DETERMINANTS OF EXCLUSIVE BREASTFEEDING DURATION:

A POPULATION-BASED STUDY FROM SOUTHERN PORTUGAL

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Introduction

- Exclusive breastfeeding (EBF) for the first six months is recognised as the gold standard in public health [1].
- EBF rates remain below WHO targets, especially in Europe [2].
- Maternal sociodemographic, prenatal, perinatal, and









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psychosocial factors are associated with shorter EBF duration [3,4].

• No studies have investigated breastfeeding (BF) determinants in the Algarve region.

Aim 2

To determine the prevalence and the factors influencing Breasfeeding during the first six months of life in the Algarve region.

Materials and Methods 3

Study Design: Observational, descriptive, cross-sectional

- Sample: Convenience sample of 464 mothers of infants aged 6–24 months, residing in the Algarve. Inclusion criteria: Portuguese language skills and
 - informed consent. Exclusion criterion: Contraindication



to breastfeeding.

Data collection: 1 July to 30 September 2023. Pre-tested, self-administered online questionnaire adapted from Caldeira et al.[5] and validated by a Delphi panel.

<u>Recruitment</u>: Via social media, daycare centres, health centres and maternal and child healthcare professionals.

Ethical approval: Health Ethics Committee of the Regional Health Administration of Algarve, 5/5/2023 (No. 06/2023)

Predictors of EBF duration



Use of formula in the hospital (Beta = 0,373, p < 0,001)

Duration of previous experience (Beta=0,213, p = 0,002)



Conclusion 5

- EBF at six months is below global targets, as is the national trend, reflecting systemic and contextual barriers.
- Mothers with negative or no previous BF experience are particularly vulnerable to early cessation, underscoring the need for tailored follow-up and peer-led support.
- Caesarean, early formula use and limited skin-to-skin contact had a negative impact on breastfeeding outcomes, highlighting the need for consistent support in maternity settings.
- Extended, fully paid parental leave and institutional support are critical levers to enable longer EBF duration and equitable access to breastfeeding success.
- Integrated strategies are needed across healthcare, workplaces and public policies to address the multifactorial nature of BF challenges.
- Public policies must align with women's lived experiences to promote and protect BF as a public health priority.

REFERENCES

[1] B. Amoo, T. Popoola, and R. Lucas, "Promoting the practice of exclusive breastfeeding: a philosophic scoping review," BMC Pregnancy Childbirth, vol. 22, no. 1, pp. 1–15, 2022. [2].I. Zakarija-Grković et al., "Are our babies off to a healthy start? The state of implementation of the Global strategy for infant and young child feeding in Europe," Int. Breastfeed. J., vol. 15, no. 1, pp. 1–12, 2020. [3] S. Cohen et al., "Factors Associated with Breastfeeding Initiation and Continuation: A Meta-Analysis," J. Pediatr., vol. 203, pp. 190–196.e21, 2018.[4] Q. Wu, N. Tang, and C. Wacharasin, "Factors influencing exclusive breastfeeding for 6 months postpartum: A systematic review," Int J Nurs Knowl, vol. 33, no. 4, pp. 290-303, 2022. [5] T. Caldeira, P. Moreira, and E. Pinto, "Aleitamento materno: Estudo dos factores relacionados com o seu abandono," Rev. Port. Clínica Geral, vol. 23, no. 6, pp. 685-699, 2007.