

## AUTOEFICÁCIA DO ALEITAMENTO MATERNO EM PUÉRPERAS DE UMA MATERNIDADE PÚBLICA DO NORDESTE BRASILEIRO

## SELF-EFFICACY OF BREASTFEEDING IN POSTPARTUM WOMEN ASSISTED IN A PUBLIC MATERNITY IN NORTHEASTERN BRAZIL

## AUTOEFECTIVIDAD DE LA LACTANCIA EN MUJERES EMBARAZADAS DE UNA MATERNIDAD PÚBLICA EN EL NORESTE DE BRASIL

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### RESUMO

**Objetivo:** Verificar associação entre variáveis de contextos sociodemográfico e obstétrico com a autoeficácia em amamentar de puérperas residentes no Nordeste brasileiro. **Método:** Estudo transversal quantitativo realizado em maternidade pública de referência, com 160 mulheres que estavam no puerpério imediato até o 60º dia pós-parto. Dados coletados por meio de entrevistas individuais aplicando-se um formulário para obter informações acerca das características sociodemográficas e obstétricas, além da aplicação da escala de autoeficácia em aleitamento materno, na versão em português. **Resultados:** Mulheres com idade entre 26 e 35 anos tiveram quase 13 vezes mais chance de praticar alta autoeficácia em amamentar e mulheres com mais de 35 anos tiveram 21 vezes mais chance de ter maior alta autoeficácia. Mulheres que cursaram o ensino fundamental tiveram 39 vezes mais chance de ter maior alta autoeficácia e multiparas tiveram 4,44 mais chance de ter maior alta autoeficácia. Denotou-se que as puérperas tiveram alta autoeficácia para amamentar. **Conclusões:** A idade materna, a escolaridade, a situação obstétrica mostraram-se estatisticamente significativas para a alta autoeficácia do aleitamento materno, o que demonstra um panorama favorável ao aleitamento materno, sendo necessário acompanhamento do profissional enfermeiro para garantir assistência mais efetiva no apoio à amamentação.

**Descritores:** Aleitamento Materno; Autoeficácia; Nutrição Materna; Enfermagem.

### ABSTRACT

**Objective:** To verify the association between variables of sociodemographic and obstetric contexts with the self-efficacy in breastfeeding of postpartum women living in Northeast Brazil. **Method:** Quantitative cross-sectional study carried out in a public maternity of reference, with 160 women who were in the immediate puerperium until the 60<sup>th</sup> postpartum day. Data collected through individual interviews using a form to obtain information about sociodemographic and obstetric characteristics, in addition to the application of the self-efficacy scale in breastfeeding, in the Portuguese version. **Results:** Women aged between 26 and 35 years were almost 13 times more likely to practice high self-efficacy in breastfeeding and women over 35 years were 21 times more likely to have greater high self-efficacy. Women who attended elementary school were 39 times more likely to have greater high self-efficacy and multiparous women were 4.44 more likely to have greater high self-efficacy. It was noted that mothers had high self-efficacy to breastfeed. **Conclusions:** Maternal age, education, obstetric situation were statistically significant for the high self-efficacy of breastfeeding, which demonstrates a favorable scenario for breastfeeding, requiring monitoring by the professional nurses to ensure more effective assistance support breastfeeding.

**Descriptors:** Breastfeeding; Self-efficacy; Maternal Nutrition; Nursing.

### RESUMEN

**Objetivo:** Verificar la asociación entre variables de contextos sociodemográficos y obstétricos con la autoeficacia en la lactancia materna de mujeres puerperas que viven en el noreste de Brasil. **Método:** Estudio cuantitativo transversal realizado en un hospital público de maternidad de referencia, con 160 mujeres que estuvieron en el puerperio inmediato hasta el día 60 posparto. Datos recopilados a través de entrevistas individuales utilizando un formulario para obtener información sobre las características sociodemográficas y obstétricas, además de la aplicación de la escala de autoeficacia en la lactancia materna en la versión portuguesa. **Resultados:** Las mujeres de entre 26 y 35 años tenían casi 13 veces más probabilidades de practicar una alta autoeficacia en la lactancia materna y las mujeres mayores de 35 años tenían 21 veces más probabilidades de tener una mayor autoeficacia. Las mujeres que fueron a la escuela primaria tenían 39 veces más probabilidades de tener una mayor autoeficacia y las mujeres multiparas tenían 4,44 más probabilidades de tener una autoeficacia alta. Se observó que las madres tenían una alta autoeficacia para amamentar. **Conclusiones:** La edad materna, la educación, la situación obstétrica fueron estadísticamente significativas para la alta autoeficacia de la lactancia materna, lo que demuestra un escenario favorable para la lactancia materna, que requiere el seguimiento de la enfermera profesional para garantizar una asistencia más efectiva en el apoyo a la lactancia materna.

**Descritores:** Lactancia Materna; Autoeficacia; Nutrición Materna; Enfermería.

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## INTRODUCTION

Breastfeeding is a dynamic process, which involves a strong bond between mother and child, going beyond the aspect of nutrition. This practice has numerous benefits for the physical and mental health of mothers and children<sup>(1)</sup>. Breastfeeding stimulates cognitive development and protects babies from diarrheal infections and pneumonia and helps to reduce the risk of obesity and chronic diseases. It also serves as protection against ovarian and breast cancer, among nursing mothers, and as behavioral contraceptives<sup>(2)</sup>.

The World Health Organization (WHO) recommends exclusive breastfeeding (EBF) until the child's sixth month of life, that is: without water, tea, juices, soups or baby food. After that, other foods should be included, but the recommendation is that breastfeeding should be continued until 2 years of age or older<sup>(1)</sup>.

Still, breastfeeding results in lower health costs. It is estimated that increased breastfeeding could prevent 823 thousand deaths annually in children under 5 years old, or 13.8% of all deaths in children under 24 months and 20 thousand deaths annually from breast cancer<sup>(3)</sup>.

The prevalence of breastfeeding (BF) and EBF indicators in Brazil in the last three decades showed an upward trend, observed between 1986 and 2006, with a relative stabilization in 2013. On the other hand, continued BF until the second year remained stable between 1986 and 2006, being the only indicator with increased prevalence between 2006 and 2013<sup>(4)</sup>. The prevalence of EBF in children under 6 months was 42.9% in São Luís, capital of Maranhão<sup>(5)</sup>, in a survey conducted in 2015, and a previous survey conducted in Imperatriz (MA) had shown the prevalence of EBF in children under 6 months 32%<sup>(6)</sup>.

Despite the scientific investigations developed in the last decades serve to support the current BF policy in Brazil and contribute to the development of knowledge about the benefits of this practice, in addition to its importance for the social context and its efficiency in reducing child morbidity and mortality<sup>4</sup>, reduced breastfeeding rates are perceived.

There is effectiveness and permanence of breastfeeding associated with greater self-confidence of the nursing mother in breastfeeding. In addition, there are factors that predispose to early weaning, such as problems with the breasts, breast engorgement, mastitis, fissure or nipple wound, as well as pain and the

formation of breast abscesses, which can be identified even in the maternity hospital<sup>(7)</sup>.

Another point refers to the level of knowledge about breastfeeding and sociodemographic factors influencing the breastfeeding process. The greater the level of knowledge about BF, the better the maternal willingness and intention to breastfeed after delivery<sup>(8)</sup>.

The social learning theory (9) highlights that trust or self-efficacy guides people's health behaviors, so that when they adhere to healthy behaviors, they strive and reach them. Thus, if the woman believes that she is capable of breastfeeding (self-efficacy), she is more likely to breastfeed more effectively, and this awareness must occur before breastfeeding is undertaken<sup>(9)</sup>.

As the woman's behavior towards BF had not yet been studied from the perspective of self-efficacy, scholars of the subject<sup>(10)</sup> developed a scale to assess the mother's confidence in breastfeeding. This self-efficacy scale, called the Breastfeeding Self-Efficacy Scale (BSES), has already been applied among adolescent women in Canada<sup>(11)</sup>, African women<sup>(12)</sup>, Spanish women<sup>(13)</sup> and women in southern Brazil<sup>(14)</sup>.

BSES allows the health professionals to know in advance the area in which the woman has less self-efficacy and use this information as a subsidy for the development of support and promotion strategies for BF aimed at each woman, individually, before she decides not to breastfeed or wean the child early. As a result, it is expected to reduce rates of early weaning and better health for children.

In this context, this study aimed to verify the association between variables of sociodemographic and obstetric contexts with the self-efficacy of breastfeeding of postpartum mothers.

## METHODS

Cross-sectional study carried out at the Mother and Child Regional Hospital of Imperatriz (MCRHI), a reference institution for the entire southwestern region of the state of Maranhão, which serves the clientele of surrounding municipalities and states. The survey was conducted between July and December 2018.

On average, 430 procedures are performed monthly between normal and surgical deliveries. Considering a 90% confidence interval, a sampling error of 5%, the sample comprised 160 mothers, having adopted the criterion of convenience for

the selection of participants. We included women who were in the immediate puerperium until the 60<sup>th</sup> day postpartum who had their children at the MCRHI, residing in Imperatriz or in the region, and who were breastfeeding. Postpartum women with mental or cognitive problems that prevented communication with researchers were excluded.

The invitation to participate in the research was carried out when women came to the institution's outpatient clinic, to carry out the child's follow-up consultation. Data collection took place through individual interviews, using a form to obtain information about sociodemographic (age, education, family income and employment status) and obstetric (prenatal care, number of consultations and abortions) characteristics, difficulties faced during breastfeeding and during the breastfeeding condition.

The Portuguese version of the BSES was applied, to classify self-efficacy in BF. This scale is of the Likert type, contains 14 items divided into technical and intrapersonal thinking domains, and each question has five possible answers, with scores ranging from 1 to 5<sup>(15)</sup>. Scores are attributed to each item (1 is totally disagree and 5 means totally agree), so that the total score varies from 14 to 70 points, with the following classification: 14 to 32 points corresponds to low self-efficacy; 33 to 51 points for regular self-efficacy and 52 to 70 points for high self-efficacy<sup>(16)</sup>.

The collected data were stored in a specific database created in Microsoft Excel version 2016. After checking for errors and inconsistencies, a descriptive analysis was performed using relative and absolute frequencies of all the characteristics studied.

To evaluate possible associations between self-efficacy in breastfeeding and

sociodemographic and obstetric variables, were used the chi-square test with and without Yates continuity correction, Fisher's exact test or Fisher-Freeman-Halton test, depending on the behavior of data. For significant 2x2 associations, odds ratios (OR) were also estimated, considering a 95% confidence interval.

All tests were performed using the IBM Statistical Package for Social Science (SPSS), version 24, at 5% significance level.

The research complied with ethical precepts and was approved by the Research Ethics Committee of the Federal University of Maranhão, under opinion 935.114.

## RESULTS AND DISCUSSION

Most women were between 26 and 35 years old (75.63%), but women between 20 and 25 years old were not registered. They attended high school (60.62%), had a monthly income between one and two minimum wages (70.63%), and were housewives (73.75%). The obstetric history showed that they were primiparous (58.13%), performed prenatal care at the Basic Health Unit (UBS) (63.75%), went through six or more consultations (76.88%) and had no history abortions (88.13%). In addition, most postpartum women did not experience difficulties in breastfeeding (63.75%) and practiced EBF (77.50%). Powdered milk was mentioned as the most used complementary food by most of the interviewees. With the application of the scale, the absolute majority of mothers had high self-efficacy in breastfeeding (86.25%), followed by regular self-efficacy (13.75%), with no records of low self-efficacy (Table 1).

Table 1 - Sociodemographic and obstetric profile of postpartum women, difficulties to breastfeed and food and liquids offered, Imperatriz (MA), Brazil, 2018.

Variables	n (%)
Mother's age, years	
<19	21 (13.12)
26-35	121 (75.63)
>35	18 (11.25)
Schooling	
Illiterate	2 (1.25)
Elementary School	54 (33.75)
High school	97 (60.62)
University education	7 (4.38)

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Variables	n (%)
Family income, minimum wage*	
<1	29 (18.13)
1-2	113 (70.63)
3 or more	18 (11.25)
Work situation	
Housewife	118 (73.75)
Formal job	42 (26.25)
Obstetric situation	
Primiparous	93 (58.13)
Multiparous	67 (41.88)
Prenatal care	
BHU	102 (63.75)
MCRHI	46 (28.75)
Other location	11 (6.88)
Not performed	1 (0.63)
Number of consultations	
<6	37 (23.13)
6 or more	123 (76.88)
Abortion	
None	141 (88.13)
1 abortion	13 (8.13)
2 abortions	6 (3.75)
Difficulties in breastfeeding	
No difficulties	102 (63.75)
Nipple problems	23 (14.36)
Little milk	22 (13.75)
Incorrect latch-on	10 (6.25)
Baby problem	1 (0.63)
Prematurity	1 (0.63)
Weak milk	1 (0.63)
Complementary food	
Powdered milk	22 (13.75)
Water	4 (2.50)
Tea	4 (2.50)
Powdered milk + water	2 (1.25)
Industrialized baby food	1 (0.63)
Cornstarch	1 (0.63)
Soy milk	1 (0.63)
Mass of cassava	1 (0.63)
EBF	
Yes	124 (77.50)
No	36 (22.50)
Self-efficacy	
Regular	22 (13.75)
High	138 (86.25)

Source: Elaborated by the authors

BHU: Basic Health Unit; MCRHI: Mother and Child Regional Hospital of Imperatriz; EBF: exclusive breastfeeding. \* Minimum wage R \$ 937.00.

The socio-demographic and economic profile of the mother may represent an influence on the child's breastfeeding. A study on breastfeeding carried out in Belo Horizonte (MG)<sup>17</sup> also found that the highest concentration of women was in a similar age group and had little education. Maternal age and education can influence the mother's decision to breastfeed or not. The lower the maternal age and education, the more difficulties and inexperience she must have in the care and breastfeeding process of her child<sup>(18)</sup>.

Regarding family income, there was a predominance of women living with income between one and two minimum wages. A study carried out in Pernambuco also showed that most postpartum women had an income of one minimum wage. The socioeconomic level is directly associated with breastfeeding, since women who have a better economic situation are inclined to breastfeed for longer periods<sup>(18)</sup>.

In the present study, 118 women were housewives, a situation considered positive for breastfeeding, since mothers who work outside

the home are more likely to wean their children early. The woman's work outside the home can make breastfeeding routine very difficult<sup>(15)</sup>. Maternal occupation can be associated with early weaning, since having a paid activity and going out to work can make breastfeeding difficult<sup>(19)</sup>. Participants in this study demonstrated a favorable situation to the practice of breastfeeding.

Prenatal care has an impact on health care for pregnant women. In the present study, 63.7% of the women surveyed underwent prenatal care at the BHU. These units should act as a gateway to the health system, ensuring resolution and comprehensive care<sup>(20)</sup>, with a focus on promoting BF and preventing diseases that can be avoided with the practice of EB.

Relevant data for the success of prenatal care is the number of consultations. It was observed that 76.9% had six or more prenatal consultations. This is the most opportune moment to promote the culture of breastfeeding with the development of educational actions aimed at women, aiming at the success of this practice. It is usually during pregnancy that the woman decides whether or not to breastfeed. Thus, prenatal consultations should be permeated with guidance on the importance of BF<sup>(20)</sup>.

Regarding the difficulties found by mothers to breastfeed, 63.8% did not report difficulties, but the others claimed some type of difficulty, such as problems with nipples, little milk, incorrect latch-on, problems with the baby and weak milk. The incorrect latch-on may lead the baby to reject the mother's breast, but this may be related to factors such as a baby that is badly positioned,

with a neck and/or head turned, out of alignment with the body, not supported, with the chin away from the breast, more areola seen below the baby's lip, inverted lips, mouth not completely open, fast and superficial sucks, mother interrupts the breastfeeding, or hard and shiny breasts after breastfeeding and with no sign of the oxytocin reflex, which point to technical error, bringing problems to the good quality of BF<sup>(20,21)</sup>.

In addition to breast milk, children in this study received other supplements, such as tea (2.5%), water (2.5%), powdered milk (13.75%), soy milk (0.63%) and industrialized baby food (0.63%). EBF is a protective factor against infectious diseases. A study carried out in the countryside of Maranhão showed that children who used water, tea, artificial milk and porridges were more affected by diarrhea than those who were on EBF<sup>(5)</sup>.

It was evidenced, in this study, that the majority of the postpartum women presented high self-efficacy in breastfeeding (86.3%). A study conducted in Recife (PE) with 132 pregnant women showed that maternal self-efficacy in breastfeeding can be modified or consolidated when educational interventions are used to improve and overcome the initial difficulties of women in the lactation process<sup>(22)</sup>.

In the gross analysis, the variables age between 15 and 19 years and more than 35, education in elementary school, multiparous obstetric situation, being in EB, and complementary food showed a statistically significant association ( $p < 0.20$ ) (Table 2).

Table 2 - Univariate logistic regression analysis of cases of high self-efficacy in postpartum women, Imperatriz (MA), Brazil, 2018.

Variables	High self-efficacy n (%)	Odds ratio (95% CI)	p value*
Mother's age, years			
<19	13 (61.9)	1.00	
26-35	108 (89.3)	5.11 (1.78–14.64)	0.002
>35	17 (94.4)	10.46 (1.16–94.48)	0.01
Schooling			
Illiterate	1 (50.0)	1.00	
Elementary School	49 (90.7)	9.80 (0.53–181.80)	0.13
High school	81 (83.5)	5.06 (0.30–85.21)	0.26
University education	7 (100.0)	†	-
Family income, minimum wage*			
<1	23 (79.3)	1.00	
1-2	99 (87.6)	1.85 (0.64–5.32)	0.26
3 or more	16 (88.9)	2.09 (0.37–11.69)	0.40
Work situation			
Housewife	101 (85.6)	1.00	
Formal job	37 (88.1)	1.25 (0.43–3.62)	0.69

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Variables	High self-efficacy n (%)	Odds ratio (95% CI)	p value*
Obstetric situation			
Primiparous	74 (79.6)	1.00	
Multiparous	64 (95.5)	5.48 (1.55–19.36)	0.008
Prenatal care			
Not performed	1 (100.0)	†	
MCRHI	40 (87.0)	0.67 (0.07–6.20)	0.72
BHU	87 (85.3)	0.58 (0.07–4.87)	0.62
Other location	10 (90.9)	1.00	
Number of consultations			
<6	31 (83.8)	1.00	
6 or more	107 (87.0)	1.29 (0.47–3.59)	0.62
Abortion			
None	121 (85.8)	1.21 (0.13–0.90)	0.87
1 abortion	12 (92.3)	2.40 (0.12–46.39)	0.56
2 abortions	5 (83.3)	1.00	
Difficulties in breastfeeding			
Yes	90 (88.2)	1.56 (0.63–3.88)	0.34
No	48 (82.8)	1.00	
Difficulties			
Nipple problems	13 (81.3)	1.00	
Little milk	18 (81.8)	1.04 (0.20–5.45)	0.96
Weak milk	1 (100.0)	†	-
No difficulties	90 (88.2)	1.73 (0.43–6.97)	0.44
Incorrect latch-on	8 (80.0)	0.92 (0.13–6.78)	0.94
Nipple problems	6 (85.7)	1.39 (0.12–16.23)	0.80
Prematurity	1 (100.0)	†	-
Baby problem	1 (100.0)	†	-
Complementary food			
Powdered milk	14 (63.6)	1.00	
Powdered milk + water	1 (50.0)	0.57 (0.03–10.44)	0.71
Tea	2 (50.0)	0.57 (0.07–4.88)	0.61
Water	3 (75.0)	1.71 (0.15–19.36)	0.66
Mass of cassava	1 (100.0)	†	-
Soy milk	0 (0.0)	†	-
Cornstarch	1 (100.0)	†	-
Industrialized baby food	1 (100.0)	†	-
EBF			
Yes	115 (92.7)	7.22 (2.76–18.87)	0.001
No	23 (63.9)	1.00	

Source: Elaborated by the authors

\*Wald's chi-square; †presence of zero values that prevent calculating the odds ratio.

95% CI: 95% confidence interval; BHU: Basic Health Unit; MCRHI: Mother and Child Regional Hospital of Imperatriz; EBF: exclusive breastfeeding.

In the final regression model (adjusted analysis), the following variables remained associated with high self-efficacy in breastfeeding ( $p < 0.05$ ): age between 15 and 19 years and over

35, schooling classified as elementary school, multiparous obstetric status, being in EB, and complementary food (Table 3).

Table 3 - Multivariate (adjusted) analysis of high self-efficacy cases in postpartum women, Imperatriz (MA), Brazil, 2018.

Variables	Odds ratio	95% CI	p value*
Mother's age, years			
<19	1.00		
26-35	12.59	3.01–52.74	0.001
>35	21.18	1.95–230.21	0.01
Schooling			
Illiterate	1.00		
Elementary School	39.13	1.65–927.38	0.02
High school	7.18	0.40–128.44	0.18
University education	†	-	-

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Variables	Odds ratio	95% CI	p value*
Obstetric situation			
Primiparous	1.00		
Multiparous	4.44	1.17–16.89	0.03
Complementary food			
Powdered milk	1.00		
Powdered milk + water	0.90	0.05–17.04	0.95
Tea	0.90	0.10–8.05	0.93
Water	2.07	0.17–25.17	0.57
Mass of cassava	†	†	-
Soy milk	†	†	-
Cornstarch	†	†	-
Industrialized baby food	†	†	-
EBF			
Yes	6.33	2.36–16.99	0.001
No	1.00		

Source: Elaborated by the authors

\*Wald's chi-square; †presence of zero values that make it impossible to calculate the odds ratio.

95% CI: 95% confidence interval; EBF: exclusive breastfeeding.

Maternal age was a factor that contributed to the high self-efficacy of BF among the studied mothers. Multivariate analysis showed that women aged between 26 and 35 years were 12.59 more likely to have higher self-efficacy ( $p = 0.001$ ), and women over 35 years were 21.18 more likely to have higher self-efficacy ( $p = 0.01$ ).

Schooling also showed to be statistically significant. Women who attended elementary school (up to 8 years of study) were 39.13 more likely to have higher self-efficacy ( $p = 0.001$ ), with breastfeeding being considered a protective factor.

A study carried out at the Human Milk Bank, in the city of São Paulo, with data collected from 1,673 medical records of assisted women<sup>(23)</sup> and a study carried out in Fortaleza (CE) with 132 postpartum women<sup>(16)</sup> corroborated the results found in the present research, where women who had up to 8 years of study had greater self-efficacy in breastfeeding. However, there are studies<sup>(8,17)</sup> that demonstrate that women who have had more than 8 years of study had a longer-lasting breastfeeding practice, that is, women who had more access to information practiced exclusive breastfeeding for a longer time.

The obstetric situation showed an association between self-efficacy in breastfeeding. Multiparous women were 4.44 more likely to have greater high self-efficacy ( $p=0.03$ ). Primiparous mothers, during pregnancy, childbirth or the puerperium, may manifest behaviors and feelings that culminate in the appearance of crises in personal and family life, which can interfere with the practice of BF<sup>(24)</sup>. Thus, nurses must support them, acting as facilitators attentive to the

indications of their needs for guidance and care. Nurses are professionals who can advise and influence the mothers' behavior, supporting them, since prenatal care and reinforcing the intention to breastfeed<sup>(15)</sup>.

Confidence in BF is revealed in the woman's belief or expectation that she has enough knowledge and skills to successfully breastfeed her baby<sup>(24)</sup>. The high self-efficacy of breastfeeding was a factor that contributed to the practice of EB. Results proved that women who showed high self-efficacy in breastfeeding were 6.33 times more likely ( $p = 0.001$ ) to be in EB.

Thus, the support of the family and the health team is essential for the success of BF. Not only in the prenatal period, but also in the puerperium, the health team and, in particular, nurses can use educational technologies aiming at the promotion and support of BF, allowing mothers to clarify doubts and the practice of BF to be effective<sup>(17)</sup>.

Therefore, in the immediate puerperium, the woman must be accompanied in the rooming-in and supported for the practice of lactation, so that she has support in her difficulties, being directed to childcare consultations, aiming to maintain her confidence and self-efficacy in breastfeeding. Thus, nursing professionals need to understand and support breastfeeding, contributing to the success of this practice.

## CONCLUSION

Most of the women in the present study were of childbearing age, attended high school, had a family income between one and two

minimum wages, attended prenatal care and were housewives and primiparous women.

Maternal age, education and obstetric situation were statistically significant for the high self-efficacy of breastfeeding, and this was statistically significant for the practice of exclusive breastfeeding.

From the application of the Breastfeeding Self-Efficacy Scale, the women in the study showed high self-efficacy in breastfeeding, which shows a favorable panorama to breastfeeding, requiring the monitoring of the multiprofessional health team, to ensure more effective assistance in support of breastfeeding. However, the fact that the self-efficacy assessment was carried out in just one moment may consist of a limitation, which suggests that longitudinal researches should be carried out in order to compare variables in different postpartum periods.

The findings contribute to the understanding of the sociodemographic and obstetric context of postpartum women in self-efficacy in breastfeeding, so that women should be guided and directed to childcare consultations, from hospital discharge, avoiding early weaning.

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