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Mechanisms to promote, protection and support to breastfeeding in Brazil

Mecanismos para la promoción, protección y apoyo a la lactancia materna en Brazil

Mecanismos de promoção, proteção e apoio ao aleitamento materno no Brasil

ABSTRACT

Objective: To analyze the political, legal and social frameworks that contributed to the institution of breastfeeding (BF) in Brazil. **Methods:** It is an integrative review, carried out in LILACS, Google Scholar, MEDLINE and SciELO, using the descriptors: Breastfeeding, Primary Health Care and Public Policies, with the Boolean operator AND. The search resulted in 15 studies, published between 1999 and 2020. **Results:** It was possible to verify that, driven by international initiatives, Brazil has been implementing public policies that encourage BF nationwide, such as the National Breastfeeding Program and Human Milk Banks. Such actions had a positive impact on the population's health indicators, however, they need legal support to ensure applicability, because they involve different sectors of society. **Conclusion:** The measures historically implemented have allowed for the expansive of the practice of BF.

ESCRITORES: Breastfeeding; Primary Health Care; Public Policies.

RESUMEN

Objetivo: Analizar los marcos políticos, legales y sociales que contribuyeron a la institución de la lactancia materna (LM) en Brasil. **Método:** Es una revisión integradora de la literatura, utilizando las bases de datos LILACS, Google Scholar, Medline y SciELO, con los descriptores: Lactancia Materna, Atención Primaria de Salud y Políticas Públicas, con el operador booleano AND. La búsqueda resultó en 15 estudios, publicados entre 1999 y 2020. **Resultados:** Se pudo constatar que, impulsado por iniciativas internacionales, Brasil viene implementando políticas públicas que incentivan LM a nivel nacional, como el Programa Nacional de Lactancia Materna y los Bancos de Leche Materna. Tales acciones tuvieron un impacto positivo en los indicadores de salud de la población, sin embargo, necesitan apoyo legal para garantizar la aplicabilidad, porque involucran a diferentes sectores de la sociedad. **Conclusión:** Las medidas implementadas históricamente permitieron la expansión de la práctica de LM.

DESCRIPTORES: Lactancia Materna; Atención Primaria de Salud; Políticas Públicas.

RESUMO

Objetivo: Analisar os marcos políticos, jurídico-legais e sociais que contribuíram para a instituição da prática do aleitamento materno (AM) no Brasil. **Métodos:** Trata-se de revisão integrativa de literatura, realizada nas bases de dados LILACS, Google Scholar, Medline e SciELO, utilizando-se os descritores: Aleitamento Materno, Atenção Primária em Saúde e Políticas Públicas, integrados com o operador booleano AND. A busca resultou em 15 estudos, publicados entre 1999 e 2020. **Resultados:** Foi possível verificar que, impulsionado por iniciativas internacionais, o Brasil vem implantando políticas públicas de incentivo ao AM em âmbito nacional, a exemplo do Programa Nacional de Aleitamento Materno e dos Bancos de Leite Humano. Tais ações impactaram positivamente nos indicadores de saúde da população, contudo necessitam de suporte jurídico legal para assegurar a aplicabilidade, pois envolvem diversos setores da sociedade. **Conclusão:** As medidas implementadas historicamente permitiram a expansão da prática do AM e indicam interesse governamental de apoio ao tema.

DESCRIPTORIOS: Aleitamento Materno; Atenção Primária em Saúde; Políticas Públicas.

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INTRODUCTION

The first years of a child's life are marked by rapid growth and development. For such phenomena to occur properly, the role of adequate food is essential. The quality and quantity of the food consumed at this stage has repercussions throughout life, being associated with the health profile.¹

The World Health Organization (WHO) recommends that the only food offered in the first 6 months of life is breast milk (BM), directly from the breast or extracted, with the possibility of using some medication supplement. After this period, complementary feeding (CF) should be started, giving preference to healthy foods and the offer of balanced meals in macro and micronutrients.²

Compliance with these recommendations directly impacts the improvement of health indicators, such as reducing the infant mortality rate, preventing up to 13% of deaths from preventable diseases in children under 5 years of age worldwide, in addition to saving 1,47 million lives per year in developing countries.³ Among lactating women, it is estimated that breastfeeding can prevent 98.243 deaths from breast and ovarian cancer, as well as from type II diabetes, per year. These figures translate to a global cost of \$ 1,1 billion for health care.⁴

Over time, numerous efforts by political and social movements in favor of breastfeeding have resulted in the expansion of breastfeeding practice in children aged 0 to 06 months, as well as an increase in the median

duration of breastfeeding, demonstrating that mothers, when properly oriented, tend to breastfeed more safely and for longer.^{5,6}

Over time, numerous efforts by political and social movements in favor of breastfeeding have resulted in the expansion of breastfeeding practice in children aged 0 to 06 months, as well as an increase in the median duration of breastfeeding, demonstrating that mothers, when properly oriented, tend to breastfeed more safely and for longer⁷, because interventions aimed at practice, especially in their exclusive form, are extremely complex, requiring the involvement of several areas such as education, social development, rights, among others, since interventions aimed at practice, especially in their exclusive form, are extremely complex, requiring the involvement of areas such as education, social development, rights, among others.³

From this perspective, the following question arose: what are the mechanisms of promotion, protection and support for BF used in Brazil? Thus, this work sought to analyze the political, legal, legal and social frameworks that contributed to the institution and strengthening of the practice of BF in Brazil.

METHOD

To achieve the proposed objective, a descriptive study, bibliographic research of the type integrative literature review, was carried out according to the steps: 1) identification of the theme and guiding question; 2) definition of inclusion and exclusion

criteria for studies/sampling and literature search; 3) definition of the information to be extracted from the selected studies/categorization of the studies; 4) evaluation of the studies included in the integrative review; 5) interpretation of results and (6) presentation of the knowledge synthesis.⁸

The survey of articles was carried out in the electronic databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), Google Scholar and Scientific Electronic Library Online (SciELO). Health search terms (DECS) were used as search terms: Breastfeeding, Primary Health Care and Public Policies, together with the Boolean operator AND.

The following inclusion criteria were used: title and/or summary that indicated addressing the theme of BF, especially regarding the political, legal, legal and social frameworks, published in English, Portuguese and Spanish, from 1999 to 2020. They excluded duplicate ones or those that did not correspond to the proposed objective.

The selection step of the articles took place between the months of July and August 2020, guided by the URSI instrument, which was adapted for the research, containing the variables: title, year, objective and main results, shown in Chart 1.

The studies were evaluated for compliance with the eligibility criteria after a thorough reading of all titles and abstracts identified in each database, by two evaluators separately, and in case of disagreement, a third author was consulted. Then, for the descriptive

analysis, the included studies were read in full, the results of which were gathered by similar content, considering the historical landmark and its chronological evolution.

RESULTS

After applying the eligibility criteria, 15 studies were selected to compose this

integrative review, whose main information in the articles was a summary table (Chart 1).

Chart 1: Description of the articles selected in the integrative review

TÍTULO	ANO	OBJETIVO	PRINCIPAIS RESULTADOS
Reflexões sobre a amamentação no Brasil: de como passamos a 10 meses de duração ⁹ .	2003	Rever a trajetória do programa nacional privilegiando a análise da influência das políticas internacionais e analisando-o em quatro períodos: 1975 a 1981, 1981 a 1986, 1986 a 1996 e de 1996 a 2002.	Levando-se em conta os acertos e erros do programa nos anos anteriores, e a necessidade de melhorar os índices de amamentação no país, a proposta do Ministério da Saúde é continuar a centrar as atividades naquelas já delineadas anteriormente, redirecionar o trabalho intensificando a atenção humanizada ao recém-nascido.
Biopolíticas do aleitamento materno: uma análise dos movimentos global e local e suas articulações com os discursos do desenvolvimento social ¹⁰	2018	Analisar as articulações entre a produção das biopolíticas de amamentação e os discursos produzidos sobre desenvolvimento social após o período pós-guerra com vistas à problematização da dicotomia natureza/ cultura mediante a qual a amamentação é frequentemente operada.	Os discursos desenvolvimentistas atuam como uma referência sociocultural com base na qual a amamentação é operada, o que permite dizer que a amamentação é uma prática tão natural quanto política, econômica e social.
História do alojamento conjunto ¹¹	1999	Fazer uma revisão sobre a trajetória do alojamento conjunto mãe-filho e as transformações no atendimento perinatal influenciadas pelos avanços da medicina.	Uma das formas encontradas para superar separação mãe-filho foi a criação do alojamento conjunto que permitia a ambos permanecer juntos desde o nascimento até a alta. Essa experiência tinha a intenção de devolver à mãe a possibilidade de cuidar do próprio filho, mas o projeto extinguiu-se e só foi ressuscitado na década de 70 com o apoio de organizações internacionais respeitadas.
Conjunto de medidas para o incentivo do aleitamento materno exclusivo intra-hospitalar: evidências de revisões sistemáticas ¹²	2018	Identificar as principais recomendações encontradas em revisões sistemáticas relacionadas aos fatores de proteção do aleitamento materno exclusivo intra-hospitalar.	As principais recomendações foram: o contato pele a pele precoce; a permanência da criança em alojamento conjunto; a intervenção na dor mamar durante a amamentação; a restrição do uso de suplementação para lactentes; o aleitamento materno sob livre demanda; e as intervenções educativas por meio de suporte individual e/ou em grupos durante a internação
Representações sociais de doadoras sobre a doação de leite humano em um hospital universitário ¹³	2020	Conhecer as representações sociais de doadoras sobre a doação de leite humano em um hospital universitário.	Os temas relacionados à doação que emergiram das falas dessas doadoras foram: banco de leite humano: lugar de acolhimento e aprendizagem; doar o leite materno: dá trabalho e exige compromisso e ser doadora é compartilhar o que tem e ajudar a quem precisa.
Acompanhamento dos atendimentos de puérperas e recém-nascidos em um Banco de Leite Humano ¹⁴	2020	Avaliar a associação entre as características maternas e o acompanhamento dos atendimentos no Banco de Leite Humano (BLH) à puérpera e ao recém-nascido internado.	Os motivos principais para encaminhamento ao BLH foram perda de peso do recém-nascido e dificuldade na pega. Foram encontradas associações estatisticamente significativas entre o acompanhamento do banco de leite humano e as variáveis idade materna.
Promoção comercial ilegal de produtos que competem com o aleitamento materno ¹⁵	2020	Avaliar se a comercialização de fórmulas infantis, mamadeiras, bicos, chupetas e protetores de mamilo é realizada em cumprimento com a Norma Brasileira de Comercialização de Alimentos para Lactentes e Crianças de Primeira Infância e de Produtos de Puericultura Correlatos (NBCAL).	Mais de um quinto dos estabelecimentos comerciais faziam promoção comercial de fórmulas infantis para lactentes, mamadeiras e bicos, apesar de essa prática ser proibida no Brasil há trinta anos.

Compliance of infant formula promotion on websites of Brazilian manufacturers and drugstores ¹⁶	2020	Verificar o cumprimento da Lei nº 11.265/2006 nas estratégias de promoção para fórmula infantil em sites brasileiros de fabricantes e redes de farmácias.	Foram identificados descumprimentos da Lei nº 11.256/2006 em quase todos sites de fabricantes de fórmulas infantis e em todos os sites de redes de farmácias. A maioria das estratégias de promoção foram encontradas em sites de farmácias, principais canais de vendas online.
Licença-maternidade e aleitamento materno exclusivo ¹⁷	2019	Analisar a associação entre licença-maternidade e aleitamento materno exclusivo (AME) e estimar a prevalência de AME em crianças menores de seis meses de vida.	A licença-maternidade contribuiu para a prática do AME em crianças menores de seis meses de vida, o que indica a importância desse benefício na proteção da prática para mulheres inseridas no mercado de trabalho formal.
Determinantes do aleitamento materno exclusivo em lactentes menores de seis meses nascidos com baixo peso ¹⁸	2019	Avaliar os fatores associados ao (AME) em lactentes com baixo peso ao nascer, menores de seis meses e residentes em 64 municípios brasileiros.	O AME foi mais prevalente entre lactentes com baixo peso ao nascer cujas mães tinham de 20-35 anos, não trabalhavam fora ou estavam em licença maternidade; nos que nasceram em Hospital Amigo da Criança e que residiam em municípios com maior número de BLH por 10 mil nascidos vivos.
Iniciativa Hospital Amigo da Criança: 25 anos de experiência no Brasil ¹⁹	2019	Descrever a experiência de 25 anos da Iniciativa Hospital Amigo da Criança (IHAC) no Brasil.	Hospitais credenciados como o Hospital Amigo da Criança mostram índices de amamentação superiores ao de hospitais não credenciados, entretanto o número de hospitais credenciados no Brasil ainda é pouco se comparado com outros países.
Práticas educativas segundo os "Dez passos para o sucesso do aleitamento materno" em um Banco de Leite Humano ²⁰	2017	Avaliar práticas educativas segundo os "Dez Passos para o Sucesso do Aleitamento Materno" em Banco de Leite Humano.	As orientações recebidas sobre amamentação no pré-natal (passo 3) prevaleceram entre mães de 30-39 anos e o contato pele/pele (passo 4) entre as orientadas. O treinamento sobre amamentação (passo 5) predominou entre aquelas que amamentaram exclusivamente. Notou-se maior prevalência de amamentação exclusiva (passo 6) e sob livre demanda (passo 8) e uso de bicos artificiais (passo 9) entre os lactentes de mães orientadas.
Duração do aleitamento materno e sua associação com características maternas e orientações sobre incentivo à amamentação recebidas no pré-natal em unidades básicas de Saúde da Família de um município do Nordeste Brasileiro ²¹	2019	Estimar o tempo de aleitamento materno entre crianças atendidas na rede pública de saúde e verificar diferenças segundo características maternas e da atenção pré-natal (número de consultas e orientações profissionais).	As estimativas destacam tempos de aleitamento materno exclusivo e total aquém do esperado, sendo a duração influenciada por características maternas e pela adequação do pré-natal no número de consultas e nas orientações sobre amamentação
Associação entre o grau de implantação da Rede Amamenta Brasil e indicadores de amamentação ²²	2016	Avaliar a implantação da Rede Amamenta Brasil e seu impacto sobre indicadores de aleitamento materno (AM)	Dificuldades para a implantação da Rede Amamenta Brasil foram identificadas, e os indicadores de AM variaram de acordo com o número de critérios de certificação cumpridos pelas UBS.
Why invest in early childhood? ²³	2020	Descrever a importância de políticas públicas voltadas à primeira infância.	Dados apontam que o investimento nos primeiros 1000 dias de vida ajuda a combater a pobreza e as desigualdades sociais e de programas e iniciativas que têm sido adotadas nacional e mundialmente

DISCUSSION

The Brazilian panorama of BF in past

decades was marked by low adherence to the practice, with a median of 2.5 months, coupled with the encouragement by medical pro-

fessionals to consume infant formulas, amplified by the massive unethical advertising and sale of these products; powdered milk was

also distributed in health units and hospitals by the Government through the Food Supplementation Programs of the time.⁹

In view of the high infant mortality rates around the world, especially in developing countries, movements in favor of breastfeeding have gained strength, which are now undertaking various fostering actions.

The following are some of the national pro-breastfeeding milestones (Figure 1):

In 1979, a joint meeting between the World Health Organization (WHO) and

the United Nations Children's Fund (UNICEF) resulted in the approval of the International Code for the Marketing of Breast Milk Substitutes. Brazil participated represented by the presidency of the National Institute of Food and Nutrition (Instituto Nacional de Alimentação e Nutrição - INAN), a fact that boosted the discussion in the country.⁹

Thus, in 1981, INAN instituted the National Policy for Incentive to Breastfeeding (PNIAM), which gained visibility at the international level, due to the diversity of

actions proposed in favor of the promotion, protection and support to BF, among them the dissemination of campaigns through the media, as well as the creation of laws regulating the marketing and sale of artificial milks, in addition to encouraging the implementation of joint accommodation (JA), understood as the baby's stay with the mother full time in maternity hospitals.³

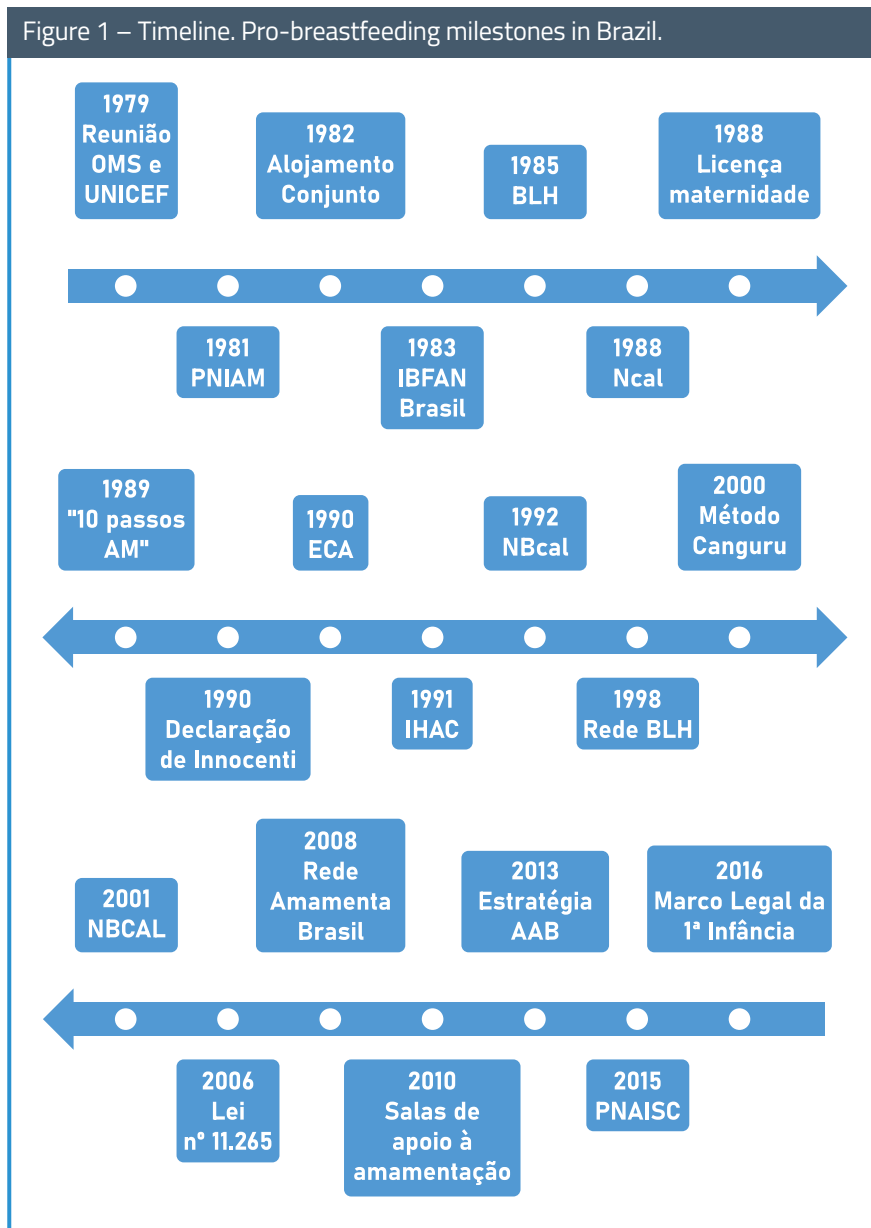
As of 1982, all hospital units in the country were instructed to institute the AC, based on the directives of the I Meeting on Joint Accommodation, and the following year, the first basic rules of organization and operation of the system were defined, which began to cover university hospitals in 1987. The practice, which was contemplated and considered mandatory by the Statute of Children and Adolescents (Estatuto da Criança e do Adolescente - ECA), had its regulation guaranteed through Ordinance no. 1.016/2003.^{11,12}

Another essential element of the movement in favor of BF, the Human Milk Bank (Banco de Leite Humano - BLH), is responsible for the collection and supply of pasteurized human milk to newborns hospitalized under specific conditions, such as prematurity and very low weight, the first being implanted yet in 1943, in the city of Rio de Janeiro, by the Fernandes Figueira Institute, and considered a reference to the present day.¹³

With the creation of PNIAM, the service assumed a more comprehensive role and, in 1985, its operating model was revised, becoming the basis for the expansion of the system in the country.¹⁴ Seeking to promote the sharing of knowledge among the established HMB, the Ministry of Health (MH) created, in 1998, the National Human Milk Banks Network – r-BLH-BR¹⁰.

Decades before the heated global discussion about the negative association between low adherence to breastfeeding and high infant mortality rate, alerts from institutions such as the Rotary Club and doctors working in the poorest areas of Brazil were already emerging regarding the harmful effects of intense promotion of breast milk substitutes.¹⁰

In this context, the country adapted the "International Code" approved in 1979, and in 1988, the National Health Council instituted the "Norms for Marketing Baby Food



Source: Adapted from the Ministry of Health, 2017³.

(Ncal)", prohibiting both the disclosure and the commercial promotion of infant formulas. 15 In the following decades, Ncal went through reviews that broadened its scope and determined new rules for labeling and inspection, seeking to follow the various marketing strategies practiced by the industry.³

With the publication of Law No. 11.265/2006 and subsequent regulation by Decree No. 8.552/2015, the guideline - which is now entitled "Brazilian Standard for the Marketing of Food for Infants and Early Childhood and Related Childcare Products (NBCAL)" - gained even more strength as a fundamental device for the protection of BF, with the objective of standardizing the food trade for children under 3 years old, as well as products such as nipples, pacifiers, bottles and nipple protectors.¹⁵

Partner of the movement in favor of the health of babies and young children through the promotion and protection of breastfeeding, the International Baby Food Action Network (IBFAN) was created in the late 1970s, and was established in Brazil in the 1980s. In this sense, the network was constituted in opposition to the unethical advertising of products that harm the practice of BF, especially those covered by NBCAL, performing continuous monitoring and demanding more engagement from important actors such as industry and companies in the industry, as well as professionals health care.¹⁶

In line with the various efforts employed, benefits in favor of breastfeeding, such as the guarantee of maternity leave for 120 days for working women, paternity leave, as well as the right to postpartum women deprived of freedom to remain with their children during the period breastfeeding, were ensured from the promulgation of the Federal Constitution.³

The extension of maternity leave to 180 days, a period recommended by the WHO in order to guarantee exclusive breastfeeding (EBF), is a reality, but it includes only formal women workers, through the Citizen Company Program, approved in 2010 by the National Congress. However, the granting of the benefit depends on the voluntary adhesion of employers; of these, only 10% had joined the "Program" in 2016.¹⁷ The

installation of exclusive rooms within the work environment for breastfeeding is also an alternative to ensure the practice.¹⁸

The advancement in discussions on the theme of BF stimulated the transformation of work routines into health services, especially in the context of maternity hospitals. In this perspective, the WHO, allied to UNICEF, launched the "Joint Declaration on the Role of Health and Maternity Services", which outlined 10 actions to encourage breastfeeding, known as the "10 steps to the success of BF".¹⁰

After an international conference promoted by health authorities, the "Declaration of Innocenti" was approved by representatives of public and civil entities, as well as United Nations agencies, whose purpose was to establish goals and objectives to guarantee EBF until 04-06 months of life, complemented with healthy food up to 02 years or more, within a period of five years. For this, the document listed four actions: 1) forming a coordination and a pro-breastfeeding committee; 2) ensure that the maternities comply with the "10 steps"; 3) fully implement the "International Code" instituted in 1979 and the subsequent resolutions approved by the WHO Assembly; and 4) guarantee working women the right to breastfeed and establish adequate means for this.⁹

With the objective of encouraging compliance with the "10 steps", from the prenatal period until after delivery, the Child Friendly Hospital Initiative (IHAC) program was developed, with Brazil being one of the pioneers in adherence. In addition to that goal, in order to receive certification as a "Child Friendly", maternity should meet other prerequisites, such as practicing CA, reducing cesarean rates and respecting the provisions of Ncal.¹⁹ In this scenario, the engagement of health professionals and other employees proved to be fundamental to enable change in work processes and the environment.²⁰

Originating in Bogotá, Colombia, as an alternative to the shortage of incubators, the Kangaroo Method was established in Brazil as a public policy called "Humanized Care Standard for Low Weight Newborns - Kangaroo Method", with the purpose of undertaking changes in the routine of neo-

natal intensive care units and/or intermediate care, such as facilitating contact with parents, allowing them to enter and stay, as well as encouraging skin-to-skin contact, encouraging breastfeeding and baby care.¹⁰

Playing a relevant role in the support network for pregnant women and nursing mothers, the pillar of Primary Health Care (PHC) is also indispensable for the promotion, protection and support of BF. In this way, several actions to encourage practice were implemented, having as examples the "Breastfeeding Friendly Basic Unit Initiative", which aimed to promote the "10 steps" within the scope of BA through professional training.^{21,17}; and the "Rede Amamenta Brasil", which led to a reformulation and agreement of actions in the flow of interdisciplinary care to the mother-child binomial.^{3,17}

Established through Ordinance No. 1.920/2013, the "Amamenta e Alimenta Brasil Strategy (EAAB)" added the actions of the "Rede Amamenta Brasil" and the "National Strategy for the Promotion of Complementary Healthy Food". As a certification within the scope of the PHC, EAAB included in its scope the qualification of the actions undertaken both for the promotion, protection and support for BF and for healthy complementary feeding for children under 02 years old.²² Among the established criteria, the elaboration of an action plan to encourage BF and complementary feeding (CF) was included, as well as the monitoring of the indexes of these practices.¹⁰

With special attention to children in early childhood belonging to a condition of greater vulnerability, the "National Policy for Comprehensive Child Health Care (PNAISC)" was instituted through Ordinance No. 1.130/2015. Organized in seven axes of action, the guideline had as its main goal the reduction of child morbidity and mortality through comprehensive and integrated care and care, from pregnancy to 9 months of life. Thus, it contemplated BF and healthy complementary food as important conducts to be fulfilled.³

Another national instrument, the "Legal Framework for Early Childhood" established guiding principles and guidelines

for the creation of public policies and/or related initiatives in favor of the integral and healthy development of children from birth to 06 years old.²³ The device addresses the practice of BF as a mandatory guidance for pregnant women and family members. Another benefit supported by the legislation was the increase, from five to fifteen days, of the period of paternity leave to those who were employed in “city” companies.³

CONCLUSION

Driven by the concern with the high infant mortality rates worldwide, several international and national movements in favor of BF were undertaken in order to transform the reality, also marked by the intense performance of the manufacturers of breast milk substitutes, which were strongly recommended.

Within this scope of global engagement, the Ministry of Health has standar-

dized several actions to promote, protect and support the practice. As a result, several national health surveys pointed to a growing trend for EBF and BF on an ongoing basis, which contributes to the achievement of WHO recommendations.

Finally, it is important to mention that the succession of initiatives demonstrates the strength of the theme and the governmental interest in supporting BF, in line with the epidemiological evidence about its benefits. ■

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