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ORIGINAL ARTICLE

Breastfeeding in the rooming-in care at a baby-friendly public hospital in the south region of Brazil and factors that influence it

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Abstract

Objective: To analyze the rate of exclusive breastfeeding in rooming-in care and the factors that influenced it. **Method:** A cross-sectional and descriptive study was carried out, whose data were collected through face-to-face interviews, between October 2021 and September 2022, with 551 postpartum women in rooming-in care of a public maternity hospital in Santa Catarina. The variables included sociodemographic, breastfeeding, pregnancy, delivery and characteristics of newborns data. The analysis included descriptive statistics and the t-Student and chi-square tests. **Results:** Among the 559 newborns, 1.5% of births were twins, 80.5% of newborns were being exclusively breastfed, 58.0% were breastfed in the first hour of life and the median APGAR score was eight in the first minute and nine in the fifth. The average age of the postpartum women was 28.8 years (SD=±6.7), 32.1% planned the pregnancy, 2.9% used silicone nipples, 16.9% used glove fingers and 12.5% performed translactation. Higher rates of exclusive breastfeeding were associated with self-declared black/brown color, breastfeeding in the first hour of life, previous breastfeeding, higher gestational age and greater birth weight and length. Lower rates were associated with planned pregnancy, primiparity, twinning, complications with the newborn during birth, silicone prosthesis, use of silicone nipples, glove fingers and translactation. **Conclusions:** As self-declared color, breastfeeding in the first hour of life or earlier, higher gestational age, birth weight and length increased the probability of breastfeeding in rooming-in; twinning, complications during birth with the newborn, planned pregnancy, having silicone prosthesis, primiparity and using something to help with breastfeeding decreased it.

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INTRODUCTION

The World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the Ministry of Health (MS) recommend that breastfeeding (BF) be initiated within the first hour after birth, that it be offered exclusively until six months and that it should continue until at least the second year of the infant's life. This is justified because breast milk (BM) is the most appropriate food for human nutrition and protection at the beginning of life. In addition, BF strengthens the mother-child bond, provides benefits for the lactating mother and represents economic, social and environmental advantages[1,2,3].

However, the rates of exclusive breastfeeding (EBF) and BF with supplementation still need to increase. The National Study of Infant Feeding and Nutrition (ENANI-2.019) found that, despite an increase of more than 12 times in the prevalence of EBF among children under four months of age in 2019 compared to 1986, only 62.4% of newborns (NB) had been breastfed in the first hour of life; only 45.8% of infants were EBF in the first six months and the BF rate at 12 and 24 months was respectively 52.1% and 35.5%, well below the WHO target for 2030 of 70% EBF up to six months and 60% BF up to two years[4]. A study conducted in the shared accommodation (SA) of a public hospital in Florianópolis (Santa Catarina, Brazil), which is a Baby-Friendly Hospital (HAC), showed that, between 2015 and 2016, 91% of newborns were on EBF in SA[5].

Considering the need for continuous monitoring EBF rates, the duration of mixed, predominant and supplemented breastfeeding and to identify factors that increase or limit them, so that strategies can be created to achieve better rates, this study aimed to analyze the rate of exclusive breastfeeding in the shared accommodation of the same public hospital in Florianópolis and the factors that influenced it.

METHOD

Design and Ethical Aspects

This study had a cross-sectional, descriptive, analytical and prospective design and it is part of a larger longitudinal research project that aims to analyze the rates of BF among newborns born in the maternity ward of a public hospital in Florianópolis (Santa Catarina, Brazil), over a two-year period, and the factors that influence them. The study was approved by the Ethics and Research Committee of the Federal University of Santa Catarina, under number 31518120.7.0000.0121.

Study location

The study was conducted in the maternity ward of the public hospital in Florianópolis. The institution was accredited as a HAC in 1997 and has made efforts to promote, protect and support BF.

Population and Sample

The population consisted of postpartum women admitted to the hospital's maternity ward between October 1, 2021 and September 30, 2022, and their newborns. During this period, 2,511 women in labor were admitted. The sample size calculation, performed with a 99% confidence interval and a 5% margin of error, resulted in 526 {$n = [Z^2*p*(1-p)]/e^2$, where "Z" is the confidence interval, "p" is the expected proportion [50%] and "e" is the maximum margin of error}. On each business day, three postpartum women were randomly selected by drawing lots to enter the study.

The inclusion criterion was being admitted to the hospital's maternity ward with a newborn whose birth occurred in the hospital. The exclusion criteria were postpartum women who had any health condition that did not allow the researchers to approach them or that prevented breastfeeding.

Data Collection

Data were collected by trained medical students through in-person bedside interviews guided by a questionnaire with closed questions. Data were collected from medical records and prenatal care records. Parturients who tested positive for COVID-19 at the time of admission and were subsequently confirmed by reverse transcriptase-polymerase chain reaction (RT-PCR) were contacted shortly after hospital discharge by telephone, email, or WhatsApp to avoid infecting the interviewers. The variables studied were sociodemographic and those related to breastfeeding, characteristics of the postpartum women, pregnancy, childbirth, and newborns. Human infection by COVID-19 in mothers and their newborns was also studied, using a rapid test for COVID-19 routinely collected by the nursing team from all pregnant women admitted in labor at the hospital's maternity ward, and analyzed by the hospital laboratory, and an RT-PCR test for COVID-19 among symptomatic women, to confirm the suspected diagnosis. Newborns of symptomatic mothers and/or those suspected of having the disease were also routinely tested by collecting nasopharyngeal secretions using a nasal swab between 24 and 72 hours of life. The test results were collected from the medical records of the puerperal women and their newborns.

The independent variable was EBF in the SA.

Data Analysis

The data were entered into a Google spreadsheet and the database was reviewed four times in order to find and correct inconsistencies.

Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 21.0, using descriptive statistics [frequency and relative percentage for categorical variables, mean and standard deviation (SD) for continuous variables with normal distribution, median and 25th and 75th

percentiles (P25-75) for variables without normal distribution and discrete variables]. Normality analysis was performed using the Kolmogorov-Smirnov test. The Student's t-test was used to compare two groups of continuous variables, and Pearson's chi-square (Chi^2) was used to compare groups of categorical variables. The 95% confidence interval (95% CI) of percentages was calculated to compare data from the current study with those from other studies. The null hypothesis was rejected when $p<0.05$.

RESULTS

Characteristics of the postpartum women

A total of 551 postpartum women participated in the study, with a mean age of 28.8 years (SD = 6.7). The median number of years of schooling was 11.0 (P25-75 = 10.0 – 12.0). The mean age of their partner was 31.8 years (SD = 6.9) and the median number of years of schooling was 11.0 (P25-75 = 9.0 – 12.0). The median monthly family income of the postpartum women was R$3,500.00 reais (P25-75 = 2,275.00 – 5,000.00), equivalent to 2.9 minimum wages (P25-75 = 1.9 – 4.2). Among postpartum women who had other children, the median age of the previous child was three years (P25-75 = 1.2 – 7.0). Other socioeconomic and housing characteristics of the postpartum women are shown in Table 1.

Table 1. Socioeconomic and housing profile of the 551 postpartum women who had their children in the maternity ward of the public hospital in Florianópolis between October 2021 and September 2022.

Characteristics	Frequency n (%)[a]
Color	
White	313 (56,8)
Black	74 (13,4)
Brown	149 (27,0)
Yellow	6 (1,1)
Not reported	9 (1,6)
Scholarity	
Elementary Incomplete	26 (4,7)
Elementary Complete	50 (9,1)
High school or Complementary incomplete	87 (15,8)
High school or Complementary Complete	220 (39,9)
Higher Incomplete	66 (12,0)
Higher Complete	75 (13,6)
Graduate studies incomplete	6 (1,1)
Graduate studies complete	14 (2,5)
Not reported	7 (1,3)
Student	
Yes	69 (12,5)
No	467 (84,8)
Not reported	15 (2,7)
Works	
Yes	341 (61,9)
No	209(37,9)
Not reported	1 (0,2)
Marital status	
Single	254 (46,1)
Married/Stable Union	290 (52,6)
Divorcee/Separated	7 (1,3)
Had a partner	
Yes	515 (93,5)
No	36 (6,5)
Partner's schooling	
Elementary Incomplete	52 (9,4)
Elementary Complete	52 (9,4)
High school or Complementary incomplete	75 (13,6)
High school or Complementary Complete	202(36,7)
Higher Incomplete	52 (9,4)
Higher Complete	66 (12,0)
Graduate studies incomplete	2 (0,4)
Graduate studies complete	3 (0,5)
Not reported	4 (0,7)
Does not know	7 (1,3)
Did not have a partner	36 (6,6)
Lived with the mother	
Yes	62 (11,3)
No	488 (88,6)
Not informed	1 (0,2)
Lived with the mother-in-law	
Yes	22 (4,0)
No	492 (89,3)
Not applicable	360 (6,5)
Not informed	1 (0,2)
How Much mother and/or mother-in-law helped	
Nothing	130 (23,6)
A little	100 (18,1)
Enough	205 (37,2)
Completely	114 (20,7)
Not informed	2 (0,4)

Source: the author (2023).
a. the complete percentage cannot be equal to 100%, because of rounding to one decimal point.

History of current pregnancy and childbirth

Table 2 shows characteristics of the current pregnancy of the puerperal women, table 3 shows the use of substances during the current pregnancy; and table 4 shows characteristics of the childbirth and who was present at that time.

Table 2. Characteristics of the history of the current pregnancy of the 551 puerperal women who gave birth in the maternity ward of the public hospital in Florianópolis between October 2021 and September 2022.

Characteristics	Frequency n (%)[a]
Planned pregnancy	
Yes	177 (32.1)
No	374 (67.9)
Well-accepted pregnancy	
Yes	516 (93.6)
No	32 (5.8)
Not informed	3 (0.5)
Primiparity	
Yes	269 (48.8)
No	282 (51.2)
Number of prenatal visits	
< 6 visits	75 (13.6)
≥ 6 visits	457 (82.9)
Not informed	19 (3.5)
Participation in a group of pregnant women	
Yes	77 (14.0)
No	470 (85.3)
Not informed	4 (0.7)
Prenatal disorders	
Yes	265 (48.2)
No	280 (50.8)
Not informed	6 (1.1)

Source: the author (2023).
a. The total percentage may not equal 100% due to rounding to one decimal place.

Table 3. Substance use during the current pregnancy of the 551 postpartum women who gave birth in the maternity ward of the public hospital in Florianópolis between October 2021 and September 2022.

Characteristics	Frequency n (%)[a]
Smoking during pregnancy	
Yes	43 (7.8)
No	503 (91.3)
Not informed	5 (0.9)
Alcohol drinking during pregnancy	
Yes	85 (15.4)
No	460 (83.5)
Not informed	6 (1.1)
Marihuana smoking during pregnancy	
Yes	23 (4.2)
No	500 (90.7)
Not informed	28 (5.1)
Cocaine use during pregnancy	
Yes	2 (0.4)
No	523 (94.9)
Not informed	26 (4.7)
Use of other drugs during pregnancy	
Yes (not specified)	2 (0.4)
No	479 (86.9)
Not informed	70 (12.7)

Source: prepared by the author (2023).
a. The total percentage may not be equal to 100%, due to rounding to one decimal place.

Characteristics of the newborns

Eight births were of twins, with a total of 559 newborns born, 275 of whom were female (49.2%). The median APGAR score in the first minute was eight (P25-75 = 8.0 – 9.0) and, in the fifth minute, nine (P25-75 = 9.0 – 9.0). The median gestational age of the newborns by the date of the last menstrual period was 276 days (P25-75 = 267.0 – 282.0) or 39 weeks and three days (P25-75 = 38 weeks and one day – 40 weeks and 2 days). The median birth weight was 3270.0g (P25-75 = 2950.0 – 3580.0), birth length was 48.5cm (P25-75 = 47.0 – 50.1) and head circumference was 34.0cm (P25-75 = 33.0 – 35.0).

BF Characteristics

Among the 559 newborns, 450 were on EBF in the SA (80.5%), 52 were receiving BM supplemented with formula (9.3%),[17], only formula (3.0%),[10] glucose (1.8%),[2] other (0.4%) and this information was not available for 28 (5.0%); 324 were breastfed in the first hour of life (58.0%), 14 were using a bottle (2.5%) and 16 were using a pacifier (2.9%). Regarding the postpartum women, 262 had breastfed other children previously (47.5%), six had undergone breast reduction surgery (1.1%), nine had silicone implants (1.6%), 270 received guidance on BF during prenatal care (49.0%) and 198 had their breasts evaluated during prenatal care (35.9%). Among those who had already had other children, the median EBF time was six months (P25-75 = 4.0 - 6.0) and the total breastfeeding time was 15 months (P25-75 = 6.0 - 24.0). The median time they intended to breastfeed the current newborn exclusively was six months (P25-75 = 6.0 - 6.0) and the total breastfeeding time was 13.0 months (P25-75 = 12.0 - 24.0). Sixteen were using a silicone nipple to breastfeed (2.9%), 93 used a glove finger to stimulate sucking (16.9%) and 69 were translactating (12.5%). There was a positive association between EBF in the SA and: self-declared black or brown skin color [$Chi^2(3) = 9.2$, $p = 0.027$], breastfeeding in the first hour of life [$Chi^2(1) = 16.1$, $p = 0.000$], previous breastfeeding [$Chi^2(3) = 12.7$, $p = 0.005$]; higher gestational age by ultrasound (USG) [$T(543) = 2.5$, $p = 0.013$]; higher gestational age by date of last menstrual period (LMP) [$T(396) = 4.7$, $p = 0.000$]; higher birth weight [$T(122.75) = 3.6$, $p = 0.000$] and greater length at birth [$T(124.6) = 3.97$, $p = 0.000$]. There was a negative association between EBF

Table 4. Birth characteristics of the 551 postpartum women who had their babies in the maternity ward of the public hospital in Florianópolis between October 2021 and September 2022.

Characteristics	Frequency n (%)[a]
Twinning	
Yes	8 (1.5)
No	543 (98.5)
Type of delivery	
Vaginal	341 (61.9)
C-Section	206 (37.4)
Not informed	4 (0.7)
Peopele presente during delivery	
Nobody	11 (2.0)
Newborn's Father	439 (79.7)
One of the child's grandparents	47 (8.5)
Other family members	25 (4.5)
Friends	9 (1.6)
Partner – not parente	7 (1.3)
Brother/Sister	6 (1.1)
One of the mother's grandparents	3 (0.5)
Not informed	4 (0.7)
Disorders with the mother during delivery	
Yes	174 (31.6)
No	374 (67.9)
Not informed	3 (0.5)

Source: prepared by the author (2023).
a. The total percentage may not be equal to 100%, due to rounding to one decimal place.

in the SA and planned pregnancy [$Chi^2(1) = 5.5$, $p = 0.019$]; primiparity [$Chi^2(1) = 6.2$, $p = 0.013$]; twinning [$Chi^2(1) = 15.8$, $p = 0.000$], having silicone prosthesis in the breast [$Chi^2(1) = 4.2$, $p = 0.041$], complications with newborn during delivery [$Chi^2(1) = 57.6$, $p = 0.000$]; use of silicone nipple [$Chi^2(1) = 30.4$, $p = 0.000$]; glove finger to stimulate sucking [$Chi^2(1) = 43.0$, $p = 0.000$], translactation [$Chi^2(1) = 125.8$, $p = 0.000$].

COVID-19 Infection

In the study, 113 women were diagnosed with COVID-19 (20.5%), 104 of whom were asymptomatic (92.0%). Of the total number of cases, 102 diagnoses were made during pregnancy (90.3%), one during hospitalization for childbirth (0.9%), three postpartum (2.7%), and this information was not available for seven (6.2%). One woman who tested positive during pregnancy had to be admitted to the ICU for ten days and another to the ward for three days. In none of the positive cases was breastfeeding suspended and no newborn was diagnosed with COVID-19.

There was no association between EBF in the BF and maternal COVID-19 infection during pregnancy [$Chi^2(1) = 2.2$, $p = 0.130$].

DISCUSSION

Our study showed that only 81% of newborns were receiving exclusive breastfeeding in the SA, a lower value than the 91% (95% CI = 89.4 – 92.6) found in this maternity hospital between 2015 and 2016[5].

The puerperal women in this study had an average age of 28.8 years, and most often self-identified as white, working, had a partner and had completed high school or higher education. The majority accepted the pregnancy well, received adequate prenatal care and had no complications during pregnancy. The newborns' fathers most often had completed high school or higher education. This profile is similar to that found in a study conducted in the same maternity hospital between 2015 and 2016[5].

In the current study, there was a positive association between EBF in the SA and self-declared black or brown skin color, breastfeeding in the first hour of life, having previously breastfed, higher gestational age and higher birth weight and length. A previous study in the same maternity hospital found an association between EBF in the SA and higher gestational age and higher birth weight, but also found an association with paternal education, APGAR at 1 minute and good acceptance of pregnancy, unlike the current study[5].

Regarding self-reported skin color, an integrative review conducted by Bicalho et al. (2021) found that white women had a higher incidence of nipple trauma, which could cause initial difficulties in breastfeeding[6]. On the other hand, our results are in line with American studies in which black and Latin women have lower BF rates at hospital discharge.

The association of EBF with breastfeeding in the first hour of life in this study is in line with the literature, which demonstrates that it is an important factor in promoting BF[7,8]. However, the integrative review conducted by Bicalho et al. (2021) showed an association between BF in the first hour of life and a higher incidence of nipple trauma, which could contribute to lower BF rates[6].

Although the results associated previous breastfeeding with higher BF rates in the SA, the analysis carried out previously in the same maternity ward did not demonstrate this relationship[5]. Another study conducted in the central region of Saudi Arabia found no relationship between breastfeeding experience and early initiation of breastfeeding[9].

Unlike what was found in a previous study[5], in our study, there was no association between EBF in the SAF and the number of prenatal consultations and complications during pregnancy.

In the current study, most postpartum women reported that their mother and/or mother-in-law helped them a lot or completely. However, no association was found with the EBF rate in the BF, unlike a study that demonstrated an association between higher BF rates and a support network[6,10]. Perhaps this association was not found due to less contact with them in the SA. These people correspond to an important part of the support network of postpartum women shortly after hospital

discharge. A study carried out by Turner et al. (2022) revealed an increase in negative experiences related to BF during the COVID-19 pandemic, due to the need for social isolation and consequent decrease in contact with the support network[11].

An unexpected variable was negatively associated with EBF in the SA: planned pregnancy. One hypothesis for this finding could be the stress and self-pressure of postpartum women to have an ideal pregnancy and postpartum period and their greater anxiety due to the COVID-19 pandemic.

In the current study, approximately half of the postpartum women were primiparous and there was an association between primiparity and lower rates of EBF in the SA. An association between BF of the first child and a higher occurrence of nipple trauma was found in the integrative review carried out by Bicalho et al. (2021), which can result in early weaning[6]. In addition, primiparity is associated with the late initiation of BF after the birth of the newborn[12] and a higher rate of supplementation, for example with formula, in the first 48 hours after delivery[13]. Multiparity was also considered a protective factor against BF[7].

Other factors that were negatively associated with EBF in the SA were having silicone breast implants, twinning, complications with the newborn during delivery, puerperal women using silicone nipple shields, finger gloves, and translactation.

A South Korean study published in 2017 found that the success of BF among twins was related to early breastfeeding of these newborns[14]. Thus, it is possible that the negative association between twin newborns and BF in the BF found in the current study is related to the difficulty of puerperal women in providing their milk early to their newborns due to the complexities related to the delivery and care of twins.

A previous study in this maternity ward also found a negative association between EBF in the SA and the use of silicone nipple shields, finger gloves, and/or translactation[5], which is expected, considering that their use is a consequence of some difficulty in breastfeeding. Although the current and previous studies, carried out in the same maternity hospital[5], did not find an association between smoking and EBF rates, a Brazilian study carried out in Maceió (Alagoas) found such association[15].

Approximately 4/5 of the postpartum women received adequate prenatal care (six or more prenatal visits), and several studies have shown that this would be a protective factor against EBF[5,10]. However, it is noteworthy that more than half of the postpartum women in this study did not receive guidance on breastfeeding and did not have their breasts assessed during prenatal care. Although these high rates did not influence BF in the SA, they may negatively impact the nutrition of these children over time. In a previous study conducted at the same hospital, women who received guidance on breastfeeding during prenatal care showed an intention to breastfeed their children exclusively at the breast for longer than those who did not receive guidance[5]. Another study in a public hospital in Maceió found an association between lack of guidance and early weaning[15], and studies have shown that good guidance has a positive effect on the early initiation of BF[9] and on EBF upon hospital discharge[16] and it is a protective factor against nipple trauma, a major cause of early weaning[6,17]. The third step of the HAC Initiative concerns the guidance of women regarding breastfeeding to educate them about the benefits of this practice and how best to perform it, which should be provided to puerperal women by the healthcare team during their hospital stay[18].

This study also did not find an association between the mode of delivery and EBF in SA, which is in line with some studies[10,19]. However, it differs from others, which found an association between surgical delivery and lower EBF rates[5,20], due to the difficulties encountered by women due to postoperative recovery, such as pain and reduced mobility, and the continuity of treatment for complications that could have led to the indication for surgery[20]. Furthermore, studies show that newborns born surgically are more likely not to be breastfed in the first hour[21,22], not to have skin-to-skin contact and to be admitted to the Neonatal Intensive Care Unit (NICU), although this last factor may be the cause and not the consequence of BF[22]. Surgical delivery was also associated with supplemental breastfeeding in the first 48 hours of life in a study conducted in Natal (Rio Grande do Norte, Brazil)[13].

One of the limitations of the current study was the failure to fill in some data by the students, despite having been previously trained and guided in regular meetings, which resulted in a relatively high frequency of missing data. Additionally, it should be emphasized that the data found are related to breastfeeding in the SA and that there may be postpartum women who are able to breastfeed their children exclusively after discharge.

In conclusion, the rate of EBF in the SA was 80.5%. BF in the SA was positively related to self-reported skin color, breastfeeding in the first hour of life or earlier, higher gestational age, weight and length at birth; and negatively related to twinning, complications during delivery with the newborn, planned pregnancy, having a silicone prosthesis, primiparity and using something to assist breastfeeding.

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