



EDUCATORS' BREASTFEEDING-RELATED PRACTICES AND PERCEPTIONS

Práticas e percepções de educadores quanto ao aleitamento materno

Prácticas y percepciones de educadores sobre la lactancia materna

Bianca da Silva Alcantara Pereira (OrcID)

Ribeirão Preto College of Nursing (Escola de Enfermagem de Ribeirão Preto) - EERP/USP - Ribeirão Preto (SP) - Brazil

Elisangela Bellafronte (Lattes)

Western Paraná State University (Universidade Estadual do Oeste do Paraná) - UNIOESTE - Foz do Iguaçu (PR) - Brazil

Maria de Lourdes de Almeida (OrcID)

Western Paraná State University (Universidade Estadual do Oeste do Paraná) - UNIOESTE - Foz do Iguaçu (PR) - Brazil

Rosane Meire Munhak da Silva (Lattes)

Western Paraná State University (Universidade Estadual do Oeste do Paraná) - UNIOESTE - Foz do Iguaçu (PR) - Brazil

Reinaldo Antonio Silva Sobrinho (OrcID)

Western Paraná State University (Universidade Estadual do Oeste do Paraná) - UNIOESTE - Foz do Iguaçu (PR) - Brazil

Adriana Zilly (OrcID)

Western Paraná State University (Universidade Estadual do Oeste do Paraná) - UNIOESTE - Foz do Iguaçu (PR) - Brazil

ABSTRACT

Objective: To know education professionals' breastfeeding-related practices and perceptions. **Methods:** Descriptive and exploratory study, with a qualitative approach. Data collection took place in 2015, with 19 education professionals working in nurseries of day-care centers in a bordering municipality of Southern Brazil. The Collective Subject Discourse technique was used in order to organize and tabulate the qualitative data. **Results:** The construction of the collective subject discourses led to the evidence that, in the teachers' perception, breastfeeding is considered negative and there are no benefits in this practice for children enrolled in nursery I, mainly because the mothers could not manage to go to the day-care center. Thus, the place was regarded as an unsuitable location for the mother to breastfeed. The professional's perception of breastfeeding renders it a hindrance to their professional practice and, therefore, the teaching, maintenance and promotion of breastfeeding doesn't occur. Moreover, issues regarding the school infrastructure were mentioned as difficulties for the implementation of breastfeeding. **Conclusion:** The professionals consider that breastfeeding may represent a barrier to their professional performance; they report the existing difficulties for such practice and do not actually encourage it.

Descriptors: Breastfeeding; Nursery; Childhood Education; Health Education.

RESUMO

Objetivo: Conhecer as práticas e percepções de profissionais da educação sobre o aleitamento materno. **Métodos:** Estudo exploratório e descritivo, de abordagem qualitativa. A coleta de dados ocorreu em 2015, com 19 profissionais da educação atuantes em berçários das creches de um município de fronteira do Sul do Brasil. Utilizou-se a técnica do Discurso do Sujeito Coletivo para organizar e tabular os dados qualitativos. **Resultados:** A construção dos discursos do sujeito coletivo permitiu visualizar que, na percepção das professoras, o aleitamento materno é considerado negativo e não há benefícios nessa prática para crianças matriculadas no berçário I, principalmente pela indisponibilidade da mãe em ir à creche. Deste modo, considerou-se o local como não sendo um bom lugar para mãe amamentar. A percepção da profissional sobre o aleitamento materno o coloca como uma barreira à sua prática profissional e, por isso, o ensino, a manutenção e a promoção à amamentação não ocorrem. Além disso, foram mencionadas dificuldades quanto à infraestrutura escolar para a implementação do aleitamento. **Conclusão:** As profissionais consideram que o aleitamento materno pode ser uma barreira à sua prática profissional, relatam as dificuldades existentes para essa prática e, efetivamente, não o incentivam.

Descritores: Aleitamento Materno; Berçários; Educação Infantil; Educação em Saúde.



RESUMEN

Objetivo: Conocer las prácticas y percepciones de profesionales de la educación sobre la lactancia materna. **Métodos:** Estudio exploratorio y descriptivo de abordaje cualitativo. La recogida de datos se dio en 2015 con 19 profesionales de la educación que actúan en los nidos de las guarderías de un municipio de la frontera del Sur de Brasil. Se utilizó la técnica del Discurso del Sujeto Colectivo para organizar y tabular los datos cualitativos. **Resultados:** La construcción de los discursos del sujeto colectivo ha permitido visualizar que la lactancia materna es considerada negativa en la percepción de las profesoras y que no hay beneficios de esa práctica para los bebés matriculados en el nido I, en especial por la indisponibilidad de la madre para irse a la guardería. De esa manera, se consideró el sitio inadecuado para una madre amamantar. La percepción de la profesional sobre la lactancia materna la identifica como una barrera a su práctica profesional y, por eso, la enseñanza, la manutención y la promoción del amamantamiento no se dan. Además de eso, se han mencionado las dificultades de la infraestructura escolar para la implementación de la lactancia materna. **Conclusión:** Las profesionales consideran que la lactancia materna puede ser una barrera a su práctica profesional, relatan las dificultades que hay para esa práctica y, efectivamente, no la incentivan.

Descriptores: Lactancia Materna; Casas Cuna; Crianza del Niño; Educación en Salud.

INTRODUCTION

According to National Health Surveys (1986, 1996, 2006 and 2013), breastfeeding indicators showed an upward trend in Brazil, with gains between 1986 and 2006, and stabilization in 2013. On the other hand, continued breastfeeding until the second year of the child's life remained stable between 1986 and 2006 and is the only indicator with an increase in prevalence between 2006 and 2013⁽¹⁾.

Despite the incentive, support and encouragement provided by health policies and education and health professionals, the practice of breastfeeding still has rates that are far from those considered ideal by the World Health Organization (WHO)⁽²⁾.

In low- and middle-income countries such as Brazil, the importance of breastfeeding is recognized. In those countries, only 37% of children under 6 months are exclusively breastfed. Breastfeeding protects the child from infections, malnutrition and malocclusion, improves intelligence and can probably reduce overweight and diabetes. Increasing breastfeeding globally could prevent 823,000 deaths per year in children under 5 years of age⁽³⁾.

Aiming for the success of breastfeeding, health and education professionals, as well as family members, need to understand that this action must be supported and encouraged. Therefore, the Early Childhood Education Municipal Centers (*Centros Municipais de Educação Infantil - CMEIs*), or day-care centers, should be understood as places where breastfeeding should be encouraged and facilitated, and education professionals should be part of this practice as major supporters⁽⁴⁾.

In addition, considering that almost 25% of the economically active population is composed of women with small children, who need to stay in day-care centers even during breastfeeding, it is essential that these places, as well as the professionals who work there, be prepared to encourage the maintenance of breastfeeding⁽⁵⁾.

In this context, the present study aimed at knowing education professionals' breastfeeding-related practices and perceptions.

METHODS

Exploratory and descriptive research with qualitative data analysis, held in Foz do Iguaçu, Paraná, Brazil.

Of the 33 CMEIs in the municipality, 15 have nursery I classes and provide care for children from six months to one year old. In general, they serve children from 6 months to 4 years, only part-time (morning or afternoon, according to the maternal choice), where they receive food through the education professional and their assistant. There is a place for the handling of food, and some have the space of the lactario and the solarium⁽⁶⁾.

During data collection, four centers were found with their nurseries closed due to lack of professionals or structural problems. Therefore, the present study was carried out in only 11 CMEIs of the municipality investigated.

According to Foz do Iguaçu Municipal Education Secretariat, in each class I nursery, of each CMEI, two education professionals should be working, thus resulting in a total of 22 education professionals participating in the research⁽⁶⁾.

The inclusion criteria of the survey were: accepting to participate and having been working in the profession for at least six months. Three professionals were excluded for being in health leave.

Data collection took place from April to June 2015, in CMEI facilities, with the professionals, through previous scheduling by telephone, and lasting about 20 minutes. The semi-structured instrument was previously evaluated by two professionals specialized in the areas of nursing and education, through open, qualitative questions, with the purpose of extracting their breastfeeding-related practices and perceptions in the CMEI.

As for the verbal material to be collected during the interview with the participants, it was grouped into five guiding questions: 1: During the experience and practice in caring for children under one year, how do you perceive breastfeeding in the CMEI? Were there any benefits for the children?; 2: Is the CMEI a breastfeeding-friendly place? What are the helping and hindering aspects that affect breastfeeding?; 3: What do you do when a breastfeeding child is enrolled?; 4: What are your actions for teaching, maintaining and encouraging breastfeeding at the CMEI in the first year of life?; 5: What is your relationship with the nursing mother? Do you talk about your expectations and experiences about breastfeeding?

The construction of the Discourse of the Collective Subject (DCS) was adopted as the methodological strategy of this qualitative research, whose methodological process is systematically oriented by means of specific elements for its development, namely: the central idea (CI), the anchorages (ACs), the key expressions (KEs) and, as the final product of this process, the DCS⁽⁷⁾.

In this research, anchorages were not found, since this element arises only in situations where explicit discursive marks of these generic statements appear in the verbal material⁽⁷⁾. In this way, the methodological figures of language used to compose the Discourse of the Collective Subject were the central idea (CI) and the key expressions (KEs).

It should be emphasized that, in the development of the research, the guidelines and norms of Resolution 466/2012 of the National Health Council were met, and the study was approved by the Research Ethics Committee of the State University of Western Paraná, under Approval No. 931.596.

RESULTS AND DISCUSSION

The research comprised 19 professionals, all women, linked to 11 CMEIs of the municipality.

The first guiding question concerns the experience and practice in caring for children under the age of one year, how the professional perceives breastfeeding in the nursery and if there were benefits. The interviewees' answers showed a discursive character that allowed the formation of five DCS (Table I).

Table I - Presentation of the central ideas and Discourses of the Collective Subject on the perception of breastfeeding in municipal centers for early childhood education and the existence of benefits. Foz do Iguaçu, Paraná, Brazil, 2015.

Central ideas	Discourse of the collective subject
CI 1: Unavailability of the mother	DCS 1: "I do not perceive that. Mothers do not come to breastfeed because they have to work, they do not express milk for storage, therefore, there is no benefit to the child."
CI 2: Practicality of breastfeeding	DCS 2: "The breast is practical; some mothers do not want to give another food, even after six months."
CI 3: Weaning and adaptation	DCS 3: "Most have been weaned when they come, ideally, every child should be weaned because the adaptation is faster; to stop breastfeeding is a suffering and, for us, it is a hard work. These mothers should be prepared before the beginning of the school year. I do not have the autonomy and freedom to encourage the mother to breastfeed in the CMEI, if she wants to, I will not prohibit her, but she will be discouraged by the teachers."
CI 4: Healthy child	DCS 4: "Yes, the child's life is healthier, the child who is not breastfed is frequently sick."
CI 5: Emotional stability of the child	DCS 5: "Yes, they need this contact with the mother, to value the bond and affective ties, the child feels safer, they can not be subcontracted out."

CI: Central Idea; DCS: Discourse of the Collective Subject

The mother's unavailability to breastfeeding, presented as CI, is associated with changes in the woman's life and the need to meet the demands related to the baby, her professional and personal life. Socioeconomic factors are decisive in the anticipation or delay in registering the child at school, which tends to be a delicate moment in a woman's life⁽⁸⁾.

Moreover, considering that exclusive breastfeeding will not be sustained, the interviewees do not realize that, even so, breastfeeding will bring benefits to the child. Despite not being able to breastfeed constantly, the mother should be encouraged and, if possible, guided about the practices in order to maintain this important act for the baby up to two years of age. Among the guidelines, the following stand out: breastfeeding more frequently when at home; avoiding the use of feeding bottles and the supply of food in a cup or spoon; during the working day, express the milk to empty the breasts and storage it in a freezer⁽⁹⁾; whenever possible, breastfeed the child throughout the day, even when in the CMEI, since the Consolidation of Labor Laws, in its Article 396, ensures intervals in the working time for women who are breastfeeding⁽¹⁰⁾.

On the other hand, in CI 2, the question of practicality in breastfeeding emerged. In a qualitative study conducted in the inland region of São Paulo, focused on adherence to breastfeeding, its easiness was identified as a contributing factor for its maintenance. From a family perspective, breastfeeding is taken kindly to, for being costless and involving no concern for preparation and, as for the State, for contributing to reduce expenses with hospitalizations and medical consultations, and for sparing the working mother loss of time⁽¹¹⁾.

Nevertheless, despite many advantages, research shows that mothers exclusively breastfeed their children up to their fourth month of life and that, among the factors responsible for early weaning, are the influence of the family, cultural and financial issues and lack of guidance^(12,13). From this perspective, one understands that breastfeeding has not been promoted into the whole society as advocated by the WHO⁽¹⁴⁾, a reality also observed in the present study.

In CI 3 and its respective DCS, the professionals believed that, ideally, the child should be weaned before being enrolled and, in case the mother is breastfeeding in the place, she would be discouraged by the teachers. Personal and family experiences influence this practice, and even educated people, such as health and education professionals, need to be constantly encouraged and supported for successful maintenance of breastfeeding^(11,12,15).

Following this, DCS 4 reveals that these professionals are aware of and experience the importance of breastfeeding, since this practice prevents the onset of several diseases and, most of all, can avoid about 820,000 deaths every year⁽¹⁴⁾, in addition to acting as a reassuring agent of the child in the psychological aspect, aiding in the promotion of intellectual development⁽¹⁶⁾. As for the short-term losses caused by early weaning, the child's low immunity stands out, which may favor morbidities, such as common infections, allergies, diarrhea, respiratory diseases, malnutrition, among others, and predispose to long-term morbidities such as hypertension, high cholesterol levels, obesity and type 2 diabetes^(13, 14,17-19).

Around the tenth month of life, motor skills drive the exploration of the human or inanimate environment. This characteristic allows the child to be involved in these activities, seeming at many times to have forgotten the mother. However, the child still remembers and needs emotional resupply, that is, physical contact with the mother⁽²⁰⁾, as reported by the interviewees in CI 5, DCS 5. This is why the presence of the mother in the CMEI becomes so important, even after the baby is six months of age.

The second guiding question investigates whether the CMEI is a breastfeeding-friendly place and what are the helping and hindering aspects that affect breastfeeding, from which emerged the CIs and DCS shown in Table II.

In this question, all CIs and speeches that emerged from the participants' verbal material show that the CMEI is not a good place for breastfeeding, and that there are no helping aspects for this practice, corroborating the findings of another study, where most public day-care centers lacked proper structure and the professionals were not up to date with the recent recommendations on breastfeeding and complementary feeding (CF) ^(21,22).

The lack of actions only reflects the void, the gap in the education professional's initial training and even in continuing education. Suggesting scheduled breastfeeding is a routine imposition upon a physiological need, it is a way of creating barriers for the mother to breastfeed.

A review carried out over a decade ago, involving Brazilian research that addressed breastfeeding in these settings, showed that the theme was little explored, that nurseries needed organization in relation to the welcoming routines for mothers to breastfeed, and that there was still a need for training, so that the educators could reflect and improve their practices on breastfeeding⁽²²⁾.

Table II - Presentation of the central ideas and Discourses of the Collective Subject on the helping and hindering aspects that affect breastfeeding in municipal centers for early childhood education. Foz do Iguaçu, Paraná, Brazil, 2015.

Central ideas	Discourse of the collective subject
CI 6: Breastfeeding in the CMEI disrupts routine	DCS 6: "Yes, the Early Childhood Education Municipal Centers is not a good place to breastfeed, because we have to follow a routine: food, hygiene, sleep time; this routine is necessary. Everything that escapes the routine messes it up; we do not have agenda and room for that, like an adequate room."
CI 7: Breastfeeding in the CMEI hinders the child's weaning and adaptation	DCS 7: "The CMEI does not prohibit it, but they should not breastfeed, we register (the child) at 6 months, it is time to wean. Without the mother present at the CMEI, it would be easier for the child to adapt. She could come, but she needs to leave the nursery and return, (then) when the child comes back, it's hard, the child wants to leave; no matter how dedicate we are, they want their mother's lap."
CI 8: CMEI is not a good place, because of the mother's unavailability	DCS 8: "No, the municipal center for early childhood education is not a good place to breastfeed because mothers can not afford the time because of their work. It is not feasible for the child who is here to continue being breastfed."
CI 9: CMEI is not a good place, because it makes other children become interested in BF	DCS 9: "Here is not a good place because, if a child sees another being nursed, they, too, will want it."

CI: Central Idea; DCS: Discourse of the Collective Subject; BF: Breastfeeding

Another study emphasizes that day-care centers can and should be considered a place for mothers in socioeconomic disadvantage to be educated about the maintenance of breastfeeding practices up to 2 years of age⁽²³⁾.

Taking this into account, means must be sought, since breastfeeding is a practice that makes all efforts worth it, in order to provide the mother with complete freedom to maintain it. In addition, giving the nursing mother the support of the family, health professionals and the State is a fundamental axis to the effectiveness of the right to breastfeeding⁽¹³⁾, since the child has the right to be breastfed, and the institutions are duty bound to provide conditions for successful breastfeeding⁽²⁴⁾.

Although there is no explicit breastfeeding policy in child education services, it is also the duty of these institutions and all citizens to ensure the right to health and breastfeeding, guaranteed to the child since the Federal Constitution of 1988⁽²⁵⁾. Therefore, it is of utmost importance to disseminate continuing action programs aimed at child nutrition, involving the multiprofessional teams and local CMEIs.

As an example of that, some municipalities, even if individualistically, have incorporated into their bylaws, the guarantee of breastfeeding in the CMEIs. The municipality of São Paulo, for example, through Bill 416(2016), seeks to establish that the units should provide a room for mothers to breastfeed their children or express milk at any time, guaranteeing privacy. This project also emphasizes that day-care centers should be provided with suitable structure for refrigeration and storage of milk⁽²⁶⁾.

In CI 6, breastfeeding disrupts the routine and there is no room for this practice. The division of time is predominant in the organization of the routine in institutions that serve small children, which hampers the pedagogical work in the process of forming the subject in multiple dimensions⁽²⁷⁾. This practice tends to shorten the child's opportunity to experience the intensity of the knowledge plurality, the diversity of race, creed and gender, feelings, cravings and fantasies, that is, because of its rigid, uniform and homogenizing routine, the day-care center seems to hinder the experimentation of the child's rights that are already established.

In the present study, lack of space was pointed as an obstacle to breastfeeding within the institution. According to Resolution No. 0162/05 of the Health Secretariat (*Secretaria da Saúde - SESA*) of the State of Paraná⁽²⁸⁾, ruling private, public or philanthropic institutions, such space should exist. In a survey of unequal conditions as a reason for discontinuation of breastfeeding, the authors also found that, despite the existing law, there was no compliance⁽²⁹⁾.

In a study on early weaning prevalence and related factors in day-care centers, 34.8% of the children were exclusively breastfed and 57.1% were non-exclusively breastfed, and the main reason cited by mothers for early weaning was that they need to work (26.1%)⁽⁴⁾. Faced with this reality, day-care centers should be places of protection

and promotion of breastfeeding, which has not been happening, since breastfeeding is considered negative and a hindrance to the weaning and adaptation of the child in the institution, according to CI 7 and its respective DCS.

In CI 8, the participants report that breastfeeding does not occur because mothers work, which hinders the practice. The reason would be the availability of the mother, not the CMEI facility itself. Therefore, interventions are needed to reduce the barriers for working mothers to breastfeed, such as the existence of breastfeeding rooms and breaks in the workday for breastfeeding, which is already guaranteed by law⁽²⁸⁾. These interventions are inexpensive and can reduce absence and improve workforce performance, commitment and retention^(30,31).

Another difficulty presented in breastfeeding is exposed in CI 9. The teachers affirm that breastfeeding in the CMEI awakens in other children the desire to be breastfed. The smell of milk and maternal warmth soothe the baby and stimulate affection in the mother-baby binomial. On the basis of this principle, it is possible to perceive that, in fact, the smell of milk from another mother, or even from a lactation educator, can awaken in the baby their maternal memories⁽³²⁾.

Olfaction plays an essential role in affective development, since the relation of the baby to the odor occurs strongly, as it associates scents such as those of the breast, axillary sweat and the neck of the mother. At seven days of life, the baby can already distinguish the smell of other lactating women from that of their mother, however, maternal odors seem to play a reassuring role and help the baby to drift off⁽³³⁾.

Following the presentation of the results of the speeches, the third guiding question addresses what the professional does when a child who is still breastfeeding is enrolled (Table III).

Table III - Presentation of the central ideas and Discourses of the Collective Subject on how to proceed with breastfeeding children in the municipal center for early childhood education. Foz do Iguaçu, Paraná, Brazil, 2015.

Central ideias	Discourse of the collective subject
CI 10: Reduction in the time of permanence of the child at the CMEI	DCS 10: "When (the child) is only breastfed and does not accept any other food, we ask the mother to suspend it all day long until adaptation is achieved, because they do not come to breastfeed. By doing so, the child will not stay for so long without eating. Mothers want a place at the nursery so much that they hold it back if the child breastfeeds, if they eat something other than milk. But we perceive it, we ask that, in the beginning, they come to fetch the child earlier."

CI: Central Idea; DCS: Discourse of the Collective Subject

The reduction in the time of permanence is in fact a strategy widely used in the adaptation of the child. The transition period may take from 6 days to 2 weeks, depending on the child's temperament and whether or not they already have the habit of staying away from their parents. In the course of adaptation, the child usually attends part-time nursery⁽³⁴⁾.

As for the fourth guiding question, which addresses the actions of the professional in the teaching, maintenance and encouragement of breastfeeding at the CMEI in the first year of life, the discourses suggest that the majority of them do not take any action to encourage or maintain breastfeeding (Table IV).

Table IV - Presentation of the central ideas and Discourses of the Collective Subject on actions directed towards teaching, maintaining and encouraging breastfeeding in the first year of life. Foz do Iguaçu, Paraná, Brazil, 2015.

Central ideias	Discourse of the collective subject
CI 11: Here we do not talk with mothers about BF	DCS 11: "I find it important up to one year old. I know, because I breastfed, but I never got to talk to any mother about it."

CI: Central Idea; DCS: Discourse of the Collective Subject; BF: Breastfeeding

CI 11 brings the reality of these professionals who do nothing to promote, encourage and maintain breastfeeding, despite considering it an important practice. This reality can be justified by the lack of clarifications and specific knowledge in undergraduate programs, since there is no characteristic discipline addressing the issue of infant feeding, even with the existence of so many public policies seeking the success of this practice^(4,35).

The last guiding question concerns the relationship between the professionals and the nursing mother and whether they discuss the expectations and experiences of breastfeeding (Table V).

Table V - Presentation of the central ideas and Discourses of the Collective Subject on the dialogue and relationship between the professional and the nursing mother. Foz do Iguaçu, Paraná, Brazil, 2015.

Central ideas	Discourse of the collective subject
CI 12: The parents do not have time	DCS 12: "It does not happen. Our contact with the parents is minimal, they are always in a hurry. Very difficult, but there are few cases of mother who still breastfeed."
CI 13: Encouragement to the introduction of food	DCS 13: "We do not use to talk about it since they are enrolled after six months of age. We instruct (the mother) to offer something similar to CMEI's food at home and avoid breastfeeding during the time the child stays at the CMEI, even on weekends, and ask her to give her expressed milk using the baby bottle, for them to get used to it and then accept the cow's milk of the CMEI. We pass the menu to the parents in the notebook. We only talk about breastfeeding when they have issues with the acceptance of feeding. We do not advise them to stop breastfeeding, but we do not encourage it."

CI: Central Idea; DCS: Discourse of the Collective Subject

Most interviewees reported in CI 12 a lack of time for dialogue with the mother and the child's family. A study on the training of early childhood educators indicated that, among its participants, the major difficulty in acting was related, first, to the students' parents and their communication. In this fragile relationship, the majority of the educators do not feel that parents and relatives recognize their good performance in working with their children, leading to a problematic relationship, in which educators and family mutually evaluate their care for the child⁽³⁶⁾.

In CI 13, the incentive to food introduction was found. For the family, the day-care center is a reliable environment, believing that the child will be offered a great education, a healthy diet and a safe environment. However, studies have indicated that there is a prevalence of short stature, overweight, food insecurity, anemia, zinc deficiency, and parasitic infections among children attending day-care centers⁽³⁷⁻³⁹⁾. As some of these conditions could be avoided with a longer duration of exclusive breastfeeding, it is necessary that the health team review the educational strategies for mothers and nursery workers on complementary feeding^(14,40).

School institutions need to be seen as spaces where it is possible to develop actions to promote breastfeeding. The subject has not yet been sufficiently addressed and valued by health professionals in terms of research in the school environment. Thus, their aspects are little explored. This subject needs to receive more attention, not only from researchers, but also from society as a whole.

As a limitation, this research does not represent the performance of CMEIS in its entirety, since only one Brazilian city was studied, and cultural, educational and socioeconomic aspects should be considered for construction of the education professionals' perception.

FINAL CONSIDERATIONS

The education professionals assessed consider that the the municipal center for early childhood education is not a good place for the practice of breastfeeding and, among others, these are some difficulties for mothers to breastfeed in the institution: it disrupts the established routine; it hinders early weaning and adaptation; lack of a nursing room; the mother can not be absent from work or this is located at a great distance; it awakens other children to the mother's milk and olfactory memories of their mother. So, despite being aware of the positive aspects, these are buried by the difficulties. Thus, for the reality exposed, there is no promotion of breastfeeding as advocated by the WHO and the Ministry of Health.

But, above all, there is a latent concern about the health of children attending nursery rooms: the lack of dialogue between parents and education professionals, the early weaning, the high probability of contracting infections and other diseases characteristic of the age group, especially when compared with those that are cared for exclusively at home.

More studies are needed for understanding of the scope of all this exposure to several health determinants and their implications in health during the adult life. Nevertheless, it is not necessary to prove through negative results, in order to avoid health problems of these small citizens to be, since it is well known that the prevalence of breastfeeding is decisive for the reduction in infant morbidity and mortality.

CONFLICT OF INTERESTS

The authors declare that there is no conflict of interests.

CONTRIBUTIONS

Bianca da Silva Alcântara Pereira and Adriana Zilly participated in the conception, planning, data analysis and interpretation, and revision of the manuscript. **Elisangela Bellafronte, Maria de Lourdes de Almeida, Roseane Meire Munhak da Silva and Reinaldo Antônio Silva Sobrinho** contributed to the revision of the manuscript.

REFERENCES

1. Boccolini CS, Boccolini PMM, Monteiro FR, Venancio SI, Giugliani ERJ. Tendência de indicadores do aleitamento materno no Brasil em três décadas. *Rev Saúde Pública*. 2017;51:108.
2. Maia EM, Santiago LB, Sampaio ACF, Lamounier JA. Programa de apoio ao aleitamento materno exclusivo para mães trabalhadoras da iniciativa privada. *Rev Med Minas Gerais*. 2015;25(1):19-24.
3. Victora CG, Bahhli R, Barros AJD, França GVA, Horton S, Kraseyec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms and lifelong effect. *Lancet*. 2016;387(10017):475-90.
4. Souza MHN, Sodre VRD, Silva FNF. Prevalência e fatores associados à prática da amamentação de crianças que freqüentam uma creche comunitária. *Cienc Enferm*. 2015;21(1):55-67.
5. Brasileiro AA, Ambrosano GMB, Marba STM, Possobon RF. Breastfeeding among children of women workers. *Rev Saúde Pública*. 2012;46(4):642-8.
6. Prefeitura Municipal de Foz do Iguaçu-Paraná. Secretaria Municipal de Educação [accessed on 2015 Feb 20]. 2014. Available from: <http://www.pmfi.pr.gov.br/Portal/VisualizaObj.aspx?IDObj=13572>
7. Lefevrè F, Lefevrè AMC. Pesquisa de representação social: um enfoque quali-quantitativo: a metodologia do discurso do sujeito coletivo. 2ª ed. Brasília: Liberlivro; 2012.
8. Martins GDF, Becker SMS, Leão LCS, Lopes RCS, Piccinini CA. Fatores associados a não adaptação do bebê na creche: da gestação ao ingresso na instituição. *Psicol Teor Pesqui*. 2014;30(3):241-50.
9. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Saúde da criança: aleitamento materno e alimentação complementar. 2ª ed. Brasília: Ministério da Saúde; 2015.
10. Brasil. Consolidação das Leis do Trabalho. Decreto-lei nº 5.452, de 1º de maio de 1943. [accessed on 2018 May 23]. Available from: <http://www.trtsp.jus.br/geral/tribunal2/LEGIS/CLT/TITULOIII.html>
11. Wilhelm LA, Demori CC, Alves CN, Barreto CN, Cremonese L, Ressel LB. A vivência da amamentação na ótica de mulheres: contribuições para a enfermagem. *Rev Enferm UFSM*. 2015;5(1):160-8.
12. Rocha MG, Costa ES. Interrupção precoce do aleitamento materno exclusivo: experiência com mães de crianças em consultas de puericultura. *Rev Bras Promoç Saúde*. 2015;28(4):547-52.
13. Araújo NL, Lima LHO, Oliveira EAR, Carvalho ES, Dualibe FT, Formiga LMF. Alimentação dos lactentes e fatores relacionados ao aleitamento materno. *Rev Rene*. 2013;14(6):1064-72.
14. World Health Organization. Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised baby-friendly hospital initiative. Geneva: WHO; 2018.
15. Barbieri MC, Bercini LO, Brondani KJM, Ferrari RAP, Tacla MTGM, Sant'anna FL. Aleitamento materno: orientações recebidas no pré-natal, parto e puerpério. *Semina Ciênc Biol Saúde*. 2015;36(1):17-24.
16. Andrade ISN. Aleitamento materno e seus benefícios: primeiro passo para a promoção saúde. *Rev Bras Promoç Saúde*. 2014;27(2):149-50.
17. Goergen IB, Bosco SMD, Adami FS. Relação entre o peso ao nascer e o tempo de aleitamento materno com o estado nutricional atual de crianças. *Rev Bras Promoç Saúde*. 2015;28(3):344-50.

18. Pudla KJ, González-Chica DA, Vasconcelos FAG. Efeito do aleitamento materno sobre a obesidade em escolares: influência da escolaridade da mãe. *Rev Paul Pediatr.* 2015;33(3):294-301.
19. Pomiecinski F, Guerra VMCO, Mariano REM, Landim RC SL. Estamos vivendo uma epidemia de alergia alimentar? *Rev Bras Promoç Saúde.* 2017;30(3):1-3.
20. Bossi TJ, Soares E, Lopes RCS, Piccinini CA. Adaptação à creche e o processo de separação-individação: reações dos bebês e sentimentos parentais. *Psico.* 2014;45(2):250-60.
21. Souza JPO, Prudente AM, Silva DA, Pereira LA, Rinaldi AEM. Avaliação do conhecimento de funcionárias de escolas municipais de educação infantil sobre aleitamento materno e alimentação complementar. *Rev Paul Pediatr.* 2013;31(4):480-7.
22. Braga NP, Rezende MA, Fujimori E. Amamentação em creches no Brasil. *Rev Bras Crescimento Desenvolv Hum.* 2009;19(3):465-74.
23. Warkentin S, Viana KJ, Zapana PM, Taddel JAAC. Fatores associados à interrupção do aleitamento materno exclusivo. *J. Brazilian Soc Food Nutr.* 2012;37(2):105-17.
24. Brasil. Estatuto da Criança e do Adolescente: Lei 8.069/90, de 13 de Julho de 1990. Brasília: Senado Federal; 1990.
25. Brasil. Constituição (1988). Constituição da República Federativa do Brasil: promulgada em 5 de outubro de 1988. Brasília, 1988.
26. São Paulo. Secretaria Municipal de Educação. Projeto de Lei 416/2016 que estabelece diretrizes aos centros educacionais infantis para permitir o aleitamento materno [accessed on 2018 May 23]. Available from: <https://www.imprensaoficial.com.br/Certificacao/GatewayCertificaPDF.aspx?notarizacaoID=408ac142-58e7-4f49-a19a-8388d630bf1a>
27. Martins RJ, Gonçalves TM. Apropriação do espaço na pré-escola segundo a psicologia ambiental. *Psicol Soc.* 2014;26(3):622-31.
28. Secretaria de Estado da Saúde do Paraná. Resolução SESA nº 0162, de 14 de fevereiro de 2005. Estabelece normas técnicas para os Centros de Educação Infantil. Curitiba: SESA; 2005.
29. Peres PLP, Pegoraro AO. Condições desiguais como causas para a interrupção do aleitamento. *Rev Enferm UERJ.* 2014;22(2):278-85.
30. Addati L, Cassirer N, Gilchrist K. Maternity and paternity at work: law and practice across the world. Geneva: National Labour Office; 2014.
31. Rollins NC, Bhandari N, Hajeerhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet.* 2016;387(10017):491-504.
32. Machado JS, Cechim PLR. Aleitamento materno exclusivo. Motivações e desmotivações das nutrizes de Eldorado do Sul (Brasil). *Invest Educ Enferm.* 2013;31(3):377-84.
33. Ribeiro JRIS. A percepção dos pais sobre as competências dos bebês [dissertação]. Lisboa: Instituto Universitário de Psicologia Aplicada; 2011.
34. Leal ARL. O ensino bilíngue na creche internacional curumim: uma experiência prática com crianças até 3 anos. *EntreVer.* 2013;3(5):64-75.
35. Secretaria de Estado da Educação do Paraná, Superintendência da Educação, Departamento de Educação e Trabalho. Orientações Curriculares para o Curso de Formação de Docentes da Educação Infantil e Anos Iniciais do Ensino Fundamental, em Nível Médio, na Modalidade Normal. Curitiba: SEED/PR; 2014.
36. Nylander PIA, Santos RCB, Magalhães LS, Afonso T, Cavalcante LIC. Educadores infantis: aspectos da formação profissional e do trabalho em creche. *Temas Psicol.* 2012;20(2):666-77.
37. Oliveira TSC, Silva MC, Santos JN, Rocha DS, Alves CRL, Capanema FD, et al. Anemia entre pré-escolares: um problema de saúde pública em Belo Horizonte, Brasil. *Ciênc Saúde Colet.* 2014;19(1):59-66.
38. Pedrasa DF, Queiroz D, Sales MC. Doenças infecciosas em crianças pré-escolares brasileiras assistidas em creches. *Ciênc Saúde Colet.* 2014;19(2):501-18.

39. Pedrasa DF. Linear growth of children attending public day care centers in the municipality of Campina Grande, Paraíba, Brazil. *Rev Bras Epidemiol.* 2016;19(2):451-63.
40. Longo-Silva G, Silveira JAC, Menezes RCE, Toloni MHA. Age at introduction of ultra-processed food among preschool children attending day-care centers. *J Pediatr (Rio de J).* 2017;93(5):508-16.

First author's address:

Bianca da Silva Alcântara Pereira
Escola de Enfermagem de Ribeirão Preto - EERP
Av. dos Bandeirantes, 3900 - Campus Universitário
Bairro: Monte Alegre
CEP: 14040-902 - Ribeirão Preto - SP - Brasil
E-mail: biancalcantara@msn.com

Mailing address:

Elisangela Bellafronte
Universidade Estadual do Oeste do Paraná - UNIOESTE
Av. Tarquínio Joslim dos Santos, 1300
Bairro: Jardim Universitário
CEP: 85870-650 - Foz do Iguaçu - PR - Brasil
E-mail: e_bio79@yahoo.com.br