Factors related to successful breastfeeding

Fatores relacionados ao sucesso na amamentação

Factores relacionados con la lactancia exitosa

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RESUMO

Objetivo: Analisar os fatores que se associam ao sucesso na amamentação, de acordo com a literatura. **Método:** Revisão sistemática de literatura, cadastrado na base de registro de protocolos. As bases usadas foram Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde, Cumulative Index to Nursing and Allied Helth Literature, Embase e PubMed. Os critérios de elegibilidade foram: estudos de ensaio clínico randomizado e que avaliaram fatores relacionados ao sucesso da amamentação. **Resultados:** Foram identificados 92 artigos. Após retirada de duplicatas, análise de títulos e critérios de inclusão/exclusão pelos pares, obteve-se nove estudos. As principais características associadas ao sucesso na amamentação foram: confiança no leite humano, percepção de produção insuficiente de leite e/ou ralo. Em relação ao apoio do conjugue, influencia diretamente na duração da amamentação exclusiva. Sobre o apoio profissional, o encorajamento durante o pré-natal e a educação após o parto ofertado pelos profissionais teve impacto significativo sobre a amamentação. Em relação ao bem-estar materno, a depressão perinatal pode estar associada à interrupção precoce da amamentação exclusiva. **Conclusão:** Ao fim, a revisão trouxe elementos importantes para o sucesso na amamentação. As mulheres, profissionais de saúde e rede de apoio têm importância nesse processo.

Descritores: Aleitamento materno; Enfermagem; Revisão sistemática.

ABSTRACT

Objective: To analyze the factors that are associated with success in breastfeeding, according to the literature. **Method:** Systematic literature review, registered in the protocols registry base (PROSPERO). The databases used were the Latin American and Caribbean Center for Health Sciences Information (BIREME), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Embase and PubMed. Eligibility criteria were: randomized clinical trial studies that evaluated factors related to successful breastfeeding. **Results:** 92 articles were identified. After removal of duplicates, analysis of titles and inclusion/exclusion criteria by peers, nine studies were obtained. The main characteristics associated with successful breastfeeding were: confidence in human milk, perception of insufficient and/or thin milk production. Regarding the support of the spouse, it directly influences the duration of exclusive breastfeeding. Regarding professional support, encouragement during prenatal care and postpartum education offered by professionals had a significant impact on breastfeeding. Regarding maternal well-being, perinatal depression may be associated with early cessation of exclusive breastfeeding. **Conclusion:** In the end, the review brought important elements for successful breastfeeding. Women, health professionals and the support network are important in this process.

Descriptores: Breast feeding; Nursing; Systematic review.

RESUMEN

Objetivo: Analizar los factores que se asocian al éxito en la lactancia materna, según la literatura. **Método:** Revisión sistemática de la literatura, registrada en la base de registro de protocolos (PROSPERO). Las bases de datos utilizadas fueron el Centro Latinoamericano y del Caribe de Información en Ciencias de la Salud (BIREME), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Embase y PubMed. Los criterios de elegibilidad fueron: estudios de ensayos clínicos aleatorizados que evaluaron factores relacionados con una lactancia materna exitosa. **Resultados:** se identificaron 92 artículos. Después de la eliminación de duplicados, análisis de títulos y criterios de inclusión/exclusión por pares, se obtuvieron nueve estudios. Las principales características asociadas a la lactancia materna exitosa fueron: confianza en la leche humana, percepción de producción de leche insuficiente y/o escasa. En cuanto al apoyo del cónyuge, influye directamente en la duración de la lactancia materna exclusiva. En cuanto al apoyo profesional, el estímulo durante la atención prenatal y la educación posparto ofrecida por los profesionales tuvo un impacto significativo en la lactancia materna. En cuanto al bienestar materno, la depresión perinatal puede estar asociada con el cese temprano de la lactancia materna exclusiva. **Conclusión:** Al final, la revisión trajo elementos importantes para una lactancia exitosa. Las mujeres, los profesionales de la salud y la red de apoyo son importantes en este proceso.

Descriptors: Lactancia materna; Enfermería; Revisión sistemática.

REVIEW

Introduction

The progress of breastfeeding over the years has aimed to promote, protect and support this practice, through the strengthening of the policies implemented in Brazil and around the world.[1] Successful breastfeeding experiences positively influence the maternal intention to breastfeed (IMA) exclusively until the sixth month and for longer, as recommended by the Ministry of Health and in a complementary way until the second year of the child's life.[2]

Cognitive, economic, immunological, nutritional, psychological and social aspects for children, mothers, their families and the community itself, including the preservation of the environment are cited in several studies and have been reformulated according to their needs.[3] Maternity, especially in the exercise of breastfeeding, comprises coping with various situations that go beyond the physiological conformation; therefore, it often ends without success.[4]

In addition to the difficulties frequently encountered, anxiety characterized by time that is considerably "lost" for many women requires a support matrix that is sensitive to the confrontations that may be present, with the ideal partnership of care and welcoming to the breastfeeding woman in the partner.[5] The importance of the health professional in encouraging human breastfeeding is indisputable, both in the instruction of the nursing mother, as well as of his/her companion, allowing the same (a) to act more effectively in the prevention of factors that lead to early weaning.[6]

The justification of this study is based on the assumption that in the hospital environment there are adverse influences to breastfeeding, exerted by the human/maternal self-perception, by the spouse, health professionals and society. These episodes were experienced during the visits made by the extension group called the Breastfeeding Support Group (GAAM), linked to the University of the State of Bahia (UNEB), campus VII.

Given this, the problem arose from the following research question: what factors related to human breastfeeding are associated with successful breastfeeding? If there is an association, there is a possibility of developing strategies that encourage primary care and hospital professionals to direct the conscious practice of breastfeeding, helping in the difficulties faced by mothers. It is known that breastfeeding is not a merely instinctive practice, on the contrary, it is an action vigorously influenced by everyone around it, allowing their relationships to add up and undoubtedly influence the breastfeeding process.7 Therefore, this study aimed to analyze the factors that are associated with breastfeeding success, according to the literature.

Method

This is a systematic review of the literature, which aims to analyze the factors related to success in breastfeeding, which had the following guiding question: what factors are associated with success in breastfeeding? The project was registered in the International prospective register of systematic reviews (PROSPERO), under the number CRD42021239133.

The PICOT strategy was used, in which P-Lactating; I – Social, cultural, demographic factors, professional support, obstetric, clinical and surgical

history, as well as any other factor that is related to the outcome of breastfeeding; C – Comparison with groups of women who were unable to breastfeed exclusively until six months and/or in a complementary way until two years; O – Relationship between various factors and greater success in breastfeeding; T – Randomized clinical trials.

The survey of articles was carried out in four databases: Bireme, Cinahl, Embase and PubMed and included official descriptors available in the Medical Subject Heading (MeSH). The descriptors used were: related to breastfeeding (Breastfed, Breastfeeding, Breast Fed, Milk Sharing, Sharing, Milk, Breast Feeding, Exclusive, Exclusive Breast Feeding, Breastfeeding, Exclusive, Exclusive Breastfeeding, Wet Nursing); Maternal-Child Health Services, Health Service, Maternal-Child, Maternal Child Health Services, Maternal-Child Health Service, Service, Maternal-Child Health, Services, Maternal-Child Health, Health Services, Maternal-Child, Health Services, Maternal Child, Related to Human Milk (Milk, human, breast Milk, Milk, Breast, human Milk); And related to the Randomized Controlled Trial. The Booleans used were OR and AND.

The eligibility criteria were studies from randomized clinical trials that evaluated factors related to breastfeeding success, excluding other primary studies, secondary studies and qualitative studies. Because it is a very specific criterion, neither temporality nor the language of publication was cut.

The bibliographic data collection took place in February 2021. The selection of studies was carried out in three stages (title, abstract and reading in full), according to the eligibility criteria and that answered the research question, independently and paired by two researchers (MBCS) and (KKAS). As there was disagreement in the end, a third researcher (GPNP) analyzed and judged the eligible studies. The text was written following the recommendations of the PRISMA writing guide.

Table 1 - Research Strategies, Senhor do Bonfim, BA, Brazil, 2022.

BASES	#1	#2	#3	#4	ESTRATÉGIA DE BUSCA (#1 AND #2 AND #3 AND #4)
Bireme, CINAHL Embase, Pubmed.	*(Breastfed) OR (Breastfeeding) OR (Breast Fed) OR (Milk Sharing) OR (Sharing) OR (Milk) OR (Breast Feeding) OR (Exclusive) OR (Exclusive Breast Feeding) OR (Breastfeeding) OR (Exclusive) OR (Exclusive Breastfeeding) OR (Wet Nursing).*	*(Maternal-Child Health Services) OR (Health Service) OR (Maternal-Child) OR (Maternal Child Health Services) OR (Maternal-Child Health Service) OR (Service) OR (Maternal-Child Healt) OR (Services) OR (Maternal-Child Healt) OR (Health Services) OR (Maternal-Child) OR (Health Services) OR (Maternal Child).*	*(Milk) OR (human) OR (breast Milk) OR (Milk) OR (Breast) OR (human Milk).*	*(Randomized Controlled Trial).*	*Breastfed OR Breastfeeding OR Breast Fed OR Milk Sharing OR Sharing OR Milk OR Breast Feeding OR Exclusive OR Exclusive Breast Feeding OR Breastfeeding OR Exclusive OR Exclusive Breastfeeding OR Wet Nursing AND Maternal-Child Health Services OR Health Service OR Maternal-Child OR Maternal Child Health Services OR Maternal-Child Health Service OR Service OR Maternal-Child Healt OR Services OR Maternal-Child Healt OR Health Services OR Maternal-Child OR Health Services OR Maternal Child AND Milk OR human OR breast Milk OR Milk OR Breast OR human Milk AND Randomized Controlled Trial.*

The systematic table was used to capture the data related to the studies selected by the researcher, who cautiously investigated the following information: authors, primary and secondary outcomes of the studies, objective and the country. In the analysis of the risk of bias (quality) of the clinical trials included in the review, it was performed following the criteria standardized by the Cochrane Collaboration. The quantitative analysis of the results (meta-

analysis) was not performed, since the studies showed great heterogeneities regarding interventions and evaluation methods, which made the investigation impossible.

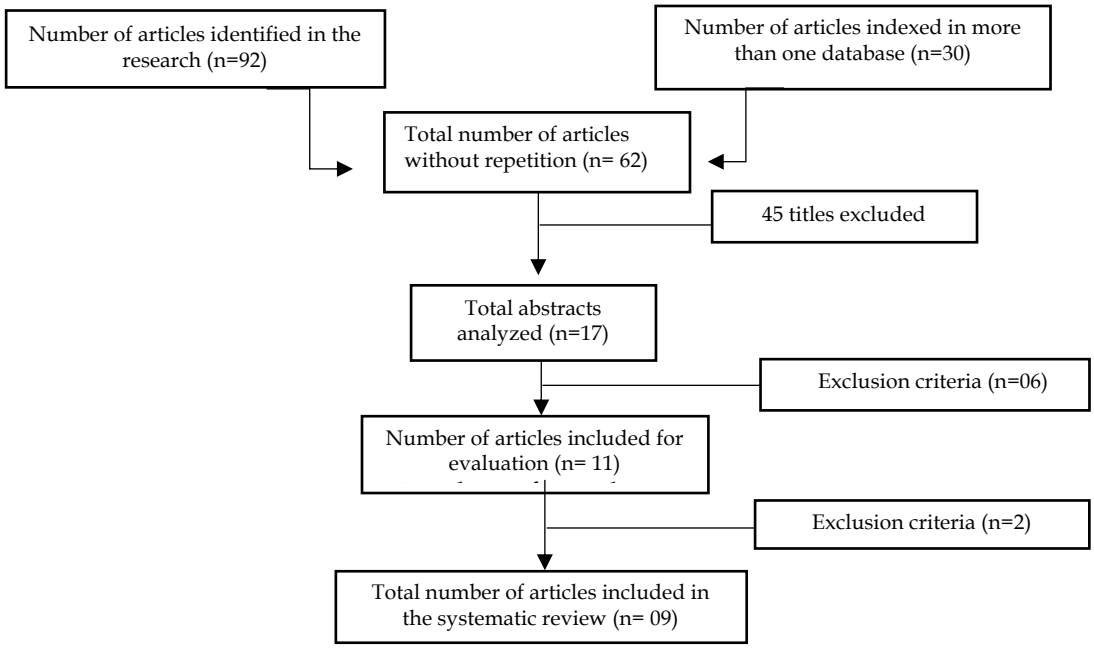
Results

The initial research identified 92 articles in these databases, 42 in Bireme, 16 in CINAHL, 14 in Embase and 20 in PubMed. Of the articles, 30 were indexed concomitantly in two or more databases. After eliminating the repeated articles, the search selected 62 published studies.

Of these, 45 titles were excluded because they did not meet the inclusion criteria. Thus, 17 abstracts were considered, of which, after reading and analysis, 11 articles were considered eventually important for the verification of the full texts. At this stage, there was also the need for a third researcher to analyze the abstracts that had discrepancies in the evaluation of the first two researchers. Of the 11 articles read, two were excluded because they did not meet the eligibility criteria, resulting in 9 studies included in the review.

Chart 1 illustrates the selection process and the number of articles excluded at each stage of this systematic review.

Chart 1 - PRISMA flowchart of progressive selection of articles included in the study.



The selected studies were entirely published in English. With regard to the location and conduct of the research developed, it is certain that there was a wide expansion of content around the countries.

Chart 2 - Description of the authors, country of origin and objectives of the included studies.

Authors	Country	Objectives
Gross RS. Mendelsohn AL, Arana MM, Messito MJ.	United States	Understand the beliefs, styles and practices of infant feeding that promote obesity in the context of food insecurity.
Daniele MAS, Ganaba R, Sarrassat S, Cousens S, Rossier C, Drabo S, et al.	Burkina Faso	To determine whether an intervention to involve the male partners of pregnant women in maternity care influenced care seeking, healthy breastfeeding, and contraceptive practices after childbirth in the urban area of Burkina Faso.
Martinez-Brockman JL, Harari N, Segura-Pérez S, Goeschel L, Bozzi V, Pérez-Escamilla R.	Spain	Determine the impact of a two-way text message intervention on the time of contact between participants and their breastfeeding peer counselors (BFPCs) and exclusive breastfeeding status (EBF) 2 weeks and 3 months after delivery.
McLachlan HL, Forster DA, Amir LH, Cullinane M, Shafiei T, Watson LF, et al.	Australia	Implementar e avaliar intervenções para aumentar a duração da amamentação no local de áreas governamentais (LGAs) em Victoria, Austrália.
Rahman A, Hafeez A, Bilal R, Sikander S, Malik A, Minhas F, et al.	Pakistan	To test the hypotheses that perinatal depression is associated with both early discontinuation of exclusive breastfeeding and reduced amount of human milk in Pakistani mothers.
Laberere J, Gelbert-Baudino N, Ayral AS, Duc C, Berchotteau M, Bouchon N, et al.	France	To evaluate whether the association between depression and early interruption of exclusive human breastfeeding can be mediated through a psychological perception of insufficient human milk.
Black MM, Siegel EH, Abel Y, Bentley ME.	United States	Determining whether attending an early, routine, preventive, outpatient appointment delivered to a primary care physician would improve breastfeeding outcomes.
Haider R, Islam A, Hamadani J, Amin NJ, Kabir I, Malek MA, et al.	Bangladesh	Advise mothers of young children who go to the hospital for treatment of diarrhea in order to exclusively start breastfeeding during hospitalization and continue the practice at home until the baby is six months old.
Cohen RJ, Haddix K, Hurtado E, Dewey KG.	Honduras	Determine whether the time devoted to exclusive breastfeeding is greater or less than the time required to combine breastfeeding with solid foods.

Chart 3 - Main results of the studies.

Authors	Main Results	Limitations of Study
Gross RS. Mendelsohn AL, Arana MM, Messito MJ.	Most reported feeling food insecure. Three main themes emerged: (1) contributors to the financial strain included difficulty meeting basic needs, job instability, and high vulnerability specific to pregnancy, childhood, and immigration status; (2) the effects on infant feeding included decreased breastfeeding due to the perception of poor maternal diet, high stress and limitation of healthy foods; and (3) coping strategies included strategies at the home and community level.	While the most important action would be to reduce food insecurity during these sensitive periods, stakeholders in programs and policies to prevent poverty-related disparities in childhood obesity should consider and address the broader context by which food insecurity is associated by contributing beliefs, styles, and practices.
Daniele MAS, Ganaba R, Sarrassat S, Cousens S, Rossier C, Drabo S, et al.	The intervention had a positive result on the proportion of women with good relationship adjustment 8 months postpartum (RD: 8.7%; CI 95%: 2.9 to 14.6). The follow-up rate was higher than 96% at both times. Attendance at two or more postnatal outpatient care visits was more frequent in the intervention than in the control group (risk difference, DR: 11.7%; 95% confidence interval, CI: 6.0 to 17.5), as well as exclusive breastfeeding 3 months after delivery (RD: 11.4%; CI of 95%: 5.8 to 17.2) and use of effective modern contraception 8 months after delivery (DR: 6.4%; 95% CI: 0.5 to 12.3).	Methodologically, the inability to ensure that outcome data collectors were fully blinded to study allocation may have increased the risk of courtesy or social desirability bias in participants' responses.
Martinez-Brockman JL, Harari N, Segura-Pérez S, Goeschel L, Bozzi V, Pérez-Escamilla R.	The LATCH trial had a significant impact on facilitating early contact between participants and their peer counselors. Nearly 60.0% of women in the intervention group contacted their BFPC immediately or within the first 48 hours after the baby was born, compared with 34.6% in the control group. Advice on lactation through text messages can help, had a significant impact on early contact between participants and BFPCs (odds ratio = 2.93; 95% confidence interval, 1.35-6.37), but did not have a significant impact on EBF (odds ratio = 1.26; 95% confidence interval, 0.54–2.66).	The study had several limitations. First, about 24.5% of the intervention group and 30.0% of the control group were lost to follow-up 2 weeks after delivery. This may indicate that the mothers who remained in the study were highly motivated (i.e., had a strong intention) to breastfeed, which may have affected the generalization of the findings to women without the intention or motivation to breastfeed.
McLachlan HL, Forster DA, Amir LH, Cullinane M, Shafiei T, Watson LF, et al.	There was no difference in breastfeeding at 4 months in any HV (adjusted OR 1.04; 95% CI 0.84-1.29) or HV + drop-in (adjusted OR 0.92; CI 95% 0.78-1.08) compared to the comparison arm, no difference at 3 or 6 months, nor in any AML in breastfeeding before and after the intervention. Some problems occurred with fidelity to the intervention protocol.	Some women were not evaluated by a SILC-MCHN visit and some visits did not go as planned shortly after hospital discharge. Therefore, the interventions were diluted, influencing both the scope and the dose of the intervention.
Rahman A, Hafeez A, Bilal R, Sikander S, Malik A, Minhas F, et al.	At 6 months of age, infants of depressed mothers were less likely to be exclusively breastfed than infants of non-depressed mothers (8% vs. 21%, P = 0.014). Prospective data collected from 223 women (110 depressed and 113 non-depressed) showed that the mean duration of exclusive breastfeeding was 100 days, standard deviation = 52 days, range 2 to 205 days, asymmetry = 0.06. The duration was 17 days shorter in depressed mothers compared to	NM*

	non-depressed mothers [91.8 (SD = 47.1) vs. 108.7 days (SD = 54.3); CI 95% 3.4 to 30.3; P = 0.014]. The risk ratio suggests that depressed mothers were 1.66 times more likely than non-depressed mothers to stop exclusive breastfeeding at any time.	
Laberere J, Gelbert-Baudino N, Ayral AS, Duc C, Berchotteau M, Bouchon N, et al.	There was no significant difference between the 2 study groups regarding the breastfeeding rate at the 4th week. The median duration of breastfeeding was longer in the intervention group (18 weeks) than in the control group (13 weeks). Mothers in the intervention group were less likely to report difficulties breastfeeding. The main difficulties reported in breastfeeding were pain or discomfort in the breasts (28.6% in the intervention group vs 31.6% in the control group), insufficient milk (23.4% vs 37.7%), lack of motivation (20.5% vs 30.7%), child refused breast (4.5% vs 16.7%), mastitis (2.7% vs 2.6%) and other unspecified difficulties or difficulties (24.1% vs 38.6%). The rates of mothers who reported reasonable or high satisfaction with breastfeeding experiences did not differ significantly between the 2 groups.	It was not possible to blind the observers of this randomized open-label trial, because of the interactions with the mothers during the outpatient consultation and evaluation of breastfeeding outcomes. The study was conducted in a single setting and focused on a socioeconomically low-risk population residing in a medium-sized city. In addition, the average length of stay after normal childbirth is much longer in France than in other Western countries, including the United States.
Black MM, Siegel EH, Abel Y, Bentley ME.	As for the reasons for the introduction of complementary foods were analyzed, half of the mothers (50%) reported that their decision was based on childish cues (for example, "he was not getting full", "she did not seem satisfied with the milk"). One-third (31%) did not mention children's cues, but reported their own beliefs regarding eating ("I wanted her to taste it," "just to try it," "I felt it was time"). Approximately 19% reported that they introduced solid foods on the recommendation of other people or external conditions (e.g., "my mother said to give her cereal," "my grandmother suggested she start eating soft foods like mashed potatoes," "It was too hot to drink milk"). Sixty-one percent of the children received complementary foods before 3 months of age. The most common complementary food was cereal mixture with formula in the bottle.	There are several methodological limitations. First, the results are specific to young black mothers living in multiple family generations. The families in the intervention received both the videotape and the home visit curriculum. Therefore, it is impossible to assess the unique contribution of each component of the intervention.
Haider R, Islam A, Hamadani J, Amin NJ, Kabir I, Malek MA, et al.	Most of the children had received pre-dairy feeding after birth (honey, sugar water, plain water, etc.) followed by colostrum. The mean length of stay was 1.8 days for the intervention group and 2.0 days for the control group. Babies in the control group usually leave before the diarrhea stops, which is the usual practice in the hospital, while those in the intervention group were encouraged to stay until the diarrhea could be resolved in order to ensure opportunity and time for behavior modification. At hospital discharge, 74 (60%) mothers who had received breastfeeding counseling had converted to exclusive breastfeeding compared to only 7 (6%) of controls. As for the children who went home before the diarrhea stopped, there were 37 (30%) mothers breastfeeding in predominance (human milk + ORS).	For obvious reasons, the study evaluators could not be blind to the designation of the study group. Patients in both groups had to be kept in separate parts of the hospital to avoid contaminating the message. The lack of privacy for counseling sessions at the hospital may have been a restriction. Two to three short sessions under these circumstances may not always be sufficient to determine the underlying cause for mothers' perception of "insufficient human milk," which is likely responsible for failure in some cases.

Cohen RJ, Haddix K, Hurtado E, Dewey KG.	Breastfeeding time was similar between groups, except that multiparous mothers in EBF at 24 weeks spent more time breastfeeding their babies than did breastfed mothers + DES. However, the total time devoted to infant feeding (including preparation and feeding of solids in the LF + SF group) was significantly higher in the LF + SF group than in the EBF group (except among multiparous women at the 24th week). Primiparous women tended to spend less time on household chores and childcare than multiparous women. Mothers in BF + SF, 60% said breastfeeding was "somewhat" or "required a lot of time (vs 15% of EBF mothers), 49% said it interferes with other activities (vs 6% of EBF mothers), and 26% said they gave other foods to extend the time between feedings. Although many of the BF+SF mothers knew that giving food can increase childhood illnesses, there were cultural pressures not to breastfeed exclusively.	NM*

*NM: not mentioned.

Discussion

Trust in human milk

The perception that human milk would not have the same nutritional quality in the face of a poor maternal diet caused mothers to introduce other foods.[8] This is due to the fact that there is not enough confidence in human milk, a condition reinforced in studies[9-13] where the findings suggest that the mothers hold the belief that their babies should learn as soon as possible to eat other foods, as well as the recommendation of other people, such as the grandmother, who directly contribute to the mother's opting for mixed feeding and/or even early weaning.

Among the main difficulties reported in breastfeeding and that may interfere in its duration is the perception of insufficient milk and the lack of motivation of the infant[10], stating that the early interruption of exclusive human breastfeeding can be mediated by the psychological perception of insufficient human milk. The authors reinforce that trust in human milk is an important allied factor for the success of breastfeeding, given that when there is no trust, the perception that human milk is weak, or when other people recommend it precisely because it reinforces the perception of weak human milk, causes weaning.[12]

Among the factors such as the beliefs, myths and values passed on by the generations, it makes plausible results such as the difficulties most reported by mothers at the beginning of breastfeeding, such as the lack of milk that was the second most recurrent, and the perception of thin milk cited in some moments.[14] Two of the main reasons cited by nursing mothers, of not having breastfed their children were: insufficient milk production (38.2%) and non-acceptance by the child (25.4%).[15] Answers such as: to change the consistency of the child's diet, 70 (79.0%) to increase the nutritional supply, 15 (17.0%) to learn to chew and/or

adapt to different types of foods were the results of statements by lactating women in a study conducted in the municipality of Paverama - RS.[16]

It was verified in a certain review that the grandmother who breastfed reflects an example to be followed, positively inspiring her practice, manifesting the importance of family history with regard to decision making to maintain or abandon the practice of breastfeeding.[17] As much as professionals are important in supporting breastfeeding, it is essential that there is knowledge and motivation on the part of the nursing mother, to placate the use of infant formulas.[18]

Spouse support

It was pointed out that the participation and support of partners in the puerperal pregnancy period of the woman, directly influences the duration of exclusive breastfeeding. On the other hand, the non-adjustment of relationship, the disagreement about the feeding of the baby, affects the practice of breastfeeding.[19]

Several other studies[20-24] corroborate these findings, revealing that the positive behavior of the partner has a greater effect on the mother's ability and motivation to breastfeed. In a certain group of children where the parents were in favor of human breastfeeding, 75% were exclusively breastfed and 98% of them were partially breastfed.[20]

Different results demonstrate that the unwillingness to breastfeed, lower expectation of initiating exclusive breastfeeding during the first six months of the infant's life and the greater possibility of interruption of exclusive human breastfeeding are prevalent among spouses whose physical, sexual and/or emotional violence is present.[21] Other factors associated with the continuity of breastfeeding ≥ 12 months were: children having their parents as caregivers (100%), and (37.5%) the mother being married.[22-24]

Professional support

It was demonstrated in a certain experiment that the early contact of breastfeeding women with information about breastfeeding, through text messages, had a significant impact among women enrolled in a nutrition program, encouraging them to exclusive breastfeeding and the permanence of the practice.[25] This study also revealed that the verbal encouragement provided by the members of the maternity team and the attendance of the woman to an early care, routine, preventive, can improve breastfeeding outcomes. There was no significant difference between the two groups, but the prevalence of exclusive breastfeeding and the median duration of breastfeeding was higher in the intervention group at 18 weeks compared to the control group which was 13 weeks. Mothers in the intervention group had less difficulty breastfeeding.[25]

In this study, the importance of counseling mothers of young children who go to the hospital for treatment of diarrhea was exposed. These children were fed in a mixed way, and after hospitalization, with professional counseling, most breastfed exclusively during hospitalization, and a good portion continued the practice at home until the baby was six months old. At hospital discharge, 60% of mothers who had received breastfeeding counseling had converted to exclusive breastfeeding compared to only 6% of the control group.[12]

Different studies have shown that in almost all cases, health professionals have merely theoretical knowledge, being disadvantageous for the practice of human breastfeeding, and are unable to provide satisfactory care to infants with greater obstacles in breastfeeding, also judging that all professionals, without exceptions should have in their curricular matrix relevant contents that can cover the importance of exclusive human breastfeeding for the whole.[18]

In other studies, six actions that favor EBF in the in-hospital period were identified, they are: breastfeeding on demand; early skin-to-skin contact; intervention in nipple pain during breastfeeding; permanence of the child in rooming-in (CA); restriction of the use of supplementation for infants; and educational interventions through individual and/or group support during hospitalization.[24-28]

Human Welfare

The author[11] brings in his study that perinatal depression may be correlated with the early interruption of exclusive breastfeeding and the reduction of the amount of human milk in Pakistani mothers. The hazard ratio suggested that depressed mothers were 1.66 times more likely to stop exclusive breastfeeding than non-depressed mothers at any given time.[11]

Still regarding human well-being[13], she reports that although exclusive breastfeeding for six months is beneficial for the baby's health, mothers usually cite time pressure (greater availability) as a reason to introduce other foods. When they do not feel comfortable or when unable to dedicate themselves more exclusively, breastfeeding women tend to wean their babies earlier.[13]

The literature corroborates the findings of this review, since different studies show that some of the main factors related to the duration of exclusive human breastfeeding were maternal self-confidence in breastfeeding, such as body image, the woman's ability to face unlikely or unexpected situations in relation to breastfeeding, psychological adjustment and the mother's intention to breastfeed.[6] As much as the arrival of a baby can be a source of pleasure and Happiness for the family. It is known that, however, 13% of all parturients may show signs of depression up to 12 weeks postpartum.[29] Mothers with symptoms suggestive of Postpartum Depression (PPD) had 1.63 times more than to interrupt EBF.[30]

Risk of bias in the included studies

The Risk of Bias tables were constructed in the Software Review Manager and present details of the performance of the trials for each domain. Figure 1 and Figure 2 provide a visual summary of the judgment of methodological quality. Most trials were assessed as low risk of bias in the six domains.

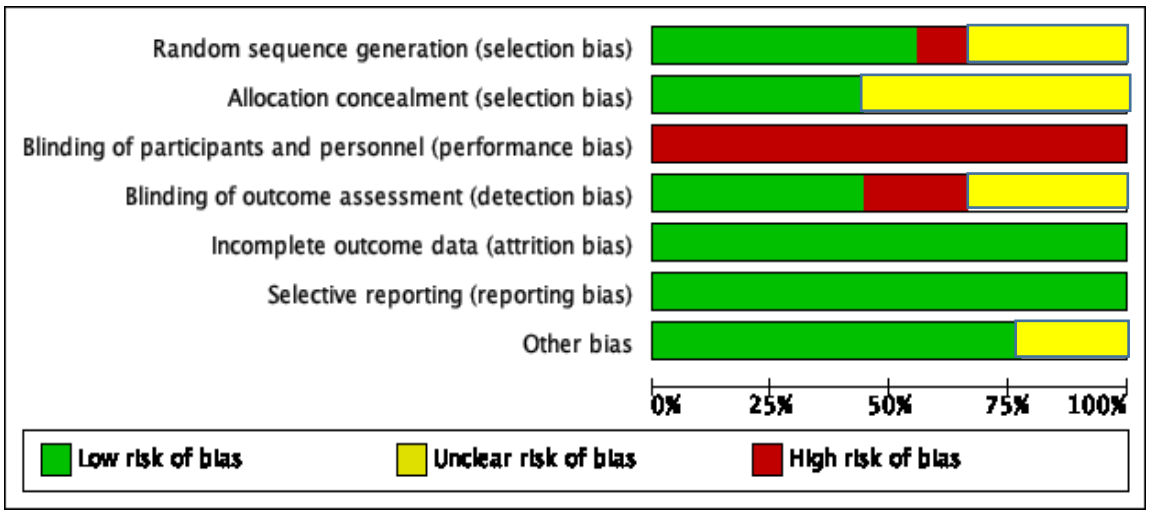


Figure 2 - Risk of bias graph: analyze the authors' judgments about each item of risk of bias presented as percentages in all included studies.

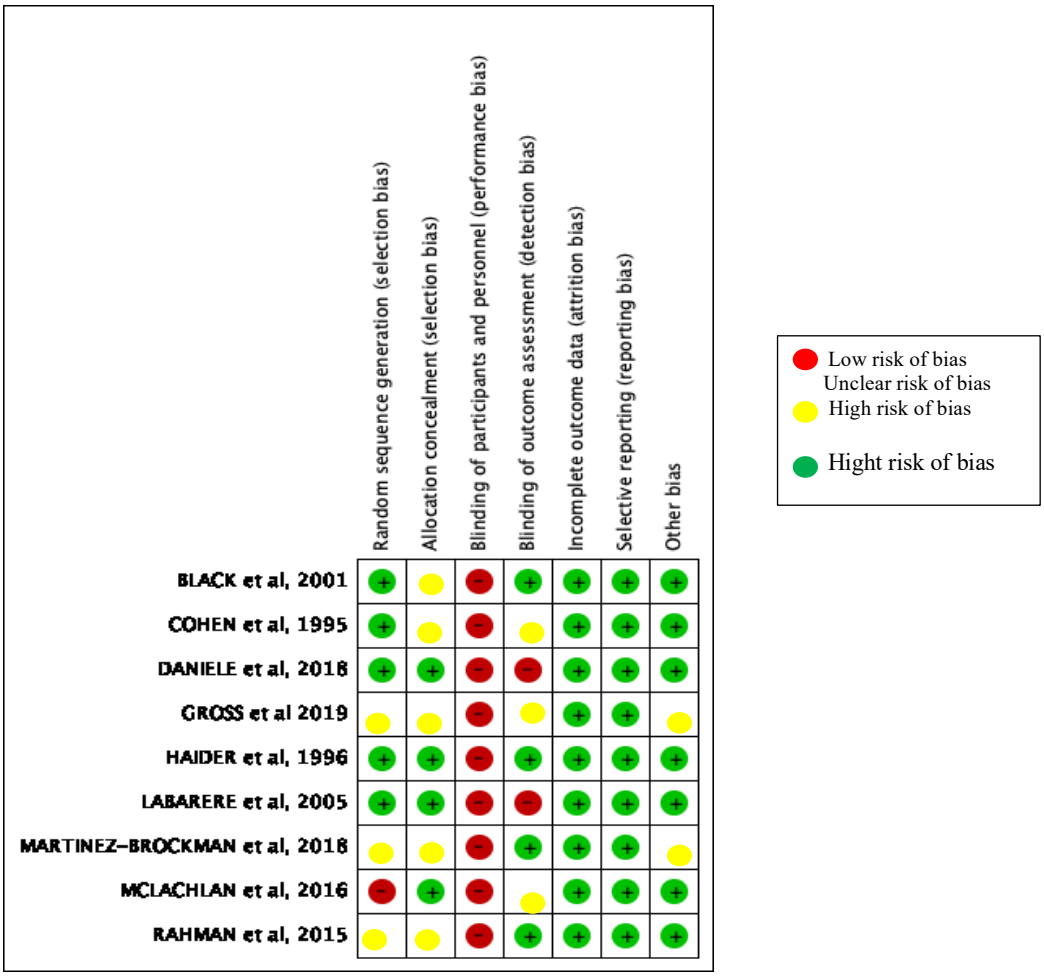


Figure 3 - Summary of the risk of bias: analyze the authors' judgments about each item of risk of bias for each included study**.**

Conclusion

The maternal motivation to breastfeed is anchored in determinants and optimistic experiences that aim to overcome the various obstacles. The support in the breastfeeding process is constituted by the family experiences (mother, grandmother), by the support and figure of the spouse/father and mainly by the determination of the support network of the infant, be it even of the neighborhood in leading her to overcome the different obstacles related to breastfeeding.

The importance of training and qualification of professionals in the recognition of risk factors and in the intervention in an effective way from counseling during family planning, throughout prenatal care, before hospital discharge (in rooming-in) and in childcare, has a unique influence on positive maternal feedback. The professional nurse and physician who are the ones who are most in contact with the woman needs to understand her role as protagonist in the clarification, awareness and motivation of the duration of breastfeeding.

It is substantial that society in general, especially the State, supports women in order to prolong exclusive breastfeeding for a period of six months, ensuring job stability during pregnancy, postpartum maternity leave and adequate places for the exercise of lactation.

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