

Factors Associated With Exclusive Breastfeeding in a Primary Health Care Unit in Porto Velho

Fatores Associados ao Aleitamento Materno Exclusivo em uma Unidade da Atenção Primária à Saúde de Porto Velho
Factores Asociados a Lactancia Materna Exclusiva en una Unidad de Atención Primaria de Salud de Porto Velho

RESUMO

Este estudo teve como objetivo analisar os fatores que influenciam a interrupção do aleitamento materno exclusivo entre mulheres em acompanhamento puerperal na Atenção Primária à Saúde de Porto Velho (RO). Trata-se de uma investigação descritiva, qualitativa e observacional, realizada com 38 nutrízes atendidas em uma Unidade de Saúde da Família. O estudo foi conduzido entre julho e novembro de 2024, por meio de entrevistas individuais, utilizando um instrumento estruturado composto adaptado. A análise foi realizada com abordagem descritiva e qualitativa. Os resultados indicaram que baixa escolaridade, renda familiar reduzida, ausência de orientações no pré-natal, dificuldades físicas (dor e fissuras) e fatores emocionais (ansiedade e desamparo) contribuíram para a interrupção precoce da amamentação exclusiva. A maioria das participantes relatou ausência de apoio institucional e desconhecimento sobre livre demanda e manejo do leite. Conclui-se que estratégias educativas e apoio integral são fundamentais para promover o aleitamento.

DESCRIPTORES: Aleitamento materno; Educação em saúde; Estratégia Saúde da Família; Puerpério.

ABSTRACT

This study aimed to analyze the factors that influence the interruption of exclusive breastfeeding among women undergoing postpartum follow-up in Primary Health Care in Porto Velho (RO). This is a descriptive, qualitative, and observational investigation carried out with 38 nursing mothers attended at a Family Health Unit. The study was conducted between July and November 2024, through individual interviews, using an adapted composite structured instrument. The analysis was carried out with a descriptive and qualitative approach. The results indicated that low education level, low family income, lack of prenatal guidance, physical difficulties (pain and fissures), and emotional factors (anxiety and helplessness) contributed to the early interruption of exclusive breastfeeding. Most participants reported lack of institutional support and lack of knowledge about free demand and milk management. It is concluded that educational strategies and comprehensive support are essential to promote breastfeeding.

DESCRIPTORS: Breastfeeding; Health education; Family Health Strategy; Puerperium.

RESUMEN

Este estudio tuvo como objetivo analizar los factores que influyen en la interrupción de la lactancia materna exclusiva entre mujeres en seguimiento posparto en Atención Primaria de Salud en Porto Velho (RO). Se trata de una investigación descriptiva, cualitativa y observacional realizada con 38 madres lactantes atendidas en una Unidad de Salud de la Familia. El estudio se realizó entre julio y noviembre de 2024, mediante entrevistas individuales, utilizando un instrumento compuesto estructurado adaptado. El análisis se realizó con un enfoque descriptivo y cualitativo. Los resultados indicaron que el bajo nivel de escolaridad, los bajos ingresos familiares, la falta de orientación prenatal, las dificultades físicas (dolor y fisuras) y los factores emocionales (ansiedad e impotencia) contribuyeron a la interrupción temprana de la lactancia materna exclusiva. La mayoría de las participantes refirió falta de apoyo institucional y falta de conocimiento sobre la libre demanda y el manejo de la leche. Se concluye que las estrategias educativas y el apoyo integral son esenciales para promover la lactancia materna.

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INTRODUCTION

Breast milk is an essential biological fluid for the healthy growth and development of children, providing a unique combination of nutrients and bioactive substances. Its composition includes water, proteins, lipids, carbohydrates, vitamins and minerals, which meet the metabolic and immunological needs of infants, especially in the first few months of life ⁽¹⁾. In addition, breast milk plays a fundamental role in shaping the baby's intestinal microbiome, providing hormones and beneficial bacteria that contribute to regulating the immune and gastrointestinal systems ⁽²⁾.

The practice of exclusive breastfeeding up to six months of age is widely recommended by international organizations and backed by scientific evidence that proves its short- and long-term benefits. Among these benefits are improved infant health, the prevention of infectious and chronic diseases, and the strengthening of the mother-baby bond and, despite the recognized advantages, adherence to and continuity of breastfeeding still face a number of obstacles ⁽³⁾.

In Brazil, only 40% of children receive exclusive breastfeeding by the sixth

month, which is below the global target set by the World Health Organization ⁽⁴⁾. Factors such as maternal age, schooling, family income and health conditions during the puerperium are determining factors in the success or interruption of breastfeeding ⁽⁵⁾. In addition, clinical problems such as breast fissures and mastitis increase the difficulties faced by mothers, contributing to early weaning ⁽³⁾.

In this scenario, health education has emerged as an effective tool for promoting breastfeeding, especially in Primary Health Care (PHC). PHC allows for person-centered care, with the creation of bonds and the promotion of longitudinal care, essential aspects in supporting mothers during pregnancy, childbirth and the postpartum period ⁽⁶⁾. Educational practices help to deconstruct myths, strengthen mothers' self-confidence and promote positive attitudes towards breastfeeding ⁽⁷⁾.

The Family Health Strategy (ESF) is a privileged space for implementing these actions, offering continuous and individualized support. During prenatal care and the puerperium, health professionals have the opportunity to clarify doubts, offer practical support and encourage exclusive breastfeeding ⁽⁸⁾. The multi-pro-

fessional approach has also proved effective, strengthening the mother-child bond and improving breastfeeding rates ⁽⁹⁾. In places like Porto Velho, educational interventions have already had a positive impact, according to studies carried out in Rondônia ⁽¹⁰⁾, reinforcing the importance of investing in breastfeeding promotion strategies that sensitize and support mothers.

The aim of this study was to analyze the factors that influence the interruption of exclusive breastfeeding among women undergoing puerperal follow-up in Primary Health Care (PHC) in Porto Velho - RO.

METHOD

This is a descriptive, observational study with a qualitative approach and quasi-experimental characteristics, the aim of which was to understand the challenges faced by women during the breastfeeding process. The research was carried out in a USF located in the urban area of Porto Velho, capital of the state of Rondônia, between July and November 2024.

The sample consisted of 47 women undergoing puerperal follow-up, selected

by simple random sampling among those who regularly participated in health education activities offered by the unit. The inclusion criteria were: age between 18 and 40 and previous participation in educational activities related to breastfeeding. Women who did not meet the established criteria or who did not formally consent to take part by signing the Informed Consent Form were excluded from the study.

Data was collected in person using a structured questionnaire prepared by the researchers. The instrument contained 47 questions, including objective and discursive questions, addressing socio-demographic aspects, experiences with breastfeeding, support received in the postpartum period, prior knowledge about the benefits of breastfeeding, difficulties faced and factors related to the interruption of exclusive breastfeeding. The average time taken to administer the questionnaire was approximately 15 minutes per participant.

The answers were organized in Microsoft Excel 2019 spreadsheets and Microsoft Word 2019 documents. The closed questions were analyzed using simple descriptive statistics, calculating absolute and relative frequencies. The open-ended answers were subjected to content analysis using a qualitative approach, allowing for the categorization and interpretation of the main factors influencing the interruption of exclusive breastfeeding. The graphs were constructed using the statistical software Statistical Package for the Social Sciences (SPSS), and p-values <0.005 were assigned statistical significance.

This study was approved by the Research Ethics Committee, under opinion no. 7.181.076, in compliance with the ethical guidelines established by Resolution no. 466/2012 of the National Health Council.

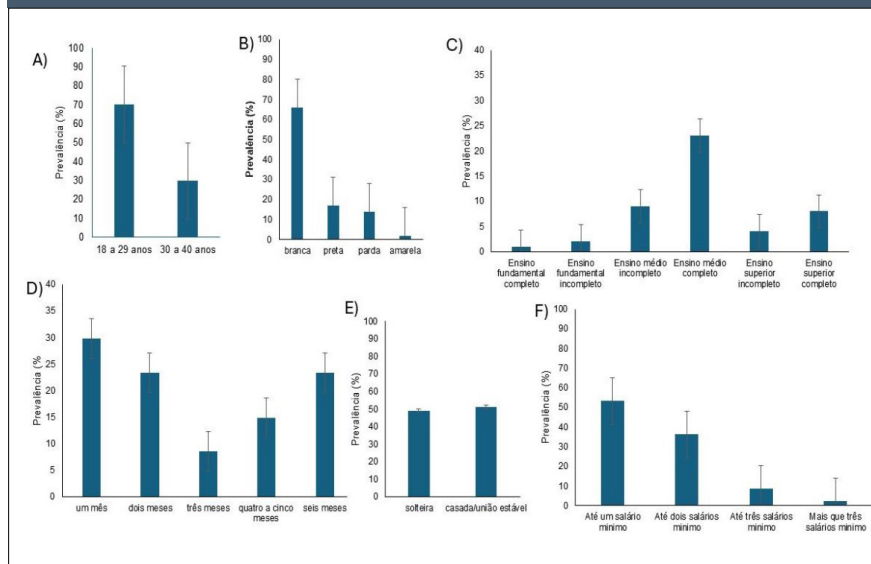
RESULTS AND DISCUSSION

This study showed a high prevalence of young, cisgender and heterosexual wom-

en, with a predominance of self-declared brown women. As for schooling, there was a higher frequency of participants with completed high school, followed by those with higher education. Despite the level of schooling, several difficulties related to breastfeeding were reported.

Most of the women lived in a context of socioeconomic vulnerability, characterized by low family income, which can negatively influence the maintenance of exclusive breastfeeding (Figure 1).

Figure 1 - Characterization of the sociodemographic profile of puerperal women and nursing mothers in the study, Porto Velho, RO.



Source: The authors, 2025

The significant representation of brown and black women in the sample reinforces the evidence that ethnic-racial factors continue to be a determining factor in maintaining breastfeeding, reflecting structural inequalities in access to support policies and health education⁽¹²⁾. In addition, studies associate the profile of black and brown women as prevalent in Porto Velho⁽¹³⁾. In addition, the context of low schooling and economic vulnerability identified, with more than half of the participants living on up to one minimum wage, points to additional barriers to exclusive breastfeeding, including early return to work, food insecurity and limited access to qualified information, as described by Lins et al⁽¹⁴⁾.

Even among those with completed high school or higher education, the

difficulties reported show that formal schooling has not been enough to guarantee the adoption and maintenance of recommended breastfeeding practices, which highlights important gaps in health education strategies in PHC. These results are consistent with Gomes et al.⁽¹¹⁾, who highlight the importance of specific and culturally appropriate educational interventions to strengthen maternal self-efficacy in breastfeeding.

The results of this study show a population profile characterized by a high prevalence of young women, with a predominance of brown race/color and low family income, aspects that historically configure social markers of vulnerability related to discontinuity of exclusive breastfeeding. The concentration of participants in the 18-29 age group corroborates the findings of national studies, which

point to a higher rate of early breastfeeding interruption in younger women, often associated with less maternal experience and insecurity about the initial difficulties of breastfeeding⁽¹¹⁾.

The participants' gestational and prenatal history revealed a predominance of primiparous women, with a higher occurrence of vaginal births

Variables	N (47)	% (100%)	P value
Number of pregnancies			
One pregnancy	22	46,8%	<0,003
Two pregnancies	16	34,0%	
Three pregnancies	4	8,5%	
Four pregnancies	3	6,4%	
Five pregnancies	2	4,3%	
Length of pregnancy			
Less than or equal to 37 weeks	9	19,1%	0,008
38 to 42 weeks	38	80,9%	
Type of delivery			
Cesarean section	22	46,8%	<0,001
Vaginal	25	53,2%	
Pregnancy was planned			
Yes	11	23,4%	<0,005
No	36	76,6%	
Place of prenatal care			
USF	40	85,1%	0,0562
Specialized hospital	3	6,4%	
Private clinic	4	8,5%	
Number of prenatal consultations			
One to three	2	4,3%	<0,001
Four to six	8	17,0%	
Seven or more	37	78,7%	
Complications during and after pregnancy			
Yes	28	59,6%	<0,003
No	19	40,4%	
Main complications			
Gestational diabetes	9	19,1%	<0,004
Hypertension	4	8,5%	
Urinary tract infection	3	6,4%	
Covid-19	1	2,1%	
Postpartum hemorrhage	1	2,1%	
Pre-eclampsia	2	4,3%	
Suture dehiscence	1	2,1%	
Premature placental abruption	1	2,1%	
Placenta previa	1	2,1%	
Short cervix	1	2,1%	
Anemia	1	2,1%	
Cancer	1	2,1%	
Premature rupture of membranes	1	2,1%	
Bleeding	2	4,3%	

Source: The authors, 2025.

Most pregnancies were classified as unplanned, a factor known to be associated with reduced maternal engagement in essential care practices, such as breastfeeding⁽¹⁴⁾. It was observed that most of the participants had prenatal care at the USF and had more than seven appointments during the gestational period. However, 34.0% of the women received no guidance on breastfeeding, revealing gaps in maternal and child health education. Among those who had received guidance, 42.6% reported having received this information from nurses, while only 19.1% indicated doctors as the source of this guidance. This disparity shows a fragmented approach by the multi-professional team, pointing to the need to improve the integrated approach in prenatal care, with special emphasis on training medical professionals⁽¹⁵⁾.

The majority of women demonstrated knowledge about the appropriate age for exclusive breast milk supply and reported having received guidance on breastfeeding during prenatal care, with emphasis on the role of nurses as the main providers of this guidance. However, there was a lack of knowledge about the factors that stimulate milk production and the concept of breastfeeding on demand. The most frequently mentioned difficulties during the breastfeeding process were pain during feeding, incorrect latch-on and the occurrence of nipple cracks.

In terms of emotions, most of the participants reported having received support from family and friends, with a positive attitude towards breastfeeding from their partner. However, few had access to support groups and many were unaware of the care needed to properly store breast milk. Some women reported difficulties breastfeeding in public places, mainly due to shame or the lack of appropriate spaces. In addition, the newborn's health conditions, such as difficulty sucking and prematurity, were also cited as factors that made breastfeeding difficult (Table 2).

Table 2 - Maternal knowledge, guidance received, difficulties faced and social support related to breastfeeding

Variables	N(47)	100%	P value
Do you know up to what age the baby should only receive breast milk?			
Yes	36	76,6	0,35
No	11	23,4	
Did you receive guidance on breastfeeding during prenatal care?			
Yes	31	66	0,002
No	16	34	
Who gave you advice on breastfeeding?			
Doctor	9	19,1	0,002
Nurse	20	42,6	
Nursing technician	2	4,3	
Do you know which factors stimulate breast milk production?			
Yes	16	34,0	0,003
No	31	66,0	
Do you know what free-demand breastfeeding is?			
Yes	27	57,4	0,003
No	20	42,6	
Did you have any difficulty breastfeeding?			
Pain during feeding	26	55,3	0,001
Incorrect latch-on	25	53,2	
Cracks	23	48,9	
Engorgement	1	2,1	
Mastitis	1	2,1	
Insecurity	6	12,8	
Insufficient milk production	8	17,0	
Excessive milk production	5	10,6	
Insecurity about how much milk the baby is drinking	6	12,8	
How would you rate your nipple?			
Normal	44	93,6	0,001
Flat or semi-developed	3	6,4	
Emotional support during the breastfeeding period?			
Yes	39	83,0	0,003
No	6	12,8	
Partially	2	4,3	
How did your partner react to breastfeeding?			
Very favorable	22	46,8	0,568
Favorable	16	34,0	
Indifferent	8	17,0	
Unfavorable	-	-	
Very unfavorable	1	2,1	
Did you have access to breastfeeding support groups?			
Yes	4	8,5	0,001
No	43	91,5	
Do you know the benefits of breast milk for the baby and the mother?			
Yes	32	84,2	0,003
No	15	39,5	
Do you know how to store breast milk correctly?			
Yes	23	48,9	0,456
No	24	51,1	

Did you have any difficulties breastfeeding in public?			
Yes	14	29,8	0,003
No	33	70,2	
What made it difficult?			
Lack of suitable premises	9	19,1	0,001
Shame or embarrassment	12	25,5	
Comments or looks from other people	5	10,6	
Did your baby have any health conditions that made breastfeeding difficult?			
Yes	19	50,0	0,002
No	28	73,7	
Main conditions			
Jaundice	3	6,4	0,001
Heart disease	1	2,1	
Suction difficulties	7	14,9	
Lingual frenulum	5	10,6	
Incorrect grip	2	4,3	
Microcephaly and low birth weight	1	2,1	
Dyspnea	1	2,1	
Gastroesophageal reflux	1	2,1	
APLV	1	2,1	
Prematurity	6	12,8	

Source: the authors, 2025.

The main difficulties faced during breastfeeding described in this study were pain during feeding, incorrect latch-on and nipple cracks. These complications occurred even among women with nipples classified as normal, which suggests that the determining factors are more related to flaws in the breastfeeding technique than to anatomical aspects. This evidence corroborates the findings of Damasceno et al.⁽¹⁶⁾ who highlight inadequate technical guidance as a determining factor in the onset of these complications. In addition, problems such as maternal insecurity about the quantity of milk, as well as reports of insufficient or excessive production, were also identified, highlighting the complexity of the challenges faced during breastfeeding⁽¹⁷⁾.

The persistence of pain and discomfort associated with incorrect latch tends to compromise the continuity of breastfeeding, making the experience frustrating and emotionally draining. In this context, early intervention through qualified clinical support and adequate pain manage-

ment is essential to encourage breastfeeding^(17, 18). Breast care is a priority, considering the risk of breast lesions developing into infectious conditions such as mastitis, a condition known to be associated with early weaning⁽¹⁹⁾. The formation of fissures, in addition to increasing the risk of infections, has a negative impact on the frequency and duration of breastfeeding, with potential repercussions on the mother-baby bond⁽²⁰⁾.

With regard to breastfeeding in public spaces, a significant proportion of women reported difficulties, motivated mainly by feelings of shame and the lack of suitable places. These findings reinforce the influence of sociocultural barriers and the persistence of constraints related to the sexualization of the act of breastfeeding, aspects already highlighted in recent studies⁽²¹⁾.

The clinical condition of the newborns also stood out as a limiting factor, with reports of sucking difficulties, the presence of a lingual frenulum and prematurity. These conditions reinforce the importance of timely and qualified neonatal care,

capable of identifying early on the factors that hinder breastfeeding and implementing specialized support strategies⁽²²⁾.

In summary, the results point to the coexistence of technical, informational, emotional and social barriers to exclusive breastfeeding. Despite adequate prenatal care coverage and general knowledge about the benefits of breast milk, gaps persist in health education, clinical care and psychosocial support offered to puerperal women^(16,17,23). These findings highlight the need to strengthen PHC actions through ongoing educational strategies, multi-professional training and the construction of social environments that are more favorable to breastfeeding^(3, 24).

The findings of this study reinforce the need for interdisciplinary and continuous approaches, focusing not only on transmitting information, but also on strengthening social and emotional support for puerperal women. The adoption of individualized counselling strategies, home monitoring and breastfeeding support groups may represent effective measures for

reducing early weaning rates and promoting infant and maternal health.

CONCLUSION

The findings of this study indicate that, despite the wide coverage of prenatal care and basic knowledge about the benefits of exclusive breastfeeding, barriers persist which make it difficult to maintain breastfeeding until the baby is six months old. The main difficulties reported were technical, such as pain, cracks and incorrect

latch-on, as well as emotional and social challenges, including early return to work, lack of support groups and an overload of domestic activities.

Many women did not receive adequate guidance during prenatal care, and among those who did, the content was insufficient on essential topics such as production, storage and management of breastfeeding difficulties. Even with family and partner support, symptoms of anxiety and depression were frequent and negatively impacted the continuity of

breastfeeding. The presence of clinical conditions in newborns, such as lingual frenulum, difficulty sucking and prematurity, reinforces the need for specialized care and qualified multi-professional action. Given this scenario, it is essential to strengthen PHC, ensuring not only the adequate number of appointments, but the quality of care, with listening, technical guidance and psychosocial support.

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