Advice as an instrument for improvement in exclusive breastfeeding indices: an integrative review

RESUMO | Objetivo: identificar, na literatura científica, publicações sobre como o aconselhamento diretivo serve de instrumento para melhoria nos índices de aleitamento materno exclusivo. Método: trata-se de um estudo qualitativo, do tipo revisão integrativa, realizado nas bases de dados Scielo, PubMed, Lilacs, Cinahl e BVs, na série temporal de 2009 a 2019, nos idiomas português e inglês, com os descritores e operadores booleanos. Resultados: foram encontrados 757 artigos que após identificação dos critérios e análise, apenas 21 artigos foram selecionados. Evidenciou-se que não receber informações sobre amamentação no pré-natal interfere na manutenção do aleitamento materno. Nesse sentido, os estudos reforçam a necessidade de práticas de apoio que favoreçam a escolha e manutenção do aleitamento materno. Conclusão: a maioria dos estudos demonstrou impacto positivo na manutenção do aleitamento materno exclusivo quando utilizado o aconselhamento profissional para auxiliar possíveis intervenções no decorrer da amamentação.

Descritores: Aconselhamento diretivo; Saúde materno-infantil; Aleitamento materno.

ABSTRACT | Objective: to identify, in the scientific literature, publications on how directive counseling serves as an instrument to improve the rates of exclusive breastfeeding. Method: this is a qualitative study, integrative review type, carried out in the Scielo, PubMed, Lilacs, Cinahl, and BVs databases, in the time series from 2009 to 2019, in Portuguese and English, with Boolean descriptors and operators. Results: 757 articles were found, after identification of the criteria and analysis, only 21 articles were selected. It was evident that not receiving information about breastfeeding in the prenatal period interferes with the maintenance of breastfeeding. In this sense, the studies reinforce the need for supportive practices that favor the choice and maintenance of breastfeeding. Conclusion: most studies have shown a positive impact on maintaining exclusive breastfeeding when professional counseling is used to assist possible interventions during breastfeeding.

Descritores: Directive counseling; Maternal and child health; Breastfeeding.

RESUMEN | Objetivo: identificar, en la literatura científica, publicaciones sobre cómo la consejería directiva sirve como instrumento para mejorar las tasas de lactancia materna exclusiva. Método: se trata de un estudio cualitativo, tipo revisión integradora, realizado en las bases de datos Scielo, PubMed, Lilacs, Cinahl y BVs, en la serie temporal de 2009 a 2019, en portugués e inglés, con descriptores y operadores booleanos. Resultados: se encontraron 757 artículos, luego de identificar los criterios y análisis, solo se seleccionaron 21 artículos. Fue evidente que no recibir información sobre la lactancia materna en el periodo prenatal interfiera con el mantenimiento de la lactancia materna. En este sentido, los estudios refuerzan la necesidad de prácticas de apoyo que favorezcan la elección y el mantenimiento de la lactancia materna. Conclusión: la mayoría de los estudios han demostrado un impacto positivo en el mantenimiento de la lactancia materna exclusiva cuando se utiliza la asesoría profesional para ayudar a posibles intervenciones durante la lactancia.

Descritores: Consejería directiva; Salud materno e infantil; Amamantamiento.

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INTRODUCTION

Breastfeeding contributes to improving the health status of the child, the family, the environment and society in general. The World Health Organization (WHO) and the United Nations International Emergency Fund for Children (UNICEF) recommend exclusive breastfeeding for the first six months of a baby’s life and continued breastfeeding as a complement for two years or more. However, contrary to the recommendations and scientific evidence that reinforce the importance of breastfeeding, the rates related to exclusive breastfeeding (EBF) reveal low adherence, with early weaning being frequent. From a national perspective, studies show a reduction in the prevalence of EBF in the last three decades, with 41% being the average prevalence of lactation in the Brazilian population. [1-2]

It is known that the decision of a woman to breastfeed or feed artificially, as well as the continuity and duration of exclusive breastfeeding, when it exists, are related to several sociocultural, emotional, family factors, among others, which must be considered and evaluated by the Health professionals. In this sense, the monitoring of women during the pregnancy-puerperal cycle must be provided through individualized care that understands the process of breastfeeding and all the factors that contribute to early weaning, with directive counseling being an important tool in promoting breastfeeding. [3]

Thus, the care provided by health professionals to women involves, among many other aspects, a continuous teaching-learning process that aims to prepare them to experience lactation. Therefore, strategies are adopted to assess, for example, whether women are able to offer the breast properly, identify difficulties and possible complications, guide, clarify doubts and minimize anxieties that may arise, characterized as directive counseling that directly influences the encouragement of breastfeeding and its maintenance, by providing mechanisms for an effective, healthy and pleasurable experience. [4]

Given the above, the following questions emerged: What is the scientific evidence found in the literature on directive counseling as a tool to improve the rates of exclusive breastfeeding in the last 10 years?

In this sense, this study aims to identify how directive counseling serves as an instrument to improve the rates of exclusive breastfeeding. Therefore, this research is justified by the need to identify factors that demonstrate a positive impact on exclusive breastfeeding rates and, thus, contribute to the development of health strategies and actions to be applied in the teaching-learning process of lactation.

Finally, the scientific and social relevance of this research is based on the low adherence and continuity of EBF, both demonstrated by previous studies, requiring further investigations to better understand this phenomenon and its impact on modern society.

METHOD

This is a study with a qualitative approach, of the integrative literature review type, whose methodological trajectory is based on exploratory and selective reading of the research material. [5]

The methodological proposal was developed in five stages, namely: elaboration of the research question, construction of the objective, delimitation of the topic of interest for the review, establishment of search strategies, exclusion and inclusion criteria, carrying out the research in the databases, evaluation and analysis of data, and presentation of results. [6]

In the first stage, the research question is formulated through the problem, the descriptors and the search strategies
in the data sources, according to the PICO anagram: P - target population; I - Phenomenon of interest; C - Context. (7) Thus, it corresponds to: P – Maternal-Infant; I – Directive advice to improve exclusive breastfeeding rates; C – Health Services. Thus, the following question was identified: What is the scientific evidence found in the literature on directive counseling as a tool to improve the rates of exclusive breastfeeding in the last 10 years?

Intrinsically related to the previous phase, we proceeded to the second stage of the process, at which time the inclusion and exclusion criteria of the studies were established to delimit the searches in the databases. The search strategies were developed according to the specificities of each database and descriptors were chosen from the Health Sciences Descriptors (DeCS) and the Medical Subject Headings (MeSH) plus the Boolean operators “OR” and “AND”. For the selection of studies, the inclusion criteria were: original articles, thematic compatible with directive counseling as an instrument for improving breastfeeding rates, being indexed in the databases in Portuguese, English and Spanish and being available free of charge in full. In turn, the exclusion criteria were: theses, dissertations, book chapters, non-scientific texts, editorials, event proceedings and book reviews.

The search for the collections to be used was based on the following databases: Scientific Electronic Library Online (SciELO), PubMed, Latin American and Caribbean Literature (LILACS), Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Virtual Health Library (VHL), from May to July 2020.

In SciELO, the following descriptors were used: (aconselhamento e aleitamento materno) with 06 articles found and 04 selected; (aconselhamento e aleitamento materno) with 03 articles found and none selected. In PubMed, the following descriptor was used: (aconseillemente dietario suade e materno -infantil and aleitamento materno (breastfeeding)) with 01 article found and none selected; (directive counseling and maternal and child health or maternal-child health services) and breastfeeding with 535 articles found and 13 selected. In Lilacs, the following descriptors were used: (aconselhamento diretivo e aleitamento materno) with 01 article found and none selected; (directive counseling or maternal and child health and breastfeeding) with 24 articles found and 01 selected.

At Cinahl, the following descriptors were used: (directive counseling and maternal and child health) or maternal-child health services and breastfeeding with 02 articles found and none selected; (directive counseling and breastfeeding) with 164 articles found and none selected. In the VHL, the following descriptors were used: (aconselhamento diretivo suade e materno -infantil and aleitamento materno) with 07 articles found and none selected; (directive counseling and maternal and child health or maternal-child health services) and breastfeeding with 14 articles found and 03 selected.

09 publications were found on the subject of study in SciELO, 536 in PubMed, 25 in Lilacs, 166 in Cinahl and 21 in the VHL. Of the 757 publications identified, according to the combination of descriptors and additions of Booleans, 21 were considered for analysis.

The selection of the researches was made through the application of the flowchart Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), in the following sequence: number of records identified in the databases, excluded collections, selection after exclusion of titles repeated in the bases, number of articles excluded after complete reading of the text, number of eligible articles after complete reading of the texts, articles included in the integrative review. (8)

In the third stage, the definitions of the information to be extracted from the selected studies were carried out, with the formation of an easily accessible and manageable database. The fourth and fifth steps comprised data analysis, interpretation and presentation of results. (9)

Ethical aspects were respected when referring to the authors of the primary studies used in this work together with the year of publication of the work.

PRESENTATION OF RESULTS AND DISCUSSION

The studies included in this integrative review were organized using the PRISMA flowchart, as illustrated in Figure 1:

We identified 757 articles arranged in the databases, being 536 from PubMed, 09 from SciELO, 25 from Lilacs, 166 from Cinahl and 21 from the VHL. After using the selection criteria, 127 articles were found, 112 from PubMed, 04 from SciELO, 01 from Lilacs, 10 from the VHL. At this stage, no Cinahl article was selected. After reading the texts completely, aiming at an approach compatible with directive counseling as an instrument to improve the rates of exclusive breastfeeding, 21 articles were selected on the subject, being 04 from the SciELO database, 13 from Pubmed, 03 from the BVS and 01 from Lilacs.

In the distribution of scientific articles, which formed the body of the study, the title, journal and year of publication, authors and results are highlighted, which are displayed in Table 1 below.

It is understood that the EBF maintenance process involves biological, psychic/emotional and social particularities, being of paramount importance practices that encompass counseling and that respect the choices of breastfeeding women. (10)
Thus, there is a need for more dialogic spaces in primary care about EBF, centered on careful listening, individualized guidance and the use of different educational strategies that allow greater participation of health teams and, consequently, of nursing mothers. In addition, actions aimed at promoting EBF should involve the family, in particular, partnerships and grandmothers, who are central supporters in this process throughout the pregnancy-puerperal cycle. (11)

Regarding the growing stimulus by EBF, it is necessary to invest in the qualification of health professionals, re-discussing and remodeling their practices through careful observation with a view to the protagonism and empowerment of women during the breastfeeding process, considering their singularities. (12)

Aiming to develop the autonomy of lactating women in the face of the EBF process, it is urgent to overcome challenges such as: the insufficiency of knowledge of health professionals regarding the management during their training; the absence of awareness about the maintenance of breastfeeding from the preconceptional stage, the early use of infant formula and other types of food, causing weaning and economic, political and sociocultural barriers. (13-14-15)

Thus, it is noted that new actions and programs that encourage EBF and its implementation until the child is two years old are crucial for the improvement of practices, customs, habits, myths and beliefs of breastfeeding

| Table 1: Distribution of selected articles according to title, journal/year, authorship and results, Ilhéus - BA, Brazil, 2021 |
|-----------------|-----------------|-----------------|-----------------|
| TÍTULO | PERÍODICO/ANO | AUTORES | RESULTADOS |
| Factors associated with the absence of breastfeeding at hospital discharge in a public maternity hospital in Maceió, Alagoas, Brazil | Cien & Saúde Colet, 2018 | Tenório MCS, Mello CS, Oliveira ACM | A study reported that 23.3% of women who were not breastfeeding did not do so due to lack of knowledge. The lack of information is one of the main reasons that justify weaning, as pregnant women who were not well oriented plan to breastfeed their children for a short period of time. |
| Breastfeeding promotion strategies centered on Paulo Freire’s epistemological categories. | Rev Nutr, 2013 | Linhares FMP, Pontes CM, Osório MM | Strategies to promote and support breastfeeding must always be present in the Family Health Strategy, involving the actors of the social support network in all visits made during the pregnancy-puerperal cycle. |

Revista Nursing, 2021; 24 (281): 6000 6564
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<tr>
<th>Topic</th>
<th>Journal/Media</th>
<th>Authors</th>
<th>Summary</th>
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<tr>
<td>Training in breastfeeding and its impact of clinical practice</td>
<td>Rev Bras Enferm, 2011</td>
<td>Galvão DG (12)</td>
<td>Need for more hours of training for nursing professionals on counseling on breastfeeding to carry it out effectively where before discussing with the mother how she breastfeeds, they think of her as a person, in her difficulties and problems.</td>
</tr>
<tr>
<td>Breastfeeding: Population-Based Perspectives</td>
<td>Pediatr Clin North Am, 2013</td>
<td>Labbok MH. (13)</td>
<td>It points out the need for changes in the health system to stop creating barriers to breastfeeding. Health professionals have an essential role to play in support.</td>
</tr>
<tr>
<td>Breastfeeding Curricular Content of Family Nurse Practitioner Programs</td>
<td>J pediatr health care, 2016</td>
<td>Webber E., Serowocy M. (14)</td>
<td>Nursing professionals as the main supporters of breastfeeding, but there are no specific courses on breastfeeding counseling in professional training.</td>
</tr>
<tr>
<td>Impact of a strategy to prevent the introduction of non-breast milk and complementary foods during the first 6 months of life: a randomized clinical trial with adolescent mothers and grandmothers</td>
<td>Early hum dev, 2021</td>
<td>Oliveira LD, Giugliani ERI, Espirito Santo LC, Nunes LM.</td>
<td>Counseling sessions for adolescent mothers and maternal grandmothers in the infant’s first 4 months of life were and effective strategy to prevent the introduction of non-breast milk and complementary foods in the infant’s 6 months of life.</td>
</tr>
<tr>
<td>Engaging Inner-City Fathers in Breastfeeding Support</td>
<td>Breastfeed med, 2016</td>
<td>Furman L., Killpack S, Matthewsset L, Davis V, O’Riordan MA. (16)</td>
<td>Parents participation in a community counseling program: identified that after the sessions they were &quot;more likely&quot; to want their next child to breastfeeding, which increases support for breastfeeding women and promotes longer exclusive breastfeeding time.</td>
</tr>
<tr>
<td>Why invest, and what it will take to improve breastfeeding practices</td>
<td>Lancet, 2016</td>
<td>Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martins JC, Pimpulov ES, Richer LM, Victorio CG, et al. (17)</td>
<td>It is possible to substantially improve breastfeeding practices with the use of interventions such as breastfeeding counseling supporting women in their homes and communities through health services.</td>
</tr>
<tr>
<td>Eficácia de intervenções educativas realizadas por telefone para promoção do aleitamento materno: revisão sistemática da literatura</td>
<td>Rev Esc Enferm USP, 2018</td>
<td>Gira MOB, Doudou HD, Chaves AFL, Santos LM, Ximenes LB, Vasconcelos CTM. (18)</td>
<td>Positive impact on breastfeeding when educational interventions were carried out by telephone during the periphrase, which is a possibility that can be added to those already used in primary health care, as a way to facilitate access, guidance, and support to breastfeeding.</td>
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**References:**

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<th>Source</th>
<th>Title</th>
<th>Details</th>
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<tr>
<td>Am J nurs, 2017, CARDACI r. (20)</td>
<td>Beyond Maternity Nursing: The Baby-Friendly Hospital Initiative</td>
<td>Breastfeeding counseling and support groups are essential to encourage mothers to succeed in breastfeeding.</td>
</tr>
<tr>
<td>BMC health ever res, 2019</td>
<td>Do health care providers give sufficient</td>
<td>Insufficient health education, ineffective communication skills of health professionals and limited supply of materials to be used in counseling at public health units contribute to the failure of breastfeeding.</td>
</tr>
<tr>
<td>J hum lact, 2015, Sipsma HL, Jones KL, Cole-Lewis H (22)</td>
<td>Breastfeeding among Adolescent Mothers: A Systematic Review of Interventions from High-Income Countries</td>
<td>Interventions included school programs, home visits and telephone support that were implemented by a combination of nurses, doulas and lactation consultants. A combination of education and counseling provided by a team of lactation consultants significantly improved the initiation and duration.</td>
</tr>
<tr>
<td>BMC pediat, 2018, Patel A, Kuhle P, Puranik A, Safad Khan S, Borkar J, Dhande L. (23)</td>
<td>Effectiveness of weekly cell phone counselling calls and daily messages to improve breastfeeding indicators</td>
<td>Among the strategies to improve exclusive breastfeeding rates, counseling by health professionals has proven to be successful. Lactation counseling using telephones has proven to be a very useful tool to the sustained support of pregnant and lactating mothers.</td>
</tr>
<tr>
<td>Midwifery, 2015, McNeill G., Hall H., Gilmour C., Cant R. (24)</td>
<td>Support needs of breastfeeding women, views of Australian midwives and health nurses</td>
<td>It highlights the importance of support provided to health professionals to help women to continue breastfeeding after hospital discharge.</td>
</tr>
<tr>
<td>Matern &amp; Child Nutr.</td>
<td>Effectiveness of Baby-friendly community health services on exclusive breastfeeding and maternal satisfaction: a pragmatic trial</td>
<td>It demonstrates that community health services have increased rates of exclusive breastfeeding for up to 6 months. Considering the limited additional resources, the effectiveness of this intervention could be of public health importance.</td>
</tr>
<tr>
<td>JAMA, 2016</td>
<td>Primary Care Interventions to support breastfeeding updated evidence report and systematic review for the US preventive services task force</td>
<td>Updated evidence confirms that breastfeeding support interventions are associated with an increase in exclusive breastfeeding rates.</td>
</tr>
</tbody>
</table>
Associations between peer counseling and breastfeeding initiation and duration: an analysis of Minnesota participants in the special supplemental nutrition program for women, infants, and Children (WIC)

McCoy MB, Geppert J, Dech L, Richardson M. (27)

Counseling programs implemented in Minnesota are strongly associated with high rates of breastfeeding initiation from birth to 12 months postpartum.

Promotion of exclusive breastfeeding at scale within routine health services: impact of breastfeeding counselling community health workers in Recife, Brazil


Breastfeeding counseling has been identified as the intervention with the greatest potential to reduce child deaths, but there is little experience in proving breastfeeding counseling at scale in routine health systems.

Breastfeeding booklet and proactive phone calls for increasing exclusive breastfeeding rates: RCT protocol

Zakarja-Groovic I, Ruharic D, Malicki M, Hoddinott P. (29)

It determined that written information about breastfeeding during pregnancy and supportive phone calls focusing on proactive breastfeeding, provided by a health professional trained in breastfeeding at 3 months compared to general information related to childbirth with proactive support.

Feasibility and acceptability of a motivational interviewing breastfeeding peer support intervention


The mothers who were followed up reported the importance of the supporters’ guidance for the maintenance of breastfeeding.

Source: Prepared by the authors, 2021

women, parents or partners and other members of the support network. (15-16-17)

Therefore, the use of information and communication technologies in health are important tools for the promotion of breastfeeding, as they allow directive counseling to be carried out in the short, medium or long term by breastfeeding consultants. (18)

Thus, directive counseling needs to be personalized and based on the
vulnerable conditions of mothers and their babies, allowing the binomial to remain healthy in the face of the breastfeeding process and thus reduce the chances of early and unnecessary introduction of other foods. (19)

In this sense, it is noteworthy that the role of nursing is highlighted for promoting EBF, through continued counseling actions with the formation of in-person and remote support groups for breastfeeding women that allow for an improvement in the beginning, duration, and exclusivity of breastfeeding, often overlapping the scarcity of material resources and communication difficulties in their daily care. (20-21)

Interventions that gradually emerge in terms of counseling and allow for increased exclusivity in breastfeeding are noteworthy, such as the use of daily phone calls or text messages to support mothers, especially in the first 6 months. (22-23)

Therefore, the directive counseling in EBF, a transversal tactic, allows successful results for the binomial involving pleasure, satisfaction and overcoming the breast difficulties that may arise along the way. (24-25-26). It is known that the risk of interruption of breastfeeding in women who received counseling is lower, especially when performed before birth until the child’s first year of life. (27)

In this line of thought, the directive counseling provided by health professionals should be a priority because it allows for an increase in EBF rates. It is worth pointing out the multiprofessional importance in counseling, especially that performed by the Community Health Agent, an essential link between care units and territory. (28)

Finally, there is a need for directive counseling to improve indicators related to EBF and to understand that this phenomenon is correlated with the cognitive, physical, emotional and nutritional development of children, extending the benefits to breastfeeding women and their families. (29-30-31)

CONCLUSION

It is evident that directive counseling is very important to overcome the lack of knowledge and difficulties that women face in the experience of breastfeeding and it remains linked to the absence of updated information on breastfeeding for breastfeeding women, partnerships and other members of the support network, such as grandparents, something that can be overcome through the strategies carried out within the scope of the Family Health Strategy (ESF - Estratégia de Saúde da Família) such as home visits, routine consultations, programs to encourage breastfeeding and use of information and communication technologies (ICTs). It is recommended that health professionals can be trained in a logic focused on directive counseling and that continuing education on the subject can be instituted in health services, with the development of teaching materials that help caregivers during care and autonomy of women in breastfeeding their children with a view to the full health of both.

References


10. Tenório MCS, Mello CS, Oliveira LCM. Fatores associados à ausência de aleitamento materno na alta hospitalar em uma maternidade pública de Ma.
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