THE ROLE OF NURSING IN SUPPORTING EXCLUSIVE BREASTFEEDING

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Abstract

The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of a child's life due to its numerous health benefits. In Brazil, 2019 data show that 62.4% of children under the age of two were breastfed within the first hour of life—an encouraging sign of progress, yet one that also underscores ongoing challenges. Various factors continue to contribute to early weaning, making it difficult to sustain exclusive breastfeeding. In this context, the present study aims to conduct an integrative literature review, based on a search carried out between August 2024 and April 2025, to better understand the main barriers faced by nursing professionals in promoting breastfeeding. The guiding question was developed using the PICO strategy: "What challenges are identified by the nursing team that contribute to early weaning?" The search was conducted in the Virtual Health Library (VHL), resulting in the selection of ten relevant scientific articles after applying appropriate filters. Among the most frequently reported barriers in the literature are: type of delivery, lack of adequate information about breastfeeding, poor latch technique, nipple fissures, nipple confusion, maternal insecurity, and breast engorgement. In addition, there is a notable gap in health education efforts—both in relation to proper breastfeeding practices and to informing families about their rights in newborn care. Empowering the population, especially mothers, through educational initiatives is therefore essential to improving exclusive breastfeeding rates and promoting long-term health outcomes.

Keywords: Breastfeeding, Nursing, Lactation

IMPORTÂNCIA DA ENFERMAGEM NO ALEITAMENTO MATERNO EXCLUSIVO

Resumo

A Organização Mundial da Saúde (OMS) recomenda que o aleitamento materno exclusivo seja mantido até os seis primeiros meses de vida da criança, por seus amplos benefícios à saúde. No Brasil, dados de 2019 revelam que a prevalência da amamentação na primeira hora de vida entre crianças menores de dois anos foi de 62,4%, refletindo avanços, mas também destacando desafios persistentes. Diversos fatores ainda contribuem para o desmame precoce, dificultando a manutenção da amamentação exclusiva. Diante desse cenário, o presente estudo propõe-se a realizar uma revisão integrativa da literatura, com levantamento realizado entre agosto de 2024 e abril de 2025, a fim de compreender os

principais obstáculos enfrentados pela equipe de enfermagem no incentivo ao aleitamento materno. A construção da pergunta norteadora utilizou a estratégia PICO, sendo ela: “Quais são os enfrentamentos identificados pela equipe de enfermagem que contribuem para o desmame precoce?”. A busca foi realizada na Biblioteca Virtual em Saúde (BVS), resultando, após aplicação de filtros, na seleção de dez artigos científicos relevantes. Entre os desafios mais frequentemente relatados na literatura, destacam-se: tipo de parto, falta de informações adequadas sobre amamentação, dificuldades relacionadas à pega correta, fissuras mamilares, confusão de bicos, insegurança materna e ingurgitamento mamário. Além desses, observa-se uma lacuna significativa em ações de educação em saúde, tanto no que se refere às práticas adequadas de amamentação quanto aos direitos da família no cuidado ao recém-nascido. Torna-se, portanto, essencial promover o empoderamento da população, especialmente das mães, por meio de ações educativas, para que se ampliem os índices de sucesso do aleitamento materno exclusivo.

Descritores: Aleitamento Materno, Enfermagem, Lactação.

INTRODUCTION

The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of an infant’s life. After this period, the gradual introduction of healthy, appropriate, and safe complementary foods is advised, while continuing breastfeeding up to two years of age or beyond, depending on the mother’s and child’s availability and desire.

Extensive scientific evidence has established the numerous benefits associated with breastfeeding for both infant and maternal health. These benefits include the strengthening of the emotional bond between mother and child, the stimulation of proper development of oral functions (breathing, sucking, swallowing, and chewing), as well as the provision of essential nutrients, immunological protection, and reduced risk of gastrointestinal and respiratory infections. Recent studies also highlight its role in preventing non-communicable chronic diseases such as overweight, obesity, and type 2 diabetes in adulthood (Rocci & Fernandes, 2014; Ministério da Saúde, 2017; Victora et al., 2015).

According to WHO data, breastfeeding can reduce the risk of overweight and obesity by up to 13% and the risk of type 2 diabetes by 35% throughout life (WHO, 2022). In this context, the Pan American Health Organization (PAHO) set a global nutrition target to achieve at least 50% prevalence of exclusive breastfeeding in the first six months of life, using the year 2012 as a baseline. However, the most recent statistics show that in the Americas, this rate stands at only 32.3% (PAHO, 2022), underscoring the need to intensify breastfeeding promotion efforts.

In Brazil, according to the National Survey on Infant Food and Nutrition (ENANI), progress has been observed over recent decades. The rate of exclusive breastfeeding among infants under six months increased from very low levels to 45.8%, although still below the established target. Regarding breastfeeding within the first hour of life, a prevalence of 62.4% among children under two years of age was recorded in 2019. Exclusive breastfeeding among infants younger than four months was 59.7%, with higher rates in the Central-West and Southeast regions, and lower rates in the North and Northeast—areas where greater socioeconomic and structural vulnerabilities affecting breastfeeding support are identified (ENANI, 2021).

It is also important to note that breastfeeding is a natural, renewable, environmentally sustainable, and economically accessible resource, as it is produced and delivered directly to the infant without environmental impact or financial costs to families. In addition to ensuring nutrition and immunological protection for the child, it also promotes the strengthening of the mother-child bond. Nevertheless, cultural resistance and misinformation continue to hinder the full practice of breastfeeding (Ministério da Saúde, 2017).

In Brazil, the median duration of exclusive breastfeeding is approximately three months, while the average total breastfeeding duration is around 16 months. In contrast, the use of baby bottles or feeding cups among children under six months remains high, reaching 52.1% nationwide, with higher prevalence in the South and Northeast regions (ENANI, 2019).

The institutionalization of the National Policy for Comprehensive Child Health Care (PNAISC), through Ordinance No. 1.130 of August 5, 2015, represented a significant milestone in the development of strategies aimed at promoting child health and breastfeeding. Breastfeeding was established as one of the central pillars of the policy, acknowledging its critical role in child development. However, despite advancements in public policies and programs promoting breastfeeding, challenges remain that hinder their effectiveness, particularly in more vulnerable contexts.

Social, cultural, and economic factors, along with the current societal model, have directly influenced the decline in breastfeeding rates. Furthermore, the lack of clear, accessible, and evidence-based information provided by qualified professionals can generate insecurity among mothers, negatively impacting the breastfeeding process (Lemos Euzébio et al., 2017; Rocci & Fernandes, 2014).

Given this scenario, the present study aims to identify the main challenges faced by nursing professionals in promoting and maintaining exclusive breastfeeding, considering the factors that contribute to early weaning and the possible strategies to strengthen this practice in the healthcare setting.

METHOD

This study is a literature review conducted between August and April 2025. The review aims to structure the main concepts related to the topic by critically analyzing the available evidence that demonstrates the benefits and significance of breastfeeding compared to other forms of infant feeding during early childhood. It also emphasizes the importance of nursing practice grounded in scientific evidence, enabling nurses to identify and analyze existing gaps in education and care, particularly regarding the needs of the population in relation to breastfeeding.

To formulate the guiding research question, the PICO strategy was applied, where P (Population or Problem) – Newborns up to 6 months of age; I (Intervention) – Exclusive breastfeeding; C (Comparison) – Not applicable; and O (Outcomes) – Challenges of exclusive breastfeeding during the first six months of life.

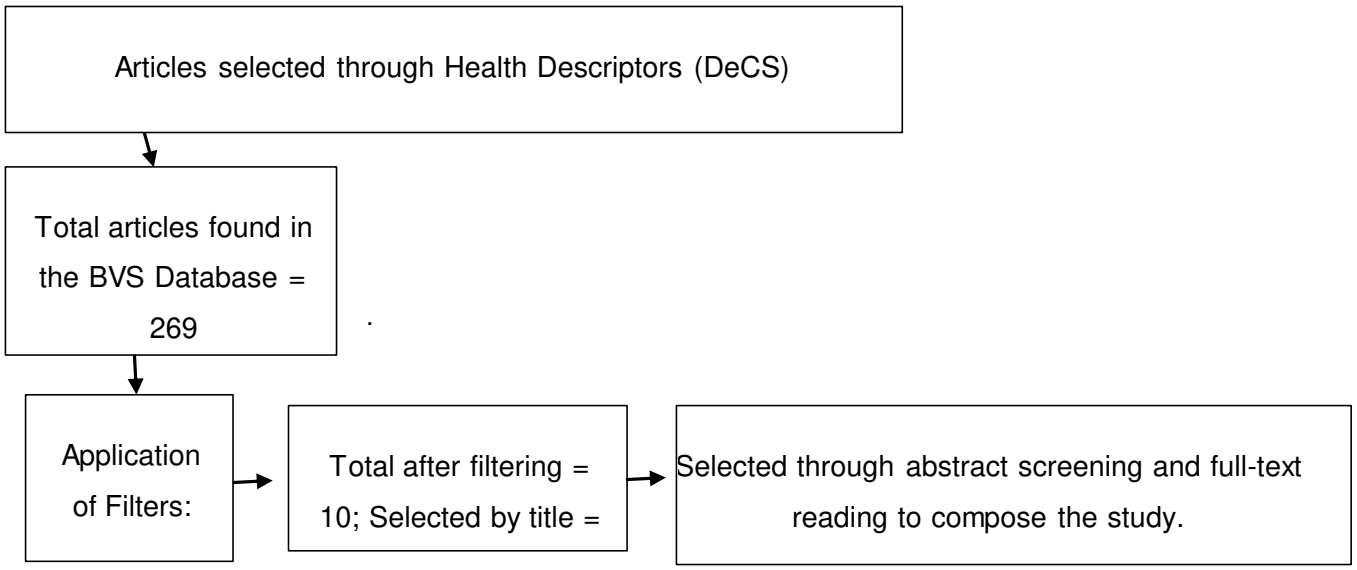
Based on the PICO strategy, this study was guided by the following research question: “What challenges are identified by the nursing team that contribute to early weaning?” From this definition, a search for scientific publications was carried out using the Virtual Health Library (VHL).

For the structured search, the following Health Sciences Descriptors (DeCS) were used: Breastfeeding, Nursing, and Lactation, combined using the Boolean operator AND. Initially, 269 articles were identified. The following inclusion criteria were then applied: full-text availability, databases (LILACS, BDENF, and MEDLINE), Portuguese language, and publications from the past five years. After screening, 10 articles met the inclusion criteria and were selected to compose this review.

Studies that were not directly related to the topic, were duplicates, or required payment for access were excluded. The final analysis included ten articles that underwent a detailed evaluation of their methodological relevance and alignment with the research objectives.

The results of this integrative literature review will be presented in a summary table, including: study number, database, year of publication, type of study, methodology used, location of the research, and area of professional practice involved.

Figure 1: Adapted flowchart of study selection process: identification, abstract screening, and inclusion of scientific articles**.**



Source: Prepared by the authors, 2025

RESULTS

In this study, an analysis was conducted focusing on key aspects related to breastfeeding, emphasizing the challenges involved and the essential role of nursing in the care and guidance regarding exclusive breastfeeding (EBF) for infants up to six months of age. The table below presents the selected studies along with their main characteristics and findings.

Study	Database	Year	Type of Study	Methodology	Study Location	Field of Practice
E1	BDENF	2023	Original	Literature review	TO, MG – Brazil	Nursing
E2	LILACS, BDENF	2022	Original	Case-control study	Turkey	Nursing
E3	LILACS, BDENF	2022	Original	Experience report	Campinas, São Paulo – Brazil	Nursing
E4	LILACS, BDENF	2021	Original	Cross-sectional study	Rio de Janeiro – Brazil	Health professionals
E5	LILACS, BDENF	2021	Original	Systematic review	Minas Gerais – Brazil	Nursing
E6	LILACS, BDENF	2021	Original	Qualitative, descriptive, and exploratory research	Pelotas, Rio Grande do Sul – Brazil	Nursing
E7	LILACS, BDENF	2021	Original	Quasi-experimental study	Goiânia, Goiás – Brazil	Nursing
E8	BDENF, LILACS	2020	Original	Descriptive and cross-sectional study	Campinas, São Paulo – Brazil	Nursing
E9	LILACS, BDENF	2020	Original	Documentary and retrospective study with a quantitative approach	Northeast Region – Brazil	Nursing
E10	BDENF, LILACS	2020	Original	Exploratory and descriptive study with a qualitative approach	João Pessoa, Paraíba – Brazil	Nursing

Source: Prepared by the authors, 2025.

Study E1 discusses the importance of the systematization of nursing care in the education, counseling, and care process directed at the mother-infant dyad. Thirteen nursing interventions related to breastfeeding counseling were identified, as described in the Nursing Interventions Classification (NIC). The study reinforces the need for trained nurses to provide support to the family and to those in the mother's support network, in order to create a welcoming and suitable environment, with individuals who assist, support, and understand the importance of maternal and infant care. Such support contributes to overcoming breastfeeding challenges, helping to reduce early weaning (Pereira et al., 2023). Among the 41 articles analyzed, 13 proposed changes to the activity title in order to bring scientific accuracy closer to actual practice.

Study E2 employed a case-control methodology to evaluate the effects of nursing counseling and interventions based on breastfeeding self-efficacy among a group of postpartum women (n = 34) during the first week after birth, compared to a control group without intervention (n = 33). The LATCH scoring tool, widely used to assess breastfeeding success, was applied. Sociodemographic characteristics, educational status, and pregnancy planning were similar between the two groups; however, differences were noted in planned breastfeeding duration and immediate skin-to-skin contact. The intervention group scored an

average of 8.38 on the LATCH scale, compared to 7.30 in the control group. Regarding breastfeeding self-efficacy, the intervention group achieved a mean of 39.21 versus 28.64 in the control group, reinforcing the positive impact of professional counseling and education focused on the mother's confidence in her ability to breastfeed. This is key to breaking myths surrounding insufficient milk and promoting exclusive breastfeeding during the first week of life.

Study E3 presented a different perspective on exclusive breastfeeding, focusing on breastfeeding induced lactation (IL). This is especially relevant for adoptive mothers, surrogacy arrangements, and same-sex couples who wish to breastfeed. Nulligravida women require more than just stimulation protocols—they need specific care and guidance. The study highlights the necessity of preparing health professionals with scientific knowledge and practical skills to provide support, promote, and protect exclusive breastfeeding in all its forms. It also reveals that professionals' personal beliefs still influence the quality of care, with some allowing non-traditional family structures to affect their commitment to providing emotional and nutritional benefits to the newborn.

Studies E4 and E8 emphasize the significance of breastfeeding in the context of prematurity. Breastfeeding reduces morbidity and mortality, supports intestinal maturation, and enhances cognitive and visual development. Yet, low rates of breastfeeding among preterm infants persist. Similar to findings in studies E1 and E2, factors such as low maternal education, lack of prenatal and hospitalization-related guidance, and insufficient information about breastfeeding are key challenges (Pontes et al., 2021). One study reported a lack of knowledge among parents regarding their legal rights: maternity/paternity leave, breastfeeding breaks, birth accompaniment, child daycare access, and the right of hospitalized preterm infants to be breastfed. Of the 31 mothers with infants in neonatal intensive care units (NICUs), 77.42% received some information from professionals, while 22.58% received none; 35% had not been informed about the right to breastfeed their hospitalized newborns. When asked which professionals provided guidance, 54.17% of respondents mentioned nurses.

Study E5, a systematic review, aimed to identify the significance of breastfeeding and the factors that hinder exclusive breastfeeding (EBF). Among the main barriers identified were: bottle feeding, formula supplementation, and pacifier use (85%), as well as socioeconomic status, maternal emotional state, and type of delivery. The study shows that low-income mothers, although potentially more likely to benefit from breastfeeding due to the high cost of

formula, are often unaware of the health benefits of EBF. At the same time, higher-income mothers, while having greater access to health education, often opt for pacifiers and formula out of convenience. A study by Boff et al. (2015) revealed that 15% of mothers believed in the existence of "weak milk," which was a decisive factor in discontinuing breastfeeding. The authors stress the need for education and counseling for mothers and families. Nursing professionals must lead this process, ensuring that adequate knowledge is established before childbirth, so mothers feel secure in their ability to nourish and bond with their newborns (De Oliveira Rios Pereira et al., 2021).

Study E6, aligned with WHO and UNICEF's advocacy for breastfeeding, addressed the Baby-Friendly Hospital Initiative (BFHI), a program that certifies healthcare institutions committed to promoting exclusive breastfeeding and preventing early weaning. The study aimed to understand nurses' perceptions of their roles. It revealed a lack of multidisciplinary engagement, with nurses often solely responsible for breastfeeding support, despite the fact that the mother-infant dyad should also be supported by other professionals. Furthermore, the nursing team was not involved in planning or implementing related activities, although most nurses self-reported being actively engaged in the breastfeeding process.

A clinical intervention study conducted with 90 pregnant women evaluated the impact of health education on breastfeeding knowledge and practice. The intervention group received clinical demonstrations, education on anatomy and physiology of lactation, correct latch and positioning, and signs of breast engorgement. The control group received only standard prenatal and maternity care. In both groups, cesarean delivery was the most common (62.2% vs. 55.6%). Breastfeeding was not initiated in the delivery room for 56% and 68.9% of the women, respectively. Among the intervention group, 68.1% achieved correct positioning, and 89% achieved proper latch, compared to 48.9% and 4.4% in the control group (Oliveira et al., 2021). These findings underscore the importance of prenatal breastfeeding interventions for favorable outcomes.

Study E8 offered a unique look into nursing interventions in neonatal units as categorized by NIC, including emotional support, breastfeeding counseling, and bonding promotion. It was observed that 59.1% of deliveries were via cesarean section, and 56.3% of mothers had practiced mixed feeding with previous children, indicating a risk for unsuccessful breastfeeding. Among newborns, 75.4% were diagnosed with "Ineffective Breastfeeding," while only 24.6% were considered "Ready for Enhanced Breastfeeding." Hospitalization

emerged as a significant factor in breastfeeding failure. The study also noted the lack of psychological support interventions for mothers, revealing the nursing team's difficulty in applying a psychobiological approach to care, which could contribute to improved outcomes (Emídio, Oliveira & Carmona, 2020).

Study E9 explored the reasons postpartum women sought human milk banks. It found that 71.58% of respondents had cesarean deliveries, with 67.81% giving birth in private hospitals. Alarmingly, 40.41% received no breastfeeding guidance, and 31.16% only received information during labor. The most commonly reported difficulties were improper latch (57.19%), nipple fissures (32.88%), nipple confusion (23.63%), maternal insecurity (22.26%), and breast engorgement (20.89%). Additionally, 36.92% of mothers sought assistance within the first week postpartum (Ferreira et al., 2020).

Study E10 focused on the nurse's role in educating and counseling pregnant women during prenatal care and in home visits after childbirth. It highlighted the nurse as a key figure in promoting and demystifying breastfeeding, addressing questions, and fostering mother-infant bonding. The study emphasizes that primary care nurses are in a privileged position to understand their community's needs, as they build close relationships with pregnant women during prenatal follow-up (Silva et al., 2020).

Study	Main Difficulties Found
E1	Incorrect positioning and latch-on technique.
E2	Self-efficacy related to breastfeeding education.
E3	Lack of team preparedness and best practices in IL (induced lactation) care.
E4	Lack of guidance on breastfeeding and protective rights for preterm newborns; maternal insecurity.
E5	Use of bottles/nipples; maternal emotional state; type of delivery; postpartum depression and traumatic birth.
E6	Lack of involvement from the multidisciplinary team; mothers' cultural beliefs; lack of prenatal guidance; need to enhance maternal self-esteem.
E7	Incorrect positioning; inadequate suction; use of artificial nipples; failure to use the little finger to detach the baby from the breast; cesarean delivery.
E8	Lack of emotional support; ineffective breastfeeding; lack of privacy in the NICU; lack of support from unit professionals.
E9	Type of delivery; lack of information on breastfeeding; poor latch; nipple fissures; nipple confusion; maternal insecurity; breast engorgement.

E10	Previous negative experiences; vulnerability of the puerperal woman; influence of environment and family dynamics; insufficient support to the mother-infant dyad.

Source: Prepared by the authors, 2025

DISCUSSION

Nurses must apply nursing taxonomies to provide more effective care to the mother-infant dyad, thereby ensuring higher quality in patient education and counseling. Knowledge of the benefits of exclusive breastfeeding alone is not sufficient to ensure effective breastfeeding, as each mother and infant has unique characteristics and needs that must be respected and addressed individually.

Although breastfeeding is a natural and physiological process, achieving successful outcomes often involves challenges that require adequate support. Studies E1 and E3 emphasize the importance of the nursing team's role in supporting, educating, and strengthening the breastfeeding process. Among all health professionals, nurses tend to have the most frequent and meaningful contact with the mother and newborn, which positions them as essential facilitators in this journey.

This bond between the mother and healthcare professionals should ideally begin during prenatal care, fostering patient engagement and satisfaction. Through this ongoing relationship, mothers can gradually learn the necessary concepts and skills to care for themselves and their newborns. When this contact is not established during the prenatal period, the short duration of the maternity stay often becomes a barrier to achieving optimal outcomes, limiting the effectiveness of in-hospital education.

In the context of induced lactation (IL), the greatest challenge lies in the lack of preparedness among healthcare teams. In many instances, due to lack of training, teams fail to promote skin-to-skin contact or breastfeeding within the first hour of life, and do not provide the necessary support for exclusive breastfeeding. This often occurs in cases involving surrogacy, even when the mother has received specialized medical and psychological support throughout the process (Ferreira et al., 2023). After hospital discharge, family discouragement is also common, which further contributes to early weaning. Healthcare professionals must be adequately trained and updated to provide care in all circumstances, and must be prepared to address the diverse needs of mothers and infants in a respectful and competent manner.

Stressful events during labor and delivery can also influence the initiation of exclusive breastfeeding. The mother's psychological well-being plays a significant role, with both positive and negative effects on her ability to nourish her baby. A psychological approach that is compassionate, humanized, and free from judgment—both before and after delivery—can help foster maternal autonomy and confidence in the breastfeeding process.

Nurses have also reported difficulty in addressing culturally ingrained misconceptions within the community. Prevalent beliefs regarding "weak milk," the use of pacifiers, bottles, and artificial nipples can hinder breastfeeding success if not addressed during prenatal care. Once the mother reaches the delivery setting, there is often insufficient time to deconstruct these beliefs. This gap results in a lack of empowerment around techniques such as breastfeeding within the first hour of life and skin-to-skin contact, which could otherwise improve outcomes (Cuid Saude et al., 2021).

Although Brazil has made considerable progress in establishing legislation to protect and promote breastfeeding, there remains a significant gap in public understanding. The lack of health education about effective breastfeeding and family rights limits the population's ability to make informed decisions and undermines empowerment efforts. Strengthening educational outreach is essential for achieving improved outcomes at both individual and public health levels.

CONCLUSION

The findings of this integrative review reinforce the critical role of nurses as strategic professionals in the promotion, support, and protection of exclusive breastfeeding (EBF), particularly during the first months of the newborn's life. As the healthcare professionals most consistently present with families in direct care settings, nurses hold a central position in providing guidance to mothers, offering active listening, and delivering health education. Through these actions, they foster bonding, build trust, and provide emotional support throughout the breastfeeding process.

However, the studies analyzed revealed significant challenges faced by nursing professionals. Among the primary difficulties are: the lack of ongoing training, insufficient institutional support, persistent cultural barriers, fear and insecurity in delivering clinical guidance, and the absence of structured educational spaces to support lactating women.

These factors undermine the quality of interventions and contribute to early weaning, particularly in contexts where maternal support is limited to the hospital stay.

Despite advancements in public policies focused on breastfeeding—such as the Amamenta e Alimenta Brasil Strategy—effective and sustained continuing education initiatives for nursing teams remain limited. Often, the care provided is fragmented and poorly integrated with other levels of healthcare, making longitudinal follow-up of the mother-infant dyad difficult. In addition, deeply rooted cultural myths, taboos, and misinformation persist, interfering with breastfeeding practices and requiring the nursing team to possess both technical expertise and social sensitivity to address them effectively.

As a limitation of this study, it is important to note that a deeper understanding of the lived experiences of nursing professionals across diverse healthcare settings was not achieved. The absence of observational data restricts direct analysis of actual practices, routines, and institutional barriers encountered in day-to-day clinical care.

For future research, it is recommended that qualitative field studies be conducted to explore nurses' perceptions and experiences in both primary and hospital care settings in relation to the challenges of exclusive breastfeeding. Investigations into the effectiveness of in-service training, interdisciplinary team engagement, and the role of community support networks are also essential. Such studies may help inform more targeted, integrated, and socially responsive strategies, contributing to the reduction of early weaning and the strengthening of family-centered care.

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