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**MOTIVATION FOR BREASTFEEDING: INFLUENCE OF THE CHARACTERISTICS OF THE BABY AND THE PREGNANCY**

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***Abstract***

Although the advantages of breastfeeding are well known, the adherence to this practice is still far from recommended, being influenced by psychological, biological, social and cultural factors. The aim of this study is to determine if the characteristics of the pregnancy (duration, date of the first prenatal surveillance visit, number of consultations, breastfeeding information, attendance of course on preparation for parenthood and existence of complications in pregnancy) and the characteristics of the baby (sex, weight, hungry breast seeking) influence the motivation for breastfeeding. A quantitative, descriptive and correlational study was conducted with a sample of 219 women, with a mean age 32.59 years (SD= 5.86). A questionnaire, which characterizes the pregnancy and the baby at birth, was applied to the sample at the two-year child health surveillance visit. The Motivation Scale for Breastfeeding, adapted from Nelas, Ferreira and Duarte (2008) was included. The study found that variables that influence motivation are term pregnancy, the first prenatal surveillance visit in the first trimester, the number of surveillance visits greater than six, information on breastfeeding, eutocic delivery and not having attended a course on preparation for parenthood. The characteristics of the baby do not influence the motivation. Considering the multiplicity of factors that influence the motivation, practice and maintenance of breastfeeding, we recommend programs that promote maintenance. There should also be support from health professionals to help overcome the difficulties encountered, preventing the early cessation of breastfeeding.

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**Keywords:** Breastfeeding, baby, pregnancy, motivation.



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## 1. Introduction

Breastfeeding is considered an important strategy for child survival by the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and other child protection institutions. The protection conferred by human milk against common infections in children has resulted in the reduction of infant mortality as several studies demonstrate and as such, it is crucial to identify factors that motivate extended breastfeeding..

Thus, WHO, together with UNICEF, the American Academy of Paediatrics and the Canadian Society of Paediatrics, recommend exclusive breastfeeding up to six months and its maintenance, supplemented with other foods, until the child's two years of life. However, despite the natural availability of breastfeeding and its advantages, several factors influence its implementation and early abandonment (Barge & Carvalho, 2011). In Portugal, breastfeeding rates continue to be lower than the world's recommendations, with an initiation rate above 90%, but with a significant drop in the first months of the baby's life, represented by exclusivity rates at six months from 17 to 34% (Lanzaro, Santos, Guerra, Hespanhol & Esteves, 2015).

Currently, it is recognized that the maintenance of breastfeeding depends on multiple factors, namely, socio-cultural, professional, educational level and the action of health professionals and the media, among others. Thus, the need arises to identify factors responsible for abandoning or maintaining breastfeeding, as well as, to design strategies promoting breastfeeding. One example is the Baby Friendly Hospital Initiative, created in 1992 by WHO in conjunction with UNICEF. This initiative aims to promote, protect and support breastfeeding through the mobilization of obstetric and paediatric services in hospitals. In this context, the nurse has a privileged role since he/she is in the first line of contact with the community, as an information transmitter.

The mother/child relationship has relevant factors that may interfere with the practice of breastfeeding, such as breastfeeding in the first half hour of life, body posture adopted by both mother and baby, and consequent (in)correct handling. Likewise, there may be difficulty adapting to the breast in premature infants or babies with malformations, such as the presence of a cleft palate or a cleft lip.

The promotion of breastfeeding is mainly related to the infant's ability to interact with the mother after birth, promoted by early skin-to-skin contact. There are also habits and hospital routines that influence breastfeeding. An example is the promotion of the maternal bond made through skin-to-skin contact, immediate care of the new-born, incidence of caesarean sections and consequent reduction of the baby's alertness and strong analgesia at delivery.

Birth by eutocic delivery, the absence of complications of the new-born, the condition of being born with adequate weight or being a full-term baby, the gestational age at birth, contribute to the promotion of breastfeeding, possibly because these are events that do not pose barriers to breastfeeding in the first hour of life (Silva, Pereira, Passos and Santos, 2016).

One of the main causes mentioned for the abandonment of breastfeeding rests on the woman's perception that the quality and/or quantity of the milk is not enough to meet the nutritional needs of the baby (Silva, 2013; Zangão & Mendes, 2011). This insecurity is sometimes not supported by evidence of failure to thrive. Another aspect is that the baby does not latch on well and, therefore, is not feeding properly (Caldeira, Moreira & Pinto, 2007).

Breastfeeding is not an innate ability; it must be learned to be prolonged successfully. It is learned through observation and experience as the act of breastfeeding has several factors involved, including maternal biological, psychic and social conditions, characteristics of the baby, motivation for breastfeeding and social support received (Mahmood, Jamal & Khan, 2011). Thus, breastfeeding depends on several factors that may positively or negatively influence its success; some of which are associated with the mother, such as personality characteristics and motivation towards breastfeeding, while others relate to the baby and the environment (Ferreira, Nelas & Duarte, 2011).

Despite the motivation initially demonstrated by the mother and her recognition of the benefits of breastfeeding, there are aspects that are mostly of a subjective notion that reverse the situation. Motivation is one such aspect; it encompasses a sense of choice and will, and relates to increased persistence, positive affection, increased performance and better psychological well-being. Thus, motivation plays a starring role in biological, cognitive and social regulation and is an extremely important factor for the success of breastfeeding.

In this sense, Ferreira, Nelas & Duarte (2011) emphasize motivation as one of the determinants of adherence to or disregard of breastfeeding, since the onset and duration of breastfeeding imply a personal decision; a mother and a father motivated and determined to breastfeed, allied to a healthy infant with good suctioning ability.

Motivation is, as a rule, conditioned by the mother's life history and experience, including knowledge gained from childhood, by observation of someone in the family who is breastfeeding; so it has been learned and facilitated in the context of sociocultural opportunities, and knowledge acquired during prenatal and paediatric care.

For a higher maternal motivation, according to Levy and Bértolo (2012), women need to be enlightened about the advantages of breastfeeding for themselves and their baby, the dose-response effect and the pleasure that breastfeeding can provide. For this reason, childbirth preparation classes should enable women to become familiar with the initiation and maintenance of breastfeeding.

Therefore, the experience of breastfeeding is influenced by personal, biological, social and cultural factors, and includes maternal knowledge and attitudes towards breastfeeding practices, as well as institutional and environmental factors, with special relevance to those initiatives that aim to protect, motivate, promote and support breastfeeding in a hospital setting (Alves, Magano, Amorim & Silva, 2015).

Considering the facts mentioned, the question was posed whether the characteristics of the pregnancy (duration, date of the first prenatal surveillance visit, number of consultations, information on breastfeeding, attendance of course on preparation for parenthood and existence of complications in pregnancy) and the characteristics of the baby (sex, weight, hunger seeking) influence the motivation for breastfeeding.

## 2. Problem Statement

Although the advantages of breastfeeding are known, its maintenance is still far from the recommended levels, and is influenced by psychological, biological, social and cultural factors.

### **3. Research Questions**

Do pregnancy characteristics (duration, date of the first surveillance, number of consultations, breastfeeding information, parenting course and pregnancy complications) and baby characteristics (sex, weight, hunger seeking) influence the motivation for breastfeeding?

### **4. Purpose of the Study**

The aim of the study was to determine if pregnancy characteristics (duration, date of the first surveillance, number of consultations, breastfeeding information, parenting course and pregnancy complications) and baby characteristics (sex, weight, hunger seeking) influence motivation for breastfeeding. This information would help to structure programs that increase the prevalence of breastfeeding up to two years of age.

### **5. Research Methods**

A quantitative, transversal, descriptive and analytical study was conducted, with a convenient non-probabilistic sample of 219 women, aged between 20 and 43 years, with a mean age of 32.59 years ( $SD = 5.86$ ). The data collection was implemented during the two-year child health surveillance consultation. The data collection instrument was a questionnaire used to collect sociodemographic characteristics (age, the presence/absence of a partner, education, profession, remuneration, residence, household composition); the characteristics of the pregnancy (duration, date of the first prenatal surveillance visit, number of consultations, information on breastfeeding, attendance of course on preparation for parenthood and existence of complications in pregnancy) and characteristics of the baby (sex, weight, breast seeking when hungry). The Motivation Scale for Breastfeeding, adapted from Nelas, Ferreira and Duarte (2008) was also included. This is a Likert type scale and allows a response variation between 1 and 5, with 1 being the maximum disagreement and 5 being the maximum agreement.

The score can range from a minimum of 26 points to a maximum of 130 points. The higher the score, the more motivated the mothers are to breastfeed their baby. It should be noted that only 22 items were used, from the original scale, resulting in a minimum score of 22 points and a maximum of 110 points. The evaluation of the internal consistency of the Motivation Scale for Breastfeeding was then performed. Analysing the Cronbach's alpha values by item, uncovered that they are good internal consistency indicators, ranging from 0.861 to 0.880, with an overall coefficient of 0.875. The average indices and respective standard deviations allow for the conclusion that these are well centred, since they are above the expected average.

This study integrates a project submitted to the Centre for the Study of Education, Technologies and Health - Polytechnic Institute of Viseu; PROJ/CI&DETS/2016/0017, with the title: Prevalence of breastfeeding, motivation, difficulties and the help of nurses. Project funded by CI&DETS. Ethical and legal procedures were also ensured. Data was treated using SPSS version 23.0 for Windows.

## 6. Findings

The sample had a mean age of 32.59 years ( $SD = 5.860$ ). Regarding the educational level of the participants, there is a predominance of higher education in the 12th year (51.6%), followed by the 10th-12th year (38.8%). The majority are employed (84.9%), predominantly in the technical professions (47%). The remuneration they receive is mostly 500-999 euros (62%). The majority (38.8%) reside in the city. The prevailing number of people in the household (48.9%) is 3 people, living in the majority (29.2%) in dwellings with 3 rooms.

Concerning the characterization of the baby, there is a prevalence of males (62.6%). The predominant birth weight is  $\geq 2500$  g and  $<3999$  g (83.1%). There was no complication at birth (97.7%) and most of the babies sought the breast when they were hungry (81.1%).

As for the variables that characterize pregnancy, the majority (94.5%) had a pregnancy lasting longer than 37 weeks. The first prenatal surveillance visit occurred during the first trimester (93.6%), with more than 6 consultations for the majority (83.6%), whereby the pregnancy was considered monitored for 83.1% of the participants. The gestations were mostly planned (78.5%). Of the total number of participants, 83.6% received information on breastfeeding. There was a prevalence of the number of participants who did not attend a course on preparation of parenthood (55.3%). The existence of 40 participants who had a pregnancy complicated by a pathology, namely gestational diabetes, hypertensive disease, anaemia, the threat of preterm birth, intrauterine growth restriction and placental detachment, is to be highlighted.

The results obtained regarding the motivation for breastfeeding indicate that the highest mean value corresponds to the cognitive dimension (mean =  $83.89 \pm 14.080$ ), followed by the physiological dimension (mean =  $81.39 \pm 14.396$ ). The lowest value was obtained in the psychosocial dimension (mean =  $57.26 \pm 12.762$ ).

### 6.1. Motivation for breastfeeding according to socio-demographic variables

Participants younger than 35 years are more motivated, with statistically significant differences ( $p=0.013$ ). Those who have a partner are more motivated to breastfeed; however, no significant statistical differences were found. The group of participants with low motivation (53.2%) had between the 10th and 12th year of schooling. Motivated participants have literacy levels above the 12th year, resulting in statistically significant differences ( $p=0.000$ ). Those with technical professions are poorly motivated (48.1%) or motivated (62.7%), and those with intellectual professions are highly motivated, with statistically significant differences ( $p=0.000$ ). As for remuneration, the most motivated are paid between 500-900 euros, without significant statistical differences. Participants motivated for breastfeeding reside in the city, with statistically significant differences ( $p=0.001$ ). It is also verified that the most motivated ones present a household with four people or less.

### 6.2. Motivation for breastfeeding according to the characteristics of pregnancy

Participants whose pregnancy was planned, with a duration of  $\geq 37$  week and the first prenatal surveillance visit occurred during the first trimester, are more motivated, but without statistical differences for each of the variables. The number of prenatal surveillance visits ( $> =6$  visits) influences

the motivation, with statistical differences ( $p=0.021$ ). Pregnancy surveillance also influenced motivation ( $p=0.041$ ), as well as the fact that they received information about breastfeeding ( $p=0.035$ ). The existence of obstetric complications in pregnancy does not influence motivation.

### **6.3. Motivation for breastfeeding according to the characteristics of the baby**

The variables of the baby (gender, birth weight and breast seeking when hungry) do not influence the motivation for breastfeeding.

### **6.4. Discussion**

Participants whose pregnancy was planned, with duration of  $\geq 37$  weeks and the first prenatal surveillance visit occurred during the first trimester, are more motivated, but without statistical differences for each of the variables. The number of prenatal surveillance visits ( $> = 6$  visits) influences the motivation, with statistical differences ( $p=0.021$ ). Pregnancy surveillance also influenced motivation ( $p=0.041$ ), as well as the fact that they received information about breastfeeding ( $p=0.035$ ). The existence of obstetric complications in pregnancy does not influence motivation. In the study by Oliveira (2016), it was verified that most of the mothers were primiparas (59%), the pregnancies with average surveillance (100%), with a predominance of eutocic delivery (44.2%). Also, the study by Alves, Couto, Oliveira & Rito (2018) shows that 10.7% of the women had less than six pregnancy surveillance visits and 42.4% had a caesarean delivery.

According to the recommendations of the World Health Organization, exclusive breast milk should prevail in the first six months of life and should be maintained until the age of two if the mother and child so desire. To ensure this recommendation, motivation is an extremely important factor for breastfeeding, which should be valued for its consequences, i.e. adherence to and/or abandonment of breastfeeding. Motivation should be carefully considered by health professionals, seeking to mobilize the capacities and potential of women at this level (Nelas, Ferreira & Duarte 2008).

Breastfeeding depends on several factors that positively or negatively influence its success, some of which are associated with the mother (personality traits, breastfeeding motivation), others associated with the child or the environment, such as the conditions of birth and the postpartum period and others related to circumstantial factors, such as maternal work or sociocultural conditions (Ferreira, Nelas & Duarte, 2011).

In the current study, the variables gender, birth weight and hungry breast seeking of the baby did not influence the motivation for breastfeeding. The condition of being born with adequate weight and the absence of complications of the new-born benefit the practice of breastfeeding and promote the motivation to breastfeed; this is probably due to the difficulty that low birth weight or preterm new-borns find in breastfeeding. On the other hand, the condition of being born with adequate weight or being a full-term baby, the gestational age at birth, contributes to the promotion of breastfeeding, possibly because they are events that do not pose barriers to breastfeeding in the first hour of life (Silva, Pereira, Passos and Santos, 2016).

Often the lack of motivation for breastfeeding is caused by the fact that the baby does not seek the breast easily when he is hungry (Dias, Monteiro, Oliveira, Guedes, Godinho, & Alexandrino, 2013). In

this sense, the importance of close follow-up of health professionals is reinforced so that they can clarify doubts, promote the acquisition of experience and self-confidence by the mothers, helping them overcome the difficulties inherent to breastfeeding, clarifying doubts and motivating for its practice. A study by Raheem (2014) found that receiving support/information from a health professional in breastfeeding, and in prenatal surveillance consultations, appears as a determining factor in the prevalence of breastfeeding. The study by Alves, Couto de Oliveira and Rito (2018) points to the fact that exclusive breastfeeding at six months is associated with the provision of guidance on exclusive breastfeeding, in an environment of consultation, of educational groups or home visits. Also, some hospital routines may influence and complicate breastfeeding, such as the immediate care of the new-born, prior to the promotion of skin-to-skin contact and breastfeeding in the first hour of life, caesarean deliveries, and decreased alertness due to the type of analgesia used in labour.

## 7. Conclusion

The first months of a baby's life are assumed to be fundamental to good health, with breast milk being the best food in the first months of life. Its advantages go beyond the context of child health, because it is not only the child who benefits from breastfeeding, but also the mother and society itself.

These results suggest that nurses, in their role as health promoters, must continue to gather conscious and sustained efforts to achieve effective promotion and adjusted support for breastfeeding, which should begin in the pre-natal period, going through the birth, postpartum, and during breastfeeding. Therefore, it is the responsibility of nurses, especially those of maternal and midwife health, to advocate for breastfeeding, which can include information, guidance, counselling and support for mothers and their families, so that breastfeeding practices can be transformed to times of pleasure and seen as a conducive health promoter of the baby and the mother.

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