

**Breastfeeding Promotion Practices in the Brazilian Hospital Context:  
An Integrative Review**

**Práticas de promoção do aleitamento materno no contexto hospitalar brasileiro:  
Revisão integrativa**

**Prácticas de promoción de la lactancia materna en el contexto hospitalario brasileño:  
Una revisión integradora**

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**Abstract:** Objective: Identify breastfeeding promotion practices in the Brazilian hospital context. Method: This study is an integrative literature review in which the following databases were used: LILACS, BDNF, MEDLINE and PUBMED. Using the descriptors in Health Sciences: Breast Feeding; Hospital; Health Promotion, which are crossed using the Boolean operator AND. Results: Fourteen studies were selected in this integrative review, which allowed the identification of the following breastfeeding promotion practices in hospital settings: skin-to-skin contact after birth, type of delivery, nursing care, and pain management during the breastfeeding process. Conclusion: It was observed that this study identified the practice of breastfeeding promotion in the hospital context, described in the results in a systematized way. This practice needs to be changed in hospitals and be correctly implemented.

**Keywords:** breastfeeding; maternal and child nursing; maternal and child health; health promotion.

**Resumo:** Objetivo: Identificar práticas de promoção ao aleitamento materno no contexto hospitalar brasileiro. Método: O presente estudo trata-se de uma revisão integrativa da literatura na qual foram utilizadas as bases de dados: LILACS, BDNF, MEDLINE e PUBMED. Também foi realizado a partir dos Descritores em Ciências da Saúde: Breast Feeding; Hospital; Health Promotion, os quais foram cruzados utilizando o operador booleano AND. Resultados: Foram selecionados nesta revisão integrativa 14 estudos que permitiram a identificação das seguintes práticas de promoção ao aleitamento materno no

contexto hospitalar: o contato pele a pele após o nascimento, o tipo do parto, a assistência de enfermagem e o manejo da dor durante o processo da amamentação. Conclusão: Observou-se que este estudo identificou a prática de promoção ao aleitamento materno no contexto hospitalar, descrito nos resultados de forma sistematizada. Constatamos que há a necessidade de mudanças dessas práticas dentro dos hospitais e que sejam implantadas de maneira correta.

**Palavras-chave:** aleitamento materno; enfermagem materno-infantil; saúde materno-infantil; promoção da saúde.

**Resumen:** Objetivo: Identificar las prácticas de promoción de la lactancia materna en el contexto hospitalario brasileño. Método: Este estudio es una revisión bibliográfica integradora que utiliza las siguientes bases de datos: LILACS, BDNF, MEDLINE y PUBMED. Basado en los descriptores de Ciencias de la Salud: Breast Feeding; Hospital; Health Promotion, que se cruzarán utilizando el operador booleano AND. Resultados: En esta revisión integradora se seleccionaron 14 estudios que permitieron identificar las siguientes prácticas de promoción del parto materno en el contexto hospitalario: el contacto de la piel con la piel después del nacimiento, el tipo de parto, la asistencia enfermera y el manejo del dolor durante el proceso de amamantamiento. Conclusión: Se observó que este estudio identificó la práctica de promoción de la salud materna en el contexto hospitalario, descrita en los resultados de forma sistematizada. Esta práctica hace necesario realizar cambios dentro de los hospitales y se implantan de forma correcta.

**Palabras claves:** lactancia materna; enfermería materno infantil; salud maternal e infantil; promoción de la salud.

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## Introduction

Breastfeeding is the primary food in the nutrition of a child under one year of age, it is where all the necessary nutrients are found and in the right amounts for the body of a neonate, in addition to being compatible with the level of development of the gastrointestinal tract, thus avoiding colds and gastroenteritis. In exclusive breastfeeding, the child receives only breast milk and no other liquid or solid (except for supplementary medicines, mineral supplements, or vitamins), and not only the child benefits but also the mother. <sup>(1)</sup>

In addition, the benefits of breastfeeding for children include: it promotes a decrease in mortality rates, prevents complications and the development of infections, allergic, autoimmune, and chronic diseases, improving neuropsychomotor development. The benefits

for mothers: it promotes the reduction of bleeding after childbirth, it can protect against a new unwanted pregnancy, it decreases the risks of some cancers and the development of postpartum depression, in addition to facilitating the emotional bond between mother and child. <sup>(2)</sup>

Exclusive breastfeeding is recommended by the World Health Organization (WHO) and the Ministry of Health (Ministério da Saúde - MS), for a period of six months postpartum and supplemented for up to two years or more. <sup>(3)</sup>

Globally, only four in ten (44%) children are exclusively breastfed for the first 6 months of life. In the Americas, this figure was 38% of children, and only 32% continued to breastfeed until the age of two. In Latin America and the Caribbean in particular, less than half of babies (48%) are breastfed within the first hour of life. These rates need to be increased to reach the target of 50% exclusive breastfeeding in the first six months of life by 2025, one of the global nutrition targets, and 70% by 2030. <sup>(4)</sup>

However, early weaning is the result of a complex interaction of sociocultural factors, such as the industrialization process, the emergence, and dissemination of industrialized milk, the respective adherence of health professionals, the prescription of artificial feeding, and the adoption in maternity hospitals of measures that do not encourage breastfeeding, associated with the lack of management of problems that may arise during breastfeeding. <sup>(5)</sup>

With this, the health professional should seek to analyze and understand the process of breastfeeding in the sociocultural and family context in which it occurs, and the understanding of caring for both the mother/baby pair and their family. <sup>(1)</sup>

This study focuses on the breastfeeding process specifically in the immediate postpartum period, still in a hospital environment. A context with many particularities, which deserve attention to favor the adequate practice of exclusive breastfeeding. The lactating woman may present initial difficulties related to breastfeeding, such as delay in colostrum descent, breast pain during the first moments, and difficulties related to positioning and holding the babies properly, among other issues, which can make the breastfeeding process difficult during the period. post childbirth.

It is expected that this research will contribute to the strengthening of actions for the promotion, protection, and support of breastfeeding in the hospital context by nurses, as it will point out practices carried out in hospital services that are known to favor breastfeeding. Thus, this study aims to: Identify breastfeeding promotion practices in the Brazilian hospital context.

## Methodology

This is an integrative literature review. For the development of this research, the following steps were carried out: 1. identification of the theme and research question; 2. establishment of criteria (inclusion and exclusion); 3. categorization of studies; 4. evaluation of included studies; 5. interpretation of results; and 6. presentation of the review. <sup>(6)</sup>

At this stage, the research problem was defined, and the guiding question was elaborated, namely: “How is breastfeeding promoted in a Brazilian hospital environment?”

To find appropriate answers to the research question and in order to better define the population, context and/or problem situation, variables of interest, and results, the Population, Variables, and Outcomes (PVO) strategy was used to search for articles, described in Table 1.

**Table 1. Subject descriptors located in DECS for the components of the research question according to the PVO strategy. Crato, CE, Brazil, 2021**

Strategy Items	Components	Descriptors (DECS)
Population/Context	Nursing mothers in a hospital environment	Hospital
Variables	Breastfeeding	Breastfeeding
Outcomes (Results)	Promotion (in health)	Health promotion

Source: Own elaboration (2021)

For this study, data were collected from the following databases: Latin American and Caribbean Literature on Health Sciences (Literatura Latino-Americana e do Caribe em Ciências da Saúde - LILACS), Nursing Library (Biblioteca de Enfermagem -BDENF), and Medical Literature Analysis and Retrieval System online (MEDLINE) and PUBMED.

The searches were performed using a combination of controlled descriptors, terms contained in the structured vocabulary Health Sciences Descriptors (DECS). The descriptors were as shown in Table 1: Breastfeeding; Hospital and Health Promotion, these were crossed using the Boolean operator AND. The search took place in October and November 2021.

After the search stage was completed, the sample was obtained from the careful reading of each title and abstracts collected in order to confirm whether they contemplate the guiding question of this research and whether they meet the established inclusion and exclusion criteria, namely, inclusion criteria: articles in Portuguese, English and Spanish whose full texts are available and indexed in the aforementioned databases, from 2011 to 2021. Studies dealing with breastfeeding outside the hospital environment and publications that were not scientific articles were excluded from the research. (Table 2).

After selecting the studies, the data were categorized into: title, authors, year of publication, research objectives, database, as well as clippings of significant fragments for the topic under study. These data came to compose the categorization framework of the studies surveyed, presented in the results.

The data were interpreted, that is, discussed based on the critical evaluation of the included studies. At this stage, the main conclusions and implications of these studies were presented, allowing the identification of gaps and paths for future research related to breastfeeding in the hospital context.

## Results

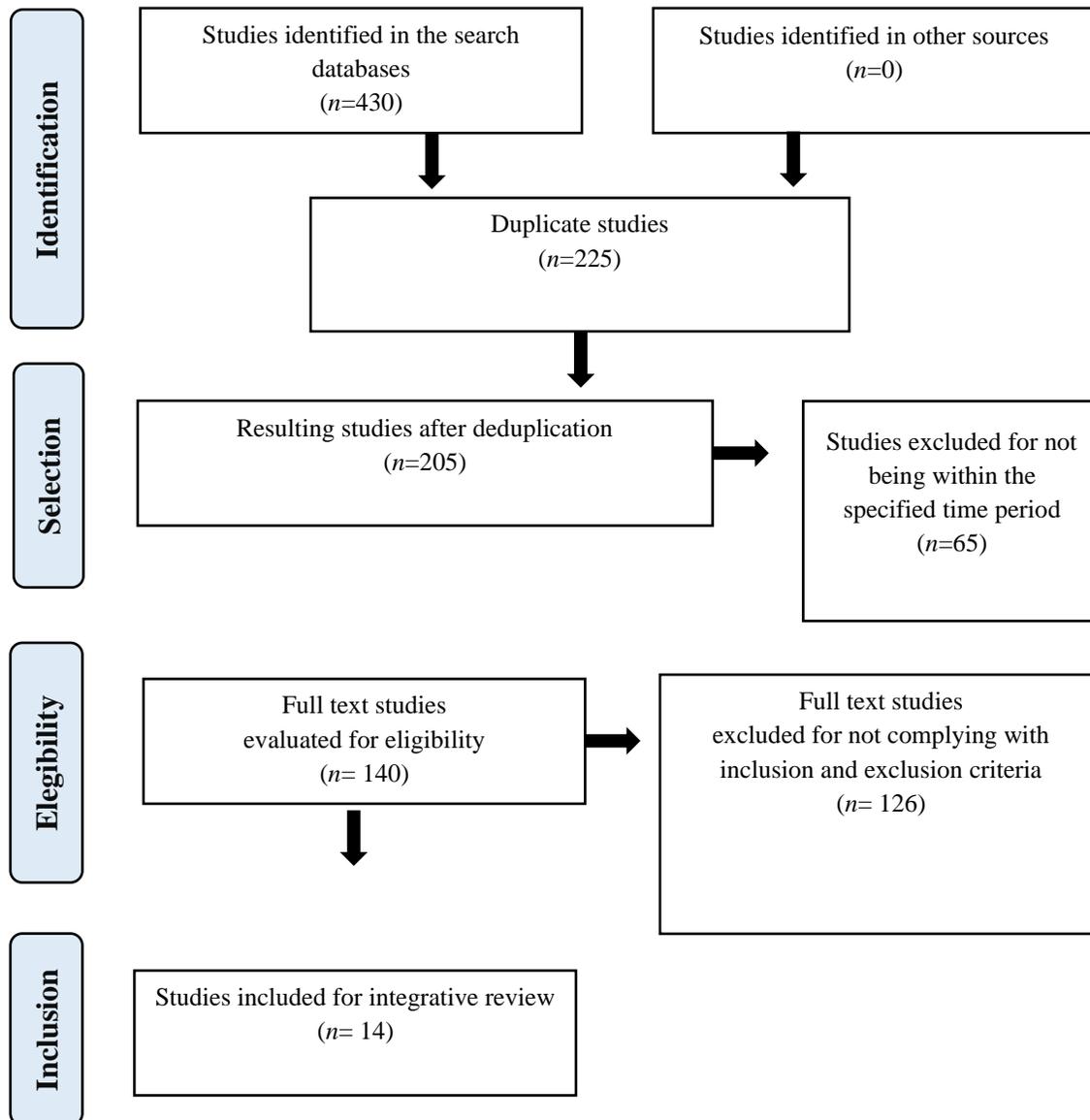
In the general search, four hundred and thirty studies were identified in all the electronic databases used. As a search strategy, crossings were used in each database using the Boolean operator 'AND' to associate the descriptors, as can be seen in (Table 2).

**Table 2. Number of studies selected in the databases**

<b>Database</b>	<b>Breastfeeding AND Hospital</b>	<b>Health promotion AND Breastfeeding</b>	<b>Health promotion AND Health Promotion</b>	<b>Total</b>
<i>PubMed</i>	10	30	12	52
<i>Medline</i>	100	80	40	220
<b>Lilacs</b>	40	20	5	65
<b>BNDEF</b>	30	40	23	93
<b>Total</b>	180	170	80	430

Source: Own elaboration (2021)

After applying the inclusion and exclusion criteria, as shown in the sample flowchart below (Figure 1), two hundred and twenty-five duplicate studies were obtained. The remaining two hundred and five articles were selected in the first screening, of these, one hundred and thirty were excluded in the reading stage in full, due to not being in line with the general objective of this research and not having the potential to answer the guiding question. proposal. The final sample consisted of fourteen scientific productions (Figure 1).



**Figure 1.** Flowchart of the search for composing the final sample. Source: Own elaboration (2021)

Table 3 below describes the characterization of the studies included in this integrative review. The articles were characterized in terms of the database in which they were identified, authors, year, type of study, method, place of study, and area of activity of the first author of the research.

**Table 3. Characterization of the articles reviewed: database, authors, year, type of study, method, place and area of expertise of the authors**

Database	Authors	Year	Type of study	Method	Place of the Brazilian Study	Area
PubMed	Ramos et al. <sup>(7)</sup>	2010	Original	Observational, cross-sectional, descriptive and exploratory	Piauí	Nurse
MEDLINE	Souza et al. <sup>(8)</sup>	2011	Original	Observational, cross-sectional, descriptive and exploratory	Distrito Federal	Nurse
MEDLINE	Fragoso et al. <sup>(9)</sup>	2011	Original	Observational, cross-sectional, descriptive and exploratory	Distrito Federal	Nurse
PubMed	Beck et al. <sup>(10)</sup>	2012	Original	Quantitative and cross-sectional, descriptive type	Rio Grande do Sul	Nurse
BNDEF	Escarce et al. <sup>(11)</sup>	2013	Original	Quantitative	Minas Gerais	Social Assistant
MEDLINE	Belo et al. <sup>(12)</sup>	2014	Original	Transversal study	Pernambuco	Nurse
PubMed	Mendes Alves et al. <sup>(13)</sup>	2014	Original	Quantitative	Minas Gerais	Nurse
MEDLINE	Magalhães et al. <sup>(14)</sup>	2014	Original	Quantitative	São Paulo	Nurse
LILACS	Mascarenhas et al. <sup>(15)</sup>	2015	Original	Descriptive, exploratory, transversal	Paraíba	Doctor
LILACS	Margotti. et al. <sup>(16)</sup>	2017	Original	Quantitative	Ceará	Nurse
PubMed	Coca et al. <sup>(17)</sup>	2018	Original	Quantitative	São Paulo	Nurse
BNDEF	Porto et al. <sup>(18)</sup>	2018	Original	Transversal study	Bahia	Nurse
PubMed	Silva et al. <sup>(1)</sup>	2018	Original	Quantitative	Bahia	Nurse
LILACS	Campos et al. <sup>(5)</sup>	2020	Original	Quantitative cross-sectional study	Rio Grande do Sul	Nurse

Source: Own elaboration (2021)

It was observed that the predominant studies in this integrative review were carried out by nurses. The years that concentrated the largest number of publications were the years 2011, 2014 and 2018.

Table 4 describes the objectives and main results of the studies included in this review.

**Table 4. Characterization of the selected studies according to the practices of promoting breastfeeding in the hospital environment**

Author/Year	Objective	Main results
Ramos et al., 2010 (7)	To evaluate the factors associated with exclusive breastfeeding (EBF) among public hospitals in Teresina-Piauí.	There were differences in medians and EBF probabilities between the hospitals studied. The prevalence of EB was higher among children who were born in Hospital 3, did not use a bottle, and were breastfed in the first 24 hours of life ( $p<0.05$ ). The results point to a better breastfeeding profile compared to other studies, although below the recommended level, reflecting the need for strategies to improve indicators.
Souza et al., 2011 (8)	Assess compliance with Steps 4 to 10 among the Ten Steps to Successful Breastfeeding, recommended by the Baby-Friendly Hospital Initiative (BFHI), created by the World Health Organization (WHO).	Compliance was unsatisfactory for Step 4 (postpartum breastfeeding support – 58 %), Step 5 (exclusive breastfeeding during hospitalization – 77 %) and Step 10 (referral to breastfeeding support group – 5 %). Other steps showed good results: Step 6 (offer of breastmilk substitutes – 19 %), Step 7 (practice of rooming-in – 91 %) and Step 9 (no use of pacifiers and bottles – 100 %).
Fragoso et al., 2011 (9)	To describe the factors associated with the practice of breastfeeding in nursing mothers at a public hospital in the Federal District.	It was observed that 52.94 % of the nursing mothers worked outside the home, 23.53 % were single, 8.82 % had completed high school, 67.60 % did not plan the pregnancy, 100 % had prenatal care, 35 (29 %) were not oriented about breastfeeding, 44 (12 %) did not receive family support, 76 (47 %) had difficulties to breastfeed in the postpartum period, 50 % of the nursing mothers reported that up to six months was ideal for exclusive breastfeeding, 47.1 % considered protection against diseases to be the main advantage of breastfeeding for the child and, for the mother, 41.2 % the mother-child bond.
Beck et al., 2012 (10)	To verify the influence of the hospital environment on aspects related to breastfeeding and communication in the mother/newborn interaction during the breastfeeding process.	Comparing the variables studied, there was a significant association for the position of the mother in relation to the neonate and for the variables mother stimulates and mother vocalizes for the neonate, with a favorable percentage for the dyad that was in rooming-in. The other variables showed no differences.
Escarce et al., 2013 (11)	To verify the influence of the guidance received about breastfeeding on the knowledge and behavior of mothers who use a university hospital.	The mothers who received guidance showed greater knowledge about the appropriate age to offer other foods ( $p=0.001$ ), the utensils used for feeding ( $p=0.031$ ), the disadvantage of the bottle ( $p=0.037$ ) and the pacifier ( $p=0.019$ ). Only the mothers oriented both prenatally and postnatally reported using the syringe for feeding ( $p=0.045$ ). In addition, the percentage of mothers who breastfeed on demand and who know how to store milk was higher among those who had received guidance on the subject ( $p<0.001$ and $p=0.027$ ). The preparation of the breasts was better performed by mothers who were not oriented on the subject ( $p=0.002$ ).

Belo et al., 2014 (12)	To identify the prevalence of breastfeeding in the first hour of life, the associated factors and the reasons for its non-occurrence in a Baby-Friendly Hospital.	The prevalence of breastfeeding in the first hour of life was 31 %. Only normal delivery remained in the final model, with a prevalence ratio of 27 % more than cesarean delivery ( $p=0.020$ ). The reasons why 388 children were not breastfed in the first hour of life were classified as: health problems of the child (328   84.5 %), of the mother (241   62.1 %) and delay in the rapid test result. anti-HIV (199   51.2%), 11 (2.8 %) did not present any justification.
Mendes et al., 2014 (13)	To report the experience of academics and professors in the extension project entitled "Incentive and promotion of breastfeeding: tracing the steps of the Baby-Friendly Hospital Initiative", of the undergraduate Nursing course, linked to the "Integration Extension Program Federal University of Uberlândia/ Community, carried out in a university hospital.	The extension project showed that the daily visit to the binomial, with breastfeeding assessment and guidance to mothers, provides security for them to breastfeed their children. In addition, it contributed to increasing the knowledge of postpartum women/companions and professionals about the advantages of breastfeeding and the clinical management of breastfeeding, and promoted the experience and learning of academics in the professional reality.
Magalhães et al., 2014 (14)	To evaluate the knowledge about breastfeeding among health professionals at a University Hospital in Vale do Paraiba/SP.	Fifty professionals participated in the survey. Among the participants, 6 were nurses, 19 nursing assistants, 1 nursing technician, 10 pediatricians, 3 gynecologist-obstetricians, 3 nutritionists, and 8 residents in pediatrics or obstetrics. Regarding training courses on breastfeeding, 58%, 29 of the health professionals said they had done it, and according to guidance on the importance of breastfeeding in the first hour of life, 76%, 38, said they did. Regarding the correct answers about theoretical knowledge about breastfeeding, 71.64 % answered correctly the questions asked.
Mascarenhas et al., 2015 (15)	To analyze the perception of puerperal women regarding the role of nurses in promoting breastfeeding in a child-friendly hospital in the State of Pará.	It was verified that there are still flaws with regard to the promotion of breastfeeding, due to the occupation of the professional nurse in administrative activities and little interest in participating in training on breastfeeding. However, it is up to the nurse to promote breastfeeding, offer support and support throughout the period of pregnancy, childbirth and puerperium. It is important to emphasize that managers, nurses and other health professionals need to work together, enforcing interdisciplinarity, where all knowledge is used for a single purpose, the promotion of breastfeeding.
Margotti, 2017 (16)	To determine the factors related to Exclusive Breastfeeding in babies born in a baby-friendly hospital in the city of Belém, capital of Pará, and to verify if the scores of the Self-Efficacy in Breastfeeding Scale are among these factors.	Socioeconomic and obstetric questionnaires were used, applying the Breastfeeding Self-Efficacy Scale at the time of hospital discharge. The mean breastfeeding score was 61 points; 32.45 % of mothers were between 19 and 23 years old; 36.56 % of them had completed high school; 43.34 % received up to one minimum wage; 62.95 % were cohabiting; and 17.92 % worked outside the home. Factors related to Exclusive Breastfeeding were: age group and maternal education, mother working outside the home, maternal marital status, partner's encouragement regarding Breastfeeding and the score of the self-efficacy scale.

Coca et al., 2018 (17)	To identify the main recommendations found in systematic reviews related to the protective factors of in-hospital exclusive breastfeeding.	It was observed that the recommendations related to protective factors for exclusive in-hospital breastfeeding are: early skin-to-skin contact; the child's stay in rooming-in; intervention in nipple pain during breastfeeding; restriction of the use of supplementation for infants; breastfeeding on demand; and educational interventions through individual and/or group support during hospitalization. The proposed set of measures included all six practices presented.
Porto et al., 2018 (18)	To describe and analyze the conceptions of workers at a public hospital in Salvador (BA) about health practices to promote breastfeeding in the hospital.	Thematic analysis of the participants' statements resulted in reflections on the work process in the hospital; breastfeeding concepts and practices; reception and popular and scientific knowledge of the participants. In view of the principles and guidelines of the Unified Health System (SUS), health workers seek to support their care practices in comprehensive, humanized, equitable and universal health care. The study produced reflections about the health actions carried out, encouraging changes in the health care process.
Silva et al., 2018 (1)	To evaluate the factors associated with the practice of breastfeeding in the first postpartum hour.	The breastfeeding rate in the first hour of life was 28.7 %. Among the sociodemographic variables, none was a protective factor for breastfeeding in the first postpartum hour with $p$ -value>0.05. By adjusting the final Poisson model, it was observed that the factors associated with this practice were the presence of the nurse in the delivery room ( $p$ <0.001), the newborn's weight being equal to or greater than three kilos ( $p$ =0.05) and skin-to-skin contact between mother and child ( $p$ =0.003).
Campos et al., 2020 <sup>(5)</sup>	To determine the prevalence of stimulation of skin-to-skin contact (STSC) and breastfeeding (BF), as well as the reasons for not performing these practices; identify whether women received information about these practices during prenatal care.	Immediately after birth, 60.1 % of newborns (NB) had MSTC and 44.9 % were stimulated to suckle at the breast. After primary care, 24.1 % had CTSF and 69.3 % were encouraged to suckle at the breast; 47.7 % of the newborns did not have CTSM due to their unfavorable clinical conditions; 79.2 % of the women were unable to inform the reason why BF was not stimulated; 58.5 % of the women had prenatal guidance on CTSS and 90.8 % on BF.

Source: Own elaboration (2021)

## Discussion

The selected studies, in general, aimed to verify the practice of breastfeeding in different hospital contexts in Brazil. It was found that the study population was mostly mothers, nursing, and social care professionals with ages ranging from 19 to 44 years. <sup>(7-9, 11, 13, 14)</sup>

Most studies have pointed to the benefits associated with breastfeeding, given that early breastfeeding after childbirth helps the uterus return to pre-pregnancy volume faster, minimizing bleeding, preventing maternal anemia, and decreasing the risk of breast and ovarian cancer. <sup>(10, 11, 14, 15, 18)</sup> It also prevents the incorrect formation of teeth and problems in the baby's speech, and provides better development and growth, in addition to the fact that this milk is a complete food, dispensing with water or other foods until the first six months of the baby's life. <sup>(1, 8-11, 15)</sup> These studies also showed that breastfeeding can even be a supporting method in the prevention of diseases such as leukemia, in addition to the fact that can prevent orofacial myofunctional changes in the baby. <sup>(10, 18)</sup>

Based on the interpretative analysis of the studies included in this literature review, it was possible to elaborate four thematic categories in response to our research question, namely: "How is breastfeeding promoted in a hospital environment?"

### ***Promotion of breastfeeding in the hospital environment: skin-to-skin contact at birth***

The specific study of skin-to-skin contact after birth aimed at encouraging the practice of breastfeeding immediately after delivery was the target five <sup>(1, 5, 8, 12, 17)</sup> among fourteen studies included in this review.

Encouraging this practice is the fourth among the ten steps to successful breastfeeding proposed by a baby-friendly hospital initiative (*Iniciativa do Hospital Amigo da Criança*) and is intended to promote skin-to-skin contact between the baby and its mother, immediately after birth, for at least one hour, promoting breastfeeding immediately after birth.

This is a very important practice for the promotion and encouragement of breastfeeding. Souza <sup>(8)</sup> in his study verified that the fulfillment of the fourth of the ten steps for the Success of Breastfeeding is essential for the initiation and maintenance of prolonged breastfeeding since skin-to-skin contact after birth between mother and child has an effect positive for breastfeeding between one and four months after birth, on the blood glucose level of newborns in the first hours of life and also on the cardiorespiratory stability of late preterm newborns.

This skin-to-skin contact between mother and baby after childbirth is seen as a safe and inexpensive procedure that provides short and long-term benefits for mothers and children, thus justifying its systematic implementation in Baby Friendly Hospitals (*Hospitais Amigos da Criança - HAC*), as highlighted by the authors Silva et al. <sup>(1)</sup> that sought to evaluate the factors associated with the practice of breastfeeding in the first hour postpartum, in the obstetric center and rooming-in at a University Hospital accredited with the title of Baby-Friendly Hospital (*Hospital Amigo da Criança*).

However, adherence to the fourth step of the Baby-Friendly Hospital Initiative continues to be a difficulty in Brazil, especially in the Northeast, where, even with the Baby-Friendly Hospital Initiative installed and consolidated in many hospital services, few babies have the chance of being breastfed in the first hour of life, as observed by Silva et al. <sup>(1)</sup> in their study, which also verified that nurses and pediatricians are the main responsible for implementing the fourth step of the Baby-Friendly Hospital Initiative in those babies who

had this opportunity, thus demonstrating the organization of attributions in the context of the routine of the hospitals, showing that health professionals are the protagonists of care and can promote skin-to-skin contact after childbirth in order to improve the rates achieved in this practice.

The association between adherence to skin-to-skin contact and type of delivery was the subject of the study by Campos et al. <sup>(4)</sup> who verified several factors that influence the beginning and duration of skin-to-skin contact after birth, with emphasis on the type of delivery, since the study showed that both skin-to-skin contact and the time of permanence of the baby with the mother soon after delivery, are reduced when a cesarean section is performed.

Campos et al. <sup>(5)</sup> also observed that breastfeeding during the first hour of life is predominantly determined by the maternity hospital in which the delivery takes place, and that individual factors, such as age, parity, and maternal education, do not play a significant role.

In addition to this factor presented by Campos et al. <sup>(5)</sup> that the hospital has an influence on breastfeeding, Belo et al. <sup>(12)</sup> point out that the hospital environment has a strong influence on breastfeeding, verifying that breastfeeding in the first hours of life can be impaired as a result of the structural conditions of a hospital.

### ***Promoção do aleitamento materno no ambiente hospitalar: o tipo de parto e os desfechos da amamentação***

The relationship between the type of delivery and the promotion of breastfeeding in the hospital environment has been the subject of studies, including four studies in this review <sup>(7, 9, 10, 16)</sup> pointed to a relationship between these variables.

Margotti and Margotti <sup>(16)</sup> in their study that aimed to determine the factors related to Exclusive Breastfeeding in babies born in a baby-friendly hospital in the city of Belém, observed that mothers submitted to cesarean sections, when compared to those who had vaginal deliveries, demonstrated a high risk of not breastfeeding early or even interrupting lactation in the first month of the baby's life.

Cesarean section, according to Fragoso et al., <sup>(9)</sup> is responsible for a high occurrence in late rates of breastfeeding initiation. In the literature, this factor is considered to be a risk factor for breastfeeding in the first hours of birth. The same is recognized as such by the World Health Organization itself when it recommends that in child-friendly hospitals, at least 80 % of mothers with normal delivery and 50 % of those undergoing cesarean delivery should be helped to place the baby in skin-to-skin contact to start lactation.

However, being born in a hospital accredited as a Baby-Friendly Hospital, a hospital that supports breastfeeding in several stages, from admission to the departure of the mother with her child from the maternity ward, continues to be considered a protective factor for increasing the duration of exclusive breastfeeding. <sup>(16)</sup>

Therefore, it was evidenced in this review that the stimulation of normal birth in hospitals is a factor directly related to the promotion of breastfeeding, favoring its initiation and duration of practice. It is understood that the mode of delivery can favor the practice of early skin-to-skin contact, greater independence of the postpartum woman in terms of postpartum movement, aspects that admittedly can benefit the establishment of breastfeeding.

***Promotion of breastfeeding in the hospital environment: nursing care***

Some studies included in this review pointed to the importance of nursing care in the hospital context as an essential aspect of promoting breastfeeding.

The nurse present in the delivery room was observed as a protective factor for early breastfeeding. The study by Ramos et al. <sup>(7)</sup> whose objective was to evaluate the factors associated with exclusive breastfeeding among public hospitals in Teresina-Piauí, found that nursing professionals are responsible for ensuring the completion of the fourth step of the Baby-Friendly Hospital Initiative, as these play an important role in the preparation of postpartum women, helping them to start breastfeeding and overcome the adversities that this practice brings.

This nursing intervention, in this first contact with breastfeeding, is very important because this professional acts as a facilitator, which promotes the demystification of beliefs, myths, and taboos surrounding the act of breastfeeding. These professionals are still responsible for humanized care, minimizing discomfort and making the newborn's feeding time a pleasant moment for the mother. In addition, specific assistance, and management of complications inherent to breastfeeding in the hospital environment, especially in hospitals accredited by the Baby-Friendly Hospital Initiative, takes place through the work of nurses. Studies <sup>(8, 9)</sup> associate the increase in the duration of breastfeeding with receiving guidance on breastfeeding.

Guiding actions to promote exclusive breastfeeding necessarily involves promoting quality information, as the lack of knowledge on the part of nursing mothers about the practice of breastfeeding has been identified as one of the main causes of abandoning breastfeeding. <sup>(9)</sup> The nurse who works in the hospital environment is a promoter of breastfeeding and can favor this practice through the promotion of knowledge.

Among the maternal problems related to breastfeeding in the hospital environment, early weaning was verified, motivated by the lack of maternal knowledge about breastfeeding. In the study by Beck et al. <sup>(10)</sup> the authors realized that the hospital environment and the language used by health professionals when guiding mothers about breastfeeding is a fundamental part for them to effectively absorb the information received. The nurse, as well as the entire health team, must be able to help the woman, through the use of a language appropriate to the mother's needs and degree of understanding, reinforcing the achievements achieved, so that the mothers feel support and confidence in what is being done. being passed on to them.

The study by Mascarenhas et al. <sup>(15)</sup> points out that although mothers receive information about the importance of breastfeeding, they are often still unaware of several important factors for the development of the child, which agrees with the results of the aforementioned research.

It was found that according to the study by Porto et al. <sup>(18)</sup> in view of the advantages of breastfeeding already mentioned in this study, the most remembered by the mothers interviewed (60 %) was that breast milk protects the baby against diseases, this fact may be related to popular knowledge, since mothers without guidance also knew of this advantage.

Thus, educational intervention is a potential factor for encouraging breastfeeding in the hospital. For this, nurses need not only to have knowledge and skills but to be sufficiently sensitized to incorporate them into their practice.

### ***Promotion of breastfeeding in the hospital environment: the prevention and management of pain and discomfort during breastfeeding in the hospital environment***

Escarce et al. <sup>(11)</sup> found that among the difficulties encountered during breastfeeding that end up harming breastfeeding are wounds and/or cracks, nipple trauma, the baby's difficulty in holding the breast, and pain/burning. Similarly, the study by Fragoso et al, <sup>(9)</sup> also found an important difficulty mentioned by the interviewees with regard to the incorrect grip of the newborn and pain.

Authors such as Escarce et al. <sup>(11)</sup> point out support and emotional support as a priority action of nurses in the first weeks, especially in helping this practice, due to the new experience lived by the woman and also due to the emergence of problems related to breastfeeding, which can cause the early weaning. Thus, the professional must implement measures capable of strengthening lactation in the first hours of life, correcting situations such as, for example, incorrect latching, prevention of breast engorgement and mastitis, and other more serious complications that may occur during breastfeeding.

### **Conclusion**

This integrative review showed that the promotion of breastfeeding in a hospital context takes place through a set of practices with a proven impact to favor breastfeeding. Skin-to-skin contact immediately after birth, type of delivery, nursing care, and pain management during breastfeeding were identified in the studies as aspects that should be promoted and strengthened, with a view to improving breastfeeding outcomes.

It is noteworthy that being born in a hospital accredited by the Baby-Friendly Hospital Initiative or a hospital that supports breastfeeding is considered a protective factor for increasing the duration of exclusive breastfeeding.

This review synthesized knowledge related to the promotion of breastfeeding in hospitals and can be used in the process of sensitizing professionals about the importance of these actions, as well as their commitment to carry them out in the daily life of health services.

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