

Letter to the Editor

Exclusive breastfeeding: the long distance between discourse and practice

Sir,

The article by Hiranmayi et al recently published in this journal, allows us to revive the discussion on a topic of extreme importance for the health of both mother and child, especially when it comes to first-time mothers: exclusive breastfeeding. The study assessed the knowledge, attitudes, and practices of first-time mothers with children up to six months of age regarding infant feeding, particularly related to exclusive breastfeeding. Although 85% of participants were aware of the recommended duration of exclusive breastfeeding, only 52.2% practiced it, highlighting barriers such as the perception of insufficient milk supply, returning to work, and lack of support from family members or healthcare professionals.¹

Considering that exclusive breastfeeding is a fundamental practice for child survival and a basic public health strategy, and that its benefits are well-established for both mother and child, the world health organization (WHO) recommends that newborns be breastfed within 1 hour of birth and exclusively for the first 6 months, and that breastfeeding continue for 2 years, along with complementary foods.²

Despite all the efforts being made, it is known that exclusive breastfeeding rates among infants under six months old are around 48% in most countries, due to a lack of knowledge about the benefits of breastfeeding and social, economic, and cultural factors that interact and cause anxiety, fear, and insecurity, especially among first-time mothers.^{3,4}

Breastfeeding is a pragmatic and socially desirable method of nourishing a baby, but it requires personal identification with the mother, as her desire and ability to breastfeed are fundamental to its adoption.^{3,5} Some women experience first-time motherhood as a period of stress, insecurity, reduced emotional well-being, and overwhelm, leading to psychological distress if they feel unable to cope effectively with this new situation.^{6,7}

The transition to motherhood poses challenges for women who must acquire parenting knowledge and skills, adapt to different family circumstances, and accept their new social role. Due to lack of preparation and experience, these challenges are greater and represent significant difficulties for first-time mothers.⁸

Therefore, one aspect that needs to be emphasized is that the practice of exclusive breastfeeding can be facilitated if mothers are motivated and receive adequate health education and support. To achieve this, it is necessary to expand and offer more knowledge associated with actions that are compatible with the cultural and social contexts of each region, train health professionals, and involve family, friends, and the community at large.^{5,7}

Social support, which has more significant effects on first-time mothers, can help reduce the stress experienced during parenting, improve health, boost self-esteem, and provide better care for the child, particularly regarding breastfeeding.^{4,7} Measures to encourage and support exclusive breastfeeding range from guidance on the prenatal decision to breastfeed to prenatal classes and courses, encouragement of vaginal birth, rooming-in, adoption of the kangaroo mother method and skin-to-skin contact, as well as support in community and family settings.⁹ WHO promotes peer-supported care models that aim to implement approaches centered on the most vulnerable, such as pregnant and lactating women, which are effective in maintaining exclusive breastfeeding, among other basic health actions. Such models are useful for addressing inequalities among populations at higher risk of early and unplanned cessation of lactation, seeking to overcome all barriers that may hinder breastfeeding and support mothers to breastfeed anytime and anywhere.¹⁰

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