

FACTORS ASSOCIATED WITH EARLY INTERRUPTION OF BREASTFEEDING

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Abstract: Goal: To investigate the causes that lead to early interruption of breastfeeding (BF) in users of Basic Health Units (UBS) in Santa Maria, Rio Grande do Sul. **Methodology:** Research with a cross-sectional, prospective design, with a quantitative approach, of a descriptive nature, with 70 mothers of children up to 2 years of age, through simple random sampling. Held at UBSs in the city of Santa Maria - RS, from October to December 2021. Statistical analysis of data using IBM SPSS Version 25 software and the EXCEL program. Descriptive data analysis, with categorical variables presented as percentages and quantitative variables as averages, and qualitative variables analyzed using the chi-square test or Fisher's exact test. **Results:** The most frequent complaints cited, when asked about the reasons that led to early interruption of BF, were little milk (66.7%), nipple injury (42.4%) and difficulty latching on (18.1%). 45.7% of the interviewed mothers reported early interruption of exclusive breastfeeding (EBF), before 6 months of life, and 25.7% of BF, before 2 years of age. Offering teats/pacifiers and/or bottles to infants ($p < 0.001$) and having prenatal consultations in the private network ($p = 0.013$) were the factors most closely related to early weaning. **Discussion:** The prevalence of EBF was similar to current data and higher than older studies and the target set by the World Health Organization (WHO). **Conclusion:** The presented results demonstrate that the guidance and dissemination of information about BF by health professionals is still deficient, requiring expansion of health promotion actions aimed at pregnant and breastfeeding women in both the public and private sectors.

Keywords: Breastfeeding. Primary health care. Weaning. pacifiers.

INTRODUCTION

Breast milk is considered by the World

Health Organization (WHO) as the ideal food for infants, which provides the energy and nutrients needed at this stage of life. Together with the WHO, the United Nations Children's Fund (Unicef), the Ministry of Health (MS) and the Brazilian Society of Pediatrics (SBP) recommend that breastfeeding be initiated in the first hour of life of the newborn (NB), that exclusive breastfeeding (EBF), on demand, that is, as many times as the child wants according to their needs, be carried out in the first 6 months and that breastfeeding (EB) is perpetuated at least until 2 years of age life (BRASIL, 2019; GIUGLIANI, 2017; WHO, 201-).

BF is considered exclusive when the infant receives breast milk without any other food or liquid, with the exception of oral rehydration solutions, vitamins, minerals or medications. There is no need to administer any other type of food or liquid in the first 6 months, even on hot days, since breast milk, composed of almost 90% water, is sufficient for hydration (BRASIL, 2019; GIUGLIANI, 2017; WHO, 2015, 201-).

The National Child Food and Nutrition Study (ENANI), which evaluates breastfeeding practices, complementary feeding, food consumption, nutritional status and micronutrient deficiencies in children under 5 years of age in Brazil, pointed out an increase in the prevalence of breastfeeding in the first year of life from 22.7% in 1986 to 53.1% in 2020, and an increase in breastfeeding in children younger than 6 months from 2.9% in 1986 to 45.7%, in 2020. The highest prevalence of EB was in the South region, with an index of 53.1%, while the lowest was in the Northeast region, with an index of 38% (UFRJ, 2019, 201-). Even though there has been an increase in BF in recent years, the EB rate is still below the target set by the WHO, of at least 50%, to be achieved by the year 2025 (WHO, 2018).

The most recent data from the Department

of Informatics of the Unified Health System (DATASUS) are from 2008, which revealed a prevalence of EBF in Brazil of 60.7% in the first 30 days, 23.3% in the first 120 days and 9.3% in % in the first 180 days of life and a prevalence of 45.5% of BF at the end of the first year of life. More specifically in the city of Porto Alegre, capital of RS, the data were similar, with a prevalence of EB of 60.6% in 30 days, 21.7% in 120 days and 8.2% in 180 days of life and of 38.7% BF at the end of the first year of life (BRASIL, 2008-a, 2008-b).

There are still flaws in maintaining the AME in Brazil, and increasing the rate is a challenge, in addition to several reasons, there is a lack and mismatch of information. Only a third of puerperal women claim to receive information about breastfeeding during prenatal care, many do not know how to inform the recommended EBF time and a minority obtain guidance on milk storage and on the use of teats and pacifiers. Data from 2013 showed that 100% of mothers intended to perform EBF in a Baby Friendly Hospital Initiative in the city of São Paulo, however, only 34.1% managed to reach the child up to 180 days of life (SILVA, M. et al., 2018; SILVA, N., et al., 2014; ROCCI; FERNANDES, 2014).

Many studies demonstrate the high rates of early discontinuation of BF, but little research has been carried out related to the reasons for this interruption. Therefore, the present study had the general objective of investigating the causes that lead to early interruption of BF in users of Basic Health Units (UBS) in Santa Maria. As well as evaluating the prevalence of EB and AM and its early interruption and related factors, the average period of EB and AM and whether guidelines were given on breastfeeding in the prenatal and postpartum period and to correlate maternal socioeconomic characteristics, aspects related to prenatal care, childbirth and the postpartum period, and guidelines for early interruption

of EBF and BF.

The results found in the research can be used for the recognition of possible flaws in guidelines and distribution of information related to BF, as well as for the construction of health promotion strategies in the region.

METHODOLOGY

The present work is characterized as a cross-sectional, prospective research, with a quantitative approach, of a descriptive nature.

The research was carried out at the UBSs José Erasmo Crossetti, previously chosen for its central location and the greater flow of patients, and Kennedy in the city of Santa Maria - RS. As each UBS had a specific schedule for vaccination, with changes according to the vaccination schedule against COVID-19, the interviews were carried out according to the opening hours of vaccinations at each UBS.

The population of this study consisted of mothers of children up to 2 years of age, through a simple random sampling, with 70 participants who were in the waiting room of the UBSs waiting for a childcare consultation or to be vaccinated in the period of October 2021 to December 2021. In the study, inclusion criteria were considered: mothers of children aged up to 2 years who were waiting for pediatric consultations and/or vaccination at UBSs in the city of Santa Maria - RS. Mothers of children over 2 years of age, adoptive mothers and guardians other than the mother accompanying the child were excluded from the study. In case of more than one data collection from the same participant, the most recent data collected was considered. Those who refused to participate in the study or who were unable to respond were considered losses.

A questionnaire was applied to carry out the collection. It contains objective and essay questions, in which they address information regarding the prenatal period at 2 years of age

for the child, related to the help and guidance received by health professionals, breastfeeding, exclusive breastfeeding, which is considered when the child receives only breast milk or human milk from another source, no other liquids or solids, with the exception of drops or syrups containing vitamins, oral rehydration salts, mineral supplements or medications, difficulties and reasons for early weaning, as well as social information about the mother and about the child's birth.

For the characterization of the sample, a descriptive analysis of the participants' data was carried out, with the categorical variables being presented as a percentage and the quantitative as an average. In the analysis of qualitative variables, the association was analyzed using the chi-square test or Fisher's exact test. Associations were considered significant when the results showed a p-value < 0.05. The IBM SPSS Version 25 software and the EXCEL program were used as a computational tool for the statistical analysis of the data.

The project complies with the criteria of Resolution 466/2012. The research data were only collected after the authorization of the Health Department of Santa Maria - RS and the approval of the project by the CEP of the UFN - CAAE 50545521.1.0000.5306, with Opinion n° 4.912.228. The Confidentiality Term was signed by the main researcher, the supervisor. The Informed Consent Form (TCLE) was signed by the mothers who agreed to participate in the study, with the researchers previously clarifying the objectives and the questionnaire for data collection.

This research has the following limitations. Due to recesses, days of vaccination against COVID-19 and the peripheral location of 3 of the 4 Basic Health Units selected for the study, the vast majority of data collected were from UBS José Erasmo Crossetti, not being possible to collect data in UBSs Dr

Floriano Rocha and Waldir Mozzaquattro, as pre-established in the research project. Breastfeeding and the information received during the prenatal and postpartum period were questioned retrospectively, this factor may have introduced memory bias.

RESULTS AND DISCUSSIONS

SOCIODEMOGRAPHIC CHARACTERIZATION

70 mothers with an average age of 29 years old were interviewed, ranging from 17 to 38 years old. Most mothers were in a serious relationship (85.7%), and 35.7% were married. 52.9% reported having started or completed higher education and 27.1% were unemployed at the time of data collection. A mean gestational age at birth was 38 weeks and 2 days, 85.7% were born at term, and mean birth weight was 3085 grams.

91.4% of mothers reported at least 6 prenatal consultations, the minimum recommended by the Ministry of Health. In 42.9%, prenatal consultations were carried out at UBSs or Family Health Strategies (ESF), with the need for follow-up at a Specialty Medical Outpatient Clinic in 20%, due to greater risks during the gestational period, and, in 57.1%, consultations were carried out in a private network. Prenatal care was also performed by professional nurses in 44.3% of cases.

Regarding delivery, 65.7% had cesarean sections. 80% of the NBs received breast milk in the first hour of life, of these, 79.2% of the NBs who were born vaginally and 80.4% of those who were born via cesarean section.

GUIDELINES

When questioned about information received by health professionals during consultations during the prenatal period, 70% of the mothers reported having received some type of information related to BF, 52.8% regarding the correct handling and 47.1%

about the use of teats and bottles, a number that, during the postpartum period, rose to 87.1% in relation to information about BF, 78.6% in terms of guidance on correct handling and 58.6% in terms of the use of teats and baby bottles.

Also, 68.6% of the mothers reported offering, at the time of the interview, teats, bottles or pacifiers, and 33.3% of them never received any type of information on the subject during the prenatal and postpartum period.

Regarding BF and EBF time, 84.3% of mothers knew the recommended EBF time, a percentage that dropped to 55.7% when asked about the recommended minimum BF time. Finally, 42.8% were instructed about the time of EB and BF during the prenatal period and 50% during the puerperium period by health professionals.

BREASTFEEDING

55.7% of the children of the interviewed mothers had less than 6 months to live, of these 51.3% were still on EBF and 20.5% were no longer receiving breast milk, only infant formula.

As for children older than 6 months, 67.7% still received breast milk as part of their diet and 41.9% stopped EBF before the 6-month period indicated by the WHO.

As for early interruption, 45.7% of all mothers interviewed interrupted EBF before the time recommended by the WHO of at least up to 6 months of life, occurring in an average of 2 months of life, and 25.7% interrupted breastfeeding before the time recommended by the WHO of at least 2 years of age.

In total, in 47.1% of the cases, EBF and/or BF was interrupted before the recommended period, of which 60.6% of the mothers reported that they would have liked to breastfeed properly during the recommended minimum period. As for the reasons for early

interruption, 66.7% reported the perception of little milk, 42.4% nipple injury and 18.2% had difficulty latching on. Also, early food introduction guided by the attending physician, need for orotracheal intubation, previous breast surgery, use of medication and contraceptives, return to work and/or studies and tiredness were mentioned. In 48.5% of these cases, in which there was an early interruption of BF/AME, the mothers received information, during the prenatal and/or postpartum period, regarding possible difficulties during the breastfeeding period, and 60.6% received the help from health professionals to solve the presented difficulty.

In all, 52.8% of the mothers, until the date of data collection, maintained EBF and BF for the recommended time. Of the mothers who breastfed for the recommended time, 73% had some difficulty during the breastfeeding period, and 59.4% of these mothers, with some difficulty in BF, received help from health professionals for the resolution.

In general, regarding all the data collected in the study, 42.8% of the interviewed mothers reported the perception of little milk as the main difficulty during breastfeeding, followed by nipple injury, in 35.7%, difficulty in latching on, in 28.6%, breast engorgement, in 22.8%, and return to work/study, in 11.4%. Also, perception of weak milk, mastitis, twins, pain, need for phototherapy and need for hospitalization of the NB in an intensive care unit (ICU) were mentioned during the interviews.

CORRELATION BETWEEN VARIABLES

Analyzing the socioeconomic characteristics, a significant difference ($p=0.025$) was observed between maternal marital status, where 80% of single mothers interrupted BF and/or EBF early.

There was also a significant difference

($p=0.013$) regarding early weaning when comparing the places where prenatal care was performed, in which 60% of mothers who maintained care in a private network and 30% of mothers who received it in a public network interrupted the AM/AME before the recommended minimum period.

Another related factor ($p<0.001$) is the supply of teats/pacifiers and/or bottles to the infant. Since in the population where teats/pacifiers and/or bottles were introduced, the early weaning rate was 62.5% and in the population not offered, the rate was only 13.6%.

DISCUSSION

In the study, 54.3% of all mothers interviewed did not interrupt EBF early, that is, before 6 months of life, period recommended by WHO, Unicef, MS and SBP. When comparing with the data published by ENANI, the result is similar to what was evaluated in the South region in 2020, of 53.1%, and considered higher than the target stipulated by the WHO until the year 2025, of at least 50% (UFRJ, 201-; WHO, 2018). As for breastfeeding data, 25.7% of mothers interrupted before the recommended time of at least up to 2 years of age. By relating the data on the prevalence of BF and EB from the study with older data, from the city of Porto Alegre - RS, from 2008, taken from DATASUS, the rate of BF and EB increased in the South region, where the prevalence of BF was 45.5% at the end of the first year of life and EB was 8.2% at 180 days of life (BRASIL, 2008-a, 2008-b).

As for the factors associated with early weaning, maternal socioeconomic information related to the NB and childbirth, follow-up during the prenatal period, returning to work/study after and guidance received during the prenatal and puerperium and the difficulties related to breastfeeding. There was a significant difference in the comparison

between maternal marital status ($p=0.025$), the place where the prenatal consultations were held ($p=0.013$) and the supply of teats/pacifiers and/or bottles to infants ($p<0.001$).

The use of pacifiers is associated with early cessation of breastfeeding in several published studies. A systematic review with 27 articles selected showed the use of a pacifier as the factor most strongly associated with interruption of EBF (BOCCOLINI; CARVALHO; OLIVEIRA, 2015). Another study, carried out in Cruzeiro do Sul - Acre (AC), from July 2015 to June 2016, with a sample of 774 infants, also showed a significant difference in the use of bottles and pacifiers associated with early weaning (RODRIGUES et al., 2021). A study with 770 caregivers of children under 12 months old in Londrina - Paraná (PR), in August 2008, showed that children who received artificial teats were less likely to be EBF (SOUZA et al., 2012).

There was no significant difference ($p=0.120$) related to early weaning when compared with offering or not offering breast milk in the first hour of life. Even so, studies show that the practice of breastfeeding from that moment on is important for other factors, such as helping with the let-down of milk and reducing postpartum bleeding, in addition to the relationship with the protection of maternal and child health and development of the baby. immune system in the newborn (BRASIL, 2019).

Of the mothers interviewed, the majority (80%) started breastfeeding in the first hour of the newborn's life, similar data can be seen in several published references. In studies already mentioned, one carried out in Londrina - PR, in 2008, and another in Cruzeiro do Sul - AC, in 2015-2016, 72.5% and 90% of children received breast milk in the first hour of life, respectively (RODRIGUES et al., 2021; SOUZA et al., 2012). The prevalence of breastfeeding in the first hour of life in

the present study showed a value considered higher than the target stipulated by the 2019 indicators of the Global Breastfeeding Collective (GBC), a program led by WHO and Unicef, with the objective of universal improvement in terms of investments in AM, at least more than 70% for 2030 (MELO; OLIVEIRA; PEREIRA, 2021).

When questioned about the reasons for early interruption of BF and/or EBF, 66.7% reported the perception of little milk, 42.4% nipple injury and 18.1% had difficulty latching on. The complaint of little milk or insufficient milk is reported in several studies, as well as nipple injury, breast engorgement and difficulty latching on, considered the main complications in breastfeeding (UFSC, 2016). A longitudinal study between April 2019 and November 2020, with 152 children/mothers carried out in Santa Cruz - Rio Grande do Norte, showed insufficient milk as one of the main reasons for early weaning, reported by 16.6% of the participants (SILVA, L. et al., 2021).

As for the information and guidance received during the prenatal and postpartum period, approximately 1 out of 2 mothers did not receive any type of information regarding possible difficulties during breastfeeding and 2 out of 5 did not receive guidance from health professionals for resolution from them. 60.6% of the mothers who interrupted breastfeeding and/or EBF early reported that they would have liked to have breastfed according to the recommendations. Therefore, the presence of flaws in the maintenance and provision of information regarding breastfeeding and its challenges is still perceived. In the present study, 70% of the mothers reported receiving some type of guidance regarding BF during the prenatal period, a value that decreases when questioning about the dissemination of information regarding correct latching (52.8%) and the use of nipples/pacifiers and bottles

(47.1%). A study carried out in Santa Cruz - RN, already mentioned, showed a similar rate, in which 79.6% of mothers received guidance on BF during prenatal care (SILVA, L. et al., 2021). Another study, carried out at a BFHI in Minas Gerais, from January to July 2016, claims that only a third of puerperal women receive breastfeeding information during this period (SILVA, M. et al., 2018).

The dissemination of information is still unequal and the location of the prenatal consultation was significant for the early interruption of BF and/or EBF ($p=0.013$), in which mothers who performed the care in a private network, when comparing with the public network, they were more likely to interrupt before the recommended period. The increase in pro-breastfeeding programs, which disseminate and enable comprehensive care for maternal and newborn health, providing self-care, assistance during the prenatal period, puerperium and the first years of the child's life, in addition to campaigns with distribution of information and guidance and encouragement of breastfeeding, especially in the public health network, may be related to the difference in early weaning when comparing the places of care in the prenatal period.

CONCLUSION

The prevalence of EBF was similar to data from the South region in recent years, and a value above the targets stipulated by the WHO. In addition, according to the findings of this study, the factors use of teats/pacifiers and/or bottles, carrying out prenatal consultations in a private network and single mothers were moved by the early interruption of BF and/or EBF.

With the increase in programs and campaigns aimed at breastfeeding and maternal and child health, the rates have decreased in relation to previous studies, but

the data have shown that there is still a lack of dissemination of information and guidance on the subject by health professionals, requiring of a greater extent of health promotion actions addressed to pregnant and lactating women, both in the public and private sectors. Research dealing with the factors associated with early interruption of breastfeeding is still necessary to elucidate the reasons, plan and monitor the actions addressed to the subject, both in the public and private health networks.

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