

Breastfeeding self-efficiency among young mothers at Ambulatório Sofia Feldman public service and Ambulatório Ciências Médicas public service in Belo Horizonte

VICTÓRIA MELO RAMALHO¹ , RAÍSSA ÊMILY ANDRADE SOUZA¹ , CAMILA MENEZES SABINO DE CASTRO¹ 

¹ FACULDADE DE CIÊNCIAS MÉDICAS DE MINAS GERAIS, BELO HORIZONTE, MG-BRAZIL

CORRESPONDING AUTHOR: VICTÓRIA MELO RAMALHO – RUA CAMÕES, 30. SÃO LUCAS – ZIP CODE: 30240-270 – BELO HORIZONTE, MG-BRAZIL.

EMAIL: VIIRAMALHO1802@GMAIL.COM

ABSTRACT

Introduction: Breastfeeding holds crucial importance for both the child and the nursing mother. Factors such as self-efficacy and safety can exert influence on early weaning, with these factors being either external (extrinsic) or internal (intrinsic) to the mother. **Objective:** To analyze factors associated with breastfeeding self-efficacy among young mothers. **Method:** Cross-sectional study carried out with a sample of 65 users of two outpatient services in Belo Horizonte, Minas Gerais. Participants were women who had a pregnancy up to 20 years of age. Data collection was performed between September 2021 and February 2022, through face-to-face interviews, using a sociodemographic questionnaire developed by the authors. Categorical variables were presented as absolute and relative frequencies and numerical variables as mean and standard deviation (SD). **Results:** A correlation was identified between Exclusive Breastfeeding (EBF) and the use of dairy supplements with low/medical self-efficacy, associated with the reports: “*I did not produce so much milk (N57, 15 years old)*”, “*My milk did not sustain (N36, 16 years)*”. On average, women became pregnant at the age of 17.3 years. Most of them self-declared as non-white, had only completed elementary school, and did not work while breastfeeding. **Conclusion:** Further studies should be conducted to explore additional factors related to self-efficacy that can enhance adherence to evidence-based practices. There is a need for public policies that specifically target young mothers, with the aim of promoting education, ensuring employability, and ultimately improving their socio-economic conditions.

Keywords: Breastfeeding; Socioeconomic level; Health promotion.

INTRODUCTION

The World Health Organization and the Brazilian Society of Pediatrics recommend exclusive breastfeeding for the first six months of a child's life. This period is extremely important for consolidating the child's immunological and nutritional development, for the emotional development between mother and child, in addition to promoting the ideal growth of the Newborn (NB). In this way, all the newborn's needs are met through exclusive breastfeeding. Only after six months can complementary nutrition be offered¹.

Breastfeeding is classified as exclusive, predominant (breast milk and intake of water, tea, or juice), complementary (breast milk, non-breast milk, infant formula, liquid, or pasty foods) and artificial (ingestion of any liquids or foods)¹ two. According to Machado (2017)¹, successful breastfeeding is highly related to events in the immediate and late postpartum period, that is, until approximately the 42nd day postpartum.

According to Dodt et al. (2013)³, breastfeeding can reduce deaths of children under five years of age by up to 13%. Although, in Brazil there is a prevalence of a high rate of early weaning caused mainly by misinformation and the nursing mother's belief in myths. During breastfeeding, particularly among teenage mothers, a greater degree of psychological vulnerability is observed. This vulnerability stems from the significant social pressure they face, as society often views them as too young to shoulder the responsibilities of motherhood. Moreover, the absence of support from family or a partner compound their struggles. Navigating the demands of caring for and breastfeeding their newborn without assistance or guidance from loved ones leads to increasing fatigue and a sense of unpreparedness. In this sense, teenage mothers are at greater risk due to the early age of pregnancy and the vulnerabilities inherent to teenage pregnancy, which contributes to the abandonment of the practice of EBF^{4,5,6}

Another important concept for a good breastfeeding process is self-efficacy, which has proven to be an excellent tool for measuring or predicting breastfeeding success. Self-efficacy is understood as the conviction that a person has about their ability to solve a given problem, to successfully achieve a goal⁶. Also, according to Bandura (2008)⁷, the feeling of self-efficacy will only be generated in the individual from sources of information through a successful experience, through an observed experience, through social persuasion, for

example, by verbal encouragement from others, or by their physical and emotional state⁷.

Study carried out by Rocha et al. (2018)⁶ it was found that mothers' motivation favors the prolongation of breastfeeding, as well as knowledge about the benefits of breastfeeding, encouragement, and family support. The experiences experienced by the nursing mother were determining factors in early weaning, that is, in the interruption of exclusive breastfeeding until the newborn's six months of life. In view of this, it is worth highlighting the association between the self-efficacy proposed by psychologist Albert Bandura and the scenario experienced by nursing mothers in the context of breastfeeding⁶.

Studies show that young and adolescent mothers are 14% more likely to stop Exclusive Breastfeeding (EBF) than adult mothers. When risk factors such as misinformation, school dropout, and lack of family support are present, there is a significant increase in the likelihood of interrupting exclusive breastfeeding, with a threefold higher chance. According to Bandura et al. (2008)⁷, 55.7% of adolescents between 18 and 19 years old reported that they did not practice effective exclusive breastfeeding. This fact is closely linked to the lack of guidance, often resulting in young mothers believing in breastfeeding myths. These myths include misconceptions that their breast milk is weak, does not quench their thirst, or is insufficient to meet the demands of their newborn. The feeling of insecurity regarding the real nutritional value of breast milk, the young woman is led to offer other artificial foods before the recommended period, an attitude that directly affects breastfeeding^{8,9}

According to Senna et al. (2020)¹⁰, babies who received EBF up to six months have a 31% less chance of developing overweight and obesity later. Rocha et al.⁶ state that the fatigue generated by the demand arising from breastfeeding has become one of the reasons for

early weaning. Alves, De Oliveira and Rito (2018)¹¹ confirmed that there was a lower prevalence of EBF among teenage mothers, with less than high school education, with income below one minimum wage and among those who did not live with their partner. Furthermore, it is known that peaceful and pleasurable breastfeeding, which is closely related to self-efficacy, should be promoted through the guidance of mothers, mainly so that nursing mothers have greater well-being and quality of life^{9,10,12}

In this perspective, understanding the association between self-efficacy and socioeconomic factors is extremely important in a way we can intervene in the problem of early weaning among nursing mothers aged less than or equal to 20 years, as well as offering a better outcome for the child, preventing it from various future pathologies^{12,13}. This analysis is essential to enable the promotion of physical and mental health for nursing mothers^{14,15}.

At last, there are still few scientific studies published with nursing mothers under 20 years of age in Brazil, which makes it impossible to carry out several effective projects aimed at promoting the health of these mothers and infants during breastfeeding. Therefore, the objective of the present study was to evaluate the correlation between breastfeeding self-efficacy and demographic, social and economic factors among young mothers (less than or equal to 20 years old).

METHOD

Research delineation

This is a cross-sectional study, performed with a non-probability convenience sample, between 2021 and 2022. The sample consisted of 65 users of two public health services in the city of Belo Horizonte, one of which was an outpatient clinic (*Ambulatório Ciências Médicas*) and a hospital (*Hospital Sofia Feldman*), chosen due to provide a large volume of

care for postpartum and pregnant women, in addition to the high number of gynecological consultations. The *Sofia Feldman* hospital was the first in the state of Minas Gerais accredited with the Baby-Friendly Hospital Initiative (IHAC), where it guarantees that the institution achieves greater breastfeeding success, due to the assistance provided to nursing mothers; In addition to providing comprehensive assistance to women through Woman-Friendly Care, it also allows free access for either the mother or father to the neonatology environment. Both health services are also teaching institutions, which allows the provision of training and improvement of the service provided to patients.

In the study, all participants who had at least one pregnancy up to 20 years of age were eligible, and this pregnancy occurred between 2015 and 2021. The exclusion criteria were: participants who did not complete all the questionnaires, first-time participants who were still pregnant at the time of the interview.

Instruments and procedures

The project was approved by the Research Ethics Committee under number 47230721.2.0000.5134. Data collection was carried out through a face-to-face interview, carried out once a week, from November 2021 to April 2022. It should be noted that all prevention standards regarding COVID-19 were followed, including the use of a mask facial, physical distancing and use of 70% alcohol to disinfect the pens used by participants. The participants were contacted by the researchers, in person, in the waiting rooms of the health services. The initial approach was for mothers accompanied by their child while waiting for pediatric appointments at the outpatient clinic and for mothers accompanied by their newborn child (NB) while waiting for pediatric appointments and/or gynecological consultations at the hospital.

Prior to completing the questionnaires, participants who were 18 years or older signed an Informed

Consent Form. For participants under the age of 18, an Assent Form was also signed due to their involvement in the research as underage participants. These terms were attached to the form hosted on “Google Forms” and a copy of all responses, as well as consent, were sent to the participant. Before answering the questionnaires of interest for data collection, the participant was aware of the destination of their answers, the possible risks, and benefits, and could choose or not to participate in the research. Therefore, it is noteworthy that participation in the study was voluntary, based on the free and spontaneous will of the participant. Furthermore, the researchers signed the Confidentiality and Secrecy Term and the Responsibility and Commitment Term, thus seeking to affirm their responsibility for the data that will be collected, to preserve their secrecy and confidentiality.

Two questionnaires were used for the interview: 1–Socioeconomic; 2–Adapted Breastfeeding Self-Efficacy Scale – Short Form (BSES-SF)¹⁹. In the socioeconomic questionnaire, the following variables were evaluated: maternal age (in years), year when she became pregnant (2015 or earlier and 2016 to 2021), race/color (white and non-white), education (elementary and secondary/higher), employment status housing (rent and own/granted house), location of housing (urban and rural), marital status (without spouse and with spouse), monthly family income (up to one minimum wage and greater than or equal to one minimum wage), work (no and yes), presence of the father (no and yes), support network (no and yes), prenatal care (did not and did), duration of breastfeeding (less than or equal to six months and greater than six months) and food supplement (no and yes).

The BSES-SF was also used, as it evaluates the breastfeeding woman regarding four sources of information: personal experience, observational experience, verbal persuasion, emotional and physiological state. This

scale has 14 questions. Each question has five answer options, as follows: “Totally disagree” (1 point), “Disagree” (2 points), “No opinion” (3 points), “Agree” (4 points), “Totally agree” (5 points). The total score can vary from 14 to 70 points, with low effectiveness being considered from 14 to 32 points, medium effectiveness from 33 to 51 points and high effectiveness from 52 to 70 points¹⁴. For the present study, the outcome was categorized into low/medium efficacy and high efficacy.

Statistical analysis

To describe the categorical variables, the absolute and relative frequencies were presented and for the numerical variables, the mean and standard deviation (SD). The association between breastfeeding self-efficacy and demographic, social and economic factors was tested using the Chi-square test and the correlation of the outcome with the aforementioned factors was analyzed using the Spearman test. A p-value ≤ 0.05 was considered statistically significant. Statistical analysis was performed using the R statistical program.

RESULTS

A total of 65 women participated in the research, who met the inclusion and exclusion criteria. Regarding sociodemographic characteristics, the average age at which women became pregnant was 17.3 years (SD = ± 1.66), with 75.4% becoming pregnant in 2015, 86.1% self-declared as non-white, 50.8% had only completed primary education, 63.1% lived in rented housing and 84.6% lived in urban areas. In relation to income, 12.3% reported a monthly income of less than the minimum wage and 73.8% did not work while breastfeeding. Regarding the participation of the father and family, 73.8% reported the presence of the child's father throughout the pregnancy and 78.5% reported having a support network during the pregnancy and breastfeeding period. As for questions regarding breastfeeding and pregnancy, 98.5% of women received

prenatal care, 41.5% breastfed until the child was six months old and 30.8% used supplementation, replacing breastfeeding with milk formula (Table 1).

Table 1. Demographic, economic, and social characteristics of young mothers (less than or equal to 20 years old).

Variables	%
Age in years, mean (DP)	17,3 (±1,66)
Year you got pregnant	
2015 or previous	75,4%
2016-2021	24,6%
Ethnic	
White	13,9%
Not white	86,1%
Level of Education	
Primary education	50,8%
High school and higher education	49,2%
Housing situation	
Rent	63,1%
Own or borrowed house	36,9%
Housing location	
Urban	84,6%
Rural	15,4%
Marital status	
No spouse	67,7%
With spouse	32,3%
Family income monthly	
Even a minimum wage	12,3%
Greater than or equal to the minimum wage	87,7%
Work	
No	73,8%
Yes	26,2%
Father's presence	
No	26,2%
Yes	73,8%
Support network	
No	21,5%
Yes	78,5%
Prenatal	
No	1,5%
Yes	98,5%
Breastfeeding duration	
Less than or equal to 6 months	41,5%
Greater than 6 months	58,5%

Nutritional supplement

No	69,2%
Yes	30,8%

n = 65

In relation to the BSES-SF questionnaire, when associating sociodemographic factors individually, it was found that women with Low Efficacy had less breastfeeding time and used milk formula (Table 2). When correlating this data to social indices, the same results were found. (Table 3)

Table 2. Association between breastfeeding self-efficacy of young mothers (20 years old or less) and demographic, economic and social factors.

Variables	Valor p
Age in years, mean (DP)	
Year you got pregnant	0,114 ^F
Ethnic	0,225 ^F
Scholarity	0,969 ^Q
Housing situation	0,639 ^Q
Housing location	0,319 ^F
Marital status	0,163 ^Q
Family income monthly	0,442 ^F
Work	0,919 ^Q
Father's presence	0,919 ^Q
Support network	0,227 ^F
Prenatal	0,448 ^F
Breastfeeding duration	0,001 ^F
Nutritional supplement	0,038 ^F

^Q: Chi-square test

^F: Fisher's Exact Test

When approached about the justification for using milk formula, most interviewees reported low weight gain, lack of information, difficulty breastfeeding related to latch-on and time, in addition to conditions associated with milk quality. Among the mothers with low/medium effectiveness, the following reports were found:

I didn't produce that much milk (N57, 15 years old).

Baby rejected the breast (N11, 19 years old).

Lack of information (N21, 17 years old).

Because I was studying (N25, 15 years old).

My milk wasn't enough (N36, 16 years old).

Table 3. Correlation of breastfeeding self-efficacy of young mothers (20 years or less) and demographic, economic and social factors.

Variables	r*	Valor p
Age in years, mean (DP)	-0,058	0,666
Year you got pregnant	0,230	0,083
Ethnic	0,159	0,234
Scholarity	0,082	0,548
Housing situation	0,046	0,733
Housing location	-0,145	0,283
Marital status	-0,059	0,660
Family income monthly	-0,149	0,268
Work	-0,013	0,921
Father's presence	-0,187	0,159
Support network	0,123	0,359
Prenatal	-0,147	0,271
Breastfeeding duration	-0,424	0,000*
Nutritional supplement	-0,287	0,030*

r: Spearman correlation test

*: P < 0,05

To better understand the results of the present study, the sample was grouped into two groups: low/medium self-efficacy and high self-efficacy according to the high, medium, and low self-efficacy scores of the BSES-SF questionnaire. Therefore, 32 samples were found characterized as low/medium self-efficacy, 26 samples as high self-efficacy and 7 samples were excluded.

DISCUSSION

According to the results of this study, the young mothers in the sample have a vulnerable sociodemographic profile. Furthermore, breastfeeding time and supplementation with milk formulas were the factors correlated with low/medium breastfeeding self-ef-

ficacy, that is, there was a negative relationship not favorable to high self-efficacy, associated with the reports: "I didn't produce as much milk (N57, 15 years old)", "My milk wasn't enough (N36, 16 years old)".

Within the sample categorization, social determinants were observed that may contribute to the psychosocial vulnerability of these mothers. Most of them became pregnant at 17 years of age, had only completed elementary school, were unemployed, and lived in rented accommodation. According to Rocha et al (2022)¹⁶, these factors are subject to modification through public policies, which directly and indirectly reflect on EBF and maternal quality of life, as they are at greater risk of early weaning.¹⁷

According to the latest nationally conducted survey in Brazil, the prevalence of exclusive breastfeeding (SMA) in children under 6 months of age was approximately 36.6%. This finding aligns with the present study, where it was observed that 41.5% of young mothers breastfed up to 6 months, and 58.8% breastfed for a period exceeding 6 months. Javorski et. al (2018)¹⁸ carried out a study in which an educational intervention was applied to postpartum mothers, resulting in an increase in self-efficacy scores and an association with longer EBF duration. Therefore, the results of the present study can be explained by the high rate of samples grouped as having low/medium self-efficacy (32), which may be associated with misinformation and/or the mother's low credibility regarding exclusive breastfeeding (EBF). This is further supported by the approximately 30.8% usage rate of dietary supplements.

Justifications such as "low weight gain", "lack of information", "difficulty breastfeeding related to latch-on and time", "low quality of milk" used by mothers demonstrate maternal insecurity and uncertainty regarding the breastfeeding process. It becomes possible to associate the use of nutritional supplementa-

tion for the baby as a way for the mother to satisfy a subjective need due to the assumption of “weak milk”, for example¹⁶.

It is also worth highlighting that the use of the BSES-SF can be used as an aid in prenatal and postpartum consultations so that mothers with low self-efficacy are identified, therefore enabling the provision of appropriate educational guidance provided by health professionals. to the mother’s reality to increase breastfeeding self-efficacy scores and, consequently, increase EBF time together with the possibility of offering greater well-being to the mother in the puerperal period^{19,20}.

Current studies prove that the challenge of breastfeeding is negatively associated with women’s worse socioeconomic condition and low education¹⁹. Therefore, greater breastfeeding self-efficacy has been observed among women with greater academic training and better information about the benefits of breastfeeding.²⁰. Factors such as education ($p=0.969$) and monthly family income ($p=0.442$) presented insignificant values, the general results obtained were significant for the population analyzed.

The vulnerability characteristics presented by the young/adolescent mothers studied in the sample should also be highlighted. In this perspective, it highlights the need to promote support and protection for breastfeeding and EBF, which is identified as a non-significant result in the study: the presence of the father ($p=0.919$), the support network ($p=0.227$) and the completion of pre-natal ($p=0.448$).

One of the current limitations of the research is its small sample size. Although relevant to the analyzed population, the study was conducted in a limited number of health centers. Therefore, future research

should be conducted in larger centers, encompassing a more comprehensive sample. In addition, young mothers in private centers were not included in the analysis. It is important to note the presence of memory bias as well, as mothers who have been pregnant for a longer time tend to have a reduced recollection of certain details pertaining to the breastfeeding process.

CONCLUSION

The results of this study demonstrate a relationship between maternal self-efficacy and exclusive breastfeeding (EBF), as well as the use of dairy supplementation. Several factors influence EBF, including lack of information, social vulnerability, and age. Among these factors, social vulnerability is widely recognized to have a negative impact on EBF, contributing to early weaning. It is known that there are still few studies in the literature regarding Maternal Self-efficacy and maintenance of EBF in primiparous women, and this term is still unknown among academics and laypeople.

Hence, the significance of BSES-SF is recognized as an educational tool to enhance exclusive breastfeeding (EBF) rates in Brazil. It can be implemented during prenatal care to identify pregnant women with lower self-efficacy, enabling the correction of factors that influence self-efficacy. By promoting health education on breastfeeding, it contributes to the increase of EBF. Furthermore, the need to implement and enforce public policies aimed at young mothers is recognized, encouraging study, and guaranteeing employment, to mitigate and reverse the social situation found in this study.

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THE AUTHORS DECLARE THAT THERE IS NO CONFLICT OF INTERESTS IN RELATION TO THIS ARTICLE.