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RESEARCH

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MATERNAL INTENTION TO BREASTFEED AMONG PREGNANT WOMEN: CROSS-SECTIONAL STUDY

*intenção materna de amamentar entre gestantes: estudo transversal**Intención materna de amamantar en gestantes: estudio transversal***Fernanda Garcia Bezerra Góes¹** **Laiz Trocado Sobral de Souza Vianna²** **Bianca da Silva Ornellas Corrêa³** **Fernanda Maria Vieira Pereira-Ávila⁴** **Letícia de Assis Santos⁵** **Maithê de Carvalho e Lemos Goulart⁶** 

ABSTRACT

Objectives: to analyze maternal intention to breastfeed among pregnant women and associated factors. **Method:** cross-sectional study, developed with women from the 20th week of pregnancy. A form with sociodemographic and gestational variables and the Brazilian version of the Infant Feeding Intentions Scale were used. Non-parametric Man-Whitney and Kruskal-Wallis tests were adopted. **Results:** 97 pregnant women with an average scale score of 13.68 participated in the study. The lowest score was among pregnant women who did not receive guidance on exclusive breastfeeding during prenatal care. The proportion of women who intended to breastfeed without using other milks at 1, 3 and 6 months was decreasing. **Conclusion:** the intentions to breastfeed were strong among pregnant women, however, they decrease over the months, which may affect the implementation and maintenance of breastfeeding in practice. The importance of continuous educational interventions aimed at reducing early weaning is reinforced.

DESCRIPTORS: Child health; Breast feeding; Weaning.

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RESUMO

Objetivo: analisar a intenção materna de amamentar entre gestantes e os fatores associados. **Método:** estudo transversal, desenvolvido com mulheres a partir da 20ª semana de gestação. Utilizou-se formulário com variáveis sociodemográficas e gestacionais e a versão brasileira da Infant Feeding Intentions Scale. Adotaram-se testes não paramétricos de Man-Whitney e Kruskal-Wallis. **Resultados:** participaram do estudo 97 gestantes com escore médio da escala de 13,68. O menor escore foi entre as gestantes que não receberam orientação sobre aleitamento materno exclusivo no pré-natal. A proporção de mulheres que pretendia amamentar sem o uso de outros leites aos um, três e seis meses foi decrescente. **Conclusão:** as intenções de amamentar foram fortes entre as gestantes, porém, decresceram ao longo dos meses, o que pode afetar a concretização e a manutenção da amamentação na prática. Reforça-se a importância de intervenções educativas de forma contínua visando a redução do desmame precoce.

DESCRITORES: Saúde da criança; Aleitamento materno; Desmame.

RESUMEN

Objetivos: analizar la intención materna de amamentar en gestantes y los factores asociados. **Método:** estudio transversal, con mujeres a partir de semana 20 de gestación. Se utilizó un formulario con variables sociodemográficas y gestacionales y la versión brasileña de la Escala de Intenciones de Alimentación Infantil. Se adoptaron las pruebas no paramétricas de Man-Whitney y Kruskal-Wallis. **Resultados:** Participaron 97 gestantes con una puntuación escalar media de 13,68. El puntaje más bajo fue entre gestantes que no recibieron orientación sobre lactancia materna exclusiva. La proporción de mujeres que pretendían amamentar sin utilizar otras leches al mes, 1, 3 y 6 meses estaba disminuyendo. **Conclusión:** las intenciones de amamentar fueron fuertes, sin embargo, disminuyen a lo largo de los meses, lo que puede afectar la implementación y mantenimiento de la lactancia materna. Se refuerza la importancia de las intervenciones educativas continuas encaminadas a reducir el destete precoz.

PALABRAS CLAVE: Salud infantil; Lactancia materna; Destete.

INTRODUCTION

In 2019, worldwide, an estimated 144 million children under the age of five were stunted, 47 million had growth deficits, and 38.3 million were overweight or obese.¹

Among the related factors, less than 40% of children are exclusively breastfed within the period recommended by the World Health Organization²

Breastfeeding should be exclusive until six months of age and supplemented up to 24 months and beyond, as it provides essential nutrients for child growth and development, as well as several protective antibodies.³⁻⁴ Each year, breastfeeding saves the lives of approximately six million children by preventing diarrhea and acute respiratory infections. In many countries, malnutrition, slow growth and mortality are directly related to early weaning.³

Early weaning is the total or partial cessation of exclusive breastfeeding (EBF) and the introduction of complementary foods before the age of six months, regardless of the mother's decision.⁵⁻⁷ Biological, social, economic, cultural, and emotional factors negatively influence the duration of breastfeeding, such as the absence of a partner, paid work, and smoking. On the other hand, the identification of these women during prenatal care and the implementation of strategies based on their vulnerabilities positively influence this practice.⁸

A fundamental aspect for the initiation and maintenance of EBF is the woman's decision making, also influenced by multiple aspects. Thus, the intention to breastfeed is built in

the course of women's lives, especially during pregnancy, and it happens, therefore, in a complex and progressive way, in a relationship between knowledge of the benefits and personal beliefs, being, therefore, subject to modification.⁹⁻¹¹

Brazilian research has shown that maternal knowledge and comfort with breastfeeding influence the intentions of pregnant women about feeding their children after birth. It was revealed that many pregnant women plan to maintain exclusive breastfeeding, however, the greatest intention referred only to the first month.¹² Moreover, an American study points out that EBF in the hospital in the first 48 hours after delivery and the intention to return to work influence the time that the mother intends to breastfeed.¹³

Therefore, during prenatal care, the health professional must talk to the pregnant woman and her family about breastfeeding planning, preparing them for this process. It is necessary to know their intentions regarding their child's feeding, planning the preparation and management of breastfeeding, aiming at maintaining EB in the recommended period.¹²

There are instruments that assess this intention, such as the Infant Feeding Intentions Scale (IFI), translated and validated for use in Brazil. This scale addresses the maternal feeding plans, measuring in a simple, quantitative, and reliable way the intentions of pregnant women about the beginning of exclusive breastfeeding and its continuation until one, three, or six months of the child's life or the use of infant formula.⁹⁻¹¹

Brazilian studies on this phenomenon are scarce, even with the scale validated in the country. Thus, we aimed to analyze

the maternal intention to breastfeed among pregnant women and the factors associated.

METHOD

Cross-sectional study conducted between May/2021 and August/2022, in a virtual environment. The population was composed of pregnant women whose inclusion criteria were pregnant women as of the 20th week of gestation, older than 18 years old and residents in the state of Rio de Janeiro. Women infected with HIV and/or with HTLV1 and HTLV2 were excluded, since these are maternal infections in which breastfeeding is contraindicated. The sample was non-probabilistic, consisting of 97 pregnant women, through the valid answers obtained during the collection period.

The invitation to participate in the survey was sent through the social media Facebook, Instagram, and WhatsApp. By clicking on the link, the Internet user was directed to the Google Forms platform and, meeting the eligibility criteria, had access to the Informed Consent Form for online acceptance.

Subsequently, they were directed to the first part of the collection form, which consisted of closed questions with socio-demographic and gestational information. The independent variables were: ethnicity; education; marital status; work outside the home; people at home; income; health insurance; guidance on EBF; gestational age; previous pregnancies; breastfeeding other children; planned pregnancy; intention to abort; and drug use.

In the second part, the Brazilian version of the IFI was applied, consisting of five questions, whose items one and two ascertain the strength of intentions to initiate breastfeeding and the subsequent items the strength of intentions to provide breast milk exclusively up to one, three, or six months. Each question has five Likert-scale response options, individually scored from 0 to 4. The total score is based on the average of items 1 and 2 plus items 3, 4, and 5. The final score ranges from zero (very strong intention not to breastfeed) to 16 (very strong intention to breastfeed exclusively in the first six months of life).⁹ The ranking of breastfeeding intention adopted was: 0 to 4 points - weak intention; between 5 and 9 - medium intention; equal to or greater than 10 - strong intention.

The data were submitted to descriptive statistical analysis with measures of absolute and relative frequency, as well as central tendency (mean, median, minimum, and maximum) and dispersion (standard deviation). Normality tests (Kolmogorov-Smirnov and Shapiro Wilk) were used to analyze data distribution, and in both tests $p=0.000$ was found, so the sample did not follow a normal distribution. Therefore, non-parametric tests (Mann-Whitney and Kruskal-Wallis tests) were applied to compare the mean IFI scores among the independent variables.

Three groups were used to compare mean IFI scores based on infant feeding plans, namely "formula milk," "undecided," and "breastfeeding," and four categories of mother's planning regarding the duration of EBF: "initial intention," "one month,"

"three months," and "six months. Values of $p<0.05$ were considered significant. Data were analyzed using the IBM®SPSS v.21 software.

The study was approved by the Ethics Committee of the Faculdade de Medicina da Universidade Federal Fluminense with opinion number 4.740.747.

RESULTS

A total of 97 (100.0%) pregnant women participated in the study, with a mean age of 28 years ($SD=5.4$), ranging from 18 to 41 years, and the largest portion was of non-white ethnicity ($n=56$; 58.3%). The educational level of pregnant women with higher education showed the highest proportion ($n=54$; 55.7%), as well as those who live with their partner ($n=84$; 86.6%) and who do not work outside the home ($n=49$; 50.5%). In addition, almost two thirds live in a household with 1-3 people ($n=72$; 74.2%) and most have family income equal to or greater than two minimum wages ($n=49$; 55.1%) and have health insurance ($n=53$; 54.6%).

All of them had prenatal consultations ($n=97$; 100.0%), but not all reported having received any guidance on EBF ($n=62$; 63.9%). Most pregnant women were 30 or more weeks gestation at the time of the survey ($n=61$; 64.2%). Only 36 (38.7%) had had previous pregnancies, and of these, all had breastfed ($n=36$; 100%). Most had not planned pregnancy ($n=58$; 60.4%), but only four (4.1%) had the intention to abort. Regarding the use of some kind of drug, 88 pregnant women (90.7%) reported that they did not use during pregnancy (Table 1).

Table 1 - Characterization according to sociodemographic variables and gestational conditions ($n=97$). Rio das Ostras, RJ, Brazil, 2022.

Variables	n (%)
Ethnicity*	
White	40 (41,7%)
Non-White	56 (58,3%)
Schooling	
Basic Education	43 (44,3%)
Higher Education	54 (55,7%)
Marital Status	
Lives with a partner	84 (86,6%)
Lives without a partner	13 (13,4%)
Work outside the home	
Yes	48 (49,5%)
No	49 (50,5%)
Persons in the household	
From 1-3 people	72 (74,2%)
Four or more people	25 (25,8%)
Income*	
< 2 minimum wages	40 (44,9%)
≥ 2 minimum wages	49 (55,1%)
Health insurance	
Yes	53 (54,6%)
No	44 (45,4%)
EBF Guidance	

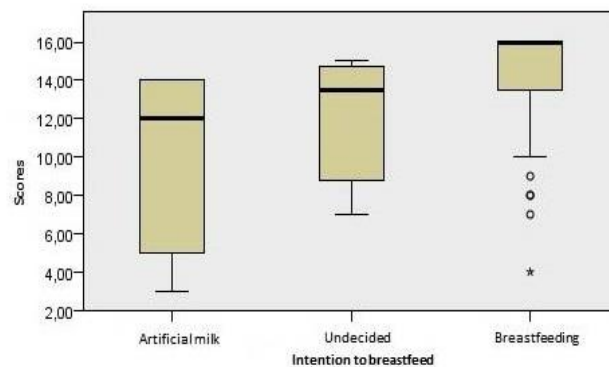
Yes	62 (63,9%)
No	35 (36,1%)
Gestational age*	
< 30 weeks	34 (35,8%)
≥ 30 weeks	61 (64,2%)
Previous pregnancies*	
Yes	36 (38,7%)
No	57 (61,3%)
Breastfed other children	
Yes	36 (37,1%)
No	61 (62,9%)
Planned Pregnancy*	
Yes	38 (39,6%)
No	58 (60,4%)
Abortion intention	
Yes	4 (4,1%)
No	93 (95,9%)
Use of drugs	
Yes	9 (9,3%)
No	88 (90,7%)

*The variable was missing.

Source: Own elaboration

The distribution of responses for each scale item is presented in Table 2. Almost one third of the participants (n=69; 71.1%) responded "strongly disagree" on item 1 regarding plans to only feed formula milk, so the vast majority (n=92; 94.8%) strongly agreed to at least try breastfeeding. This proportion was decreasing when it came to breastfeeding without the use of other milks at one, three, or six months, respectively. At 1 month, 84.5% (n=82) of the women "strongly agreed" to breastfeed exclusively without any other artificial milk, 79.4% (n=77) at 3 months, and 49.5% (n=48) at 6 months.

Figure 1 - Boxplot of maternal intention to breastfeed scores among pregnant women according to the baby's feeding plans. Rio das Ostras, RJ, Brazil, 2022



The mean IFI score among pregnant women was 13.68 (SD=±3.03; median=15.00; range=3.00-16.00), demonstrating strong maternal intention to breastfeed in this group. No significant differences were found in maternal intention to breastfeed among pregnant women in relation to sociodemographic variables and gestational conditions. But, it was found that the lowest mean score was among pregnant women who did not receive guidance on EBF in prenatal care (mean=12.94) and the highest among those who declared that they do not use drugs (mean=14.56). The greatest differences between the means (>1.00) occurred in the categories whose pregnant women received or did not receive guidance on EBF and in the white or non-white ethnic groups (Table 3).

Table 2 - Distribution of responses among pregnant women for each item of the Infant Feeding Intentions Scale (IFI) (n=97). Rio das Ostras, RJ, Brazil, 2022.

Items	I strongly agree	I agree a little	Neither agree nor disagree	Disagree a little	I strongly disagree
1. I plan to only feed my baby formula (I will not breastfeed)	7 (7,2%)	1 (1,0%)	12 (12,4%)	8 (8,2%)	69 (71,1%)
2. I have plans to at least try breastfeeding	92 (94,8%)	1 (1,0%)	2 (2,1%)	0 (0,0%)	2 (2,1%)
3. When my baby is one month old, I will breastfeed him only without using any other artificial milk	82 (84,5%)	3 (3,1%)	7 (7,2%)	3 (3,1%)	2 (2,1%)
4. When my baby is three months old, I will breastfeed him only without using any other artificial milk	77 (79,4%)	5 (5,2%)	10 (0,3%)	4 (4,1%)	1 (1,0%)
5. When my baby is six months old, I will breastfeed him only without using any other artificial milk	48 (49,5%)	16 (16,5%)	12 (12,4%)	12 (12,4%)	9 (9,3%)

Source: Elaborated by the author.

Mean IFI scores were lowest among pregnant women who stated "Artificial milk" as their initial intention regarding infant feeding (n=8; mean=10.13; SD=±4.58; median=12.00; range=3.00-14.00), in the middle among those who were "Undecided" (n=12.00; mean=12.25; SD=±2.99; median=13.50; range=7.00-15.00) and highest among those who indicated

Table 3 - Comparison of mean score of maternal intention to breastfeed among pregnant women according to sociodemographic variables and gestational conditions (n=97). Rio das Ostras, RJ, Brazil, 2022

Variables	IFI Average	Standard deviation	P-value**
Ethnicity*			0,079
White	14,40	2,47	
Non-White	13,27	3,26	
Schooling			0,348
Basic Education	13,26	3,42	
Higher Education	14,02	2,67	
Marital Status			0,542
Lives with a partner	13,68	2,93	
Lives without a partner	13,69	3,79	
Work outside the home			0,361
Yes	13,75	2,47	
No	13,61	3,53	
Persons in the household			0,884
From 1-3 people	13,90	2,64	
Four or more people	13,04	3,96	
Income*			0,744
< 2 minimum wages	13,35	3,50	
≥ 2 minimum wages	13,94	2,66	
Health insurance			0,718
Yes	13,72	2,81	
No	13,64	3,32	
EBF Guidance			0,067
Yes	14,10	2,72	
No	12,94	3,45	
Gestational age*			0,291
< 30 weeks	13,85	3,31	
≥ 30 weeks	13,52	2,92	
Previous pregnancies*			0,915
Yes	13,36	3,67	
No	14,07	2,51	
Breastfed other children			0,822
Yes	13,58	3,38	
No	13,74	2,84	
Planned Pregnancy*			0,330
Yes	13,89	3,08	
No	13,52	3,04	
Abortion intention			0,841
Yes	14,00	2,83	
No	13,67	3,06	
Use of drugs			0,642
Yes	13,59	3,14	
No	14,56	1,51	

*The variable was missing.

**Man-Whitney test

Source: Own elaboration

"Breast milk" (n=77; mean=14.27; SD=±2.53; median=16.00; range=4.00-16.00), as shown in Figure 1. The comparison presented in the mean IFI scores between the pregnant women who indicated "artificial milk," "undecided," and "breastfeeding" was significant (p=0.000), showing higher mean score among pregnant women who declared the initial intention of feeding their babies at the breast.

The IFI score further demonstrated a steady increase as breastfeeding duration was planned, and when comparing the mean IFI score and the mother's planning categories regarding breastfeeding duration, there was a statistically significant association with the positive responses about plans to breastfeed at different times: "initial intention" (mean=14.00; SD=2.67; p=0.003), "one month" (mean=14.58; SD=1.76; p=0.000), "three months" (mean=14.73; SD=1.55; p=0.000) and "six months" (mean=15.33; SD=0.98; p=0.000) (Table 4).

Table 4 - Comparison of the mean IFI score according to the mother's planning categories regarding the duration of EBF (n=97). Rio das Ostras, RJ, Brazil, 2022

Variables	n (%)	Mean	Standard deviation	p-value*
Initial Intention				0,003
Yes	89 (91,8%)	14,00	2,67	
No	8 (8,2%)	10,13	4,58	
One month				0,000
Yes	85 (87,6%)	14,58	1,76	
No	12 (12,4%)	7,33	2,61	
Three months				0,000
Yes	82 (84,5%)	14,73	1,55	
No	15 (15,5%)	7,93	2,74	
Six months				0,000
Yes	64 (66,0%)	15,33	0,98	
No	33 (34,0%)	10,48	3,13	

*Man-Whitney Test

Source: Elaborated by the author

DISCUSSION

The present study identified a high mean IFI score among pregnant women, indicating a strong maternal intention to breastfeed, corroborating the high results on the intention to breastfeed in seven international studies and in the study that validated the scale in Brazil.^{10,11,14-19}

Mothers who did not receive prenatal breastfeeding education had the lowest mean scores on the IFI scale, consistent with research developed in the United States and Africa that found that breastfeeding education during pregnancy has the potential to improve intentions to exclusively breastfeed for up to six months.^{15,18} Thus, lack of prenatal breastfeeding education and lack of educational groups for pregnant women favor early weaning.²⁰

Non-white women had lower breastfeeding intentions, but in another Brazilian study the intention was lower among white pregnant women.¹⁰

Similarly, the international literature has not found relevant data on differences in breastfeeding intentions between ethnic groups.¹¹

However, scientific evidence shows that having higher education is a protective factor for higher breastfeeding intention.^{8,10,16}

This is consistent with the current findings regarding the high mean score on the IFI scale, since most participants had higher education level.

Most did not use licit or illicit drugs, which may also have contributed to the high mean IFI score among the participants, because a study indicates that the maternal intention to breastfeed among pregnant smokers is lower. Many women continue this habit after delivery and, in an attempt to limit the negative impact of nicotine on their children's health, they shorten the period of exclusive breastfeeding.¹⁶

Most of the pregnant women did not have a job outside the home, which may have generated a positive effect regarding the maternal intention to exclusively breastfeed, since five other studies found that work was a limiting factor for this practice. Maternal employment hinders the continuity of breastfeeding, since generally, although differing between countries, the maternity leave is short to preserve EBF.^{10,14,18,19,21}

In general, pregnant women had incomes of two minimum wages or more, corroborating the literature that points out that women with lower socioeconomic status had lower breastfeeding intentions and did not achieve their breastfeeding goals compared to those with higher incomes,^{11,19} such as those in the current study.

About breastfeeding without the use of other milks at one, three, or six months, this proportion was decreasing, similar to the results of a survey in which the rates of EBF were 35.7% and 18.5% at four and six months,¹⁹ and of another where the intention to exclusively breastfeed by one, three, and six months was 86.5%, 82.5%, and 77.2%.¹⁷

A study also found that women who agreed to practice EBF for six months before delivery were twice as likely to exclusively breastfeed their infants for six months than those who were unsure or disagreed.¹⁷ These findings reinforce the importance of using scales that measure maternal breastfeeding intention to support specific and continuous guidance, because in another investigation the rates of EBF in the same periods were also decreasing, namely 86.2%, 72.5%, and 22.4% for women with vaginal delivery and 71.3%, 60.0%, and 20.0% from cesarean section.²²

Multiple factors interfere with the intention to breastfeed, such as maternal employment, family education, smoking, place of residence, number of children, previous traumatic experiences, and pain.^{16,18,19} This intention is the common thread for successful EBF; however, intention alone is not enough, and health education is essential to support the continuation of breastfeeding after delivery.

Current findings indicate the need for intervention programs focusing on breastfeeding intentions for the protection of breastfeeding. Pregnancy counseling and continued postnatal care are associated with breastfeeding in infants under six months of age in other investigations.^{18,19}

The mean IFI scores were lower among pregnant women who stated an initial intention to use formula milk and higher among those who indicated breastfeeding. In this directive, research from Beirut and Doha found that a positive attitude toward breastfeeding is correlated with an increased likelihood of breastfeeding permanence and a threefold increase in the chances of EBF.¹⁹

The intention to use formula milk found in this study is an intriguing finding, as it may intensify the likelihood of becoming an effective choice. Despite the disclosure of the benefits of breastfeeding, a Chinese study indicated that some women have chosen to use formula milk as their first choice and, due to lack of knowledge, consider it as more prudent to achieve the baby's development,²³ reinforcing the need for continuous guidance on breastfeeding among postpartum women.

The limitations of the study are the number of participants reached and the difficulties in performing the online data collection, after a high number of surveys conducted in this modality. Even so, it was possible to use the scale and verify that it is adequate to assess the maternal intention to breastfeed in the first six months of the baby's life.

CONCLUSION

Maternal intentions to breastfeed were strong among pregnant women and were associated with initial intentions regarding infant feeding and planning the duration of EBF. Intentions decreased over the months, which may affect the achievement and maintenance of breastfeeding in practice.

The findings reinforce the importance of assertive and effective educational interventions during prenatal and pos-

tpartum periods, on a continuous basis, aiming at reducing early weaning, considering the life context and the individualities of each woman and her family. Support during the breastfeeding period is essential for the woman to feel welcomed, supported, and safe and thus be able to be more successful during this process.

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