



KNOWLEDGE ABOUT BREASTFEEDING IN PREGNANT WOMEN RECEIVING PRIMARY HEALTH CARE

Conhecimento acerca do aleitamento materno de gestantes atendidas na atenção básica de saúde

Conocimiento sobre la lactancia materna de embarazadas asistidas en la atención básica de salud

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ABSTRACT

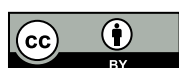
Objective: To identify the knowledge about breastfeeding in pregnant women receiving primary health care. **Methods:** A quantitative descriptive cross-sectional study was conducted with 77 pregnant women covered by 11 Family Health Strategies in the state of Rio Grande do Sul. Data were collected between August and October 2018 using a semi-structured questionnaire addressing socioeconomic variables and breastfeeding. Descriptive statistical analysis was performed using the Statistical Package for the Social Sciences. **Results:** Pregnant women were between 16 and 42 years old, 59 (76.62%) were self-declared White, and 32 (41.56%) were married. Regarding exclusive breastfeeding, 61 (79.2%) pregnant women said only milk. As for breastfeeding guidelines, nurses stood out as the professionals most mentioned by the participants. All the participants said that guidance on pregnancy is provided during prenatal care in primary health care settings. **Conclusion:** Pregnant women have knowledge about breastfeeding, which might be associated with the fact that they received prenatal care in primary health care settings.

Descriptors: Women's Health; Child Health; Breast Feeding.

RESUMO

Objetivo: Identificar o conhecimento de gestantes atendidas na atenção básica sobre o aleitamento materno. **Métodos:** Estudo descritivo, transversal e quantitativo desenvolvido com 77 gestantes atendidas em 11 Estratégias Saúde da Família do estado do Rio Grande do Sul. A coleta de dados realizou-se entre agosto e outubro de 2018 por meio de um questionário semiestruturado contemplando variáveis socioeconômicas e aleitamento materno. Para a análise, utilizou-se o software Statistical Program of Social Science por meio de estatística descritiva. **Resultados:** As gestantes apresentavam idades entre 16 e 42 anos, 59 (76,62%) eram autodeclaradas brancas, 32 (41,56%) eram casadas. Quanto ao aleitamento materno exclusivo, 61 (79,2%) gestantes responderam somente o leite. Com relação às orientações sobre amamentação, o enfermeiro apareceu como o profissional mais mencionado pelas participantes. A totalidade das participantes respondeu que o local de orientação sobre gestação é o pré-natal na atenção básica. **Conclusão:** As gestantes possuem conhecimento acerca do aleitamento materno, o que pode estar associado ao fato de terem realizado o pré-natal na atenção básica.

Descritores: Saúde da Mulher; Saúde da Criança; Aleitamento Materno.



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RESUMEN

Objetivo: Identificar el conocimiento de embarazadas asistidas en la atención básica a cerca de la lactancia materna. **Métodos:** Estudio descriptivo, transversal y cuantitativo desarrollado con 77 embarazadas asistidas en 11 Estrategias Salud de la Familia del estado de Río Grande de Sur. La recogida de datos se dio entre agosto y octubre de 2018 a través de una encuesta semiestructurada con variables socioeconómicas y de lactancia materna. Se utilizó el software Statistical Program of Social Science para el análisis a través de una estadística descriptiva. **Resultados:** Las embarazadas tenían edad entre los 16 y los 42 años, 59 (76,62%), se auto declararon blancas y 32 (41,56%) eran casadas. Sobre la lactancia materna exclusiva, 61 (79,2%) embarazadas han contestado solamente la leche. Respecto las orientaciones sobre la lactancia, el enfermero ha sido el profesional más citado por las participantes. Todas ellas han contestado que se tiene que orientar sobre el embarazo en la atención básica. **Conclusión:** Las embarazadas tienen el conocimiento acerca de la lactancia materna lo que puede ser por el hecho de haber realizado el prenatal en la atención básica.

Descriptor: Salud de la Mujer; Salud del Niño; Lactancia Materna.

INTRODUCTION

Pregnancy is an important time in the life of any woman. It is full of meanings, intense feelings, and physical and psychological changes. It is a natural phenomenon that lasts, on average, 40 weeks and its outcome is childbirth⁽¹⁾. In addition, after childbirth, there is the postpartum phase, which involves bodily and psychological changes in women that interfere with the effectiveness of breastfeeding⁽²⁾.

Breastfeeding is essential for the child because it offers all the necessary nutrients in adequate quantity and quality. The Ministry of Health (*Ministério da Saúde - MS*) recommends exclusive breastfeeding (EB) for the first six months of the child's life, but it can be extended for two years or more, the age at which weaning normally occurs⁽³⁾.

In this regard, there are several arguments in favor of EB, as it benefits both mother and child and strengthens the bond between them. There is evidence that breast milk contains nutrients that protect the child from infections, thereby preventing infant deaths, diarrhea, and respiratory tract infections. It also prevents otitis, allergies, asthma, obesity, diabetes and improves the development of the child's oral cavity⁽³⁾.

In order to promote health, it is important to consider the autonomy and uniqueness of people, collectivities and territories since human beings' living and health conditions are determined by the social, economic, political and cultural contexts in which they live⁽⁴⁾. In view of this ideal the National Health Promotion Policy (*Política Nacional de Promoção à Saúde - PNPS*) was approved in 2006 with the aim of tackling the challenges in producing and continuously improving the quality of health practices⁽⁵⁾.

Prenatal care is one of the programs of the Family Health Strategy (*Estratégia Saúde da Família - ESF*), in which pregnant women are registered, referred and monitored in primary health care facilities during pregnancy. The pregnant woman receives comprehensive care during pregnancy and guidance on the recommendation and benefits of EB from the nursing team through nursing consultations, groups of pregnant women, lectures and home visits⁽⁶⁾.

In Brazil, early weaning is a frequent problem as the number of children who receive EB up to six months of age is far below what the Ministry of Health recommends, which makes the situation worrying. According to the results of the II National Breastfeeding Survey (*Pesquisa Nacional de Aleitamento Materno - PNPAM*), carried out with 34,366 children in 2008, only 41% of Brazilian children are exclusively breastfed until the sixth month of life⁽⁷⁾.

Thus, in order to contribute to the strengthening of programs for health promotion and improvements in maternal and child health care, the objective of the present study was to identify the knowledge about breastfeeding in pregnant women receiving primary health care.

METHODS

This quantitative descriptive cross-sectional study was conducted with pregnant women served by 11 Family Health Strategies in a municipality located in the central region of the state of Rio Grande do Sul, Brazil.

For the study, we considered all the 140 pregnant women who were registered in the adequate monitoring system for pregnant women (SisPreNatal) in the municipality of Santiago during the research period and who were included in the Prenatal and Childbirth Humanization Program (*Programa de Humanização no PréNatal e Nascimento - PHPN*) of the Unified Health System (*Sistema Único de Saúde - SUS*).

The research included pregnant women who were receiving prenatal care in the ESF during the data collection period and it excluded pregnant women who could not be contacted after three attempts. It should be noted that the

research did not present a sample calculation because we intended to have access to the population of pregnant women during the data collection period.

Study participants were 77 (55% of the total) pregnant women served by the ESF of that municipality. In all, 40 pregnant women could not be contacted after three attempts and 23 pregnant women showed no interest in answering the questionnaire, which was respected.

Data were collected from August to October 2018 through a semi-structured questionnaire developed by the authors based on discussions on the theme and the construction of a research instrument^(8,9). The questionnaire assessed the following information: date of birth; education; marital status; profession/occupation; household income; number of people dependent on that income; family composition; housing situation; ethnicity; religious belief; number of pregnancies; number of prenatal consultations; health care center she attends and its distance; whether she received any guidance during pregnancy and, if so, what kind of guidance she received; place where guidance was received; participation in a group of pregnant women, where it took place and who guided her; what she understood about exclusive breastfeeding; how long she thought exclusive breastfeeding was necessary; the ideal time for the first feeding; the benefits of breastfeeding for the mother; the benefits of breastfeeding for the baby; and in what situations breastfeeding is not recommended.

First, before applying the questionnaire, a pilot study was carried out to test the understanding of the questions, but it was not necessary to make changes. The questionnaires were applied in their household after previous scheduling and in the ESF before or after the pregnant woman's prenatal consultation. The questionnaire was applied by the researcher and a research assistant, both with previous experience.

The data obtained were organized on a spreadsheet and analyzed statistically by the Statistical Package for the Social Sciences (SPSS) – version 23. The analysis of the data was performed using descriptive statistics and the variables were presented as absolute and relative frequencies in tables.

The research followed the ethical precepts and was approved by the Research Ethics Committee of the Regional University of the Alto Uruguay and Missões under Approval No. 2.799.029.

RESULTS

The 77 pregnant women who participated in the study were aged between 16 and 42 years old, 59 (76.62%) were self-declared Whites, 32 (41.56%) were married and 15 (19.48%) were in a common-law marriage. With regard to education, 38 (49.35%) pregnant women had completed secondary education and 15 (19.48%) had completed higher education, as shown in Table I.

As for occupation, 48 (62.34%) pregnant women had paid jobs, 27 (35.06%) were homemakers and two (2.60%) were students. Regarding monthly household income, 41 (53.25%) pregnant women earned one to two minimum wages considering the national minimum wage at the time – R\$ 954.00 (nine hundred and fifty-four reais). In addition, 31 (40.26%) pregnant women said that three people depended on this monthly income. As for family composition, 27 (35.06%) women lived with a spouse and children and 26 (33.77%) had their own home. (Table I)

There was a higher percentage of Catholics among the pregnant women in this study: 24 (31.17%). As for the gestational age of the participants, 31 (40.26%) women were in the third trimester, 28 (36.36%) in the second trimester and 18 (23.38%) in the first trimester, as shown in Table I.

Regarding the number of prenatal consultations, 54 (70.1%) participants said that it is correct to get seven or more consultations, 12 (15.6%) said one to three consultations and 11 (14.3%) said four to six consultations. As for the number of pregnancies, 35 (45.5%) women were experiencing their first pregnancy and 42 (54.5%) had had two or more pregnancies.

With regard to the time that the participants took to access the health center, 24 (31.2%) said it took within five minutes, 27 (35.1%) said it took five to 10 minutes, 13 (16.9%) said 10-20 minutes and other 13 (16.9%) said it took more than 20 minutes. As for participation in groups of pregnant women, 68 (88.3%) women did not participate and nine (11.7%) did so.

With regard to knowledge about breastfeeding, 70 (90.9%) pregnant women said that they had received guidance on food, vaccines, breastfeeding, exams, rest, blood pressure (BP) control, medications, physical exercises, weight control, toxoplasmosis, breast preparation, baby's health and delivery. However, seven pregnant women (9.1%) did not receive guidance until the time of data collection. All the participants said that the place where guidance on pregnancy was obtained was the prenatal care clinic in the primary health care facility.

As for the understanding of exclusive breastfeeding, as shown in Table II, 61 (79.2%) pregnant women said that it consists of only milk, 5 (6.5%) said milk plus food, 4 (5.2%) said milk plus water/tea and 7 (9.1%) did not know how to answer. Regarding the professional who provided guidance, 53 (68.8%) women said that they received guidance

from the nurse, 22 (28.6%) said they got it from the physician and two pregnant women (2.6%) said that they were guided by another health professional.

Table I - Sociodemographic characteristics of pregnant women served in primary health care. Santiago, Rio Grande do Sul, Brazil, 2018.

Characteristics	Frequency (n)	Percentage (%)
Education		
Incomplete primary education	8	10.39
Complete primary education	2	2.60
Incomplete secondary education	10	12.99
Complete secondary education	38	49.35
Incomplete higher education	4	5.19
Complete higher education	15	19.48
Marital status		
Single	30	38.96
Married	32	41.56
Common-law marriage	15	19.48
Occupation		
Homemaker	27	35.06
Kitchen Assistant	2	2.60
Cashier	6	7.79
Dealer	3	3.9
Teacher	6	7.79
Saleswoman	6	7.79
Domestic worker	5	6.49
Secretary	5	6.49
Nursing technician	4	5.19
Manicure	2	2.60
Student	2	2.60
Hairdresser	2	2.60
Other	7	9.09
Household income (minimum wage)		
Up to 1 wage	14	18.18
1-2 wages	41	53.25
3-4 wages	16	20.78
More than 4 wages	6	7.79
People who depend on that income		
One person	5	6.49
Two people	24	31.17
Three people	31	40.26
Four people	11	14.29
Five or more	6	7.79
Family composition		
Lives alone	1	1.30
With a spouse	23	29.87
Spouse and children	27	35.06
Spouse, mother, father and child	2	2.60
Spouse, mother, father	1	1.30
Other	23	29.87
Housing situation		
Pregnant's	26	33.77
Spouse's/parents'	20	25.97
Rented	24	31.17
Other	7	9.09
Ethnicity		
White	59	76.62
Black	8	10.39
<i>Parda</i> (Mixed-race Brazilians)	10	12.99
Religious belief		
Catholic	24	31.17
Protestant	23	29.87
Spiritist	2	2.60
Other	28	36.36
Gestational age		
1 st trimester	18	23.38
2 nd trimester	28	36.36
3 rd trimester	31	40.26
Total	77	100

Table II - Pregnant women's understanding of exclusive breastfeeding and professional who guides them. Santiago, Rio Grande do Sul, Brazil, 2018.

Understanding and guidance	Frequency (n)	Percentage (%)
Understanding of exclusive breastfeeding		
Milk + water/tea	4	5.2
Milk + food	5	6.5
Only milk	61	79.2
Does not know	7	9.1
Who guided		
Nurse	53	68.8
Physician	22	28.6
Other	2	2.6
Total	77	100

Regarding the time required for exclusive breastfeeding, 48 (62.3%) participants stated that it is up to six months, 21 (27.3%) said it is six to 12 months, 7 (9.1%) said it is three months and 1 (1.3%) said it is three to six months. As for the ideal time for the first breastfeeding, 55 (71.4%) women said it should be shortly after delivery, 7 (9.1%) said it should be one to six hours after delivery, 4 (5.2%) said it should be when the baby requests it and 11 (14.3%) did not know how to answer.

As for the benefits of breastfeeding for the mother, 68 (88.3%) pregnant women cited the mother-child bond, 2 (2.6%) mentioned the economical and practical bias, 2 (2.6%) said family planning (avoid new pregnancies), 2 (2.6%) said it can reduce the risk of cancer, 2 (2.6%) said there are no benefits and 1 (1.3%) answered other. With regard to the benefits of breastfeeding for the baby, 42 (54.5%) pregnant women said that it is the appropriate food, 26 (33.8%) said that it protects against diseases, 6 (7.8%) said that it strengthens the mother-child bond, and 3 (3.9%) said it favors speech development.

The results referring to the questions about situations in which breastfeeding is not recommended showed that 55 (71.4%) pregnant women said that mothers with human immunodeficiency virus (HIV) cannot breastfeed. Also, 5 (6.5%) study participants reported that fissure is a condition that hinders breastfeeding.

DISCUSSION

In the present study, the age of the pregnant women ranged between 16 and 42 years, and more than half had at least completed secondary education. With regard to the marital status of the pregnant women analyzed, the highest percentages found refer to married women and those who declared themselves to be White. In a study carried out in the city of Cuiabá, Mato Grosso, with 60 pregnant women, researchers identified that most of them were single and self-declared *pardas* (mixed-race Brazilians)⁽⁹⁾.

As for the variable work, more than 62% of the pregnant women in the present study had paid jobs, with a monthly household income of one to two minimum wages. With regard to the people living in the same house, the highest percentage of pregnant women lived with their spouses and children. In a study conducted in the city of São Luís, Maranhão, 70% of the pregnant women were dedicated to taking care of the home, 68% reported a household income between one and three minimum wages, and 90% reported the presence of one to five people sharing the same house⁽¹⁰⁾.

Women, due to the need to return to work, perform early weaning, usually before the baby is four months old. The reason is, for the most part, the legal obligation to return to work after maternity leave, even though they are aware of the advantages and benefits of exclusive breastfeeding⁽¹¹⁾.

It is worth mentioning the participation of the spouse during pregnancy and in the postpartum period. Such participation encourages the mother to breastfeed for longer. Thus, fathers need to be aware of the benefits of breastfeeding and support and assist women so that they can experience this moment in a positive way⁽¹²⁾.

During pregnancy the woman is in a state of physical and psychological changes. Because of that, she needs support to face situations that pregnancy can cause. The partner is seen as the main source of support for pregnant women and when he participates in pregnancy he strengthens the bond in relationships and favors women's health care⁽¹³⁾.

As for the number of pregnancies, more than half of the pregnant women in the present study had already experienced one or more pregnancies, and a higher percentage of them was in the third gestational trimester.

Regarding their knowledge about the number of prenatal consultations, most pregnant women answered that seven or more consultations were correct. A study carried out with 20 pregnant women in a municipality in Serra Catarinense, Santa Catarina, found that the pregnant women had one to five children in addition to the current pregnancy. It should be noted that they attended an average of approximately four prenatal consultations and were in the second gestational trimester⁽¹⁴⁾.

The MS recommends that at least six intercalated medical and nursing consultations be carried out in the prenatal period monthly until the 28th week, biweekly from the 28th to the 36th week, and weekly from the 36th to the 41st week⁽¹⁵⁾. Prenatal care serves as a basis for creating a bond between the family and health professionals, and it is the period when the woman should be better guided so that she can live the pregnancy in a positive way. Breastfeeding should be performed in the postpartum period to minimize complications⁽¹⁶⁾.

The importance of nursing care during the prenatal consultation should be highlighted as it aims to provide conditions for promoting the health of pregnant women. Furthermore, through a participatory approach to the pregnant woman's life, the consultation encourages self-care, the improvement of her quality of life and the clarification of her main doubts⁽¹⁷⁾.

Regarding health promotion, the PNPS does not translate into another program or an organizational structure. It addresses strategies that cut across all policies, programs and actions in the health sector. Health promotion seeks the expectation of health and the challenge of building comprehensiveness in all its social and individual complexity and uniqueness⁽⁴⁾.

As for the understanding of pregnant women about exclusive breastfeeding, most of the participants in the present study demonstrated knowledge about its importance by answering that it should consist of only milk. A study carried out with 45 pregnant or lactating women in Fortaleza, Ceará, highlighted that more than half of the interviewees correctly defined its meaning, confirming that it consists of only milk⁽¹⁸⁾.

Breastfeeding is usually classified into: EB, when the child receives only breast milk directly from the breast or expressed; predominant breastfeeding, when the child receives, in addition to breast milk, water, fruit juices and ritual fluids; supplemented breastfeeding, when the child receives, in addition to breast milk, any solid or semi-solid food for the purpose of complementing it, and not replacing it; and, finally, mixed or partial breastfeeding, when the child receives breast milk and other types of milk⁽³⁾.

It should be noted that all the pregnant women in the present study reported having been guided by a health professional, mainly nurses. A study conducted in the city of Manhuaçu, Minas Gerais, with 15 participants presented a similar result. All the participants reported having been guided by health professionals about the care and importance of breastfeeding for the development of the child before delivery⁽¹⁹⁾.

The importance and the need to guide pregnant women in relation to exclusive breastfeeding during prenatal care is evident. This guidance can be provided in the ESF by nurses, physicians and other health professionals. Nurses are the professionals trained to assist in the promotion, protection and support of breastfeeding as they have scientific and technical skills and knowledge^(20,21).

As for participation in groups of pregnant women in the present study, a low percentage of women said they participated in any (11.7%). A study carried out in the city of Tangará da Serra, Mato Grosso, with 50 pregnant women questioned the participation of pregnant women in some activity such as lectures given by the health center's team. Of these, three reported having participated⁽²²⁾. The absence of groups of pregnant women and lectures in the ESF can generate some problems in the health of the mother and baby that could be avoided through prior knowledge acquired from the groups. One of the tools to encourage exclusive breastfeeding is to carry out health education activities in groups of pregnant women⁽¹⁵⁾.

Regarding pregnant women's knowledge about the time needed for exclusive breastfeeding, we found that more than half of the pregnant women in this study knew that EB should be the baby's only food until the sixth month of life. However, some thought that EB could be maintained until 12 months. A study carried out in the city of Firminópolis, Goiás, with 25 pregnant women and postpartum women showed similar results. In all, 60% of the interviewees said that the adequate duration of exclusive breastfeeding was up to the sixth month of age⁽²³⁾.

The MS recommends breastfeeding until two years of age or over and that in the first six months the baby receives only breast milk without the need for juices, teas, water and other foods. The longer the baby is breastfed, the better for him and the mother. However, after six months, breastfeeding must be complemented with other healthy foods common to the family⁽⁴⁾.

With regard to the ideal time for the first breastfeeding, more than half of the pregnant women in the present study said that it was right after delivery. A study carried out with 905 women in Santa Maria, Rio Grande do Sul,

found that breastfeeding in the first hour of life is associated with the type of delivery. Almost 80% of the mothers who had a vaginal delivery managed to breastfeed in the first hour and 69.53% of those who had cesarean delivery managed to do so⁽²⁴⁾.

In another study carried out in the city of Fortaleza in the state of Ceará with 60 pregnant women, 40% of the participants stated that breastfeeding has some advantages to the woman; however, unfortunately, almost 30% reported no benefits and 31.6% did not know to inform⁽²⁵⁾.

The strengthening of the bond between the mother and the child appears as the main benefit pointed out by the mothers in the present study. They know that breast milk is a suitable food for the child and that it protects against disease. In a study carried out with 100 mothers, the benefits of breastfeeding for the baby pointed out were immunization, growth and recovery of the baby's initial weight⁽²⁶⁾.

EB acts to reduce infant morbidity and mortality rates since breast milk is the most complete food in terms of nutritional quality. It offers all the necessary nutrients in adequate quantity and quality and is the safest way to guarantee good health for the baby⁽²⁷⁾.

Regarding the knowledge about situations in which breastfeeding is not recommended, more than half of the pregnant women in this study said that the mother cannot breastfeed when she has HIV. A study conducted in the city of São José do Rio Preto, São Paulo, with 120 pregnant women to identify the knowledge of pregnant women about vertical transmission and HIV found that 89.2% of them agreed that the best way to prevent HIV transmission is through the use of condoms. In addition, 76.7% believed that the pregnant woman with the HIV virus was at risk of transmitting it to her baby during pregnancy; 58.3% at delivery and only 50.0% during breastfeeding⁽²⁸⁾.

Rapid tests for HIV diagnosis are performed during prenatal care. If there is confirmation, the professional needs to inform the pregnant woman about the importance of monitoring during consultations in the prenatal period. Information on the types of transmission that occur from mother to child should be provided. It can occur during labor; at delivery; intrauterine, during the last weeks of pregnancy; or in the postpartum period through breastfeeding⁽²⁹⁾.

In the present study, which was carried out in Santiago, a small percentage of pregnant women said that mastitis is a condition for not breastfeeding. The mother may experience complications during breastfeeding, such as mastitis, caused by insufficient emptying of the breasts. During this period, the mother should not stop breastfeeding because its suspension favors even more the engorgement of the breast and the proliferation of bacteria. Therefore, it is important to guide mothers to massage the breasts gently using circular movements. Furthermore, frequently emptying the breast is essential for successful treatment⁽¹⁰⁾.

Five participants of the present study said that fissures in the breast lead to non-breastfeeding. Nipple fissures are caused by the wrong way the baby latches on the nipple, but it does not prevent the mother from breastfeeding the baby. It can be treated by exposing the breasts to the sun for about 20 minutes every day, by passing breast milk on the nipples, by not using local ointments, oils and creams, and by avoiding soaping during shower⁽¹⁰⁾.

One limitation of the present study was the difficult contact with the pregnant women. Because of that, it was not possible to carry out the study with the full population of pregnant women monitored in the ESF in the municipality of Santiago, Rio Grande do Sul. However, the results may contribute to the planning of actions and activities in primary health care and hence improve the quality of care according to the needs of this population.

CONCLUSION

The pregnant women analyzed have knowledge about breastfeeding, which may be associated with the fact that they have received prenatal care in primary care, with nurses being the main professional who provided guidance on breastfeeding.

REFERENCES

1. Pio DAM, Capel MS. The meaning of care in pregnancy. *Rev Psicol Saúde* [Internet]. 2015 [accessed on 2018 Oct 29];7(1):74-81. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2177-093X2015000100010
2. Andrade RD, Santos JS, Maia MAC, Mello DF. Fatores relacionados à saúde da mulher no puerpério e repercussões na saúde da criança. *Esc Anna Nery Rev Enferm* [Internet]. 2015 [accessed on 2018 Oct 29];19(1):181-6. doi:10.5935/1414-8145.20150025

3. Ministério da Saúde (BR), Secretaria de atenção à Saúde. Estratégia nacional para promoção do aleitamento materno e alimentação complementar saudável no Sistema Único de Saúde: manual de implementação [Internet]. Brasília: Ministério da Saúde; 2015 [accessed on 2018 Oct 30]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/estrategia_nacional_promocao_aleitamento_materno.pdf
4. Ministério da Saúde (BR). Política Nacional de Promoção da Saúde: PNaPS: revisão da Portaria MS/GM no 687, de 30 de março de 2006. Brasília: Ministério da Saúde; 2014.
5. Brasil. Portaria nº 2.436, de 21 de setembro de 2017. Estabelece a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União; Brasília, 22 set. 2017; Seção 1.
6. Teixeira MM, Vasconcelos VM, Silva DMA, Martins EMCS, Martins MC, Frota MA. Percepções de primíparas sobre orientações no pré-natal acerca do aleitamento materno. Rev Rene [Internet]. 2013 [accessed on 2018 Oct 30];14(1):179-86. Available from: <http://periodicos.ufc.br/rene/article/view/3353/2591>
7. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas e Estratégicas. II Pesquisa de Prevalência de Aleitamento Materno nas Capitais Brasileiras e Distrito Federal [Internet]. Brasília: Ministério da Saúde; 2009 [accessed on 2019 Jan 15]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/pesquisa_prevalencia_aleitamento_materno.pdf
8. Franco SC, Silva ACAS, Tamesawa CS, Ferreira GM, Feijó JMY, Macaris T, et al. Escolaridade e conhecimento sobre duração recomendada para o aleitamento materno exclusivo entre gestantes na Estratégia de Saúde da Família. ACM Arq Catarin Med [Internet]. 2015 [accessed on 2018 Oct 30];44(3):66-77. Available from: <http://www.acm.org.br/acm/seer/index.php/arquivos/article/view/38>
9. Raimundi DM, Menezes CC, Uecker ME, Santos EB, Fonseca LB. Conhecimento de gestantes sobre aleitamento materno durante acompanhamento pré-natal em serviço de saúde em Cuiabá. Rev Saúde (Santa Maria) [Internet]. 2015 [accessed on 2018 Oct 31];41(2):225-32. Available from: <https://periodicos.ufsm.br/revistasaude/article/view/18030/pdf>
10. Souza NA, Queiroz LLC, Queiroz RCCS, Ribeiro TSF, Fonseca MSS. Perfil epidemiológico das gestantes atendidas na consulta de pré-natal de uma unidade básica de saúde em São Luís-MA. Rev Ciênc Saúde [Internet]. 2013 [accessed on 2018 Oct 31];15(1):28-38. Available from: <http://www.periodicoseletronicos.ufma.br/index.php/rcisaude/article/view/1919>
11. Ouchi J, Lupo AP, Welin BOA, Monticelli P. The Nurse's Importance in the Pregnant and Post Partum Women During the Breastfeeding Period. Ensaios Cienc Biol Agrar Saúde [Internet]. 2017 [accessed on 2018 Nov 01];21(3):134-41. Available from: <https://www.redalyc.org/pdf/260/26054727001.pdf>
12. Lima JP, Cazola LHO, Pícoli RP. Involvement of fathers in the breastfeeding process. Cogitare Enferm [Internet]. 2017 [accessed on 2018 Nov 01];22(1):e47846. Available from: http://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S1414-85362017000100311
13. Caldeira LA, Ayres LFA, Oliveira LVA, Henriques BD. The point of view of pregnant women about the participation of man in the gestational process [Internet]. 2017 [accessed on 2018 Nov 02];7:e1417. doi:10.19175/recom.v7i0.1417
14. Silva KMS, Goetz ER, Santos MVJ. Aleitamento Materno: conhecimento das gestantes sobre a importância da amamentação na estratégia de saúde da família. Rev Bras Cienc Saúde [Internet]. 2017 [accessed on 2018 Nov 02];21(2):111-8. doi:10.22478/ufpb.2317-6032.2017v21n2.18116.
15. Ministério da Saúde (BR). Instituto Sírio-Libanês de Ensino e Pesquisa. Protocolos da Atenção Básica: Saúde das Mulheres [Internet]. Brasília: Ministério da Saúde; 2016 [accessed on 2018 Nov 02]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/protocolos_atencao_basica_saude_mulheres.pdf
16. Oliveira CM, Santos TC, Melo IM, Aguiar DT, Mourão JJ Netto. Promoção do Aleitamento Materno: intervenção educativa no âmbito da Estratégia de Saúde da Família. Rev Enferm [Internet]. 2017 [accessed on 2018 Nov 03];20(2). Available from: <http://periodicos.pucminas.br/index.php/enfermagemrevista/article/view/16326>

17. Ramos ASMB, Almeida HFR, Souza IBJ, Araújo MVM, Pereira PSL, Fontenele RM. A assistência pré-natal prestada pelo enfermeiro sob a ótica das gestantes. *Rev Interdisciplin* [Internet]. 2018 [accessed on 2018 Nov 03];11(2). Available from: <https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/1438>
18. Maciel APP, Gondim APS, Silva AMV, Barros FC, Barbosa GL, Albuquerque KC, et al. Pregnant and lactating women's knowledge of exclusive breastfeeding. *Rev Bras Promoç Saúde* [Internet]. 2013 [accessed on 2018 Nov 04];26(3):309-14. Available from: periodicos.unifor.br/RBPS/article/download/2926/pdf_1
19. Faria FC, Fávero ACD, Barbosa ASC, Batista FCF, Mesdes AA. Principais causas da não amamentação exclusiva das mulheres assistidas em uma ESF da cidade de Manhuaçu, Minas Gerais. *Rev Pensar Acad* [Internet]. 2017 [accessed on 2018 Nov 04];15(2):147-59. doi:10.21576/rpa.2017v15i2.332
20. Tomasi E, Fernandes PAA, Fischer T, Siqueira FCV, Silveira DS, Thaumé E, et al. Quality of prenatal services in primary healthcare in Brazil: indicators and social inequalities. *Cad Saúde Pública* [Internet]. 2017 [accessed on 2018 Nov 04];33(3):e195815. doi:10.1590/0102-311X00195815
21. Almeida JNA, Fernandes LAF. Reflexo do desmame precoce na saúde das crianças no município de Valparaíso de Goiás. *Rev Iniciaç Cient Extensão* [Internet]. 2018 [accessed on 2018 Nov 06];1(2). Available from: <http://revistasfasesa.senaaires.com.br/index.php/iniciacao-cientifica/article/view/77>
22. Ormonde JC Jr, Lima IF, Gontijo M. Designs of pregnant women about breastfeeding in a family health strategy. *Rev Eletrônica Gest Saúde* [Internet]. 2015 [accessed on 2018 Nov 06];6(3):2430-43. Available from: https://www.researchgate.net/publication/317402849_Concepcoes_das_gestantes_sobre_aleitamento_materno_em_uma_estrategia_de_saude_da_familia
23. Santos GMR, Costa SLB, Mendonça BOM, Barros EJ, Mota RM, Oliveira VCC, et al. Mitos e crenças sobre aleitamento materno que levam ao desmame precoce nas estratégias saúde da família no município de Firminópolis-GO. *Rev Fac Montes Belos (FMB)* [Internet]. 2015 [accessed on 2018 Nov 06];8(4):177-202. Available from: <http://revista.fmb.edu.br/index.php/fmb/article/view/185>
24. Arruda GT, Barreto SC, Morin VL, Petter GN, Braz MM, Pivetta HMF. Is there a relation between mode of delivery and breastfeeding in the first hour of life? *Rev Bras Promoç Saúde* [Internet]. 2018 [accessed on 2018 Nov 06];31(2):1-7. doi:10.5020/18061230.2018.7321
25. Xavier BS, Nobra RG, Azevedo DV. Breastfeeding: pregnant women knowledge and experience. *Nutrire* [Internet]. 2015 [accessed on 2018 Nov 07];40(3). doi:10.4322/2316-7874.57914
26. Martins LSC, Souza LMC, Nascimento FP. Knowledge of mothers about breastfeeding. *J Spec* [Internet]. 2018 [accessed on 2018 Nov 07];1(1):1-16. Available from: <http://journalofspecialist.com/jos/index.php/jos/article/view/64/28>
27. Melo RS, Costa ACPJ, Santos LH, Saldan CP, Santos LH, Saldan PC, et al. Exclusive breastfeeding practices among health professionals of a baby friendly accredited hospital. *Cogitare Enferm* [Internet]. 2017 [accessed on 2018 Nov 07];22(4):e50523. doi:10.5380/ce.v22i4.50523
28. Jordão BA, Espolador GM, Sabino AMNF, Tavares BB. Conhecimento da gestante sobre o HIV e a transmissão vertical em São José do Rio Preto, São Paulo, Brasil. *Rev Bras Pesqui Saúde* [Internet]. 2016 [accessed on 2018 Nov 07];18(2):26-34. Available from: <http://periodicos.ufes.br/RBPS/article/view/15081/10683>
29. Goulart CS, Mariano VT, Castilho WRF, Segura JSN, Mota WH. Percepção do enfermeiro da atenção básica acerca do atendimento à gestante soropositiva. *Rev Saúde Cienc Biol* [Internet]. 2018 [accessed on 2018 Nov 08];6(3):286-92. doi:10.12662/2317-3076jhbs.v6i3.1976.p286-292.2018
30. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Coordenação-Geral de Desenvolvimento da Epidemiologia em Serviços. Guia de Vigilância em Saúde [Internet]. Brasília: Ministério da Saúde; 2017 [accessed on 2018 Nov 08]. Available from: <http://bvsm.sau.gov.br/bvs/p>

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