







## REVIEW ARTICLE

# Intervening factors in adherence to breastfeeding within the first hour of life: integrative review

*Fatores intervenientes na adesão à amamentação na primeira hora de vida: revisão integrativa*

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## ABSTRACT

**Objective:** To analyze scientific evidence in the health area about the factors interfering with breastfeeding the newborn in the first hour of life in the hospital setting. **Method:** Integrative review of the literature performed in August 2020 in six information resources. **Results:** The total of 282 references were identified. After applying the inclusion and exclusion criteria, 28 were selected for qualitative synthesis, showing that multidimensional factors interfere with adherence to breastfeeding in the first hour of life. **Conclusion:** This practice is influenced by maternal and neonatal factors and by institutional and professional practices instituted in prenatal care, childbirth and the puerperal period. Recognizing these factors is essential to favor reflections and changes in care and management health practices, with a view to improving breastfeeding rates in the first hour of life and exclusive breastfeeding, and reducing infant morbidity and mortality.

**Descriptors:** Infant, Newborn; Breast Feeding; Rooming-in Care; Delivery Rooms; Neonatal Nursing.

## RESUMO

**Objetivo:** Analisar evidências científicas na área da saúde sobre os fatores intervenientes na amamentação do recém-nascido na primeira hora de vida no ambiente hospitalar. **Método:** Revisão integrativa da literatura realizada em agosto de 2020 em seis recursos informacionais. **Resultados:** Foram identificadas 282 referências, das quais, após aplicação dos critérios de inclusão e exclusão, 28 foram selecionadas para a síntese qualitativa, constatando-se que fatores multidimensionais interferem na adesão à amamentação na primeira hora de vida. **Conclusão:** Essa prática é influenciada por fatores maternos e neonatais e pelas práticas institucionais e profissionais instituídas no pré-natal, parto e puerpério. Reconhecer esses fatores é essencial para favorecer reflexões e mudanças nas práticas assistenciais e gerenciais em saúde, vislumbrando melhorias nas taxas de amamentação na primeira hora de vida e do aleitamento materno exclusivo e na redução da morbimortalidade infantil.

**Descritores:** Recém-Nascido; Aleitamento Materno; Alojamento Conjunto; Salas de Parto; Enfermagem Neonatal.

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## INTRODUCTION

Breastfeeding is a natural process of bonding between mother and child and breast milk is the main food source for newborns (NBs) and infants. It contains essential nutrients for protection against infections, diarrhea, allergies, respiratory diseases, among other grievances. Furthermore, children's growth and development depend significantly on the nutritional and immunological properties offered only by breast milk<sup>(1)</sup>.

The decision not to breastfeed has detrimental long-term effects on children's health, nutrition and development, and impacts on maternal health. Optimal levels of breastfeeding could prevent more than 820,000 deaths of children under the age of five per year worldwide, and prevent 20,000 deaths of women from breast cancer<sup>(2,3)</sup>.

The World Health Organization and the United Nations Children's Fund recommend putting newborns in skin-to-skin contact with their mothers immediately after birth for at least an hour, encouraging them to recognize when their babies are ready to be breastfed and offering help if needed. Early skin-to-skin contact and breastfeeding in the first hour of life increase the prevalence and duration of exclusive breastfeeding, reduce child mortality and correspond to the fourth step of the Baby Friendly Hospital Initiative (BFHI)<sup>(4)</sup>.

Skin-to-skin contact significantly contributes to the success and duration of breastfeeding in the first hour of life, which, in turn, provides immunological and psychosocial benefits to NBs, and strengthens the maternal-infant bond. On the other hand, mother-baby separation can bring undesirable physiological effects to NBs, such as higher levels of stress and crying and reduction of effective breastfeeding and lactation duration<sup>(5)</sup>. A meta-analysis showed that newborns who started breastfeeding between two and 23 hours after birth were at a 33% higher risk of death than those who started within an hour of life, and among those who started after a day or more, this risk more than doubled<sup>(6)</sup>.

Although global analyzes show that in almost all countries more than 80% of NBs receive breast milk, only about half start to be breastfed within the first hour of life. In the poorest countries, late initiation and low rates of exclusive breastfeeding are the main challenges to be overcome. However, currently, 60% of the world's children are born in deliveries assisted by a qualified professional, which in theory would facilitate the promotion of early initiation of breastfeeding<sup>(2)</sup>.

In Brazil, in the last three decades, there was an upward trend from 4.7% to 37.1% in the prevalence of exclusive breastfeeding, especially between 1986 and 2006<sup>(3)</sup>. However, in 2012, the 56<sup>th</sup> World Health Assembly established six global nutrition goals for 2025, one of which is to increase by at least 50% the breastfeeding rate in the first six months of life<sup>(4)</sup>.

The fact that Brazilian indexes remain below the United Nations (UN) recommendations undermines the achievement of many of the Sustainable Development Goals by 2030.

Breastfeeding is clearly relevant to its different objectives, especially the third, which includes maternal and child health and the control of noncommunicable diseases, such as breast cancer, diabetes, overweight and obesity, and the second, related to nutrition<sup>(2)</sup>.

In view of the importance of breastfeeding in the first hour of life, of exclusive breastfeeding until six months of age, and the low rates of initiation and maintenance of this practice in Brazil and worldwide, the aim of the present study is to analyze scientific evidence in the health area on the intervening factors in the breastfeeding of NBs in the first hour of life in the hospital setting.

## METHOD

Integrative literature review based on the convergent steps with the method, with the intention of synthesizing the results of relevant primary research on the topic. The steps followed were the definition of the research question, selection, presentation of characteristics, analysis and interpretation of results of primary studies and report of the review<sup>(7)</sup>.

Therefore, after identifying the topic, breastfeeding in the first hour of life, the research question was formulated based on the PICo strategy (P – Population; I – Interest; Co – Context). Then, the Health Sciences Descriptors developed by the Latin American and Caribbean Center on Health Sciences Information (DeCS/BIREME) and the Medical Subject Headings (MeSH terms) of the National Library of Medicine's were consulted, as shown in Table 1.

In the meantime, the research question was: What is the scientific evidence in the health area on factors involved in the breastfeeding of newborns within the first hour of life in the hospital?

The consultations were performed in August 2020, using the advanced search in six information resources: Latin American and Caribbean Literature on Health Sciences Information (LILACS); Cumulative Index to Nursing and Allied Health Literature (CINAHL); Scientific Electronic Library Online (SciELO), Web of Science, US National Library of Medicine National Institutes of Health (PUBMED); and SCOPUS. The searches were performed respecting the singularities of each resource through combination of terminology in pairs and in trio with the Boolean operator "AND".

Thus, from the different combinations, a skim reading of titles and abstracts was initiated for the prior selection of publications. The following criteria were used for inclusion of articles for analysis: publications available in full with results that answered the study question; in Portuguese, English and Spanish; and produced from January 2014 to August 2020. The exclusion criteria were: duplicate publications; experience reports; reflection articles; literature reviews (except systematic reviews); theses; dissertations; letters; and editorials.

An analytical framework to gather and synthesize the main information of studies was built as an instrument for data analysis. It included order, year, title, authors, base, journal, objective, method (type of study, scenario, participants and data collection instrument), level of evidence (seven-level classification)<sup>(8)</sup> and main results (intervening factors). Data were interpreted and compared between productions by aggregating the findings.

## RESULTS

The different crossings (in pairs and trio) generated a universe of 282 references identified in the different information resources, although 67 manuscripts were excluded due to duplication. After carefully reading 215 abstracts and applying the inclusion and exclusion criteria, 38 articles remained, which were read in full. Of these complete articles, interpretive analysis was performed in 28 (Figure 1). Table 2 shows the variables order, year, title and objectives for each article.

Among the 28 articles found in this production, 5 (17.9%) were published per year between 2016 and 2017. Then, in 2014, 2015 and 2018 4 articles (14.3%) were published each year. Finally, 3 articles per year (10.7%) were identified in 2019 and 2020.

In the analysis, a total of 23 (100%) distinct journals were found, of which 8 (34.8%) were national and 15 (65.2%) international. Most articles were identified in magazines addressing multidisciplinary health issues (n=16; 57.1%), the remainder was divided into the following areas: nursing (n=6; 21.4%); medicine (n=2; 7.1%); women's health (n=1; 3.6%); nutrition (n=1; 3.6%); sexual health (n=1; 3.6%); and pediatrics (n=1; 3.6%).

As for the methodology employed, 24 publications (85.7%) used descriptive quantitative methods generally based on cross-sectional, longitudinal, retrospective, observational, cohort and randomized studies, while 3 (10.7%) adopted a descriptive qualitative approach and 1 (3.6%) was a mixed method study. That is, most studies (n=24; 85.7%) were classified as level of evidence IV.

Regarding the location of the study within the Brazilian territory, four (14.3%) were in the Northeast, three (10.7%)

in the South, three (10.7%) in the Southeast and one (3.6%) in the Midwest. Each of the remaining 17 (60.7%) studies was conducted in different countries, namely Mexico; Singapore; Bangladesh; Namibia; U.S; South Korea; Finland; Nigeria; Turkey; Tanzania; Nepal; Uganda; India; Ethiopia; and, one was performed in six countries, Kenya, Zambia, India, Pakistan, Argentina and Guatemala.

Multidimensional factors were identified as interfering with adherence to breastfeeding in the first hour of life. The type of delivery was the most evident factor in the articles, with emphasis on vaginal delivery as a protective factor of breastfeeding in the first hour of life<sup>(10,15,18,20,22,25,27,28,30)</sup>, while, on the other hand, cesarean delivery was a barrier to the effectiveness of this practice in the hospital setting<sup>(11,12,15,19,20,22,23,27,28,30-33,36)</sup>. Thus, the findings revealed that women who had a vaginal delivery were more likely to initiate breastfeeding in the first hour, with statistically significant differences in cross-sectional studies.

Another determining factor for the success of this practice is early skin-to-skin contact immediately after birth in the delivery rooms<sup>(15-17,20-22,24)</sup>, that is, the fact that the undressed baby is put in direct contact with the mother's chest or abdomen skin contributes significantly to the early initiation of breastfeeding. In contrast, the separation of mother and child<sup>(19-21,26,28)</sup> for the performance of immediate care in delivery rooms, such as prophylaxis of neonatal ophthalmia, administration of vitamin K and physical examination<sup>(21,26)</sup>, and no rooming-in care<sup>(9,19-21,28)</sup> after childbirth creates long periods of separation between the binomial and reduces the chances of early breastfeeding. Thus, keeping the healthy newborn with the mother after leaving the delivery room was a factor associated with a greater likelihood of early breastfeeding initiation during hospitalization<sup>(21,28)</sup>.

In the studies, prenatal care<sup>(14,18,19,24,25,28,35)</sup> was also identified as a relevant factor for breastfeeding in the first hour of life, since the highest rates of this practice occurred among mothers who had substantial numbers of consultations<sup>(18,25)</sup> and those who received guidance on breastfeeding by

**Table 1.** PICo strategy, Center on Health Sciences Information and Medical Subject Headings terms. Rio das Ostras, RJ, Brazil, 2020.

PICo strategy			DECS	MESH terms
PICo	Variables	Components		
P	Population	Newborn	Recém-nascido	Newborn
I	Interest	Breastfeeding in the first hour	Aleitamento Materno	Breastfeeding
Co	Context	Hospital	Alojamento Conjunto	Rooming-in Care
			Salas de Parto	Delivery Rooms
			Maternidades	Maternity

DECS: Center on Health Sciences Information; MESH: Medical Subject Headings.

**Table 2.** Scientific production according to order, year, title and objectives. Rio das Ostras, RJ, Brazil, 2020.

Order/Year	Title	Objectives
A1 <sup>(9)</sup> / 2020	Factors influencing the early initiation of breast feeding in public primary healthcare facilities in Northeast Nigeria: a mixed-method study	To assess the barriers and facilitators that influence the practice of early breastfeeding of newborns in public primary health care units in Northeast Nigeria.
A2 <sup>(10)</sup> / 2020	Exploring barriers for early initiation of breastfeeding among mothers in the post-natal ward: a cross-sectional study	To know the proportion of mothers who practiced early initiation of breastfeeding and the factors that influenced them.
A3 <sup>(11)</sup> / 2020	Trends and factors associated to early initiation of breastfeeding, exclusive breastfeeding and duration of breastfeeding in Ethiopia: evidence from the Ethiopia demographic and health survey 2016	To examine trends and factors associated with early breastfeeding, exclusive breastfeeding and duration of breastfeeding in Ethiopia.
A4 <sup>(12)</sup> / 2019	Skin-to-skin contact followed by breastfeeding in the first hour of life: associated factors and influences on exclusive breastfeeding	To assess the factors associated with the practice of skin-to-skin contact with breastfeeding in the first hour of life and its influence on exclusive breastfeeding in the first month.
A5 <sup>(13)</sup> / 2019	An educational intervention to implement skin-to-skin contact and early breastfeeding in a rural hospital in Mexico	To assess if a dual educational intervention in a rural hospital in Mexico could modify the current practice and implement early skin-to-skin contact and early breastfeeding.
A6 <sup>(14)</sup> / 2019	Childbirth influence towards the weaning during puerperium period	To analyze the influence of childbirth on weaning in the puerperium
A7 <sup>(15)</sup> / 2018	An analysis of the effects of intra partum factors, neonatal characteristics, and skin-to-skin contact on early breastfeeding initiation	To determine the relationships between intrapartum factors, neonatal characteristics, skin-to-skin contact and early initiation of breastfeeding after spontaneous vaginal and cesarean delivery or operative vaginal delivery.
A8 <sup>(16)</sup> / 2018	Factors associated with breastfeeding in the first hour of life in a baby-friendly hospital	To evaluate the factors associated with the practice of breastfeeding in the first hour postpartum.
A9 <sup>(17)</sup> / 2018	Initiation of breastfeeding within one hour of birth and its determinants among normal vaginal deliveries at primary and secondary health facilities in Bangladesh: a case-observation study	To explore breastfeeding initiation practices and associated influencing factors for the initiating breastfeeding within one hour of birth in public health facilities in Bangladesh.
A10 <sup>(18)</sup> / 2018	Trends and factors associated with early initiation of breastfeeding in Namibia: analysis of the Demographic and Health Surveys 2000-2013	To assess trends and factors associated with initiation of breastfeeding in Namibia from 2000 to 2013.
A11 <sup>(19)</sup> / 2017	Amamentação na primeira hora de vida: conhecimento e prática da equipe multiprofissional	To assess the knowledge and practice about breastfeeding in the first hour of life among members of the multidisciplinary team of a hospital in the city of Maringá, Paraná.
A12 <sup>(20)</sup> / 2017	Modeling the influence of early skin-to-skin contact on exclusive breastfeeding in a sample of hispanic immigrant women	To evaluate the influence of early skin-to-skin contact on initiation and sustained exclusive breastfeeding in the first month postpartum
A13 <sup>(21)</sup> / 2017	Factors that influence early breastfeeding of singletons and twins in Korea: a retrospective study	To evaluate several factors that influenced breastfeeding during the entire hospitalization period between mothers of singletons and twins
A14 <sup>(22)</sup> / 2017	Práticas educativas segundo os “Dez passos para o sucesso do aleitamento materno” em um Banco de Leite Humano	To evaluate educational practices according to the “Ten steps to successful breastfeeding” in a human milk bank

Continue...

**Table 2.** Continuation.

Order/Year	Title	Objectives
A15 <sup>(23)</sup> / 2017	The realization of BFHI Step 4 in Finland – Initial breastfeeding and skin-to-skin contact according to mothers and midwives	To describe how initial breastfeeding and skin-to-skin contact (BFHI Step 4) are implemented in Finnish maternity hospitals, and explain the factors related to it.
A16 <sup>(24)</sup> / 2016	Skin-to-skin contact at birth: a challenge for promoting breastfeeding in a “Baby Friendly” public maternity hospital in Northeast Brazil	To identify the prevalence of compliance with the fourth step of the Baby Friendly Hospital Initiative - putting babies in skin-to-skin contact with their mothers immediately after delivery for at least half an hour - in a public maternity hospital in Northeastern Brazil.
A17 <sup>(25)</sup> / 2016	Determinants of early initiation of breastfeeding in Nigeria: A population-based study using the 2013 demographic and health survey data	To use recent data from representative surveys at national level to identify individual, household and community factors associated with Early Initiation of Breastfeeding and update previous knowledge on early initiation of breastfeeding in Nigeria.
A18 <sup>(26)</sup> / 2016	Factors associated with breastfeeding initiation time in a baby-friendly hospital in Istanbul	To investigate perinatal factors that affect newborn breastfeeding in a baby friendly public hospital in Turkey, including the time of the first physical examination by a pediatrician, the first union with their mothers, and the first time of breastfeeding after delivery.
A19 <sup>(27)</sup> / 2016	Factors associated with skin-to-skin contact between mother/child and breastfeeding in the delivery room	To investigate factors associated with skin-to-skin contact between mother and child and breastfeeding in the delivery room among nursing mothers who visit a human milk bank.
A20 <sup>(28)</sup> / 2016	Factors related to health services determine breastfeeding within one hour of birth in the Federal District of Brazil, 2011	To identify the factors associated with breastfeeding in the first hour of life.
A21 <sup>(29)</sup> / 2015	A sala de parto: o contato pele a pele e as ações para o estímulo ao vínculo entre mãe-bebê	To learn about the experiences of adolescent mothers in the first contact with their baby in the delivery room
A22 <sup>(30)</sup> / 2015	Determinants of early initiation of breastfeeding in rural Tanzania	To examine the extent and factors associated with early initiation of breastfeeding in three rural districts in Tanzania.
A23 <sup>(31)</sup> / 2015	Factors associated with early initiation of breastfeeding in Western Nepal	To report the rate and factors associated with early breastfeeding in Western Nepal.
A24 <sup>(32)</sup> / 2015	Rates and determinants of early initiation of breastfeeding and exclusive breast feeding at 42 days postnatal in six low and middle-income countries: A prospective cohort study	To determine accurate overall rates of breastfeeding after birth and exclusive breastfeeding up to six months of age.
A25 <sup>(33)</sup> / 2014	The practice of the fourth step of the baby friendly hospital initiative	To analyze the factors involved in the practice of the fourth step of the Baby Friendly Hospital Initiative based on the experience of puerperal women admitted to a Baby Friendly Hospital.
A26 <sup>(34)</sup> / 2014	Aleitamento materno na primeira hora de vida em um Hospital Amigo da Criança: prevalência, fatores associados e razões para sua não ocorrência	To identify the prevalence of breastfeeding in the first hour of life, the associated factors and the reasons for its nonoccurrence in a Baby Friendly Hospital.
A27 <sup>(35)</sup> / 2014	Determinants of early initiation, exclusiveness, and duration of breastfeeding in Uganda	To identify the main policy parameters that the government and public health initiatives need in order to increase the benefits of breastfeeding.
A28 <sup>(36)</sup> / 2014	First Hour Initiation of Breastfeeding and Exclusive Breastfeeding at Six Weeks: Prevalence and Predictors in a Tertiary Care Setting	To assess the prevalence of first hour breastfeeding initiation, and exclusive breastfeeding at six weeks and to identify barriers in healthy babies born in a tertiary hospital.

professionals during this period<sup>(13,24,27)</sup>, while the lack of prenatal care<sup>(11)</sup>, inappropriate prenatal care<sup>(28)</sup> and lack of guidance<sup>(35)</sup> were related to lower adherence.

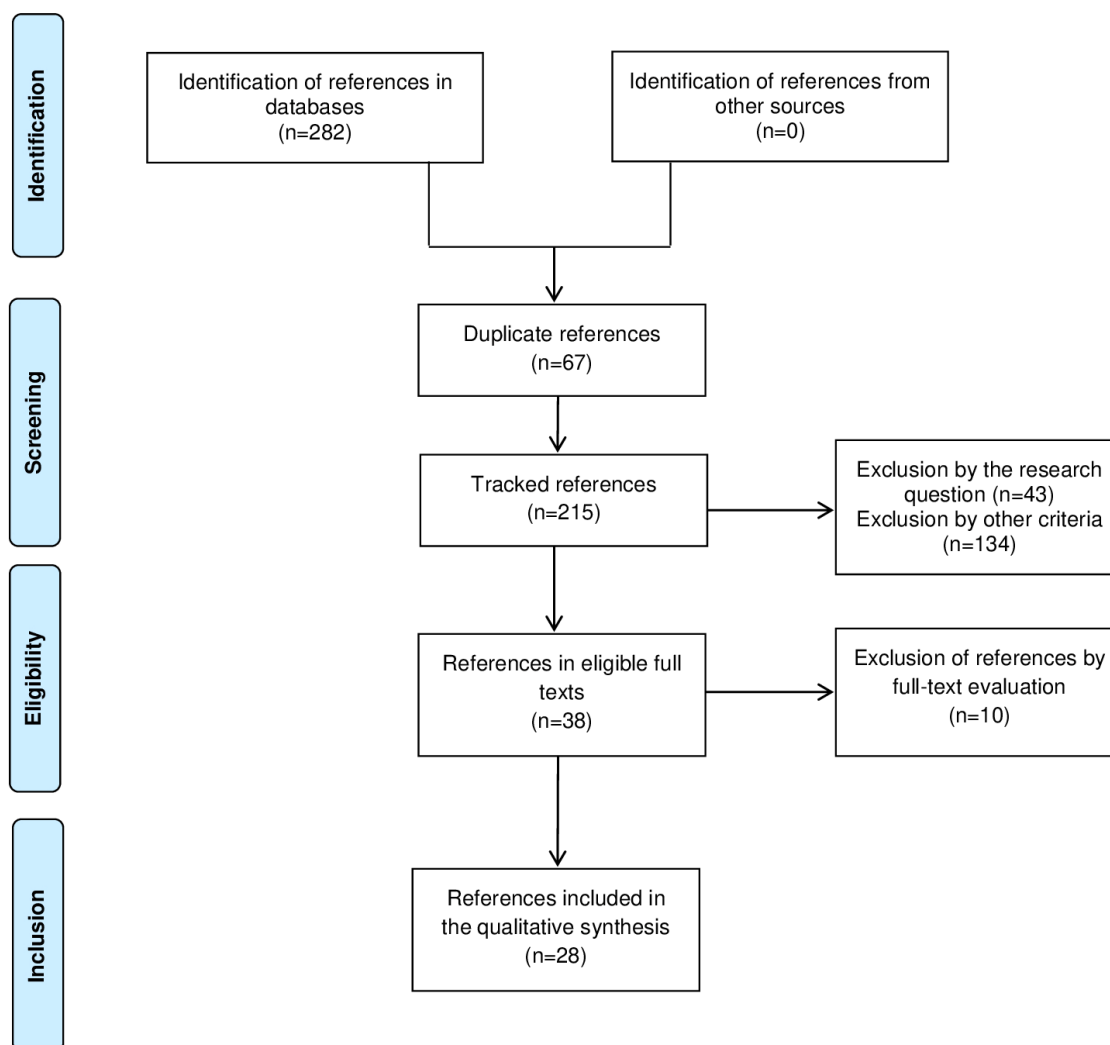
The place of delivery also emerged as an intervening factor. Being born in delivery rooms of hospital units increased the possibility of babies being placed on the mother's lap for breastfeeding soon after birth<sup>(16,17,25,30,35)</sup>, in contrast to home birth<sup>(11)</sup>. As an example, a study showed that women who gave birth in health facilities were almost twice as likely to breastfeed in the first hour of the baby's life than those who gave birth at home<sup>(30)</sup>.

Among maternal sociodemographic and clinical characteristics, different factors were recognized as contributing factors: namely, mothers living in urban areas<sup>(18,25)</sup>, young mothers<sup>(22,24)</sup>, older age at marriage<sup>(10)</sup>, multiparous<sup>(23,25)</sup>, married<sup>(30)</sup>, with a higher educational level<sup>(10,25)</sup>, non-workers<sup>(25)</sup>, from poor families<sup>(31)</sup> and with access to the health unit<sup>(18)</sup>. In this line of factors, nulliparity<sup>(32)</sup>, preeclampsia<sup>(34)</sup>, extremes of age<sup>(12,31)</sup>, divorcees or widows<sup>(30)</sup> and residents of

rural areas<sup>(11)</sup> were associated with a lower chance of early initiation of breastfeeding.

There are also clinical conditions of the baby, since having an appropriate for gestational age (AGA) weight<sup>(12,16,22,25,27)</sup>, being at term or post-term<sup>(10)</sup>, crying or breathing at birth<sup>(17)</sup> and obtaining higher Apgar scores<sup>(12,22)</sup> are characteristics that favor breastfeeding in the first hour of life. However, low birth weight<sup>(31,32)</sup>, hypoglycemia<sup>(20)</sup>, having twins<sup>(21)</sup>, prematurity<sup>(29)</sup> and ineffective suckling<sup>(26)</sup> are limiting factors of this practice.

Finally, issues related to the maternity care routine and training of the health team are also correlated with the success or otherwise of early breastfeeding. Thus, the presence of nurses in delivery rooms<sup>(16)</sup> and support of the nursing team and doctors<sup>(24)</sup> favor this practice. However, the professionals' lack of knowledge, differences of opinion among health team members, high demand for births, insufficient number of employees, fragmented care routine and based on task fulfillment were considered challenges for the effective implementation of the



**Figure 1.** Flowchart of the study selection and exclusion process. Rio das Ostras, RJ, Brazil, 2020.

fourth step of the BFHI in a qualitative study. In addition, the lack of help to start breastfeeding is also a barrier to the success of this strategy<sup>(19)</sup>. The lack of staff and privacy in the ward and the inappropriate implementation of visiting hours policy also emerged as factors that made the practice of early breastfeeding difficult in public primary health units in Nigeria<sup>(9)</sup>.

## DISCUSSION

The findings showed that vaginal delivery is a protective factor of breastfeeding in the newborn's first hour of life. Other evidence also indicates that this type of delivery minimizes the delay in the initiation of breastfeeding when compared to cesarean sections<sup>(37)</sup>, which solidifies the results found in the present study.

In vaginal delivery, the mother's direct contact with the baby in the first minutes after birth contributes to the child's recognition of the mother, a sign that the child is ready to breastfeed. Therefore, cesarean surgery is considered a barrier to the initiation of breastfeeding, because it delays the contact between mother and baby due to postoperative care, and is related to early weaning and shorter duration of exclusive breastfeeding<sup>(37)</sup>.

In Brazil and worldwide, the high rates of cesarean sections can be explained mainly by the individual centralization of professionals in the choice of the mode of delivery, by women's sociodemographic and cultural characteristics, and the characteristics of prenatal care<sup>(37)</sup>, which pose as a strong obstacle to the initiation of breastfeeding in the first hour of life.

The data also demonstrated that early skin-to-skin contact immediately after birth while still in the delivery room is a contributing factor for early initiation of breastfeeding. In another systematic review, mothers who experienced skin-to-skin contact were 30% more likely to breastfeed exclusively at hospital discharge and up to one month after birth, and 50% more likely to be breastfeeding exclusively between the third and the sixth month after birth. These results were obtained in several countries and among women of low and high socioeconomic class, showing that skin-to-skin contact has great benefits and increases the duration of exclusive breastfeeding<sup>(38)</sup>.

The first 60 minutes of a baby's life after birth, called golden hour, are the period in which interventions are performed to minimize neonatal complications. Among such interventions, skin-to-skin contact and breastfeeding in the first hour of life promote a bond between mother and baby and stimulate the child's sucking reflex. Measures to promote these actions are necessary for higher neonatal survival rates and lower rates of early weaning<sup>(37)</sup>, which corroborates the findings of the present review.

In this sense, procedures that separate the baby from the mother after birth should be postponed, as they can be performed until the sixth hour of the newborn's life. In addition, qualified care should be offered to women during the first feeding and, if necessary, in the next feedings, so the baby has a good suction and suckles effectively<sup>(39)</sup>.

Furthermore, immediate breastfeeding together with skin-to-skin contact between the woman and the baby are important factors for reduction of bleeding due to release of endogenous oxytocin in women. Skin-to-skin contact also assists in the adaptation of the newborn to extrauterine life, as it takes advantage of the baby's innate behavior of latching and suckling the breast within the first hour of life, which constitutes the period of neonatal reactivity, considered ideal for the mother-baby interaction and initiation of breastfeeding<sup>(39)</sup>.

As for prenatal care and guidance identified in the articles as intervening factors in breastfeeding in the first hour of life in the hospital setting, a similar result was found in another study. It indicated that quality prenatal care with access to professionals and qualified information is essential for the promotion of early breastfeeding and the decision to continue this practice. On the other hand, when this bond between mother and team is interrupted or inappropriate, there is less adherence, and what was a protective factor, becomes a risk factor<sup>(40)</sup>.

In a study conducted in Maringá, Brazil, with 36 participants, 21 (58.3%) received guidance on breastfeeding during prenatal care, and among the information provided by nurses, doctors, nursing students and community agents, the duration of exclusive breastfeeding, its importance, positioning and correct latch stood out. This type of practice is of paramount importance, as from the child's birth, the woman will initiate the breastfeeding practice, and interventions according to each woman's need will be necessary<sup>(41)</sup>.

In the findings, births performed in maternity hospitals had a higher prevalence of adherence to breastfeeding in the first hour of life. This is due to the knowledge of professionals, the practices applied by health services and the mothers' limited decision-making power. On the other hand, in places where home birth is more frequent, the knowledge and beliefs of mothers, family members and midwives are factors that exert greater influence on the initiation of breastfeeding. The inappropriate knowledge of midwives and traditional knowledge of the family about the benefits of early initiation of breastfeeding are possible causes of lower adherence to breastfeeding in the first hour of life<sup>(42)</sup>.

As for maternal sociodemographic characteristics, working women are more likely to not breastfeed. A possible explanation for this finding is that they become less likely to stay at home during the day, which compromises the practice of breastfeeding. On the other hand, married women, who have already had children and with access to health facilities, are more likely to adhere to early breastfeeding, because they have a fundamental support network for this event<sup>(43)</sup>, which is consistent with the current findings.

Likewise, the clinical conditions of the baby at birth, with adequate weight, good vitality and good Apgar score favor the practice of breastfeeding immediately in the delivery room. Healthy infants exhibit behaviors that manifest immediately after birth when put on skin-to-skin contact with their mothers, locating the nipple by the smell and successfully initiating early breastfeeding<sup>(27)</sup>.

However, studies indicate that babies with low weight, pathologies and prematurity naturally have greater difficulty with directly suckling the mother's breast, in addition to being frequently separated from their mothers by the demand for special care after delivery, which may, in particular, be related to a higher risk of mortality and more hours to initiate breastfeeding<sup>(44)</sup>, and also corroborates the evidence from this review.

Regarding the care routine and training of the health team, and consistent with the findings of the present review, a study conducted with puerperal women showed that the presence of nurses in delivery rooms is essential for the breastfeeding practice in the first hour of life. These professionals play an essential role by providing a quality service in the preparation of mothers to breastfeed, since they help them to face obstacles related to the practice<sup>(45)</sup>.

Studies have also shown the need for specific training in the promotion, protection and support of breastfeeding, enabling professionals to develop competences, skills and greater integration among the team in order to perform appropriate interventions and overcome possible barriers to breastfeed, especially in delivery rooms of maternity wards<sup>(46,47)</sup>.

As a limitation, the selected studies did not present care and management strategies to improve adherence to breastfeeding in the first hour of life, which appeared as a gap to be filled by new investigations.

## CONCLUSION

Breastfeeding in the baby's first hour of life is influenced by maternal and neonatal factors and by institutional and professional practices instituted in prenatal care, delivery and puerperal period. These multidimensional factors interfere with adherence to this practice, and the main ones are location and type of delivery; early skin-to-skin contact; rooming-in care; prenatal care; maternal sociodemographic characteristics; clinical conditions of the baby and the mother; care routine; and training of the health team.

Recognizing these factors that can intervene positively or negatively in this process is essential for nurses' performance, as it favors reflections and changes in care and management practices in health, envisioning improvements in rates of breastfeeding within the first hour of life.

## REFERENCES

1. Lima APC, Nascimento DS, Martins MMF. A prática do aleitamento materno e os fatores que levam ao desmame precoce: uma revisão integrativa. *J Health Biol Sci* [Internet]. 2018 [access at: Mar. 10, 2019];6(2):189-96. Available at: <https://periodicos.unichristus.edu.br/jhbs/article/view/1633>. <http://dx.doi.org/10.12662/2317-3076jhbs.v6i2.1633.p189-196.2018>.
2. Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* [Internet]. 2016 [access at: Mar. 10, 2019];387(10017):475-90. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)01024-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01024-7/fulltext). [https://doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7).
3. Boccolini CS, Boccolini PMM, Monteiro FR, Venâncio SI, Giugliani ERJ. Tendência de indicadores do aleitamento materno no Brasil em três décadas. *Rev Saúde Pública* [Internet]. 2017 [access at: Mar. 10, 2019];51(108). Available at: <http://www.revistas.usp.br/rsp/article/view/140946>. <http://doi.org/10.11606/s1518-8787.2017051000029>.
4. World Health Organization, United Nations Children's Fund. Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018 – Implementation guidance [Internet]. Geneva: World Health Organization; 2018 [access at: Aug. 26, 2020]. 64p. Available at: <http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/>.
5. Karimi FZ, Miri HH, Khadivzadeh T, Maleki-Saghooni N. The effect of mother-infant skin-to-skin contact immediately after birth on exclusive breastfeeding: a systematic review and meta-analysis. *J Turk Ger Gynecol Assoc* [Internet]. 2020 [access at: Aug. 26, 2020]; 21(1):46-56. Available at: [http://cms.galenos.com.tr/Uploads/Article\\_26120/JTGGA-21-46-En.pdf](http://cms.galenos.com.tr/Uploads/Article_26120/JTGGA-21-46-En.pdf). <http://dx.doi.org/10.4274/jtgga.galenos.2019.2018.0138>.
6. Smith ER, Hurt L, Chowdhury R, Sinha B, Fawzi W, Edmond KM. Delayed breastfeeding initiation and infant survival: a systematic review and meta-analysis. *PLoS ONE* [Internet]. 2017 [access at: Mar. 10, 2019];12(7):e0180722. Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0180722>. <https://doi.org/10.1371/journal.pone.0180722>.
7. Soares CB, Hoga LAK, Peduzzi M, Sangaleti C, Yonekura T, Silva DRAD. Revisão integrativa: conceitos e métodos utilizados na enfermagem. *Rev Esc Enferm USP* [Internet]. 2014 [access at: Mar. 10, 2019];48(2):335-45. Available at: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0080-62342014000200335&lng=en&tlng=en](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342014000200335&lng=en&tlng=en). <http://dx.doi.org/10.1590/S0080-623420140002000020>.
8. Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare: a guide to best practice. 4<sup>a</sup> ed. Philadelphia: Wolters Kluwer Health; 2019.



9. Shobo OG, Umar N, Gana A, Longtoe P, Idogho O, Anyanti J. Factors influencing the early initiation of breast feeding in public primary healthcare facilities in Northeast Nigeria: a mixed-method study. *BMJ Open* [Internet]. 2020 [access at: Aug. 26, 2020]; 10:e032835. Available at: <https://bmjopen.bmj.com/content/bmjopen/10/4/e032835.full.pdf>. <http://dx.doi.org/10.1136/bmjopen-2019-032835>.
10. Pariya A, Das A. Exploring barriers for early initiation of breastfeeding among mothers in the post-natal ward: a cross-sectional study. *J Clin Diagn Res* [Internet]. 2020 [access at: Aug. 26, 2020];14(1):LC06-LC10. Available at: <https://www.jcdr.net/ReadXMLFile.aspx?id=13437>. <https://www.jcdr.net/ReadXMLFile.aspx?id=13437>.
11. Woldeamanuel BT. Trends and factors associated to early initiation of breastfeeding, exclusive breastfeeding and duration of breastfeeding in Ethiopia: evidence from the Ethiopia demographic and health survey 2016. *Int Breastfeed J* [Internet]. 2020 [access at: Aug. 26, 2020];15(3). Available at: <https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-019-0248-3>. <https://doi.org/10.1186/s13006-019-0248-3>.
12. Saco MC, Coca KP, Marcacine KO, Abuchaim ESV, Abrão ACFV. Skin-to-skin contact followed by breastfeeding in the first hour of life: associated factors and influences on exclusive breastfeeding. *Texto Contexto Enferm* [Internet]. 2019 [access at: Aug. 26, 2020];28:e20180260. Available at: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-07072019000100391&lng=en&nrm=iso&tlng=en](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072019000100391&lng=en&nrm=iso&tlng=en). <https://doi.org/10.1590/1980-265x-tce-2018-0260>.
13. Sanchez-Espino LF, Zuniga-Villanueva G, Ramirez-GarciaLuna JL. An educational intervention to implement skin-to-skin contact and early breastfeeding in a rural hospital in Mexico. *Int Breastfeed J* [Internet]. 2019 [access at: Mar. 10, 2019];14(8). Available at: <https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-019-0202-4>. <https://doi.org/10.1186/s13006-019-0202-4>.
14. Vieira FS, Costa ES, Sousa GC, Oliveira TMB, Neiva MJLM. Childbirth influence towards the weaning during puerperium period. *Rev Fund Care* [Internet]. 2019 [access at: Mar. 10, 2019];11(2):425-31. Available at: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-969626>. <http://dx.doi.org/10.9789/2175-5361.2019.v11i2.425-431>.
15. Lau Y, Tha PH, Ho-Lim SST, Wong LY, Lim PI, Nurfarah BZMC, et al. An analysis of the effects of intrapartum factors, neonatal characteristics, and skin-to-skin contact on early breastfeeding initiation. *Matern Child Nutr* [Internet]. 2018 [access at: Mar. 10, 2019];14(1):e12492. Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12492>. <https://doi.org/10.1111/mcn.12492>.
16. Silva JLP, Linhares FMP, Barros AA, Souza AG, Alves DS, Andrade PON. Factors associated with breastfeeding in the first hour of life in a baby-friendly hospital. *Texto Contexto Enferm* [Internet]. 2018 [access at: Mar. 10, 2019];27(4):e4190017. Available at: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-07072018000400325&lng=en&nrm=iso&tlng=en](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072018000400325&lng=en&nrm=iso&tlng=en). <http://dx.doi.org/10.1590/0104-070720180004190017>.
17. Karim F, Billah SM, Chowdhury MAK, Zaka N, Manu A, Arifeen SE, et al. Initiation of breastfeeding within one hour of birth and its determinants among normal vaginal deliveries at primary and secondary health facilities in Bangladesh: a case-observation study. *PLoS ONE* [Internet]. 2018 [access at: Mar. 10, 2019];13(8):e0202508. Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202508>. <https://doi.org/10.1371/journal.pone.0202508>.
18. Ndirangu MN, Gatimu SM, Mwinyi HM, Kibiwott DC. Trends and factors associated with early initiation of breastfeeding in Namibia: analysis of the Demographic and Health Surveys 2000–2013. *BMC Pregnancy Childbirth* [Internet]. 2018 [access at: Mar. 10, 2019];18(171). Available at: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-018-1811-4#citeas>. <https://doi.org/10.1186/s12884-018-1811-4>.
19. Antunes MB, Demitto MO, Soares LG, Radovanovic CAT, Higarashi IH, Ichisato SMT, et al. Amamentação na primeira hora de vida: conhecimento e prática da equipe multiprofissional. *Av Enferm* [Internet]. 2017 [access at: Mar. 10, 2019];35(1):19-29. Available at: [http://www.scielo.org.co/scielo.php?script=sci\\_arttext&pid=S0121-45002017000100003&lng=en&nrm=iso&tlng=pt](http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0121-45002017000100003&lng=en&nrm=iso&tlng=pt). <http://dx.doi.org/10.15446/av.enferm.v35n1.43682>.
20. Linares AM, Wambach K, Rayens MK, Wiggins A, Coleman E, Dignan MB. Modeling the influence of early skin-to-skin contact on exclusive breastfeeding in a sample of Hispanic immigrant women. *J Immigr Minor Health* [Internet]. 2017 [access at: Mar. 10, 2019];19(5):1027-34. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5018413/>. <https://doi.org/10.1007/s10903-016-0380-8>.
21. Kim B. Factors that influence early breastfeeding of singletons and twins in Korea: a retrospective study. *Int Breastfeed J* [Internet]. 2016 [access at: Mar. 10, 2019];12(4). Available at: <https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-016-0094-5#citeas>. <https://doi.org/10.1186/s13006-016-0094-5>.

22. Silva CM, Pellegrinelli ALR, Pereira SCL, Passos IR, Santos LC. Práticas educativas segundo os “Dez passos para o sucesso do aleitamento materno” em um Banco de Leite Humano. *Ciênc Saúde Colet* [Internet]. 2017 [access at: Mar. 10, 2019];22(5):1661-71. Available at: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1413-81232017002501661&lng=pt&tlng=pt](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232017002501661&lng=pt&tlng=pt). <http://dx.doi.org/10.1590/1413-81232017225.14442015>.
23. Hakala M, Kaakinen P, Kääriäinen M, Bloigu R, Hannula L, Elo S. The realization of BFHI Step 4 in Finland – initial breastfeeding and skin-to-skin contact according to mothers and midwives. *Midwifery* [Internet]. 2017 [access at: Mar. 10, 2019];50:27-35. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0266613817302140?via%3Dihub>. <http://doi.org/10.1016/j.midw.2017.03.01>.
24. Sampaio ARR, Bousquat A, Barros C. Skin-to-skin contact at birth: a challenge for promoting breastfeeding in a “Baby Friendly” public maternity hospital in Northeast Brazil. *Epidemiol Serv Saúde* [Internet]. 2016 [access at: Mar. 10, 2019];25(2):281-90. Available at: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S2237-96222016000200281&lng=en&nrm=iso&tlng=en](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S2237-96222016000200281&lng=en&nrm=iso&tlng=en). <https://doi.org/10.5123/s1679-49742016000200007>.
25. Berde AS, Yalcin SS. Determinants of early initiation of breastfeeding in Nigeria: a population-based study using the 2013 demographic and health survey data. *BMC Pregnancy Childbirth* [Internet]. 2016 [access at: Mar. 10, 2019];16(32). Available at: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-0818-y#citeas>. <https://doi.org/10.1186/s12884-016-0818-y>.
26. Inal S, Aydin Y, Canbulat N. Factors associated with breastfeeding initiation time in a baby-friendly hospital in Istanbul. *Appl Nurs Res* [Internet]. 2016 [access at: Mar. 10, 2019];32:26-9. Available at: <https://www.sciencedirect.com/science/article/pii/S0897189716300076?via%3Dihub>. <https://doi.org/10.1016/j.apnr.2016.03.008>.
27. Silva CM, Pereira SCL, Passos IR, Santos LC. Fatores associados ao contato pele a pele entre mãe/filho e amamentação na sala de parto. *Rev Nutr* [Internet]. 2016 [access at: Mar. 10, 2019];29(4):457-71. Available at: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1415-52732016000400457&lng=pt&tlng=pt](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-52732016000400457&lng=pt&tlng=pt). <http://doi.org/10.1590/1678-98652016000400002>.
28. Bandeira de Sá NN, Gubert MB, Santos W, Santos LMP. Factors related to health services determine breastfeeding within one hour of birth in the Federal District of Brazil, 2011. *Rev Bras Epidemiol* [Internet]. 2016 [access at: Mar. 10, 2019];19(3):509-24. Available at: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1415-790X2016000300509&lng=pt&nrm=iso&tlng=en](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2016000300509&lng=pt&nrm=iso&tlng=en). <http://doi.org/10.1590/1980-5497201600030004>.
29. Fucks IS, Soares MC, Kerber NPC, Meincke SMK, Escobal APL, Bordignon SS. A sala de parto: o contato pele a pele e as ações para o estímulo ao vínculo entre mãe-bebê. *Av Enferm* [Internet]. 2015 [access at: Mar. 10, 2019];33(1):29-37. Available at: [http://www.scielo.org.co/scielo.php?script=sci\\_arttext&pid=S0121-45002015000100004&lng=es&nrm=iso&tlng=es](http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0121-45002015000100004&lng=es&nrm=iso&tlng=es). <http://dx.doi.org/10.15446/av.enferm.v33n1.47371>.
30. Exavery A, Kanté AM, Hingora A, Phillips JF. Determinants of early initiation of breastfeeding in rural Tanzania. *Int Breastfeed J* [Internet]. 2015 [access at: Mar. 10, 2019];10:27. Available at: <https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-015-0052-7#citeas>. <https://doi.org/10.1186/s13006-015-0052-7>.
31. Khanal V, Scott JA, Lee AH, Karkee R, Binns CW. Factors associated with early initiation of breastfeeding in Western Nepal. *Int J Environ Res Public Health* [Internet]. 2015 [access at: Mar. 10, 2019];12(8):9562-74. Available at: <https://www.mdpi.com/1660-4601/12/8/9562>. <https://doi.org/10.3390/ijerph120809562>.
32. Patel A, Bucher S, Pusdekar Y, Esamai F, Krebs NF, Goudar SS, et al. Rates and determinants of early initiation of breastfeeding and exclusive breast feeding at 42 days postnatal in six low and middle-income countries: a prospective cohort study. *Reprod Health* [Internet]. 2015 [access at: Mar. 10, 2019];12(S2):S10. Available at: <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-12-S2-S10>. <https://doi.org/10.1186/1742-4755-12-S2-S10>.
33. D'Artibale EF, Bercini LO. The practice of the fourth step of the baby friendly hospital initiative. *Esc Anna Nery Rev Enferm* [Internet]. 2014 [access at: Mar. 10, 2019];18(2):356-64. Available at: [https://www.scielo.br/scielo.php?pid=S1414-81452014000200356&script=sci\\_arttext&tlng=en](https://www.scielo.br/scielo.php?pid=S1414-81452014000200356&script=sci_arttext&tlng=en). <http://dx.doi.org/10.5935/1414-8145.20140052>.
34. Belo MNM, Azevedo PTACC, Belo MPM, Serva VMSBD, Batista Filho M, Figueiroa JN, et al. Aleitamento materno na primeira hora de vida em um Hospital Amigo da Criança: prevalência, fatores associados e razões para sua não ocorrência. *Rev Bras Saúde Mater Infant* [Internet]. 2014 [access at: Mar. 10, 2019];14(1):65-72. Available at: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1519-38292014000100065&lng=pt&tlng=pt](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292014000100065&lng=pt&tlng=pt). <http://dx.doi.org/10.1590/S1519-38292014000100006>.
35. Bbaale E. Determinants of early initiation, exclusiveness, and duration of breastfeeding in Uganda. *J Health Popul Nutr* [Internet]. 2014 [access at: Mar. 10, 2019];32(2):249-60. Available at: <https://pubmed.ncbi.nlm.nih.gov/25076662/>. <https://www.ncbi.nlm.nih.gov/pubmed/25076662>.

36. Raghavan V, Bharti B, Kumar P, Mukhopadhyay K, Dhaliwal L. First hour initiation of breastfeeding and exclusive breastfeeding at six weeks: prevalence and predictors in a tertiary care setting. *Indian J Pediatr* [Internet]. 2014 [access at: Mar. 10, 2019];81(8):743-50. Available at: <https://link.springer.com/article/10.1007%2Fs12098-013-1200-y#citeas>. <https://doi.org/10.1007/s12098-013-1200-y>.
37. Arruda GT, Barreto SC, Morin VL, Petter GN, Braz MM, Pivetta HMF. Existe relação da via de parto com amamentação na primeira hora de vida? *Rev Bras Promoç Saúde* [Internet]. 2018 [access at: Mar. 10, 2019];31(2):1-7. Available at: <https://periodicos.unifor.br/RBPS/article/view/7321>. <http://dx.doi.org/10.5020/18061230.2018.7321>.
38. Anderson GC, Moore ER, Hepworth JT, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews* [Internet]. 2016 [access at: Mar. 10, 2019];2:CD003519. Available at: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003519/full>. <https://doi.org/10.1002/14651858.CD003519>.
39. Teles JM, Bonilha ALL, Gonçalves AC, Santo LCE, Mariot MDM. Amamentação no período de transição neonatal em Hospital Amigo da Criança. *Rev Eletr Enf* [Internet]. 2015 [access at: Mar. 10, 2019];17(1):94-9. Available at: <https://revistas.ufg.br/index.php/fen/article/view/26208>. <http://doi.org/10.5216/ree.v17i1.26208>.
40. Silva DD, Schmitt IM, Costa R, Zampieri MFM, Bohn IE, Lima MM. Promoção do aleitamento materno no pré-natal: discurso das gestantes e dos profissionais de saúde. *REME Rev Min Enferm* [Internet]. 2018 [access at: Mar. 10, 2019];22:e-1103. Available at: <http://reme.org.br/artigo/detalhes/1239>. <http://www.dx.doi.org/10.5935/1415-2762.20180031>.
41. Barbieri MC, Bercini LO, Brondani KJM, Ferrari RAP, Tacla MTGM, Sant'anna FL. Aleitamento materno: orientações recebidas no pré-natal, parto e puerpério. *Semina Cienc Biol Saúde* [Internet]. 2015 [access at: Mar. 10, 2019];36(1):17-24. Available at: <http://www.uel.br/revistas/uel/index.php/seminabio/article/view/16480/16920>. <http://dx.doi.org/10.5433/1679-0367.2014v35n2p17>.
42. Esteves TMB, Daumas RP, Oliveira MIC, Andrade CAF, Leite IC. Fatores associados ao aleitamento materno na primeira hora de vida: revisão sistemática. *Rev Saúde Pública* [Internet]. 2014 [access at: Mar. 10, 2019];48(4):697-708. Available at: [https://www.scielo.br/pdf/rsp/v48n4/pt\\_0034-8910-rsp-48-4-0697.pdf](https://www.scielo.br/pdf/rsp/v48n4/pt_0034-8910-rsp-48-4-0697.pdf). <http://dx.doi.org/10.1590/S0034-8910.2014048005278>.
43. Santana GS, Giugliani ERJ, Vieira TO, Vieira GO. Factors associated with breastfeeding maintenance for 12 months or more: a systematic review. *J Pediatr* [Internet]. 2018 [access at: Mar. 10, 2019];94(2):104-22. Available at: <https://www.sciencedirect.com/science/article/pii/S0021755716301929?via%3Dihub>. <http://dx.doi.org/10.1016/j.jpmed.2017.06.013>.
44. Choi YY. Necrotizing enterocolitis in newborns: update in pathophysiology and newly emerging therapeutic strategies. *Korean J Pediatr* [Internet]. 2014 [access at: Mar. 10, 2019];57(12):505-13. Available at: <https://www.e-cep.org/journal/view.php?doi=10.3345/kjp.2014.57.12.505>. <https://doi.org/10.3345/kjp.2014.57.12.505>.
45. Leite MFFS, Barbosa PA, Olivindo DDF, Ximenes VL. Promoção do aleitamento materno na primeira hora de vida do recém-nascido por profissionais da enfermagem. *Arq Ciênc Saúde* [Internet]. 2016 [access at: Mar. 10, 2019];20(2):137-43. Available at: <https://www.revistas.unipar.br/index.php/saude/article/view/538>. <http://doi.org/10.25110/arqsaude.v20i2.2016.5386>.
46. Boccolini CS, Carvalho ML, Oliveira MIC, Vasconcelos AGG. Fatores associados à amamentação na primeira hora de vida. *Rev Saúde Pública* [Internet]. 2011 [access at: Mar. 10, 2019];45(1):69-78. Available at: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-89102011000100008&lng=pt&tlng=pt](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102011000100008&lng=pt&tlng=pt). <http://doi.org/10.1590/S0034-891020110005000051>.
47. Almeida JM, Luz SAB, Ued FV. Apoio ao aleitamento materno pelos profissionais de saúde: revisão integrativa da literatura. *Rev Paul Pediatr* [Internet]. 2015 [access at: Mar. 10, 2019];33(3):355-62. Available at: <https://www.sciencedirect.com/science/article/pii/S0103058215000702?via%3Dihub>. <http://dx.doi.org/10.1016/j.rpped.2014.10.002>.

