

# Breastfeeding: The Knowledge of the Partner within the Pre-Birth Program in Rondonia, North of Brazil

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**Abstract**— The process of breastfeeding is older than human existence, but still complex, involves several factors that contribute positively or negatively to the practice. The objective of this study was to describe the knowledge of the members of the male pre-birth program in a Family Health Unit in the city of Cacoal (Rondonia, North of Brazil) on the importance of breastfeeding. The research was conducted in the months of February, March, April, 2018, after signing the consent form. A qualitative, descriptive, cross-sectional study was obtained through interviews with the partners of the pregnant women enrolled in this Family Health Unit. The sample consisted of 20 partners, the results were: 09 (45%) of the partners were between 22 and 30 years of age, 13 (65%) are married, 4 (20%) work as a general helper, 10 (50%) of them did not complete the first degree, 10 (50%) interviewed attended a pre-birth visit, 16 (80%) partners never participated in the meetings promoted by the basic health unit, it was observed that 18 (90%) attended the examinations laboratory tests, and USG), 18 (90%) reported that their companion attended a course of preparation for childbirth. Regarding the partners' knowledge about the benefits of exclusive breastfeeding, it can be observed that 15 (75%) did not know the advantages of breastfeeding for the baby, 12 (60%) correlated the infant's development with breastfeeding, 11 (55%) did not (40%) answered that the economy is the biggest advantage for the couple, 7 (35%) claimed that breastfeeding should be performed up to 1 year of age. It is concluded that partners have no knowledge about breastfeeding, little participation was observed during pregnancy. The male pre-birth program is the way to contribute to the training of the partners' knowledge about the pregnancy cycle, making it necessary to implant them in the other health units of the family.

**Keywords**— Breastfeeding. Partner. Pre-birth of male.

## I. INTRODUCTION

The process of breastfeeding is the oldest of human existence, but still very complex, involving several factors that may contribute positively or negatively to its practice. The act of breastfeeding is extremely important, providing an inseparable link through direct contact between mother and child, with a calming and analgesic effect for the infant. This maternal-infant interaction has the power to modulate the behavioral state of the child and the mother, with influences on affective psychological development and learning (CUNHA, 2016).

With regard to breastfeeding and family economic aspects, it is already clear that breastfeeding does not have financial implications and can burden a family substantially. The child who is not breastfed will generate a cost with infant formulas and bottles, in addition to having a higher risk of becoming ill, which may require more medication and even more hospital admissions (NUNES, 2015).

In addition to the recognized immunological factors of breast milk, it satisfies nutritional needs and is responsible for the best development of the child, especially in the first two years of life (PEREIRA, 2013).

It is evident that the father can be an important ally, true partner in the education of the children and in the breastfeeding, being indispensable the stimulus for their participation. The father should be remembered and included throughout the reproductive process, in nursing consultations, in hospital and home care, since breastfeeding is an inherent part of this singular phase in family life (RGO, 2016).

In 2010, the Ministry of Health launched the male pre-birth clinic, recommending that men perform pre-birth examinations at the same time as their partners, encouraging them to attend the health service in a preventive way, and promoting the affective bond between him, the son and the pregnant woman (BRASIL, 2010).

In this context, this research aimed to know the profile of partners and their knowledge about breastfeeding, thus enabling health professionals to create strategies to opportune these partners to become co-responsible in the breastfeeding process, where they often do not assist their partners. for lack of education and knowledge. The health professional must be aware of this situation and thus has the role of encouraging participation, guide and clarify the doubts presented by the father, who are involved in the breastfeeding process.

## II. MATERIALS AND METHODS

This is a qualitative, descriptive, cross-sectional study conducted through an interview. The research was

conducted in a Family Health Unit (USF), in the municipality of Cacoal in Rondônia, North of Brazil, from which the data were obtained through interviews with the partners of the pregnant women enrolled in this Family Health Unit.

Data collection took place in the months of February, March, April, 2018, during the morning, afternoon and evening periods, during the six days of the week, participants were informed about the research and agreed to participate, signing the consent form .

Included in the study were the partners of pregnant women who perform pre-birth care at USF LMF, as the only health unit currently operating the male pre-birth program in the municipality of Cacoal.

The research was carried out after the approval of the CEP, where the researchers contacted the coordinator of basic care of the municipality, and the manager and nurse of the USF requesting authorization for data collection, soon after the partners were approached at the reception and taken to a room to answer the questionnaire separate from the wife, other meetings were scheduled on Saturdays to achieve covers the largest number of partners who perform and accompany the male pre-birth.

A questionnaire with 22 multiple choice questions was used, adapted from the work of Abrantes (2014). "Breastfeeding: The role of the father". The second phase included the questionnaire containing variables related to socio-demographic profile, such as: age group, marital status, occupational situation, school situation, age of partners. In the third phase, the interviewees were asked to answer questions related to pre-birth involvement (followed pre-birth consultations, laboratory and imaging exams, participated in a group of guidelines for pregnant women, if the companion attended a preparation for childbirth). In the 4th phase, knowledge about breastfeeding was investigated (what are the advantages of breastfeeding for the mother and the baby, the advantages of breastfeeding at economic level, the environment, knowledge of the legal rights of the mother and father during breastfeeding, problems that may arise in breastfeeding).

The initial sample consisted of 28 partners, but because the male patient was the same, he was very resistant in relation to the care with his health, therefore, only 20 were interviewed, in follow-up of pre-birth care.

As a strategy for the public approach to the research, calls were made to invite them to participate in the research, we established more flexible days due to the services, we scheduled a night meeting and on Saturday afternoon as a strategic point for a better comprehension, we followed weekly consultations to approach the partners.

Approach data collection in the meetings happened as follows, when the partners arrived they were invited to participate in the research, were directed to another environment different from the pregnant women to answer the questionnaire, the pregnant women would be in another environment where was happening to the lectures and gestational orientations.

Research was carried out after approval of the project by the Ethics and Research Committee of the Faculty of Biomedical Sciences of Cacoal, Brazil - FACIMED; as well as the authorization of the primary care coordinator, manager, nurses working at the USF and researched partners, ensuring the ethical rigor of research involving human beings. The study did not pose any risk to the partners as it preserved any personal data from any of the samples. Initially, the project was evaluated by the Ethics

and Research Committee (CEP) and approved according to 2.330.647 and was only executed with ethical authorization from the research ethics committee of the - FACIMED. For interpretation and analysis, the data were classified and organized from a descriptive and reflexive analysis, through the partners' answers, regarding the questions about breastfeeding. The data were inserted in the programs Word 2007 and Excel, were analyzed and tabulated, in which they are exposed in the work in the form of table by means of descriptive statistics.

### III. RESULTS AND DISCUSSION

Twenty partners from pregnant women living in the municipality of Cacoal-RO, in a (01) family health unit, participated in the study.

*Table 1a - Socioeconomic characterization of partners of pregnant women enrolled in the Luiz Moreira de Freitas Health Unit of the municipality of Cacoal-RO (2018)*

VARIABLES		No	%
Age	17 – 21	05	25%
	22 - 30	09	45%
	31 - 40	06	30%
Total		20	100%
Conjugal situation	Not married	06	30%
	Married	13	65%
	Stable union	01	05%
Total		20	100%
Level of Schooling	Incomplete first degree	10	50%
	First full grade	01	05%
	Incomplete high school	04	20%
	Second degree completed	05	25%
Total		20	100%

Source: Cassimiro, Luz, Nascimento, Viana (2018).

*Table 1b - Socioeconomic characterization of partners of pregnant women enrolled in the Luiz Moreira de Freitas Health Unit of the municipality of Cacoal - RO (2018)*

VARIABLES		No	%
Profession	Bricklayer	03	15%
	Public agent	01	05%
	Tapestry	01	05%
	mechanical	01	05%
	Unemployed	02	10%
	Box Operator	01	05%
	General helper	04	20%
	Potter	01	05%
	Civil firefighter	01	05%
	Electrician	01	05%
	Driver	01	05%
	Vigilant	01	05%
	Self Employed	01	05%
	Deliveryman	01	05%
Total		20	100%

Source: Cassimiro, Luz, Nascimento, Viana (2018).

It can be seen in table 1 that 9 (45%) of the partners are between 22 and 30 years old. Of the marital situation, 13 (65%) of the partners are married. When we analyzed the professional situation of the partners that constituted the sample we observed that 4 (20%) work as a general helper. Regarding the level of schooling, the highest concentration of the sample 10 (50%) of the partners did not complete the first grade incomplete.

Although there is a current trend for parents to identify themselves as a pregnant couple from the very beginning of pregnancy, seeking to play an active role in participating in pregnancy surveillance consultations or in childbirth classes, it is still not a reality in most of

couples, especially those with low socioeconomic status and education (PESAMOSCA, 2008).

It is also observed that among the interviewed partners, the majority had a low level of education, and this may be an influential factor in not knowing the importance of breastfeeding, since the person does not have access to sources of information and does not understand basic are based on the belief that a child is more susceptible to the influence of culturally constructed myths and taboos and thus more vulnerable to weaning (JOCA et al., 2005).

Table 2 - Characterization of the participation of the partners of the pregnant women enrolled in the Luiz Moreira de Freitas Health Unit of the municipality of Cacoal-RO (2018), in relation to the follow-up of the pregnancy process.

VARIABLES	YES	%	NO	%	TOTAL	%
Accompanied prenatal appointments	10	50%	10	50%	20	100%
She participated in the group meetings of pregnant women	04	20%	16	80%	20	100%
Accompanied the accomplishment of the exams (laboratory exams and USG)	18	90%	02	10%	20	100%
Has your partner attended any course of preparation for childbirth	02	10%	18	90%	20	100%

Source: Cassimiro, Luz, Nascimento, Viana (2018).

We can observe from the data presented in table 02, that 10 (50%) of the interviewees followed the pre-birth visit. Only 4 (20%) participated in the groups of pregnant women, observing that 18 (90%) followed the tests (laboratory tests and USG).

Paternity is directly linked to lactation, since the father can interfere in this process, positively or negatively, it all depends on the degree of information and its involvement. It is worth noting the affective value, since for man there is the involvement of several feelings, such as: well-being, frustration and exclusion, in the family context in which it is inserted (OLIVEIRA et al., 2009).

It is noticed that the presence of the partner in the act of the consultations of the pregnant women contributes in the strengthening and support in the gestational period, puerperium, and family context. (BRAZIL, 2012).

In the open-ended questions asking the advantages of breastfeeding for the mother?

15 (75%) total of 20 of the interviewed partners did not know how to respond, of the 5 partners who answered the answers were

(Answer 1 Partner) "a good food for the mother and the baby come very healthy"

(Answer 2 Partner) "healthy breast and health in force"

(Answer 3 Partner) "So that everything goes well with her and the baby"

(Answer 4 Partner) "You will have a healthy child" 6

(Answer 5 Partner) "Health for Mother"

Regarding the questioning about the composition of breast milk, 14 (70%) of 20 partners interviewed did not know how to define the composition of breast milk.

Only 05 (25%) answered that:

"Breast milk is composed of fats, nutrients and vitamins everything the baby needs, consequently it will have the immune system very strong."

Parental participation since pre-birth care breaks barriers in the adaptation and care of the child and the puerperium, contributing to the management of breastfeeding, thus avoiding early weaning, motivated by maternal discomfort and lack of incentive for mothers (PAULA, 2010). ). Participation in pre-birth consultations is an opportunity for parents to feel closer, accompanying the baby's gestation, so that the child can materialize, because without this experience they present only a subjective perception through the information obtained by the child. mother (PESAMOSCA, 2008).

Among the open-ended questions that asked about the importance of the father in breastfeeding 11 (55%) did not know how to respond. Therefore, it is of great importance the participation of the partners in pre-birth educational activities, since this generates a greater involvement with the pregnancy, giving the partner the knowledge of the

conjugal benefits (REBERTE et al., 2010). According to FERREIRA (2016), most women reported that the presence of the companion during pre-birth consultations would provide feelings of security and confidence, experiences in which the parents actively participated in group work developed during pre-birth care, shared

experiences and could perceive that other men also lived similar situations, there was promotion of the quality of the relationship between the couple and the involvement with pregnancy and the role of father.

Table 3a: Characterization of the knowledge of the partners of the pregnant women enrolled in the Luiz Moreira de Freitas Health Unit of the municipality of Cacoal-RO (2018), on breastfeeding.

VARIABLES		No	%
Advantages of breastfeeding for the mother	I could not answer	15	75%
	So that everything goes well with her and with the baby	02	10%
	Will have a healthy child	02	10%
	Health for the mother	01	05%
Total		20	100%
Advantages of breastfeeding for the baby	I could not answer	04	20%
	Breast milk helps development and empowerment	12	60%
	Milk contains all the vitamins	02	10%
	Breast milk is essential in the first year of the child	02	10%
Total		20	100%

Source: Cassimiro, Luz, Nascimento, Viana (2018).

Table 3a: Characterization of the knowledge of the partners of the pregnant women enrolled in the Luiz Moreira de Freitas Health Unit of the municipality of Cacoal-RO (2018), on breastfeeding.

VARIABLES		No	%
Advantages of breastfeeding for the couple	Did not know how to respond	11	55%
	With breastfeeding increases the immunity of the child avoiding infections and expenses with medicines	01	05%
	Economy	08	40%
Total		20	100%

Source: Cassimiro, Luz, Nascimento, Viana (2018).

Regarding the characterization of the knowledge that partners of pregnant women consider to be about breastfeeding are presented in table 3, we can observe that 15 (75%) of the partners claimed not to know the advantages of breastfeeding for the mother, 12 (60%) answered however, 4 (20%) did not know how to respond and 3 (15%) stated that the advantages for the baby are related to the immunity that breastfeeding brings to the baby; 11 (55%) did not know about the advantages of breastfeeding for their socioeconomic cohabitation, 8 (40%) of the partners said that the advantage is related to the economy.

According to (REAL, 2010), breast milk is still able to prevent the future onset of diabetes, lymphomas, obesity, Crohn's disease, ulcerative colitis and celiac disease in children; reduces the likelihood of the appearance of dental caries, improves the development of the jaws, teeth and speech; facilitates the digestion and functioning of the intestine.

Second (BRAZIL, 2015) regarding the advantages of breastfeeding for the breastfeeding mother is much more than nurturing the child. It is a process that involves deep

interaction between mother and child, with repercussions on the nutritional status of the child, on his ability to defend himself against infections, his physiology and cognitive and emotional development, and his long-term health, besides have implications for the mother's physical and mental health.

In this respect (SILVA, 2007), the parents' understanding of the advantages that breastfeeding offers to the mother and the baby can increase the opportunity for parents to support their partners in this practice and also to participate in this practice, strengthening the ties between them. Parental support is an important ally of breastfeeding. The man, as father and companion, must participate in the integral health of the woman and the child.

In order to benefit the baby it is important to emphasize that breastfeeding is an age-old practice with recognized nutritional, immunological, cognitive, economic and social benefits. These benefits are fully utilized when breastfeeding is practiced for at least two years and is offered as an exclusive form of feeding to the infant until the sixth month of life as it says (NUNES, 2009).



Confirming the advantages of breastfeeding for the couple, (ANTUNES, 2008) propose that breastfeeding should be stimulated, since each breastfeeding represents a vaccine for the baby, providing all nutrients, protection, bone, psychological and neurological structures, bringing beneficial effects for the infant who, in breastfeeding his child, makes the act of breastfeeding an important factor for Brazil from an economic point of view. By labeling the

benefits of breastfeeding to the mother / couple, (ABRANTES, 2014) says that, because it is safer, economical, easier and more practical because it does not require heating, preparation or sterilization, it promotes more time for the couple to enjoy the moment with their baby strengthening affective bonds and providing moments of pleasure between the triad.

*Table 4: Characterization of the knowledge of the partners of the pregnant women enrolled in the Luiz Moreira de Freitas Health Unit of the municipality of Cacoal-RO (2018), regarding the adequate time of breastfeeding.*

Until what age baby must only breastfeed milk?	N°	%
Did not know how to respond	02	10%
Up to 4 months	01	05%
Up to 6 months	03	15%
Up to 8 months	01	05%
Up to 1 year	07	35%
Up to 1 year and 3 months	01	05%
Up to 1 year and 6 months	01	05%
From 1 year up to 2 years	01	05%
Up to 2 years	02	10%
Up to 3 years	01	05%
<b>Total</b>	<b>20</b>	<b>100%</b>

**Source:** Cassimiro, Luz, Nascimento, Viana (2018).

According to the survey conducted 7 (35%) partners claimed that breastfeeding should occur exclusively until 1 year of age; 3 (15%) partners said that up to 6 months; 2 (10%) partners could not answer; and 2 (10%) partners preferred 2 years of age.

Regarding the time of exclusive breastfeeding, the Ministry of Health recommends at least 6 months of age.

Breastfeeding should be exclusive up to six months and on demand, since it is common for the newborn to nurse frequently, with no regularity at times. The intervals between feedings should be observed by the parents, and if necessary, should encourage the newborn to suck correctly and more frequently (PAULA, 2010).

However, it may occur that parents become insecure when referring to the way the mother breastfeeds her baby, so it should be instructed and encouraged to participate more often at that time to decrease that distance and provide the experience needed to raise the child with more love and presence.

In agreement with (NUNES, 2015). The composition of breast milk ensures the necessary amounts of water, carbohydrates, lipids and proteins for the proper development of infants. Besides that it is practical, free of bacteria and contains lots of immunological factors that will protect the child for much of his childhood.

It is worth remembering that malnutrition accounts for one in three deaths among children under 5 years of age, with

more than two thirds associated with inappropriate food in the first year of life of the child. The reduction of mortality is attributed to breastfeeding, which is a factor that in other instances is of great importance for the formation of the family in the relationships between father and son bringing with them the stigma of the family as a whole (OLIVEIRA, 2017).

The practice of breastfeeding brings proven benefits to all who are involved: mother-child. Human milk is species-specific and its substitution by artificial preparations does not bring the same benefits to the child. Thus, human milk is an irreplaceable nutritional source and it is also what makes breastfeeding the most efficient and economic way of uniting the family, benefiting not only the mother-child binomial but also adding the father to the formation of the family (SANTANA, 2015).

The superiority of breast milk over milk of other species is already well established by scientific studies. There are several arguments in favor of breastfeeding: reducing the number of infant deaths, avoiding diarrhea, avoiding respiratory infections, reducing the risk of allergies, hypertension, high cholesterol and diabetes, reducing the chance of obesity, better nutrition and a positive effect in intelligence, better development of the oral cavity, protection against breast cancer and avoids re-pregnancy, lower financial cost, increases the affective bond of mother-child and better quality of life (OLIVEIRA, 2017).

#### IV. CONCLUSION

The absence of partner partners in the pregnancy period is a factor that contributes negatively to support breastfeeding because it does not know the benefits of breastfeeding. It is important to be involved at this stage and it was observed that their attendance was more present at the time of the laboratory tests and ultrasonography, the USG being one of the expectations for revealing the sex of the baby, the gestational period involves several phases that the partner needs to be inserted to understand and contribute positively.

Breast milk is composed of all the nutrients needed to nourish this baby, the milk that the industries offer in the market besides not having all the necessary nutrients, has a high cost, bringing an extra expense to the couple, breastfeeding is something irreplaceable for the best health of the baby.

However, it was found that partners' knowledge about breastfeeding really did not want to present a plausible proposal to solve such a deficit that would implant the male pre-birth program in other units of the city so that more partners are covered in that system. Therefore, this work will contribute to a better understanding of the partners' knowledge about breastfeeding and will serve as a basis for the other units also to develop the pre-birth program of the man in order to address relevant issues in the pregnancy context.

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