

# **PREVALENCE OF BREASTFEEDING IN CHILDREN UP TO 2 YEARS OLD, IN A BASIC HEALTH UNIT IN RIBEIRÃO PRETO-SP**

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**Abstract:** Breastfeeding is considered the best source of nutrition for newborns and infants due to the numerous benefits it provides for their growth and development. The World Health Organization (WHO) recommends exclusive breastfeeding up to 6 months of age and supplemented breastfeeding up to 2 years of age. In this study, we aimed to evaluate the prevalence of breastfeeding in children up to 2 years of age in a Basic Health Unit (UBS) in the city of Ribeirão Preto - SP. A questionnaire was applied to the caregiver of each child and the data were analyzed using tables. Our findings highlight the importance of promoting and supporting breastfeeding among caregivers, emphasizing the benefits of continued breastfeeding for the child's health and development. Basic Health Units play a crucial role in promoting and supporting breastfeeding practices and efforts must be made to improve the rate of supplemented breastfeeding up to 2 years of age.

## INTRODUCTION

As recommended by the WHO (World Health Organization) and the Ministry of Health (MOH), children must be exclusively breastfed for the first 6 months of life and, subsequently, in a complementary way, up to 2 years of age (WORLD HEALTH ORGANIZATION, 2009; MINISTRY OF HEALTH, 2015). This early practice of breastfeeding is a low-cost intervention strategy to reduce the neonatal mortality rate (HANSEN, 2016).

The protective role of BF is already well documented, whose positive effects are felt both in the short and long term in children's lives. According to data produced by Victora et al. (2016), if the recommendations are observed, BF could prevent about 12% of deaths in children under 5 years of age each year, or about 820,000 deaths in AVERAGE and low-income countries; in addition to

preventing 20,000 deaths of women from breast cancer (VICTORA, et al., 2016).

Most deaths preventable by breastfeeding are associated with infections, especially diarrhea and respiratory infections (VICTORA, et al., 2016; VICTORA; HORTA, 2013). Furthermore, according to the study by Victora et al. (2016), and according to the BRAZILIAN PEDIATRIC SOCIETY (2018), breastfeeding decreases mortality from necrotizing enterocolitis, as well as sudden death in childhood (VICTORA, et al., 2016; BRAZILIAN PEDIATRIC SOCIETY, 2018).

According to the Brazilian Society of Pediatrics (2016), the protection of breast milk against infectious agents is due to the presence of immunological factors, such as immunoglobulins, especially IgA, leukocytes, lysozyme, lactoferrin, bifid factor, among others (BRAZILIAN PEDIATRIC SOCIETY, 2016).

In addition, BF is associated with better masticatory function and reduction of dental malocclusion, due to the exercise that the child does to remove milk from the breast, improving craniofacial development (BRAZILIAN PEDIATRIC SOCIETY, 2016). According to Nunes (2015), with BF, there is a lower chance of developing allergic diseases, such as asthma and atopic dermatitis in children under 5 years of age and food allergies (NUNES, 2015).

The 2018 Brazilian Consensus on Food Allergy, as well as the study by Siqueira et al. (2020) on BF as a protective factor against allergy to cow's milk protein, attest that exclusive BF for up to 6 months is the only measure that can reduce the chance of occurrences of food allergies (SOLÉ et al., 2018; SIQUEIRA et al., 2020).

With the practice of breastfeeding, there is also a reduction in the chance of the child developing chronic diseases such as diabetes mellitus, as well as overweight or

obesity in adult life (VICTORA, et al., 2016; BRAZILIAN PEDIATRIC SOCIETY, 2017; 2018; NUNES, 2015). It also leads to improved cognitive development, in a way that breastfed children have a higher intelligence quotient (IQ) in childhood and adolescence than non-breastfed children (HORTA et al., 2015).

In addition to the benefits to the child, according to Chowdhury et al. (2015) and the Brazilian Society of Pediatrics (2017), BF also offers protection against the development of breast and ovarian cancer, as well as type 2 diabetes in breastfeeding women. This protection is greater the longer breastfeeding lasts (BRAZILIAN PEDIATRIC SOCIETY, 2017; CHOWDHURY, et al., 2015). And, in terms of family economy, BF is more advantageous, since artificial feeding can burden the family (NUNES, 2015).

As Nunes (2015) informs us, and according to national data made available by the Ministry of Health (2009a; 2009b), according to the latest nationwide survey, the National Health Survey, conducted in 2013, exclusive breastfeeding (EBF), in children younger than 6 months, had a prevalence of 20.5%. This value is lower than that shown in other nationwide studies conducted in 2006 and 2008, as explained below, in Table 1 (NUNES, 2015; MINISTRY OF HEALTH, 2009a; 2009b).

And, on the trend of breastfeeding indicators in Brazil in the last three decades, as recorded by Boccolini et al. (2017), it is noted that the AM indicator continued at 12 months is stagnant, around 45%. BF continued for 2 years, which remained practically unchanged between 1986 and 2006 - a little below 25% -, has increased in recent years, reaching 32% (BOCCOLINI et al., 2017).

	AME prevalence in <6 months	MEDIAN Duration of AME	Prevalence of BF in <1 year	MEDIAN Duration of EBF
<b>Brazil</b>	38,6%	1,4 month	64,3%*	14 months
<b>Brazilian capitals</b>	41,0%	54,1 days	58,7%**	11,2 months

AM = breastfeeding

AME = exclusive breastfeeding

\* Data collected at age between 10 and 11 months.

\*\* Data collected at age between 9 and 12 months.

Table 1 - Main breastfeeding indicators in Brazil

Source: produced by the author (2020), based on data from the National Survey of Demography and Health of Children and Women (2006) and the II Survey of Prevalence of Breastfeeding in Brazilian Capitals and the Federal District (2008) (MINISTRY OF HEALTH, 2009a; 2009b).

With all the benefits of breastfeeding, it is evident the need to guarantee it for children as recommended by the WHO and the Ministry of Health, through health measures, which act in the promotion, protection and support of BF. For this, it is necessary to know the prevalence of breastfeeding in our study population.

Breastfeeding (BF) is fundamental for the health of children, acting in the prevention of diseases, as well as in the reduction of morbidity and mortality. The World Health Organization and Brazilian MS recommendations are for exclusive breastfeeding up to six months and, in addition, up to two years of age, in order to provide better health conditions for infants. In this perspective, the issue that underlies this study is the verification of compliance with such guidelines in the local context of a UBS in the city of Ribeirão Preto - SP.

## GOALS

To identify the prevalence of exclusive breastfeeding (BF) up to six months of age and complementary breastfeeding up to two years of age, among mothers attended at a Basic Health Unit (BHU) in the city of Ribeirão Preto-SP.

## MATERIALS AND METHODS

The work was carried out through standardized interviews with mothers or guardians of children in a Basic Health Unit (UBS) in the northern region of Ribeirão Preto, in the interior of the state of São Paulo, between the years 2021 and 2022. Data collection was started after approval by the Research Ethics Committee of the “Centro Universitário Barão de Mauá”, as well as later with the agreement of the Municipality of Ribeirão Preto, in the figure of the administration of the Basic Health Unit associated with the: “Centro Universitário Barão de Mauá” (CSE - Jardim Aeroporto, Distrito Norte), where the interviews took place.

The CSE – Jardim Aeroporto was chosen for convenience, as the researcher works in that unit. The study is cross-sectional and descriptive, each child participated only once. For data collection, the opportunity was taken when the mothers, or the person responsible for the child, were attending the UBS waiting for a scheduled consultation, reception or vaccine. They were invited to participate in the research project by answering a questionnaire. (Annex 1).

In order to carry out the interview, the student was previously trained on how to apply and complete the questionnaire. The mother or guardian was invited to assent to participation in the present study, signing the document “Term of Free and Informed Consent” (Annex 2).

There was no type of damage to the subjects participating in the research, as the

material was easy to obtain, obtained through short-term interviews. It is worth reiterating the commitment, in this regard, regarding the responsibility for the data and results produced by the researchers involved.

The estimated number of participating patients was 94, obtained by convenience visits to the health unit. To carry out the analysis, the Excel platform was used, which allows organizing the data in tables and formulas to arrive at the statistical data.

## RESULTS

The current study had a total of 94 participants, when divided by age group, 31 (32.98%) children were younger than 6 months and 63 (67.02%) between 6 months and 2 years old (table 2).

VARIABLES	N (%)
Age:	
< 6 months	31 (32,98%)
6 months to 24 months	63 (67,02%)

Table 2 - Age by age group

Source: produced by the author (2023)

According to table 3, the average age of the total number of children (94 children) is 10.3 months, with the average age in months of EBF being 11.5 and the median corresponding to 7.3 months.

VARIABLES	AVERAGE	MEDIAN	STANDARD DEVIATION
Age (months)	10,3	8,5	7,4356
AME	11,5	9,0	7,3048

AME = exclusive breastfeeding

Table 3 - Quantitative data related to age and EBF duration of all children

Source: produced by the author (2023)

It was evidenced that of the 63 children between 6 months and 2 years of age, 18 children were exclusively breastfed until 6 months, corresponding to a prevalence of 28.57% (Table 4).

VARIABLES	N (%)
<b>AME time:</b>	
People who never started	3 (4,76%)
< 6 months	40 (63,49%)
Por 6 months	18 (28,57%)
> 6 months	2 (3,17%)

AME = exclusive breastfeeding

Table 4 - AME in children between 6 months and 2 years

Source: produced by the author (2023)

Of the 63 children aged 6 to 24 months, it was analyzed that 18 children (28.57%) completed EBF for up to 6 months, 40 (63.49%) were EBF for less than 6 months, 3 (4.76%) were never exclusively breastfed and that 2 (3,17%) children were exclusively breastfed for more than 6 months, one up to 8 months and the other up to 7 months (table 4).

Of these, 16 continued, after 6 months, with complementary breastfeeding until the collection of the present study, when the child had a mean age of approximately 13.8 months (table 5).

VARIABLES	N (%)
AME up to 6 months with AMC	16 (88,88%)
AME up to 6 months without AMC	2 (11,11%)

AME = exclusive breastfeeding

AMC = complementary breastfeeding

Table 5 - Children between 6 months and 2 years who underwent EBF up to 6 months of age and who had or did not continue BF in a complementary way

Source: produced by the author (2023)

In view of this, 40 children between 6 months and 2 years were not exclusively breastfed until 6 months (table 4), among the reasons for interrupting EBF in this group of children between 6 months and 2 years, weak milk, dry milk, did not breastfeed, child cried a lot (34.92%), maternal pathologies - postpartum depression, surgeries, medications, etc. (3.17%), in relation to the child's pathologies - prematurity, hospitalization, illnesses, etc., (1.58%), and other reasons (28%) (table 6).

VARIABLES	N (%)
1. Weak milk, dried milk, did not latch on to the breast, child cried a lot	22 (34,92%)
2. Maternal pathologies (postpartum depression, surgeries, medications, etc.	2 (3,17%)
3. Child pathologies (prematurity, hospitalization, diseases, etc.)	1 (1,58%)
4. Others	18 (28,57%)

AME = exclusive breastfeeding

AMC = complementary breastfeeding

Table 6 – Reason for not performing EBF in the group of children aged between 6 months and 2 years.

Source: produced by the author (2023)

As previously seen, 18 (28.57%) children performed EBF for up to 6 months, however, 40 (63.49%) did not perform EBF for up to 6 months, with 15 (35%) not continuing breastfeeding in a complementary way and 28 (65%) continued in a complementary way (table 7).

VARIABLES	N (%)
AME < 6 months sem AMC	15 (35%)
AME < 6 months com AMC	28 (65%)

AME = exclusive breastfeeding

AMC = complementary breastfeeding

Table 7 – Analysis of EBF < 6 months in children between 6 months and 2 years old, followed or not by AMC.

Source: produced by the author (2023)

When analyzing the socioeconomic data of children aged 6 months to 2 years, it appears that of the participating mothers, 18 (29%) had primary education 1 and 2, 43 (68%) had secondary education and 2 (3%), higher education (table 8). When dividing the maternal education variable by duration of breastfeeding, it is observed that of the 43 mothers who had high school, 12 (28%) concluded EBF up to 6 months, 8 (19%) performed EBF < 6 months without AMC, 21 (49%) had EBF < 6 months with AMC and there was none that did not breastfeed (Table 8).

Of the women interviewed, 44 (70%) did not work outside the home, and of these, 15 (34%) performed EBF, 9 (20%) performed EBF <6 months without AMC, 20 (45%) performed EBF <6 months with AMC and there was no woman in this group who did not undergo BF (table 8).

Furthermore, it is observed that 35 (56%) of the women have other children, with 10 (29%) having EBF, 6 (17%) having EBF <6 months without AMC, 18 (51%) having EBF <6 months with AMC and 1 (3%) did not perform AM (Table 8).

Regarding pregnancy, 47 (75%) of the mothers had more than 6 prenatal consultations, 32 (51%) were vaginal deliveries, 55 (87%) had a gestational age equal to or greater than 37 weeks and 55 (87%) of children were born weighing more

than 2.5 kg. When analyzing vaginal delivery in relation to the breastfeeding groups, it appears that 15 (47%) implemented EBF 6 months, 6 (19%) performed EBF < 6 months without AMC, 11 (34%) EBF < 6 months with AMC and all of this group breastfed, since 0% make up the group without BF (table 8).

Of the mothers who attended more than 6 prenatal consultations, 17 (36%) maintained EBF for at least 6 months, 9 (19%) EBF < 6 months without AMC, 21 (45%) EBF < 6 months with AMC, with none that did not breastfeed (Table 8). Regarding deliveries with gestational age greater than 37 weeks, the prevalence of EBF up to 6 months was 16 (29%) and newborns weighing more than 2.5 kg correspond to 19 (35%) (Table 8).

The 31 children aged less than 6 months who had their data collected in this study were not analyzed, as it is not possible to place them in the 6-month age group to analyze the presence or absence of EBF, as recommended by the Ministry of Health and according to the objective of our study.

## CONCLUSION

Breastfeeding is crucial for children's health, as it promotes the prevention of diseases such as diarrhea and respiratory infections, dental malocclusion, allergic diseases and chronic diseases (diabetes, overweight and obesity), in addition to improving cognitive development and protection against the development of breast and ovarian cancer. Furthermore, this act is essential from the Brazilian economic point of view. It is worth noting that the World Health Organization and Brazilian Ministry of Health recommendations are for exclusive breastfeeding up to six months and, in a complementary way, up to 2 years old, in order to provide better health conditions for infants. In our research, we observed the prevalence of 18 (28.57%) children aged between 6 months and 2 years with exclusive breastfeeding for

VARIABLES	N (%)	AME 6 months	AME < 6 months without AMC	AME < 6 months with EBF	Without EBF
<b>Maternal education:</b>					
Fundamental 1 and 2: complete/incomplete	18 (29%)	6 (33%)	6 (33%)	6 (33%)	0 (0%)
High school: complete/incomplete	43 (68%)	12 (28%)	8 (19%)	21 (49%)	0 (0%)
Higher level: complete/incomplete	2 (3%)	0 (0%)	1 (50%)	0 (0%)	1 (50%)
<b>The mother has a job:</b>					
Yes	19 (30%)	5 (26%)	6 (32%)	8 (42%)	0 (0%)
No	44 (70%)	15 (34%)	9 (20%)	20 (45%)	0 (0%)
<b>Does the mother have other children?</b>					
Yes	35 (56%)	10 (29%)	6 (17%)	18 (51%)	1 (3%)
No	28 (44%)	10 (36%)	7 (25%)	10 (36%)	1 (4%)
<b>How long did the mother breastfeed the other children?</b>					
< than 6 months	14	-	-	-	-
≥ than 6 months	21	-	-	-	-
<b>Did the mother have prenatal care?</b>					
yes, > 6 queries	47 (75%)	17 (36%)	9 (19%)	21 (45%)	0 (0%)
yes, from 4 to 6 appointments	14 (22%)	2 (22%)	5 (36%)	6 (43%)	1 (7%)
Yes, from 2 to 3 appointments	1 (2%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)
No	1 (2%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)
<b>Type of birth</b>					
Normal	32 (51%)	15 (47%)	6 (19%)	11 (34%)	0 (0%)
Cesarean	30 (48%)	5 (17%)	8 (27%)	16 (53%)	1 (3%)
<b>Gestational age</b>					
< than 37 weeks	8 (13%)	4 (50%)	1 (13%)	2 (25%)	1 (13%)
≥ than 37 weeks	55 (87%)	16 (29%)	13 (24%)	25 (45%)	0 (0%)
<b>Weight when baby was born</b>					
< 2500g	8 (13 %)	1 (13%)	1 (13%)	5 (63%)	1 (13%)
≥ 2500g	55 (87%)	19 (35%)	14 (25%)	22 (40%)	0 (0%)

AME = exclusive breastfeeding

AMC = complementary breastfeeding

AM = breastfeeding

Table 8 - Socioeconomic data related to EBF 6 months, EBF < 6 months without AMC, EBF < 6 months with AMC and without breastfeeding.

Source: produced by the author (2023)

up to 6 months (Table 4). This data is lower than that shown in other nationwide studies, as reported by Nunes (2015) and national data provided by the Ministry of Health (2009a; 2009b), whose prevalence of EBF (exclusive breastfeeding) in children younger than 6 months would be 38.6% for Brazil and 41% for Brazilian Capitals

Thus, carrying out this study made it possible to recognize some factors that corroborate the difficulty in adhering to exclusive breastfeeding. Among them are maternal or infant problems, as well as the lack of information that resulted in the suspension of breastfeeding, such as, for example, weak milk, which the mother reported that she had.

Thus, it is clear that the necessary information about the correct forms of breastfeeding for mothers who face difficulties can result in actions that encourage them to consolidate a more effective breastfeeding practice. In addition, prevention and promotion actions on breastfeeding are a challenge for public health. From this, it is up to health professionals to encourage exclusive breastfeeding and take measures to prevent early weaning.

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## ANNEX 1 - QUIZZ

1- First and last name of the child:

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2- Age of the child: \_\_\_\_\_

0-3 months  7 to 12 months  >24 months

4-6 months  13 to 24 months

3- Gender of the child:  Male  Female

4- Child was exclusively breastfed until what age? \_\_\_\_\_

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5- If you have not breastfed exclusively breast milk for up to 6 months, what is the reason?

1. Weak milk, dried milk, did not latch on to the breast, child cried a lot

2. Maternal pathologies (postpartum depression, surgeries, medications, etc.)

3. Pathologies of the child (prematurity, hospitalization, illnesses, etc.)

4. Others: \_\_\_\_\_

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6- When did you start other types of milk?

Started with:  Infant formula  Cow's milk

If you used infant formula, how long did you use it?

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Up to what age did you maintain breastfeeding in a complementary way (breastfeeding + other milk)?

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7- Until the moment of this study, is the child still being breastfed?

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8- Did the mother have prenatal care?

Yes.  No

If yes, how many queries?

1 appointment  2 or 3 appointments  4 to 6 appointments  > 6 appointments

1- Maternal age when child was born: \_\_\_\_\_

Up to 19 years old  Over 19 years old  The person does not know

2- Maternal education:

Fundamental 1 (from 1st to 5th year): complete/incomplete

Elementary 2 (from 6th to 9th grade): complete/incomplete

- ( ) High school: complete/incomplete
- ( ) Higher level: complete/incomplete
- ( ) Without level of education

3- The mother has a job:

( ) Yes.

Specify the number of hours worked per week \_\_\_\_\_

Specify the number of days of the week worked \_\_\_\_\_

Specify the number of hours worked per day \_\_\_\_\_

The person does not know how to specify \_\_\_\_\_

( ) No

4- Type of birth

( ) Normal birth ( ) cesarean section

5- Gestational age: \_\_\_\_\_

( ) < de 37 weeks

( ) ≥ de 37 weeks

6- Weight when the child was born: \_\_\_\_\_

( ) < 2500g

( ) ≥ 2500g

7- Does the mother have other children? How many? \_\_\_\_\_

8- How long did the person breastfeed the other children? \_\_\_\_\_

( ) < 6 months

( ) ≥ 6 months

## **ANNEX 2 - FREE AND INFORMED CONSENT TERM**

You are being invited as a volunteer to participate in the research: Prevalence of breastfeeding in children up to 2 years old in a Basic Health Unit in Ribeirão Preto - SP.

**BACKGROUND, OBJECTIVES AND PROCEDURES:** The reason that led us to study the problem of breastfeeding is that it is fundamental for children's health, acting in the prevention of diseases, as well as in the reduction of morbidity and mortality. Therefore, it is important to know the frequency of breastfeeding in children. The objective of this project is to identify the prevalence of exclusive breastfeeding up to six months of age and as complementary breastfeeding up to two years of age, among mothers attended at this Basic Health Unit. Data collection will be as follows: mothers or guardians of children who are attending the Basic Health Unit waiting for a scheduled consultation, reception or vaccine, will be invited to participate in the research project by answering a questionnaire. Each child will participate only once.

**DISCOMFORTS AND RISKS AND BENEFITS:** There is minimal discomfort and risk for you to submit to data collection by answering the questionnaire, which is justified by the benefit that this project will bring to the entire community.

**METHOD OF FOLLOW-UP AND ASSISTANCE:** If the research participant needs medical care due to this study, this Basic Health Unit will provide the necessary care under the supervision of Dr. Patricia Oliveira Benetolo. If you have research-related health concerns or have any questions about this study, please contact Dr. Patrícia Oliveira Benetolo or with the interviewer Laura de Oliveira Teixeira.

**GUARANTEE OF CLARIFICATION, FREEDOM OF REFUSAL AND GUARANTEE OF CONFIDENTIALITY:** You will be enlightened about the search in whatever aspect you wish. You are free to refuse to participate, withdraw your consent or discontinue participation at any time. Your participation is voluntary and refusal to participate will not result in any penalty or loss of benefits. Researchers will treat your identity to professional standards of confidentiality. Your name or material indicating your participation will not be released without your permission. You will not be identified in any publication that may result from this study. A copy of this informed consent will be on file with the researchers and another will be provided to you.

**COSTS OF PARTICIPATION, REIMBURSEMENT AND INDEMNITY FOR ANY DAMAGES:** Participation in the study will be at no cost to you and no additional financial compensation will be available.

**DECLARATION BY THE PARTICIPANT OR BY THE PERSON RESPONSIBLE FOR THE PARTICIPANT:**

I was, \_\_\_\_\_ informed of the objectives of the research above in a clear and detailed way and clarified my doubts. I know that I can request new information at any time. The guiding professor, Patrícia Oliveira Benetolo and/or the student Laura de Oliveira Teixeira, assured me that all data from this research will be confidential. In case of questions, I can call the student Laura de Oliveira Teixeira on the telephone (17) 99153-6942 or by e-mail laurateixeira1607@outlook.com or the advisor teacher Patrícia

Oliveira Benetolo on the phone (16) 981170114 or by e-mail patricia.benetolo@baraodemaua.br. I declare that I agree to participate in this study. Two copies of the free and informed consent form were signed by me and the researchers. I received a copy of this term and was given the opportunity to read it and clarify my questions.

This research was approved by the Research Ethics Committee (C.E.P.) of Centro Universitário Barão de Mauá, whose function is to ethically protect research participants. – Rua Ramos de Azevedo, number: 423, Jd Paulista. Telephone: (16) 36036624. Opening hours: Monday 2 pm to 5 pm, Tuesday to Thursday 7:30 am to 1 pm and Friday 2 pm to 5 pm.

_____ Name	_____ Participant Signature	_____ Date
_____ Name	_____ Researcher Signature	_____ Date
_____ Name	_____ Witness Signature	_____ Date