Intervening factors in adherence to breastfeeding within the first hour of life: integrative review

Fatores intervenientes na adesão à amamentação na primeira hora de vida: revisão integrativa

Objective: To analyze scientific evidence in the health area about the factors interfering with breastfeeding the newborn in the first hour of life in the hospital setting. Method: Integrative review of the literature performed in August 2020 in six information resources. Results: The total of 282 references were identified. After applying the inclusion and exclusion criteria, 28 were selected for qualitative synthesis, showing that multidimensional factors interfere with adherence to breastfeeding in the first hour of life. Conclusion: This practice is influenced by maternal and neonatal factors and by institutional and professional practices instituted in prenatal care, childbirth and the puerperal period. Recognizing these factors is essential to favor reflections and changes in care and management health practices, with a view to improving breastfeeding rates in the first hour of life and exclusive breastfeeding, and reducing infant morbidity and mortality.

Descriptors: Infant, Newborn; Breast Feeding; Rooming-in Care; Delivery Rooms; Neonatal Nursing.

REVIEW ARTICLE

ABSTRACT

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INTRODUCTION

Breastfeeding is a natural process of bonding between mother and child and breast milk is the main food source for newborns (NBs) and infants. It contains essential nutrients for protection against infections, diarrhea, allergies, respiratory diseases, among other grievances. Furthermore, children’s growth and development depend significantly on the nutritional and immunological properties offered only by breast milk(1).

The decision not to breastfeed has detrimental long-term effects on children’s health, nutrition and development, and impacts on maternal health. Optimal levels of breastfeeding could prevent more than 820,000 deaths of children under the age of five per year worldwide, and prevent 20,000 deaths of women from breast cancer(2,3).

The World Health Organization and the United Nations Children’s Fund recommend putting newborns in skin-to-skin contact with their mothers immediately after birth for at least an hour, encouraging them to recognize when their babies are ready to be breastfed and offering help if needed. Early skin-to-skin contact and breastfeeding in the first hour of life increase the prevalence and duration of exclusive breastfeeding, reduce child mortality and correspond to the fourth step of the Baby Friendly Hospital Initiative (BFHI)(4).

Skin-to-skin contact significantly contributes to the success and duration of breastfeeding in the first hour of life, which, in turn, provides immunological and psychosocial benefits to NBs, and strengthens the maternal-infant bond. On the other hand, mother-baby separation can bring undesirable physiological effects to NBs, such as higher levels of stress and crying and reduction of effective breastfeeding and lactation duration(5). A meta-analysis showed that newborns who started breastfeeding between two and 23 hours after birth were at a 33% higher risk of death than those who started within an hour of life, and among those who started after a day or more, this risk more than doubled(6).

Although global analyses show that in almost all countries more than 80% of NBs receive breast milk, only about half start to be breastfed within the first hour of life. In the poorest countries, late initiation and low rates of exclusive breastfeeding are the main challenges to be overcome. However, currently, 60% of the world’s children are born in deliveries assisted by a qualified professional, which in theory would facilitate the promotion of early initiation of breastfeeding(7).

In Brazil, in the last three decades, there was an upward trend from 4.7% to 37.1% in the prevalence of exclusive breastfeeding, especially between 1986 and 2006(8). However, in 2012, the 56th World Health Assembly established six global nutrition goals for 2025, one of which is to increase by at least 50% the breastfeeding rate in the first six months of life(9).

The fact that Brazilian indexes remain below the United Nations (UN) recommendations undermines the achievement of many of the Sustainable Development Goals by 2030. Breastfeeding is clearly relevant to its different objectives, especially the third, which includes maternal and child health and the control of noncommunicable diseases, such as breast cancer, diabetes, overweight and obesity, and the second, related to nutrition(10).

In view of the importance of breastfeeding in the first hour of life, of exclusive breastfeeding until six months of age, and the low rates of initiation and maintenance of this practice in Brazil and worldwide, the aim of the present study is to analyze scientific evidence in the health area on the intervening factors in the breastfeeding of NBs in the first hour of life in the hospital setting.

METHOD

Integrative literature review based on the convergent steps with the method, with the intention of synthesizing the results of relevant primary research on the topic. The steps followed were the definition of the research question, selection, presentation of characteristics, analysis and interpretation of results of primary studies and report of the review(7).

Therefore, after identifying the topic, breastfeeding in the first hour of life, the research question was formulated based on the PICo strategy (P – Population; I – Interest; Co – Context). Then, the Health Sciences Descriptors developed by the Latin American and Caribbean Center on Health Sciences Information (DeCS/BIREME) and the Medical Subject Headings (MeSH terms) of the National Library of Medicine’s were consulted, as shown in Table 1.

In the meantime, the research question was: What is the scientific evidence in the health area on factors involved in the breastfeeding of newborns within the first hour of life in the hospital?

The consultations were performed in August 2020, using the advanced search in six information resources: Latin American and Caribbean Literature on Health Sciences Information (LILACS); Cumulative Index to Nursing and Allied Health Literature (CINAHL); Scientific Electronic Library Online (SciELO), Web of Science, US National Library of Medicine National Institutes of Health (PUBMED); and SCOPUS. The searches were performed respecting the singularities of each resource through combination of terminology in pairs and in trio with the Boolean operator “AND”.

Thus, from the different combinations, a skim reading of titles and abstracts was initiated for the prior selection of publications. The following criteria were used for inclusion of articles for analysis; publications available in full with results that answered the study question; in Portuguese, English and Spanish; and produced from January 2014 to August 2020. The exclusion criteria were: duplicate publications; experience reports; reflection articles; literature reviews (except systematic reviews); theses; dissertations; letters; and editorials.
An analytical framework to gather and synthesize the main information of studies was built as an instrument for data analysis. It included order, year, title, authors, base, journal, objective, method (type of study, scenario, participants and data collection instrument), level of evidence (seven-level classification) and main results (intervening factors). Data were interpreted and compared between productions by aggregating the findings.

RESULTS

The different crossings (in pairs and trio) generated a universe of 282 references identified in the different information resources, although 67 manuscripts were excluded due to duplication. After carefully reading 215 abstracts and applying the inclusion and exclusion criteria, 38 articles remained, which were read in full. Of these complete articles, interpretive analysis was performed in 28 (Figure 1). Table 2 shows the variables order, year, title and objectives for each article.

Among the 28 articles found in this production, 5 (17.9%) were published per year between 2016 and 2017. Then, in 2014, 2015 and 2018 4 articles (14.3%) were published each year. Finally, 3 articles per year (10.7%) were identified in 2019 and 2020.

In the analysis, a total of 23 (100%) distinct journals were found, of which 8 (34.8%) were national and 15 (65.2%) international. Most articles were identified in magazines addressing multidisciplinary health issues (n=16; 57.1%), the remainder was divided into the following areas: nursing (n=6; 21.4%); medicine (n=2; 7.1%); women’s health (n=1; 3.6%); nutrition (n=1; 3.6%); sexual health (n=1; 3.6%); and pediatrics (n=1; 3.6%).

As for the methodology employed, 24 publications (85.7%) used descriptive quantitative methods generally based on cross-sectional, longitudinal, retrospective, observational, cohort and randomized studies, while 3 (10.7%) adopted a descriptive qualitative approach and 1 (3.6%) was a mixed method study. That is, most studies (n=24; 85.7%) were classified as level of evidence IV.

Regarding the location of the study within the Brazilian territory, four (14.3%) were in the Northeast, three (10.7%) in the South, three (10.7%) in the Southeast and one (3.6%) in the Midwest. Each of the remaining 17 (60.7%) studies was conducted in different countries, namely Mexico; Singapore; Bangladesh; Namibia; U.S; South Korea; Finland; Nigeria; Turkey; Tanzania; Nepal; Uganda; India; Ethiopia; and, one was performed in six countries, Kenya, Zambia, India, Pakistan, Argentina and Guatemala.

Multidimensional factors were identified as interfering with adherence to breastfeeding in the first hour of life. The type of delivery was the most evident factor in the articles, with emphasis on vaginal delivery as a protective factor of breastfeeding in the first hour of life\cite{10,15,18,20,22,25,27,28,30}, while, on the other hand, cesarean delivery was a barrier to the effectiveness of this practice in the hospital setting\cite{11,12,15,19,20,22,23,27,28,30-33,36}. Thus, the findings revealed that women who had a vaginal delivery were more likely to initiate breastfeeding in the first hour, with statistically significant differences in cross-sectional studies.

Another determining factor for the success of this practice is early skin-to-skin contact immediately after birth in the delivery rooms\cite{15,17,20-22,24}, that is, the fact that the undressed baby is put in direct contact with the mother’s chest or abdomen skin contributes significantly to the early initiation of breastfeeding. In contrast, the separation of mother and child\cite{19,21,26,28} for the performance of immediate care in delivery rooms, such as prophylaxis of neonatal ophthalmia, administration of vitamin K and physical examination\cite{21,26}, and no rooming-in care\cite{9,19,21,28} after childbirth creates long periods of separation between the binomial and reduces the chances of early breastfeeding. Thus, keeping the healthy newborn with the mother after leaving the delivery room was a factor associated with a greater likelihood of early breastfeeding initiation during hospitalization\cite{21,28}.

In the studies, prenatal care\cite{14,18,19,24,25,28,35} was also identified as a relevant factor for breastfeeding in the first hour of life, since the highest rates of this practice occurred among mothers who had substantial numbers of consultations\cite{18,25} and those who received guidance on breastfeeding by

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Table 1. PICo strategy. Center on Health Sciences Information and Medical Subject Headings terms. Rio das Ostras, RJ, Brazil, 2020.

<table>
<thead>
<tr>
<th>PICo strategy</th>
<th>Variables</th>
<th>Components</th>
<th>DECS</th>
<th>MESH terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Population</td>
<td>Newborn</td>
<td>Recém-nascido</td>
<td>Newborn</td>
</tr>
<tr>
<td>I</td>
<td>Interest</td>
<td>Breastfeeding in the first hour</td>
<td>Aletamento Materno</td>
<td>Breastfeeding</td>
</tr>
<tr>
<td>Co</td>
<td>Context</td>
<td>Hospital</td>
<td>Alojamento Conjunto</td>
<td>Rooming-in Care</td>
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<td></td>
<td></td>
<td></td>
<td>Salas de Parto</td>
<td>Delivery Rooms</td>
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<td></td>
<td></td>
<td></td>
<td>Maternidades</td>
<td>Maternity</td>
</tr>
</tbody>
</table>

DECS: Center on Health Sciences Information; MESH: Medical Subject Headings.
<table>
<thead>
<tr>
<th>Order/Year</th>
<th>Title</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2股份/2020</td>
<td>Exploring barriers for early initiation of breastfeeding among mothers in the post-natal ward: a cross-sectional study</td>
<td>To know the proportion of mothers who practiced early initiation of breastfeeding and the factors that influenced them.</td>
</tr>
<tr>
<td>A4股份/2019</td>
<td>Skin-to-skin contact followed by breastfeeding in the first hour of life: associated factors and influences on exclusive breastfeeding</td>
<td>To assess the factors associated with the practice of skin-to-skin contact with breastfeeding in the first hour of life and its influence on exclusive breastfeeding in the first month.</td>
</tr>
<tr>
<td>A5股份/2019</td>
<td>An educational intervention to implement skin-to-skin contact and early breastfeeding in a rural hospital in Mexico</td>
<td>To assess if a dual educational intervention in a rural hospital in Mexico could modify the current practice and implement early skin-to-skin contact and early breastfeeding.</td>
</tr>
<tr>
<td>A6股份/2019</td>
<td>Childbirth influence towards the weaning during puerperium period</td>
<td>To analyze the influence of childbirth on weaning in the puerperium.</td>
</tr>
<tr>
<td>A7股份/2018</td>
<td>An analysis of the effects of intrapartum factors, neonatal characteristics, and skin-to-skin contact on early breastfeeding initiation</td>
<td>To determine the relationships between intrapartum factors, neonatal characteristics, skin-to-skin contact and early initiation of breastfeeding after spontaneous vaginal and cesarean delivery or operative vaginal delivery.</td>
</tr>
<tr>
<td>A8股份/2018</td>
<td>Factors associated with breastfeeding in the first hour of life in a baby-friendly hospital</td>
<td>To evaluate the factors associated with the practice of breastfeeding in the first hour postpartum.</td>
</tr>
<tr>
<td>A9股份/2018</td>
<td>Initiation of breastfeeding within one hour of birth and its determinants among normal vaginal deliveries at primary and secondary health facilities in Bangladesh: a case-observation study</td>
<td>To explore breastfeeding initiation practices and associated influencing factors for the initiating breastfeeding within one hour of birth in public health facilities in Bangladesh.</td>
</tr>
<tr>
<td>A11股份/2017</td>
<td>Amamentação na primeira hora de vida: conhecimento e prática da equipe multiprofissional</td>
<td>To assess the knowledge and practice about breastfeeding in the first hour of life among members of the multidisciplinary team of a hospital in the city of Maringá, Paraná.</td>
</tr>
<tr>
<td>A12股份/2017</td>
<td>Modeling the influence of early skin-to-skin contact on exclusive breastfeeding in a sample of hispanic immigrant women</td>
<td>To evaluate the influence of early skin-to-skin contact on initiation and sustained exclusive breastfeeding in the first month postpartum.</td>
</tr>
<tr>
<td>A13股份/2017</td>
<td>Factors that influence early breastfeeding of singletons and twins in Korea: a retrospective study</td>
<td>To evaluate several factors that influenced breastfeeding during the entire hospitalization period between mothers of singletons and twins.</td>
</tr>
<tr>
<td>A14股份/2017</td>
<td>Práticas educativas segundo os “Dez passos para o sucesso do aleitamento materno” em um Banco de Leite Humano</td>
<td>To evaluate educational practices according to the “Ten steps to successful breastfeeding” in a human milk bank.</td>
</tr>
</tbody>
</table>
### Table 2. Continuation.

<table>
<thead>
<tr>
<th>Order/Year</th>
<th>Title</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>A15(23)/ 2017</td>
<td>The realization of BFHI Step 4 in Finland – Initial breastfeeding and skin-to-skin contact according to mothers and midwives</td>
<td>To describe how initial breastfeeding and skin-to-skin contact (BFHI Step 4) are implemented in Finnish maternity hospitals, and explain the factors related to it.</td>
</tr>
<tr>
<td>A16(24)/ 2016</td>
<td>Skin-to-skin contact at birth: a challenge for promoting breastfeeding in a “Baby Friendly” public maternity hospital in Northeast Brazil</td>
<td>To use recent data from representative surveys at national level to identify individual, household and community factors associated with Early Initiation of Breastfeeding and update previous knowledge on early initiation of breastfeeding in Nigeria.</td>
</tr>
<tr>
<td>A17(25)/ 2016</td>
<td>Determinants of early initiation of breastfeeding in Nigeria: A population-based study using the 2013 demographic and health survey data</td>
<td>To investigate prenatal factors that affect newborn breastfeeding in a baby friendly public hospital in Turkey, including the time of the first physical examination by a pediatrician, the first union with their mothers, and the first time of breastfeeding after delivery.</td>
</tr>
<tr>
<td>A18(26)/ 2016</td>
<td>Factors associated with breastfeeding initiation time in a baby-friendly hospital in Istanbul</td>
<td>To investigate factors associated with skin-to-skin contact between mother and child and breastfeeding in the delivery room among nursing mothers who visit a human milk bank.</td>
</tr>
<tr>
<td>A19(27)/ 2016</td>
<td>Factors related to health services determine breastfeeding within one hour of birth in the Federal District of Brazil, 2011</td>
<td>To identify the factors associated with breastfeeding in the first hour of life.</td>
</tr>
<tr>
<td>A20(28)/ 2016</td>
<td>A sala de parto: o contato pele a pele e as ações para o estímulo ao vínculo entre mãe-bebê</td>
<td>To learn about the experiences of adolescent mothers in the first contact with their baby in the delivery room.</td>
</tr>
<tr>
<td>A21(29)/ 2015</td>
<td>Determinants of early initiation of breastfeeding in rural Tanzania</td>
<td>To examine the extent and factors associated with early initiation of breastfeeding in three rural districts in Tanzania.</td>
</tr>
<tr>
<td>A22(30)/ 2015</td>
<td>Factors associated with early initiation of breastfeeding in Western Nepal</td>
<td>To report the rate and factors associated with early breastfeeding in Western Nepal.</td>
</tr>
<tr>
<td>A23(31)/ 2015</td>
<td>Rates and determinants of early initiation of breastfeeding and exclusive breast feeding at 42 days postnatal in six low and middle-income countries: A prospective cohort study</td>
<td>To determine accurate overall rates of breastfeeding after birth and exclusive breastfeeding up to six months of age.</td>
</tr>
<tr>
<td>A24(32)/ 2015</td>
<td>The practice of the fourth step of the baby friendly hospital initiative</td>
<td>To analyze the factors involved in the practice of the fourth step of the Baby Friendly Hospital Initiative based on the experience of puerperal women admitted to a Baby Friendly Hospital.</td>
</tr>
<tr>
<td>A25(33)/ 2014</td>
<td>Aleitamento materno na primeira hora de vida em um Hospital Amigo da Criança: prevalência, fatores associados e razões para sua não ocorrência</td>
<td>To identify the prevalence of breastfeeding in the first hour of life, the associated factors and the reasons for its nonoccurrence in a Baby Friendly Hospital.</td>
</tr>
<tr>
<td>A26(34)/ 2014</td>
<td>Determinants of early initiation, exclusiveness, and duration of breastfeeding in Uganda</td>
<td>To identify the main policy parameters that the government and public health initiatives need in order to increase the benefits of breastfeeding.</td>
</tr>
<tr>
<td>A27(35)/ 2014</td>
<td>First Hour Initiation of Breastfeeding and Exclusive Breastfeeding at Six Weeks: Prevalence and Predictors in a Tertiary Care Setting</td>
<td>To assess the prevalence of first hour breastfeeding initiation, and exclusive breastfeeding at six weeks and to identify barriers in healthy babies born in a tertiary hospital.</td>
</tr>
</tbody>
</table>
professionals during this period\(^{13,24,27}\), while the lack of prenatal care\(^{11}\), inappropriate prenatal care\(^{20}\) and lack of guidance\(^{35}\) were related to lower adherence.

The place of delivery also emerged as an intervening factor. Being born in delivery rooms of hospital units increased the possibility of babies being placed on the mother’s lap for breastfeeding soon after birth\(^{16,17}\), in contrast to home birth\(^{11}\). As an example, a study showed that women who gave birth in health facilities were almost twice as likely to breastfeed in the first hour of the baby’s life than those who gave birth at home\(^{30}\).

Among maternal sociodemographic and clinical characteristics, different factors were recognized as contributing factors: namely, mothers living in urban areas\(^{18,25}\), young mothers\(^{22,24}\), older age at marriage\(^{10}\), multiparous\(^{23,25}\), married\(^{30}\), with a higher educational level\(^{10,23}\), non-workers\(^{25}\), from poor families\(^{31}\) and with access to the health unit\(^{18}\). In this line of factors, nulliparity\(^{32}\), preeclampsia\(^{34}\), extremes of age\(^{12,31}\), divorcees or widows\(^{30}\) and residents of rural areas\(^{31}\) were associated with a lower chance of early initiation of breastfeeding.

There are also clinical conditions of the baby, since having an appropriate for gestational age (AGA) weight\(^{12,16,22,25,27}\), being at term or post-term\(^{10}\), crying or breathing at birth\(^{17}\) and obtaining higher Apgar scores\(^{12,22}\) are characteristics that favor breastfeeding in the first hour of life. However, low birth weight\(^{31,32}\), hypoglycemia\(^{20}\), having twins\(^{21}\), prematurity\(^{29}\) and ineffective suckling\(^{26}\) are limiting factors of this practice.

Finally, issues related to the maternity care routine and training of the health team are also correlated with the success or otherwise of early breastfeeding. Thus, the presence of nurses in delivery rooms\(^{16}\) and support of the nursing team and doctors\(^{24}\) favor this practice. However, the professionals’ lack of knowledge, differences of opinion among health team members, high demand for births, insufficient number of employees, fragmented care routine and based on task fulfillment were considered challenges for the effective implementation of the

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**Figure 1.** Flowchart of the study selection and exclusion process. Rio das Ostras, RJ, Brazil, 2020.
fourth step of the BFHI in a qualitative study. In addition, the lack of help to start breastfeeding is also a barrier to the success of this strategy. The lack of staff and privacy in the ward and the inappropriate implementation of visiting hours policy also emerged as factors that made the practice of early breastfeeding difficult in public primary health units in Nigeria.

**DISCUSSION**

The findings showed that vaginal delivery is a protective factor of breastfeeding in the newborn's first hour of life. Other evidence also indicates that this type of delivery minimizes the delay in the initiation of breastfeeding when compared to cesarean sections, which solidifies the results found in the present study.

In vaginal delivery, the mother's direct contact with the baby in the first minutes after birth contributes to the child's recognition of the mother, a sign that the child is ready to breastfeed. Therefore, cesarean surgery is considered a barrier to the initiation of breastfeeding, because it delays the contact between mother and baby due to postoperative care, and is related to early weaning and shorter duration of exclusive breastfeeding.

In Brazil and worldwide, the high rates of cesarean sections can be explained mainly by the individual centralization of professionals in the choice of the mode of delivery, by women's sociodemographic and cultural characteristics, and the characteristics of prenatal care, which pose as a strong obstacle to the initiation of breastfeeding in the first hour of life.

The data also demonstrated that early skin-to-skin contact immediately after birth while still in the delivery room is a contributing factor for early initiation of breastfeeding. In another systematic review, mothers who experienced skin-to-skin contact were 30% more likely to breastfeed exclusively at hospital discharge and up to one month after birth, and 50% more likely to be breastfeeding exclusively between the third and the sixth month after birth. These results were obtained in several countries and among women of low and high socioeconomic class, showing that skin-to-skin contact has great benefits and increases the duration of exclusive breastfeeding.

The first 60 minutes of a baby's life after birth, called golden hour, are the period in which interventions are performed to minimize neonatal complications. Among such interventions, skin-to-skin contact and breastfeeding in the first hour of life promote a bond between mother and baby and stimulate the child's sucking reflex. Measures to promote these actions are necessary for higher neonatal survival rates and lower rates of early weaning, which corroborates the findings of the present review.

In this sense, procedures that separate the baby from the mother after birth should be postponed, as they can be performed until the sixth hour of the newborn's life. In addition, qualified care should be offered to women during the first feeding and, if necessary, in the next feedings, so the baby has a good suction and suckles effectively.

Furthermore, immediate breastfeeding together with skin-to-skin contact between the woman and the baby are important factors for reduction of bleeding due to release of endogenous oxytocin in women. Skin-to-skin contact also assists in the adaptation of the newborn to extraterine life, as it takes advantage of the baby's innate behavior of latching and sucking the breast within the first hour of life, which constitutes the period of neonatal reactivity, considered ideal for the mother-baby interaction and initiation of breastfeeding.

As for prenatal care and guidance identified in the articles as intervening factors in breastfeeding in the first hour of life in the hospital setting, a similar result was found in another study. It indicated that quality prenatal care with access to professionals and qualified information is essential for the promotion of early breastfeeding and the decision to continue this practice. On the other hand, when this bond between mother and team is interrupted or inappropriate, there is less adherence, and what was a protective factor, becomes a risk factor.

In a study conducted in Maringá, Brazil, with 36 participants, 21 (58.3%) received guidance on breastfeeding during prenatal care, and among the information provided by nurses, doctors, nursing students and community agents, the duration of exclusive breastfeeding, its importance, positioning and correct latch stood out. This type of practice is of paramount importance, as from the child's birth, the woman will initiate the breastfeeding practice, and interventions according to each woman's need will be necessary.

In the findings, births performed in maternity hospitals had a higher prevalence of adherence to breastfeeding in the first hour of life. This is due to the knowledge of professionals, the practices applied by health services and the mothers' limited decision-making power. On the other hand, in places where home birth is more frequent, the knowledge and beliefs of mothers, family members and midwives are factors that exert greater influence on the initiation of breastfeeding. The inappropriate knowledge of midwives and traditional knowledge of the family about the benefits of early initiation of breastfeeding are possible causes of lower adherence to breastfeeding in the first hour of life.

As for maternal sociodemographic characteristics, working women are more likely to not breastfeed. A possible explanation for this finding is that they become less likely to stay at home during the day, which compromises the practice of breastfeeding. On the other hand, married women, who have already had children and with access to health facilities, are more likely to adhere to early breastfeeding, because they have a fundamental support network for this event, which is consistent with the current findings.

Likewise, the clinical conditions of the baby at birth, with adequate weight, good vitality and good Apgar score favor the practice of breastfeeding immediately in the delivery room. Healthy infants exhibit behaviors that manifest immediately after birth when put on skin-to-skin contact with their mothers, locating the nipple by the smell and successfully initiating early breastfeeding.
However, studies indicate that babies with low weight, pathologies and prematurity naturally have greater difficulty with directly sucking the mother's breast, in addition to being frequently separated from their mothers by the demand for special care after delivery, which may, in particular, be related to a higher risk of mortality and more hours to initiate breastfeeding\(^{46}\), and also corroborates the evidence from this review.

Regarding the care routine and training of the health team, and consistent with the findings of the present review, a study conducted with puerperal women showed that the presence of nurses in delivery rooms is essential for the breastfeeding practice in the first hour of life. These professionals play an essential role by providing a quality service in the preparation of mothers to breastfeed, since they help them to face obstacles related to the practice\(^{46}\).

Studies have also shown the need for specific training in the promotion, protection and support of breastfeeding, enabling professionals to develop competences, skills and greater integration among the team in order to perform appropriate interventions and overcome possible barriers to breastfeeding, especially in delivery rooms of maternity wards\(^{46,67}\).

As a limitation, the selected studies did not present care and management strategies to improve adherence to breastfeeding in the first hour of life, which appeared as a gap to be filled by new investigations.

### CONCLUSION

Breastfeeding in the baby's first hour of life is influenced by maternal and neonatal factors and by institutional and professional practices instituted in prenatal care, delivery and puerperal period. These multidimensional factors interfere with adherence to this practice, and the main ones are location and type of delivery; early skin-to-skin contact; rooming-in care; prenatal care; maternal sociodemographic characteristics; clinical conditions of the baby and the mother; care routine; and training of the health team.

Recognizing these factors that can intervene positively or negatively in this process is essential for nurses' performance, as it favors reflections and changes in care and management practices in health, envisioning improvements in rates of breastfeeding within the first hour of life.

### REFERENCES


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