



ORIGINAL ARTICLE

Association between the Brazilian Breastfeeding Network implementation and breastfeeding indicators[☆]



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KEYWORDS

Breastfeeding;
Primary health care;
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Abstract

Objective: To estimate the association between the implementation of the Brazilian Breastfeeding Network and prevalence of breastfeeding in a medium-size city in southern Brazil.

Methods: This was a cross-sectional study involving 405 children under 1 year who participated in the second phase of the multivaccination campaign in 2012. Children's consumption of food on the day before the interview was obtained through interviews with mothers or guardians. The manager and one health professional from every health facility that joined the Network were interviewed in order to investigate the process of implementation of this initiative. The association between prevalence of breastfeeding and exclusive breastfeeding and adherence to the Network implementation process was tested using Poisson regression with robust variance. **Results:** Multivariate analysis revealed that among the children assisted by health facilities who joined the Network and those attending services that did not adhere to this strategy, the prevalence of breastfeeding (74% and 70.4% among children under 1 year, respectively) and exclusive breastfeeding (43.3% and 38.1% among children under 6 months, respectively) did not differ significantly. Difficulties in implementing the Network, such as high turnover of professionals, not meeting the criteria for accreditation, and insufficient participation of tutors in the process were identified.

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PALAVRAS-CHAVE

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Conclusion: Contrary to the hypothesis of this study, there was no significant association between the implementation of the Brazilian Breastfeeding Network and prevalence of breastfeeding and exclusive breastfeeding in the studied city. It is possible that the difficulties found in implementing the Network in this city have influenced this result.

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Associação entre a implantação da Rede Amamenta Brasil e indicadores de aleitamento materno

Resumo

Objetivo: Estimar a associação entre a implementação da Rede Amamenta Brasil e as prevalências de aleitamento materno (AM) em um município de médio porte do sul do Brasil.

Métodos: Estudo transversal envolvendo 405 crianças menores de um ano que participaram da segunda fase da campanha de multivacinação de 2012. O consumo de alimentos pela criança no dia anterior à entrevista foi obtido mediante entrevistas com as mães ou responsáveis. Para investigar o processo de implementação da Rede foram entrevistados o gerente e um profissional de saúde de cada unidade que aderiu a esse processo. A associação entre as prevalências de AM e AM exclusivo (AME) e a adesão ao processo de implementação da Rede foi testada utilizando-se regressão de Poisson com variância robusta.

Resultados: A análise multivariada revelou que, entre as crianças assistidas por unidades que aderiram ao processo de implementação da Rede e as que frequentavam serviços que não aderiram a essa estratégia, as prevalências de AM (74% e 70,4% em menores de um ano, respectivamente) e AME (43,3% e 38,1% em menores de seis meses, respectivamente) não diferiram significativamente. Foram identificadas dificuldades na implementação da Rede, tais como alta rotatividade dos profissionais, não cumprimento dos critérios para certificação e acompanhamento insuficiente das unidades pelos tutores da Rede.

Conclusão: Contrariando a nossa hipótese, não houve associação significativa entre a implementação da Rede Amamenta Brasil e as prevalências de AM e AME no município estudado. É possível que as dificuldades encontradas na implementação da Rede nesse município tenham influenciado esse resultado.

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Introduction

Brazil has shown progress on indicators of breastfeeding (BF) since the 1980s, due to the efforts of the government, non-governmental organizations, universities, and the media, among others.¹ However, these indicators are still not adequate. According to the National Demographic and Health Survey (DHS) carried out in 2006, the median duration of exclusive breastfeeding (EBF) and BF was 1.4 months and 14 months, respectively,² indicating the need for strategies that promote EBF in the first 6 months of the child's life and complemented BF up to 2 years of age or more.

Until recently, policies for the promotion, protection, and support of BF in Brazil were focused on hospital care, including the adoption of the Baby-Friendly Hospital Initiative and kangaroo care, and the creation of the Brazilian Network of Human Milk Banks. Aiming to meet the lack of BF incentive actions in primary care, the Ministry of Health launched the Brazilian Breastfeeding Network [Rede Amamenta Brasil] in 2008, aiming to mobilize health professionals working at this attention level, using critical-reflexive methodology.

This strategy included conducting a workshop lasting six hours with the entire staff of the health unit, with the participation of at least one professional from each functional category, including administrative and outsourced personnel, during which the process of working towards the promotion, protection, and support of BF was discussed, exposing difficulties and agreeing on actions while seeking solutions based on the local reality.³ It also provided for the support of the health unit through regular visits of a Network tutor, trained to encourage and support the service in the promotion, protection, and support of BF in their coverage area.

For the unit to be certified, it had to meet the following criteria: participation of at least 80% of staff in the workshop; continuous monitoring of BF indicators in its coverage area; completion of at least one action agreed upon at the workshop; and implementation of the care flow chart for both mother and child during the BF period.⁴

Since its implementation, several cities in different regions of Brazil have joined the Brazilian Breastfeeding Network (currently known as the Brazilian Breastfeeding and Feeding Strategy [Estratégia Amamenta e Alimenta Brasil], after integration with the National Strategy for

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