk resulting in the correct alignment of the teeth and | | |

| | | |
|---|----|------|
| without interference in the dental occlusion | | |
| True | 06 | 75,0 |
| False | 02 | 25,0 |
| Presence, in colostrum of greater amount of fats than proteins, in relation to mature milk, fundamental to ensure energy the child at this stage. | | |
| True | 04 | 50,0 |
| False | 04 | 50,0 |
| Lactoferrin that favors the growth of lactobacillus bifidus, a nonpathogenic bacterium that alkalizes feces, hindering the installation of bacteria that cause recurrent respiratory infection | | |
| True | 05 | 62,5 |
| False | 02 | 25,0 |
| Didn't answer | 01 | 12,5 |
| Speed in the feeling of satiety of the child, promoted by the greater number of calories present in the milk at the beginning of breastfeeding, since the concentration of fat or milk decreases at the end of breastfeeding | | |
| True | 02 | 25,0 |
| False | 06 | 75,0 |

Source: FCC

All items investigated present faulty information and should be considered false. A lower-than-expected level of knowledge was observed in relation to this question, where the professionals presented a response compatible with the literature only in item 4. 75.0% of the professionals claimed that breastfeeding promotes better formation of the soft palate of children and does not interfere with dental occlusion, 50% of the professionals answered that colostrum has a higher amount of fats than proteins in relation to mature milk and 62.5% are unaware of the function of lactoferrin.

In a qualitative study conducted with 59 nurses from a maternity hospital in the city of Niteroi-RJ, knowledge about the general aspects of breastfeeding was demonstrated in the nurses' statements. Among the benefits were evidenced the hormonal release of oxytocin that favors uterine contraction, which prevents the decrease of hemorrhages and also contributes to uterine involution occur so quickly. In addition, it was evidenced that human milk contains enough water; protein and fat more suitable for the child, in addition to vitamins in sufficient quantities, without the use of vitamin supplements, thus protecting against allergies and infections, especially diarrhea, favoring the growth and development of

the child.

Vasquez *et al.* (2015) concluded in their study that the performance in the knowledge tests of the AM by the nurses obtained a regular sum. They also claimed that the low percentage of professionals with adequate performance is worrisome.

In a descriptive study, with a quantitative approach conducted in 20 Basic Health Units, with nurses working in the Family Health Strategy (ESF), linked to the Municipal Health Department, in the municipality of Anápolis, State of Goiás, 20% of the nurses stated that they did not have a qualification related to the theme (SANTOS *et al.*, 2014).

In a qualitative, exploratory descriptive study, conducted with eight nurses working in primary care in a small municipality in the north of the State of Ceará, the sample components addressed the clarification of the health professional as fundamental for the practice of health promotion of both mother and baby, especially with regard to exclusive breastfeeding as a source of health for children and disease prevention (ROCHA *et al.*, 2016).

Santos *et al.* (2014) stated that nurses need to be properly trained to provide pregnant women and nursing mothers with adequate guidance on the lactation process, in order to promote breastfeeding and contribute to the establishment and maintenance of the act.

Still analyzing the level of knowledge of nurses, table 4 demonstrates the findings related to lactation management, where better results were observed.

Table 4. Findings related to the level of knowledge of nurses working in primary care in the municipality of Feira Nova in December 2017 about lactation management.

| Data related to the level of knowledge on lactation management | N | % |
|---|----------|----------|
| Advantages of breastfeeding for the mother | | |
| Collaborates in oxytocin production and reduction of uterine bleeding | 08 | 100,0 |
| Reduces the risk of uterine cancer | 06 | 75,0 |
| Collaborates with the production of parathyroid hormones, reducing weight achieved in pregnancy | 03 | 37,5 |
| Reduces affective ties and involvement of father and family | 01 | 12,5 |
| Recommendation of definitive suspension of breastfeeding | | |
| The mother has leprosy bacillus | 03 | 37,5 |
| The child has galactosemia | 05 | 62,5 |
| Mom's a smoker | 01 | 12,5 |
| The child is carrier of hepatitis B virus | 01 | 12,5 |
| Breast anatomy | | |
| Breast conformation is not related to breastfeeding, i.e., regardless of breast size, the mother may breastfeed quietly | 07 | 87,5 |
| The use of maneuvers to stiffen the nipple during pregnancy, such as bras with holes and towels to perfect the breasts are effective strategies to ensure breastfeeding | 01 | 12,5 |

Correct positioning for lactation

There is no correct positioning for lactation. It is important that mother and NB are comfortable and happy 06 75,0

You advise the mother to offer milk in the sitting position, only. The sitting position ensures protection for the mother's spine and proper positioning for the NB. 02 25,0

Nutriz feeding

The nursing home diet needs to be hypercaloric to ensure the child's weight gain 01 12,5

Feeding needs to be supplemented with iron for at least 3 months after the birth of the child 07 87,5

Alternative devices for the supply of breast milk

Cup 06 75,0

Syringe and cup 02 25,0

Source: the authors

Regarding the advantages of AM for mother, 100.0% of the sample indicated that the practice contributes to the production of oxytocin and reduction of uterine bleeding and 75.0% to reduce the risk of cervical cancer.

Regarding the recommendations for definitive suspension of AM, 62.5% answered that this should happen when the child has galactosemia. However, 37.5% claimed that when the mother has leprosy bacillus, the breast-feeding should not be performed. 12.5% stated that if the mother is a smoker, THE is not recommended and 12.5% claimed that this practice should happen if the mother is a carrier of hepatitis B virus.

In the question regarding breast anatomy, 87.5% of the professionals answered that breast conformation is not related to breastfeeding, i.e., regardless of breast size, the mother can breastfeed quietly followed by 12.5% who claimed that the use of maneuvers to stiffen the nipple during pregnancy, such as bras with holes and towels to perfect the breasts are effective strategies to ensure breastfeeding, and should be used in cases of inverted nipples.

Regarding the appropriate positioning for BREASTFEEDING, 75% of the nurses answered that there is no correct positioning for lactation, while 25% of the professionals advise that the mother provides milk in the sitting position, only.

Another important factor for ensuring an effective nutritional process for the child in breastfeeding is related to the feeding of the nursing mother. In this respect, 87.5% of the sample stated that the nursing mother's diet needs to be supplemented with iron for at least 3 months after the child's birth and 12.5% answered that the nursing mother's diet needs to be hypercaloric to ensure the child's weight gain.

Among the devices that can be used to offer breast milk in cases of impossibility of breastfeeding, 75.0% affirmed the exclusive use of the cup while 25.0% claimed to guide the use of syringe and cup.

In a study conducted in Rio Grande - RS it was also observed that the professionals of the ESF obtained better

performance in the lactation management score (27.8%) when compared to the general knowledge score (16.7% presented satisfactory performance). However, the values reflect the need for improvements in terms of professional training.

In a study conducted by Santos *et al.* (2014), it was found that general knowledge about breast milk, breast care and management of the main problems presented a performance of 60%, 82% and 48%, respectively, suggesting that, despite the existence of theoretical knowledge, the applicability of this information in practices is still an obstacle. According to a study by Roecker *et al.* (2012), many nursing mothers stop breastfeeding exclusively due to lack of information about the importance of breast milk and proper handling for effective breastfeeding.

Study developed by Azevedo *et al.* (2015) and by Santos *et al.* (2017) point out that it is necessary for nurses to have technical and scientific knowledge about the anatomy and physiology of lactation, sucking, emotional and psychological factors that may interfere with BREASTFEEDING, in addition to communication techniques, so that they can guide about positioning and proper pick, manual extraction of breast milk and alternative forms of breast milk supply, other than by means of bottles. Table 5 presents data related to the work process of nurses from Feira Nova directed to breastfeeding.

Table 5. Analysis of the findings related to the work process directed to breastfeeding developed by primary care nurses in the municipality of Feira Nova in December 2017.

| Work process aimed at breastfeeding | N | % |
|---|----|-------|
| Existence of a therapeutic group in the UBS | | |
| Yes | 08 | 100,0 |
| No | 00 | 0,0 |
| Work of the theme in the therapeutic group | | |
| Yes | 08 | 100,0 |
| No | 00 | 0,0 |
| Thematic working method | | |
| UBS waiting room | 06 | 75,0 |
| Lectures | 06 | 75,0 |
| Therapeutic workshops | 00 | 0,0 |
| Therapeutic groups | 05 | 62,5 |
| Guidelines during prenatal and childcare consultations | 06 | 75,0 |
| Perception of actions that can decrease the rate of early weaning | | |
| Guidance to nursing companies | 06 | 75,0 |
| Increased bonding between parents and grandparents in PN consultations | 01 | 12,5 |
| Therapeutic groups in prenatal care and childcare | 01 | 12,5 |

Source: the authors

It is observed that all nurses (100.0%) claimed to have a therapeutic group directed to breastfeeding and work on the

theme in the group. Meanwhile when asked about the working methods of the theme, only 62.5% claimed to work through therapeutic groups. In addition, 75.0% claimed to use the period in which families are in the waiting room, 75.0% use lectures and 75.0% advise through prenatal and childcare consultations.

Santos *et al.* (2014), in a study conducted in the municipality of Anápolis (GO), found that the main activities of promotion to the M A were lectures, individual or group meetings, nursing consultations and home visits.

Fonseca-Machado *et al.* (2012) discussed in their study the relevance of group educational activities for pregnant and nursing mothers based on the assumption that the exchange of experiences and experiences of these women in relation to the AM, combined with the guidance of health professionals, can prevent difficulties and teach them how to deal with the anxiety, insecurity and possible problems related to breastfeeding. The authors also showed that 56.7% of the nurses in the UBS of Uberaba- MG developed health education activities aimed at THE for pregnant women through therapeutic groups.

In a study conducted in a small municipality in Ceará, nurses claimed that pedagogical resources for the promotion of breastfeeding practice are scarce, which hinders the performance of health actions by non-traditional methods (ROCHA *et al.*, 2016).

When asked about which actions could contribute to the reduction of early weaning, 75.0% of the sample claimed that the guidance of nursing companies is the main method, 12.5% claimed that the increase in the bond of parents and grandparents in prenatal consultations may influence and 12.5% claimed that the existence of prenatal and childcare therapeutic groups is an alternative.

Fonseca Machado *et al.* (2014) found that the improvement of the rates related to BREASTFEEDING depends on an adequate learning of mothers with active participation of health professionals, providing timely guidance and support for pregnant and lactating women. In addition, according to Vijayalakshimi *et al.* (2015), the shares pre- and postnatal educational systems are very important for the expansion of positive breastfeeding indicators.

3. Conclusions

Nurses ' knowledge about the aspects that permeate breastfeeding can be considered intermediate because the vast majority presented satisfactory answers. However, the moderate rate of children aged 0 to 6 months on exclusive breastfeeding associated with the high rate of children aged 7 months to 2 years who do not breastfeed no longer point to the need for restructuring on how this information is disseminated to nursing homes and their families.

It is observed that the methods used to work on the theme are traditional and unattractive from the pedagogical point of view, which can contribute to the high rate of early weaning, and may be related to failures of assimilation of information by nursing women as well as their families.

In this sense, strategies are needed to facilitate the dissemination of information on the anatomical, physiological, immunological foundations of breastfeeding, the clinical management of breastfeeding and breast complications. With this knowledge, the nursing team professional is able to pass on information and act creatively about the advantages and importance of breastfeeding and ways of reconciling this practice with other roles played by women in society.

The management of primary care plays a fundamental role in encouraging the adoption of these new actions through the promotion of technical training on the theme and alternative methods of promoting health education and the provision of material resources in order to enable the practice.

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