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Maternal affection and motivation for breastfeeding

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Abstract

Several studies by UNICEF, OMS and other childhood protection institutions have concluded that the breastfeeding is considered an important strategy for infantile survival. Thus, the motivation for breastfeeding is an important variable which should be considered, given that motivation is the agent propeller of all action. To identify whether maternal affection conditions the motivation for maternal breast feeding. Quantitative, transverse, descriptive-correlational and explanatory study, using a the non-probabilistic convenience sample (N=235 women). Data is collected by a questionnaire, including the inventory of maternal affection (Mary & Muller, 1994, adapted by Garcia Galvão, 2000) and Motivation for breastfeeding Scale (Nelas et al., 2008). Most of the women have breastfeeding experience and they indicate as reasons for dissatisfaction with breastfeeding experiencing nipple pain. The women reveal positive maternal affection. The mothers with lower education reveal less maternal affection. More affection existed in the women who fell supported by counseling groups for breastfeeding. The women are motivated for breastfeeding and they reveal positive levels of maternal affection.
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Keywords: Motivation; Breastfeeding; Maternal Affection

1. Introduction

Breastfeeding is of fundamental importance for the healthy growth and development of children. It is through breastfeeding that a close physical and emotional contact between the mother and her baby is established, not forgetting that breast milk is of an undisputed nutritional quality, cost-effective and always in the best physical condition to be to be consumed. According to WHO (2009), breastfeeding is the normal way of providing nutrients

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to nursing infants for their more healthy development and growth. Generally speaking, all women can breastfeed, provided they can get the support of their families, the health care system, society and women's inherent values.

The favourable decision of whether or not to breastfeed arises from the interaction of several factors that will influence the woman motivation to breastfeed. Since motivation is defined as a set of internal forces that mobilize and guide the action of a body towards certain goals in response to a state of necessity, need or imbalance. This state may be linked to food, drink, sex, prestige, information, social approval and affection according to Monteiro and Santos (2005). In Nelas, Ferreira and Duarte (2008), motivation is a condition to be considered in the context of breastfeeding and of high importance in the process of women's development/learning.

Motivation is one of the strategies provided in the woman's decision-making process to manage breastfeeding. On the way between the desire to breastfeed and performing this practice, motivation is what is involved in this maternal resolution procedure, either favourably or unfavourably (Takush,i Tanaka, Gallo, & Machado, 2008).

Motivation is a condition to be debated in the context of breastfeeding, having a great impact on the educational process. In the study of motivation, motivational variables, which exercise control throughout life, and transient variables should be considered. In the first case, these are innate or acquired and can be considered part of the personality structure. Transitional variables modulate transient states that can last anywhere from a few seconds to a few hours (Nelas, Ferreira & Duarte, 2008). Knowledge of the numerous benefits of breastfeeding for both the mother, the child, the family, the community and the environment is directly linked to increasing interest in this issue worldwide. On that basis, breast milk is the ideal food for the baby, critical to the health and development of children, due to nutritional, immunological and psychological advantages, in addition to providing advantages to the mother (Matuhara, Naganuma, 2006, pp. 82-83).

For Galvão (2006, p.79), successful breastfeeding is an interactive process of both the mother's and baby's physical and psychological needs. Besides its duration and the absence of physical problems, it implies an informed choice based on family, social and educational evidence favouring breastfeeding, family support and the mother's confidence in her ability to lactate and to take care of her baby. The baby, in becoming able to suckle effectively, is enables to grow in order to develop supported by the assistance of well-trained health professionals to act and teach how to act allowing breastfeeding to be successful, pleasurable and satisfying.

This same motivation can have multiple conditions and be influenced by many factors. It is therefore fundamental to understand and study it. Motivation is, as it were a major, foundation for successful breastfeeding.

Results from several studies indicate that the rate of breastfeeding prevalence on leaving the maternity ward is very high; however, this decreases over the months of children's lives, and many factors remain to be identified as having a very important role in this decrease. Motivation being the driving force of all our actions, it must be important to identify the causes of early weaning (Nelas, Ferreira & Duarte, 2008). Currently the decision to breastfeed is beginning to be taken during pregnancy and may depend on a number of factors such as motherhood and maternal affection. Nelas, Ferreira and Duarte (2008) also pointed out that the decision to breastfeed is personal; however, it is subject to influences among which the child's characteristics, family environment, women's socialisation and the relationship with health workers during the pre and postnatal period stand out.

Coexisting with satisfaction and confidence comes stress and marital conflicts, from which a weariness may derive interfering with successful adaptation in the role of motherhood (Graça, 2010). The individuality of the person will be a transition to motherhood characteristics that are influenced by the degree of change in daily life and by previous experiences. We have satisfaction and confidence linked to feelings of sharing the concerns of care and solidarity among peers with the support of the adjuvant and orientation of the social network involved.

Conquering the maternal role can be and is influenced by maternal variables: age, socioeconomic status, the insight into the birth experience acquired, the early separation of the mother and child dyad, self-esteem and self-concept, flexibility in adjusting to roles, health status, existing anxiety or not with their stress experiences, depression, personality traits themselves, the tension inherent to the role, satisfaction with the interaction or with performing tasks, the mother and child bond and educational attitudes. In addition, there is the influence of these variables with the child, which are: temperament, health status and their own characteristics. Then there are those relating to the family variables: considering the marital, parental and filial subsystems as well as their respective roles and still adding social variables such as: the quality, extent and satisfaction with the social support network will allow a conveniently adjusted development/involvement according to the intensity of these variables (Grace, 2010).

In this context, this study on the motivation for breastfeeding has been conducted specifically to identify factors that may influence this motivation. Thus, the following research questions were formulated: To what extent might the history of pregnancy, breastfeeding experience, the history of breastfeeding and motivation for breastfeeding influence risk in maternal age? How does maternal affection influence motivation for breastfeeding? To answer these questions, we established the following objectives: to identify the history of pregnancy, previous breastfeeding experience, history of breastfeeding influence motivation to breastfeed; to ascertain whether maternal affection affects motivation for breastfeeding.

2. Methods

It is a non-experimental, quantitative, cross-sectional, descriptive, correlational and explanatory study with non-probability convenience sampling intended for 235 women who were up to 48 hours postpartum. The data collection instrument applied is presented in five parts: sociodemographic characteristics, obstetric and previous breastfeeding history, the Inventory of Maternal Affection (Mary & Muller, 1994 adapted version by Galvão, 2000), and Motivation for Breastfeeding Scale (Nelas et al., 2008). Throughout the research process, we strove to ensure ethical and rigorous conduct, having requested formal permission from several entities to carry out this study, ensuring anonymity and confidentiality of all data collected.

3. Results

With regard to age it can be seen that mothers are on average = 30.71 years old (± 5:38) and parents have a mean age = 32.66 years (± 5.82). With regard to marital status 10.6% are single; 86.8% are married and 2.6% are divorced, so it can be observed that 13.2% live without a partner and 86.8% with a partner. Most are Portuguese in nationality (96.6%) and only 3.4% are from other nationalities. As for schooling, it was found that 27.7% had less than secondary education; 30.6% had secondary education and 41.7% had higher education. Currently, 75.7% of the women surveyed are employed and 24.3% are unemployed. As regards area of residence, 47.2% were found to live in villages; 16.6% in towns and 36.2% in the city.

As regards the number of previous pregnancies, the number of deliveries varies between 0 and 3. Analysis of the number of pregnancies monitored in terms of the risk of maternal age, 92.8% had monitoring of pregnancy; it appears that the majority of women have a desired pregnancy (96.2%); and most women had a full-term delivery; and the majority of the women had a vaginal delivery (73.2%).

The level of satisfaction with breastfeeding experience was also analyzed. 89% of women were found to have had a pleasant experience. In analyzing the reasons for the dissatisfaction with breastfeeding, 45.5% of the women indicated pain/cracked nipples and difficulty in latching (54.5%) as reasons.

In the analysis of the motivation for breastfeeding 28.1% of women are motivated to breastfeed or very motivated (66.4%).

In the analysis of contact with the skin of the baby in the 1st hour of birth, most women had contact with the baby's skin after birth (84.7%).

With regard to the time of initiating the child's feeding after birth, women without risk of maternal age have an average = 49.79 min (± 46.03) and women with maternal age risk = 70.25 (± 80.41).

As for feeding time, most women do not stipulate a certain time to nurse the baby (78.3%).

With regard to breastfeeding support groups, 89.8% of women did not consult breastfeeding support groups.

An analysis of the breastfeeding support groups was also carried out with regards to previous births. It shows that most women with previous deliveries consulted breastfeeding support groups (10.2%) and women with no previous deliveries did not consult breastfeeding support groups (50.6%).

In the study of the difficulties experienced during hospitalization with breastfeeding it appears that the majority of women had difficulties in latching (70.6%). There is evidence that most women turned to the nurses when they felt difficulty in breastfeeding (90.4%).

The concept of maternal affection is associated with a unique, specific and lasting emotional relationship which is established gradually, from the first contact between the mother and the baby, resulting in a mutual adaptation process in which the mother and baby participate actively.

The results should take into account that the total value of the scale can vary between 26-104 points, where as low values are associated with opinions, feelings and positive situations that mothers experience. Thus, regarding the analysis of maternal affection in women with and without previous deliveries, the mean maternal affect in women without birth is = 62.79 (± 33.23) and in women with previous deliveries it is = 67.98 (± 30.64).

Although women with no previous delivery reveal higher levels of affect (62.79), the differences are not significant since, by applying the t-test, t = -1.239, p = .216. Thus, maternal affection is not influenced by whether women had had previous deliveries.

For the results crossing maternal affection with women with and without risk associated with maternal age, the mean maternal affect in women without risk is = 65.60 (± 32.21) and in women with risk, it is = 66.43 (± 31.12). Affection is higher in women without risk; however, the differences are not significant because, in applying the t test, t = -.222, p = .825. So, maternal affection is not influenced by whether women are at risk associated with maternal age risk.

As for maternal affection with regard to marital status, it appears that there is less affection in women without a partner (124.47); however, the differences are not statistically significant (Z = - 570; p = .569). Maternal affection is not influenced by women's marital status.

From the analysis of maternal affection as a function of education, there is less affection in women whose education is below the secondary level (136.55) and more affection in women with secondary education (105.51) and the differences are statistically significant (X^2 = 7,510 ; p = .023). Maternal affection is influenced by women's education. Differences among mothers with less education and those with secondary education (p = .020) were detected. Indeed, mothers with lower education show less maternal affection.

Analysis of maternal affection with employment status shows there is more affection in employed women (117.80); however, the differences are not statistically significant (Z = - 080; p = .937). Maternal affection is not influenced by women's employment status.

As for maternal affection analysis based on residence, a higher level of affection was found in women who live in the city (114.15); however, the differences are not statistically significant (X^2 = 1.594; p = .451). Maternal affection is not influenced by women's residence.

In the study of maternal affection relative to the number of pregnancies, more affection is found in women with 0 pregnancies (110.55) but the differences are not statistically significant (X^2 = 2.576; p = .276). Maternal affection is not influenced by the number of women's pregnancies.

As regards maternal affection with monitored pregnancy, there is greater affection in women with unmonitored pregnancies (103.94) but the differences are not statistically significant (Z = - 887; p = .375). Maternal affection is not influenced by monitoring pregnancy.

In regard to maternal affection according to previous feeding time, there is greater affection in women who breast-fed for 4 to 6 months (56.05); however, the differences are not statistically significant (X^2 = .981, p =. 806). Maternal affection is not influenced by previous feeding time.

As for the study of maternal affection as a function of time lapsed before initiating breastfeeding, there is more affection in women when initiating breastfeeding is less than 30 minutes (116.52); however, the differences are not statistically significant (Z = -. 380, p = .704). Maternal affection is not influenced by time lapsed before initiating breastfeeding.

As regards the study of maternal affection with regards to planned pregnancy, there is greater maternal affection in women with unplanned pregnancy (109.05); however, the differences are not statistically significant (Z = -1.184, p = .236). Maternal affection is not influenced by planning pregnancy.

For the study of maternal affection with regards to wanted pregnancies, there is greater affection in women with wanted pregnancies (117.18); however, the differences are not statistically significant (Z = - 927; p = .354).

On the results of maternal affection depending on the type of delivery, there is more affection in women with childbirth by cesarean section (116.36); however, the differences are not statistically significant (Z = - 225; p = .822). Maternal affection is not influenced by type of delivery.

As regards maternal affection as a function of gestation time, it appears that there is more affection in women with a full term delivery (110.31); however, the differences are not statistically significant (Z = -3183; p = .001). Maternal affection is not influenced by gestation time.

As for maternal affection as a function of breastfeeding, it appears that there is more affection in women who had never breastfed (58.29); however, the differences are not statistically significant (Z = - 355; p = .722). Maternal affection is not influenced by previous breastfeeding.

In regard to maternal affection as a function of breastfeeding, there is more affection in women who have had a previous unpleasant experience (57.27); however, the differences are not statistically significant (Z = - 250; p = .803). Maternal affection is not influenced by previous experience with breastfeeding.

With regard to analysis of maternal affection relative to contact with the baby's skin after birth, it appears that there is more affection in women who have not had contact in the 1st hour of birth (114.97); however, the differences are not statistically significant (Z = - 250; p = .803). Maternal affection is not influenced by contact with baby's skin within 1 hour of birth.

In the analysis of maternal affection with regards to introducing a dummy, there is more affection in women who did not introduce the dummy (114.97); however, the differences are not statistically significant (Z = - 033; p = .974). Maternal affection is not influenced by the introduction of the dummy.

With regard to analysis of maternal affection as a function of consulting a breastfeeding support group, there is more affection in women who have resorted to this support (89.67) and the differences are statistically significant (Z = -2159; p = .031). Maternal affection is influenced by consultations with a breastfeeding support group.

We also wanted to know to what extent the motivation for breastfeeding was associated with maternal affection and there was no significant correlation (R = .019, p = .774). The fact that the mother is more or less motivated to breastfeed has nothing to do with feelings and situations that mothers experience with motherhood. However, despite these results we emphasize that the women in this sample, as previously mentioned, are motivated to breastfeed and also reveal positive maternal affection levels.

4. Discussion

The mothers have an average age of 30 years and the fathers are a bit older with an average age of 32 years. As a summary of the history of pregnancy, it is stressed that the women in this study have had few previous pregnancies. The analysis of the breastfeeding experience was performed by observing that most women have had experience and consider it pleasant. In analysing the reasons for dissatisfaction with the breastfeeding experience, most women indicate painful/cracked nipples (45.5%) and difficulty in latching (54.5%) as reasons. Baptista, Gonçalves and Ruiz (2009) report that the difficulties encountered by the mother to breastfeed in the first days postpartum become indicators of early weaning.

However, there are solutions to minimize these difficulties. The mother should know how to identify the problem and take immediate action at the very first signs, because if there is no reversal of the situation, the problem may get worse, and then breastfeeding is impaired, endangering the continuity of the breastfeeding. Levy and Bértolo (2008) consider that the onset and duration of breastfeeding are a personal decision, a mother and father motivated and determined to breastfeed, combined with a healthy infant with good capacity for suction, are premises for successful breastfeeding. These authors argue that "for greater maternal motivation, the mother should be elucidated on the benefits of breastfeeding for both mother and baby, the effect of "dose-response" and the pleasure breastfeeding can bring for a mother well-prepared to breastfeed" (p.13).

Continuing with the study on motivation for breastfeeding, no influence of the number of previous deliveries was found. However, a study by Nelas, Ferreira and Duarte (2008) reported that the overall motivation to breastfeed is higher in women with children and consequently with previous deliveries.

According to a WHO study (2009), education influences the value placed on breastfeeding. Women with higher incomes and education are the first to value breastfeeding and influence women with lower socioeconomic levels.

Most women are motivated to breastfeed (28.1%) or very motivated (66.4%). Thus, addressing the advantages and disadvantages, clarifying questions and myths about breastfeeding, taking into account experience and

knowledge can provide greater security in the pregnant woman possibly to overcome the adversities and difficulties of breastfeeding.

It was also found that most women had contact with the baby's skin after birth (84.7%). We also analysed the influence of contact with the baby's skin within the 1st hour of birth on the basis of previous births and observed that the contact with the skin of the baby within the 1st hour of birth is associated with the existence of previous deliveries. (X^2 = 8,121, p = .004).

To this end, the authors report that shortly after the baby's birth (sometimes even during late pregnancy), the first milk, called colostrum, appears. It is a transparent or white yellow liquid, which lasts for 2-3 days and is very important to protect the baby from infections and to help the intestine.

In this regard, Baptista, Gonçalves, and Ruiz (2009) indicate that the child's breastfeeding exclusively with breast milk in maternity can influence motivation and duration of breastfeeding.

In this study, most women do not stipulate a certain feeding time (78.3%). In this way, mothers feel that the time is not the most important consideration; the baby should be fed when hungry – which is called the free regime – and a rigid regime should not be imposed on the baby. When a baby is hungry, it awakens to feed, and this alert is important for a better intake of breast milk. However, the baby should not be allowed to sleep more than three hours during the first month of life.

Regarding the introduction of the dummy, most women introduced the dummy (62.1%). Dummy use has also been discouraged because of the possibility of its interfering with breastfeeding. Children who use dummies are breastfed less often generally which could affect milk production (Aarts, Hörnell, Kylberg, Hofvander, & Gebre-Medhin, 1999). While there is no doubt about the association between dummy use and shorter periods of breastfeeding, a cause-effect relationship has not been well established yet. It is possible that dummy use is a sign of a decreased mother's willingness to breastfeed – the tips reduce the need for the baby to be breastfed – rather than being the cause of interrupting breastfeeding, especially in mothers with difficulties in breastfeeding and low confidence (Victora et al., 1997).

With regard to breastfeeding support groups, it was found that most women did not consult breastfeeding support groups (89.8%). However, the first fifteen days of a baby's life are very important and during this time, the mother should be helped or replaced with regards to household chores, in order to devote herself entirely to her baby.

Kummer et al. (2000) showed that guidance on breastfeeding in the maternity ward after the child's birth increased maternal knowledge on the subject and hence the prevalence of breastfeeding in the first six months of life.

It is important to have the support of health professionals available to listen and help resolve doubts and problems that arise. As well as clarifying the couple's doubts regarding breastfeeding, health professionals must also give them information, not only about its advantages, for the both mother and the baby, but also about possible difficulties that may arise and that may shake the couple's initial motivation (Levy & Bértolo, 2008).

It is therefore very important that health professionals be involved in this process explaining also the importance of breastfeeding, its benefits for the mother, the baby, the family and the community.

Directions then are in the sense that for a successful breastfeeding, the mother needs constant encouragement and support not only from health professionals, but also from her family and community. The opinion and encouragement of those around her, especially the husband/partner, the child's grandparents and the mother's significant others are paramount.

In this study, we identified the use of breastfeeding support groups associated with previous births as women with previous deliveries tend to consult support groups for breastfeeding compared to women with no previous deliveries (X^2= 8,532, p = .003).

Most women had difficulties in latching (70.6%). It is normal for the first few weeks of breastfeeding that some difficulties may arise, especially for mothers who are breastfeeding for the first time. The most common cause of nipple pain is a bad adaptation on the part of the baby with the maternal breast (incorrect latching). Sometimes the skin of the nipple looks completely normal, sometimes a crack at the tip or on the base of the nipple is noticed. Breastfeeding is painful and can lead the mother to breastfeed for less time and/or less frequently. The child who sucks only the nipple cannot obtain enough milk and becomes frustrated. Milk is not removed effectively, which may lead to reduced milk production.

The interpretation may show that most women turned to nurses when they felt difficulty in breastfeeding (90.4%).

The long term mother-child relationship is difficult to assess, since there are many variables involved. However, it was found that maternal affection in women without birth is 62.7 and in women with previous births, it is 67.9; the differences are not significant. Overall, women have shown positive maternal affection which was found to be similar in mothers with and without children. Thus, it is thought that maternal affection is associated with a unique, specific and lasting emotional relationship which is established gradually, from the first contacts between the mother and the baby, resulting in a process of mutual adaptation, and in which the mother and baby participate actively. It could also be seen that there is less affection in women whose education is below the secondary level (136.55) and more affection in women who have secondary education (105.51); the differences are statistically significant (X^2= 7.510; p = .023). Women with low literacy levels have a lower maternal affection. Faleiros et al. (2006) indicate that educational level affects motivation for breastfeeding because of the possibility of having greater access to information about its advantages. On the other hand, maternal affection is not influenced by age, marital status, employment status, residence, number of pregnancies, monitored pregnancy, duration of breastfeeding, time lapse before initiating breastfeeding, planned pregnancy, wanted pregnancy or type of delivery.

With regard to employment status, some mothers have excessive daily working hours and are very busy. When they arrive home late, they are very tired and do not have time or the wherewithal to cultivate a good contact with their children. Therefore, this can hinder the process of breastfeeding and maternal affection and may contribute to an unsatisfactory development. Vieira et al. (2004) reported that mothers who only work at home are more likely to breastfeed exclusively. Another influential aspect of maternal affection was gestation time, as women with preterm deliveries revealed more maternal affection. More maternal affection was also identified in women who resorted to consultations with support groups (89.67). Having previous experience with breastfeeding, contact with baby's skin within 1 hour of birth and introducing a dummy do not influence maternal affection.

It was found that there is no significant correlation between motivation for breastfeeding and maternal affection (R = .019, p = .774). The fact that the mother is more or less motivated to breastfeed has nothing to do with feelings and situations they experience with motherhood. However, despite these results, we must highlight that the women of this sample, as mentioned earlier, are motivated to breastfeed and also reveal positive maternal affection levels. Lana (2001) states that, when the prevalence of breastfeeding is increased, the likelihood of abandonment, abuse and neglect in childhood decreases, and that breastfeeding promotes success and maternal self-esteem and reinforces emotional family ties.

Finally, with regards to weaning, it should not be seen as an event, but rather as a process, with no date set for it to begin and end. It depends on many variables, including the maturity of the child and the mother's desire.

Increasingly natural weaning has been defended as it provides a smoother transition which is less stressful for the mother and the child, fulfilling the physiological, immunological and psychological needs of the child until it is mature enough for weaning. Abrupt weaning should be discouraged, because if the child is not ready, it can feel rejected by the mother, generating insecurity and often rebelliousness. For the mother, abrupt weaning may precipitate breast engorgement, milk stasis and mastitis, as well as sadness or depression and mourning for the loss of breastfeeding or hormonal changes. In natural weaning, which occurs on average between the age of two and three years old and the mother should actively participate in the process, suggesting steps when the child is ready to accept them and imposing appropriate age limits.

4. Conclusions

From a nutritional standpoint, breast milk is a living, complete and natural food that provides all the necessary nutrients. In addition, it contains other constituents that promote growth and protection against infections, not only through the defenses that pass from mother to child, but also because there is less risk of contamination. It also seems to confer protection against allergies and facilitate adaptation to other foods.

From and emotional standpoint, breastfeeding is also important in the mother's interaction with the baby in that cooperation, proximity and visual contact allow a mutual adjustment and gradual establishment of the bond, i.e. a rich and complex bond between a mother and child. This adaptation begins immediately in the maternity ward. It is

important that the first feeding occurs within the first hour of life and to avoid “supplements”. Finally, breastfeeding is also important for children’s psychomotor development. And in this, motivation for breastfeeding should be considered an important variable, since it is the propellant of all our action.

We go on then to draw the following conclusions: the mean age of the mothers is 30 years and fathers 32 years. Most women had contact with baby’s skin within 1 hour of birth (84.7%). Women who had contact with the baby’s skin in the 1st hour of birth have had previous deliveries. The women reveal positive maternal affection. The number of previous births is not associated with maternal affection. Mothers with lower education show lower maternal affection. Women with term delivery report more maternal affection. Maternal affection is not influenced by the introduction of the dummy. There is more maternal affection in women who resorted to consultations with a breastfeeding support group. Maternal affection is not correlated with the motivation for breastfeeding. Maternal affection is not influenced by marital status, employment status, area of residence, number of pregnancies, monitored pregnancy, feeding time, time lapsed before initiating breastfeeding, planned and wanted pregnancy, type of birth, previous experience of breastfeeding, satisfaction with breastfeeding experience or by contact with the baby’s skin within 1 hour of birth.

Breastfeeding is thus a complex process, with many biological, social, cultural, ethnic/racial, economic and emotional factors involved. Because of its importance in the short, medium and long term for the people involved, especially for the child, it is a challenge for health professionals to conduct this process properly, helping the mother to successfully breastfeed, but always attentive to the needs of the child, mother and family.

Breastfeeding is, as we have seen, very important for both the mother and her child and the minor difficulties that sometimes arise can be overcome in many cases with simple strategies.

We hope that conditions are increasingly created so that a greater number of mothers are able to breastfeed their children exclusively up to 6 months of life and to prolong it as long as possible.

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References

Aarts C, Hörnell A, Kylberg E, Hofvander Y, Gebre-Medhin M. (1999). Breastfeeding patterns in relation to thumb sucking and dummy use. Pediatrics. Oct;104(4):e50.

Baptista H. G., Gonçalves A. A.; G., Ruiz S. (2009). Factores associados à duração do aleitamento materno em crianças – Caderno Saúde Pública, Rio de Janeiro, 25(3):596-604, mar.

Faleiros, F. T., Trezza, E. M., & Carandina, L. (2006). Aleitamento mateno: factores de influência na sua decisão e duração. Revista de Nutrição, pp. 623-630.

Galvão, D. M. (2006). Amamentação Bem Sucedida: alguns Factores determinantes. Loures: Lusociência.

Graça, L. C. (2010). Contributos da intervenção de enfermagem na promoção da transição para a maternidade e do aleitamento materno. Doutoramento em Enfermagem, Universidade de Lisboa, Escola Superior de Enfermagem de Lisboa, Lisboa. gravidez e da maternidade (pp. 74-104). Coimbra: Quarteto.

Kummer S., C., et al. (2000). Padrão de aleitamento materno. Revista Saúde Pública; 34(2):143-8 www.fsp.usp.br/rsp.

Lana, A. (2001) O Livro de estimulo à amamentação: uma visão biológica, fisiológica, psicológica e comportamental da amamentação. Editora Atheneu, São Paulo.

Nelas, P. A., Ferreira, M., & Duarte, J. C. (2008). Motivação para a Amamentação: construção de um instrumento de medida. Revista Referência, II - n.°6., pp. 39-56.

Takushi, S. A., Tanaka, A. C., Gallo, P. R., & Machado, M. A. (2008). Motivação de gestantes para o aleitamento materno. Revista Nutrição, pp. 491-502.

Vieira et al. (2004). Fatores associados ao aleitamento materno e desmame em Feira de Santana. Revista Brasileira de Saúde materna Infantil. V.4, Nº2, Jun. 2004.

Victora CG, Behague DP, Barros FC, Olinto MT, Weiderpass E. (1997). Dummy use and short breastfeeding duration: cause, consequence, or coincidence? Pediatrics. Mar;99(3):445–453. 54.