

# Nursing interventions for the NANDA-I diagnosis: Ineffective Breastfeeding

Intervenções de enfermagem para o diagnóstico NANDA-I: Amamentação Ineficaz

Intervenciones de enfermería para el diagnóstico NANDA-I: Lactancia Materna Ineficaz

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## RESUMO

O aleitamento materno é reconhecido como uma prática essencial para a saúde e o desenvolvimento infantil, porém diversos fatores interferem na sua manutenção e continuidade. Diante disso, este estudo tem como objetivo identificar as principais intervenções de enfermagem diagnóstico NANDA-I “Amamentação ineficaz”. Trata-se de revisão integrativa realizada nas bases MEDLINE/PubMed, LILACS, BDNF, BBO e Coleciona SUS, utilizando descritores em português, inglês e espanhol, combinados pelos operadores booleanos AND e OR. Foram incluídos artigos publicados entre 2015 e 2025. Após aplicação dos critérios de elegibilidade, 12 estudos compuseram a amostra final. As implementações mais recorrentes envolveram ações educativas, aconselhamento e apoio à nutriz durante o pré-natal e o puerpério, incluindo o uso de , como o álbum seriado e a telelactação. Observou-se que intervenções associadas à educação em saúde e ao suporte profissional aumentam a autoeficácia materna, favorecendo o aleitamento materno exclusivo e o fortalecimento do vínculo mãe-bebê. O enfermeiro exerce papel central no manejo da amamentação, sendo fundamental a aplicação de práticas baseadas em evidências e o uso do Processo de Enfermagem para promover cuidados seguros, humanizados e eficazes.

## ABSTRACT

Breastfeeding is recognized as an essential practice for child health and development; however, several factors interfere with its maintenance and continuity. Thus, this study aimed to identify the main nursing interventions in response to the NANDA-I diagnosis “Ineffective Breastfeeding”. This integrative review was conducted in the MEDLINE/PubMed, LILACS, BDNF, BBO, and Coleciona SUS databases using descriptors in Portuguese, English, and Spanish, combined with the AND and OR Boolean operators. Articles published between 2015 and 2025 were included. After applying the eligibility criteria, 12 studies comprised the final sample. The most recurrent implementations involved educational actions, counseling, and support for the breastfeeding mothers during prenatal and postpartum periods, including the use of educational technologies such as serial albums and telelactation. It has been observed that interventions associated with health education and professional support increase maternal self-efficacy, favoring exclusive breastfeeding and strengthening the mother-baby bond. Nurses play a central role in breastfeeding management, and the application of evidence-based practices and the use of Nursing Process are fundamental to promoting safe, humanized, and effective care.

## RESUMEN

La lactancia materna se reconoce como una práctica esencial para la salud y el desarrollo infantil, diversos factores interfieren en su mantenimiento y continuidad. Por lo tanto, este estudio busca identificar las principales intervenciones de enfermería en respuesta al diagnóstico NANDA-I Lactancia Materna Ineficaz. Se trata de una revisión integrativa realizada en las bases de datos MEDLINE/PubMed, LILACS, BDNF, BBO y Coleciona SUS utilizando descriptores en portugués, inglés y español, combinados con los operadores booleanos AND y OR. Se incluyeron artículos publicados entre 2015 y 2025. Tras aplicar los criterios de elegibilidad, 12 estudios conformaron la muestra final. Las implementaciones más recurrentes incluyeron acciones educativas, consejería y apoyo a la madre lactante durante el período prenatal y posparto, incluyendo el uso de tecnologías educativas como álbumes seriados y telelactación. Se ha observado que las intervenciones asociadas con la educación para la salud y el apoyo profesional aumentan la autoeficacia materna, favoreciendo la lactancia materna exclusiva y fortaleciendo el vínculo madre-bebé. La enfermera juega un papel central en el manejo de la lactancia materna, y la aplicación de prácticas basadas en evidencia y el uso del Proceso de Enfermería son fundamentales para promover una atención segura, humanizada y efectiva.

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### Descritores

Amamentação; Intervenção de Enfermagem; Diagnóstico de Enfermagem.

### Keywords

Descriptors: Breastfeeding; Nursing Intervention; Nursing Diagnosis.

### Descritores

Lactancia Materna; Intervención de Enfermería; Diagnóstico de Enfermería.

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The study data are available in this article.

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## Introduction

Breast milk is considered the most complete food, rich in nutrients and antibodies, and it is also the only one capable of strengthening the mother-and-baby bond. Due to its high nutritional complexity, it can reduce the rates of early childhood pathologies, such as infections, making it an important resource for reducing mortality and morbidity.<sup>(1)</sup> The Ministry of Health recommends exclusive breastfeeding (EBF) until six months of age and its continuation combined with other foods.<sup>(2)</sup>

The main cause of early weaning is due to a proper latch during breastfeeding, nipple physical trauma, introduction of artificial milk without indication, use of artificial nipples, and lack of preparation of professionals who accompany pregnant women during the prenatal and postpartum periods. Thus, the importance of updating and clinical reasoning of professionals who accompany these women, especially during the postpartum process, is evident.<sup>(3)</sup>

Clinical management of breastfeeding is understood as a set of actions and care aimed at promoting and establishing healthy breastfeeding, encompassing breast milk production, prevention, and treatment of breastfeeding-related problems. Thus, clinical management is integrated into the Nursing Process (NP), requiring nurses to have prior knowledge of breast anatomy and physiology, communication techniques, and clinical guidelines related to breastfeeding.<sup>(2)</sup>

In this sense, nurses provide safe and evidence-based care with the guidance of the NP. This intellectual instrument is organized into interrelated and dynamic stages described as assessment, diagnosis, planning, implementation, and evolution. Thus, nurses have the autonomy to diagnose and treat breastfeeding-related phenomena, recording them based on standardized nursing language or specific classifications.

Nursing diagnosis is the clinical judgment about human responses to health conditions and/or life processes. Human responses were described by the NANDA International (NANDA-I) classification of nursing diagnoses. In this nursing intervention and nursing diagnosis study, "Ineffective breastfeeding" is defined as "difficulty in providing breast milk, which may compromise the nutritional *status* of infants or

children".<sup>(4)</sup> The systematic use of these diagnoses strengthens evidence-based practice, providing safer, more individualized, and humanized care.<sup>(5)</sup>

Given the clinical and epidemiological importance of the breastfeeding process and infant nutrition, as well as the need to deepen and explore the nursing diagnosis interventions for "Ineffective Breastfeeding" in the NANDA-I classification, this study aimed to identify the main breastfeeding nursing diagnosis interventions.

## Methods

This integrative literature review was composed of six sequential steps: (1) identification of the theme and formulation of the guiding question; (2) definition of inclusion and exclusion criteria; (3) identification of studies; (4) categorization of selected studies; (5) analysis and interpretation of results; and (6) presentation of the review and synthesis of knowledge. To ensure transparency in the selection of studies, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) protocol was adopted.<sup>(6)</sup>

In step 1, the guiding question was constructed based on the PICo strategy, in which: *P* (Population): infants and mothers in the breastfeeding process; *I* (Intervention): identification of the nursing intervention; *Co* (Context): postpartum women with the nursing diagnosis "Ineffective Breastfeeding". The guiding question was defined as follows: What nursing interventions can be used after the nursing diagnosis "Breastfeeding"?

In step 2, classic original articles were included in the case report search. Publications including institutional documents were excluded, and works such as books, papers, and preprints were disregarded.

The search strategy was separately developed by two researchers based on the Health Sciences Descriptors and Medical Subject Headings. The descriptors "Breast Feeding", "Nursing Diagnosis", "Nursing Intervention", and "Nursing" were used. They were combined using the Boolean operators AND and OR according to the search expression "Breast Feeding" AND "Nursing Diagnosis" OR "Nursing Intervention" OR "Nursing" (Chart 1).

**Chart 1.** Search strategy in databases using Health Sciences Descriptors.

Search strategy in databases
English: (Breast Feeding) AND (Nursing Diagnosis OR Nursing Intervention OR Nursing).
Portuguese: (Aleitamento Materno) AND (Diagnóstico de enfermagem OR Intervenção de Enfermagem OR Enfermagem).

Source: authors (2025).

In step 3, the identification of the studies to be used was carried out by selecting the title, abstract, and full text after applying the described filters. The Rayyan - Intelligent Systematic Review software was used to manage the selection of studies, optimize the exclusion process, and ensure greater accuracy in screening. The studies were selected from the databases Medical Literature Analysis and Retrieval System Online (MEDLINE/PubMed), Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), Brazilian Dental Library (BDL), and Coleciona SUS.

In step 4, the data were extracted and systematized (after reading and selecting the studies) according to year of publication, author, title, journal, language, and a brief conclusion about the article content.

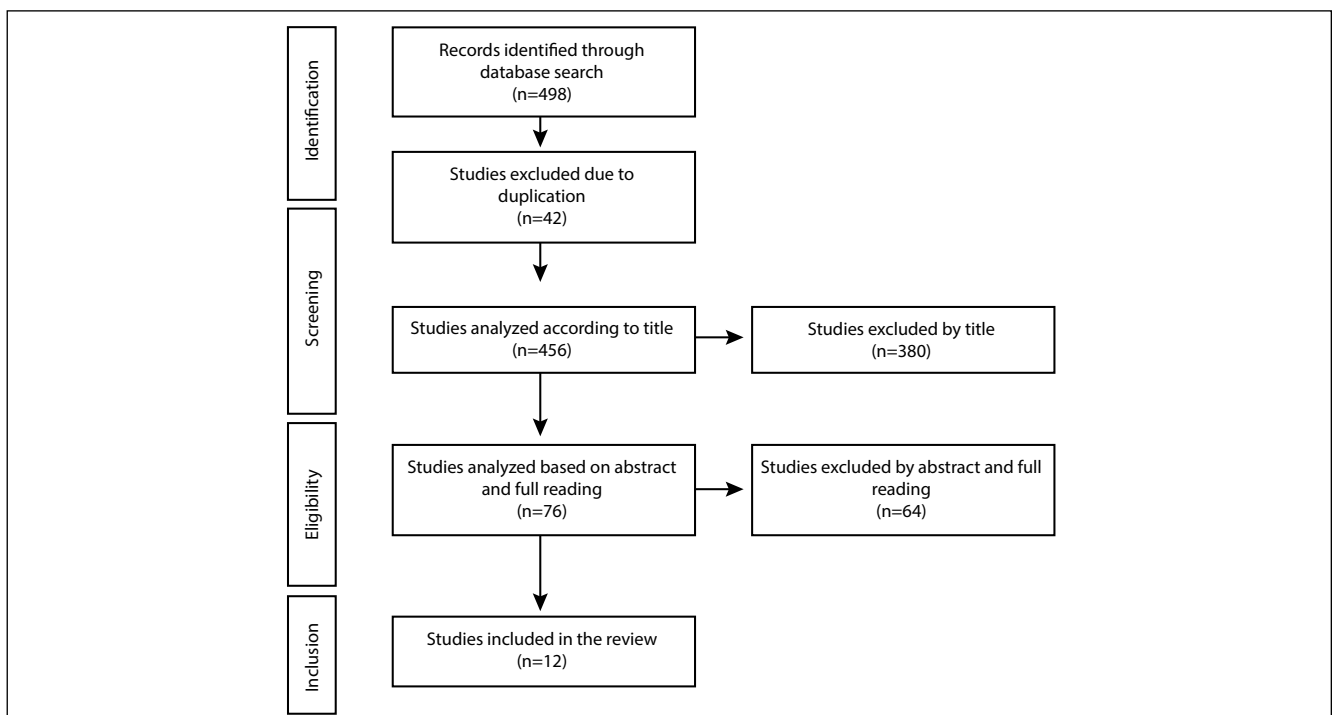
In step 5, the included studies were analyzed according to the Oxford classification criteria. This

system was divided into seven hierarchical levels. In this review, we considered levels I-III as strong, IV-VI as moderate, and VII as weak: I. Systematic reviews or meta-analyses of randomized clinical trials; II. Well-designed controlled clinical trial with randomization; III. Well-designed controlled clinical trial without randomization; IV. Well-designed cohort study, case-control study, and cross-sectional study; V. Systematic review of qualitative and descriptive studies; VI. Single descriptive or qualitative study; VII. Opinion of an authority and/or expert report.<sup>(7)</sup>

Finally, the main nursing implementations were applicable to the diagnosis “Ineffective Breastfeeding” in the Nursing Interventions Classification.<sup>(8)</sup>

## Results

In total, 498 publications were found in the databases used in this research. Duplicate articles (n=42), studies not addressing the guiding question in the titles (n=380), and abstracts and after full reading (n=64) were removed, totaling 12 publications for inclusion in this review. The article selection process is described according to the PRISMA-ScR protocol (Figure 1).



Source: Authors (2025).

**Figure 1.** Preferred Reporting Items for Systematic Review and Meta-Analyses extension for Scoping Reviews in the article selection process.

Regarding language of publication, most productions were in English (n=75; 8,3%), whereas others were in Portuguese (n=43; 3,3%) and Korean (n=1; 8,3%). Regarding the publication date, they were published in the years of in 2025 (n=43; 3,3%), 2022 (n=21; 6,6%), 2018 (n=21; 6,6%), 2017 (n=21; 6,6%), 2023 (n=1; 8,3%), and 2015 (n=1; 8,3%).

Based on the level of evidence (EL) of the selected articles, most studies presented a strong EL level as follows: systematic review and meta-analysis (n=6; 50% EL: very strong), integrative literature review (n=4; 33.3% EL: very low), quasi-experimental study of a pre- and post-test model with a single group (n=1; 8.3% EL: moderately strong), and randomized controlled clinical trial (n=1; 8.3% EL: strong).

The main nursing interventions described were summarized as: education, counseling, and support during the prenatal and/or postpartum periods (n=5), support by telephone and/or digital platforms (n=2), training and supervision of caregivers and strategies to maximize family support (n=2), use of a serial album on breastfeeding (n=2), lactation counseling (n=2), advising on early skin-to-skin contact and rooming-in (n=2), lactation consultation support (n=1), psychological education on breastfeeding and maternal self-care (n=1), and adaptation of obstetrics teaching to cultural diversities and encouragement of active participation (n=1). The methodological design of the included articles is described in Chart 2 below.

All included studies reiterated that EBF up to six months of age is the gold standard for infant development. Given the diagnosis of ineffective breastfeeding, publications emphasized the relevance of nursing interventions aligned with this understanding. Thus, chart 3 (below) summarizes the main nursing implementations described in the literature.

Comparing the nursing actions identified in the sample of this study to those described in the (7<sup>th</sup> Ed), "Lactation counseling" (n=41; 7,3%) and "Parent guidance" were the most frequent: infants (n=4; 17,3%), followed by Improvement in development: infants (n=3; 13%), Teaching: nutrition of infants ≤3 months (n=3; 13%), Care in the prenatal period (n=3; 13%), Non-nutritive sucking (n=2; 8,6%), Procedural support: infants (n=2; 8,6%), Kangaroo method (n=1; 4,3%), and Promotion of bonding (n=1; 4,3%). The main nursing actions described in the literature are compared with

the nursing implementations described in the Nursing Interventions Classification (Chart 4).

## Discussion

### Main nursing implementations identified in this research

Education programs on newborn care show effective strategies for promoting self-confidence, in addition to significantly expanding mothers' knowledge about neonatal care. Evidence suggests that these interventions also contribute to increase the frequency of EBF when compared to standard care.<sup>(10)</sup> Knowledge about breastfeeding is a modifiable and essential factor for the success of this practice, as a lack of adequate information can lead to the early interruption of EBF.<sup>(13)</sup> In this context, structured interventions, such as educational workshops during pregnancy and postpartum counseling, can increase maternal self-efficacy and promote the maintenance of breastfeeding.<sup>(10,13)</sup>

Beyond the educational aspect, the support network plays an equally crucial role in strengthening the practice of EBF. Breastfeeding consulting significantly contributes by offering guidance and humanized support during childbirth, forming groups for pregnant women, rooming-in, and promoting campaigns. This consulting recognizes that breastfeeding goes beyond biological factors and involves historical, psychological, and sociocultural dimensions. In this scenario, nursing professionals act strategically by encouraging mothers' participation in educational activities and support groups, promoting the continuation of breastfeeding even after returning to work, and recommending lactation consultants.<sup>(9)</sup> Thus, health education and professional support are consolidated as fundamental determinants for the success of EBF.<sup>(10)</sup>

In addition, family and community involvement enhances the results of these interventions. When breastfeeding support actions are carried out at different levels, there is a significant increase in breastfeeding rates, with a more pronounced impact in the first few months, extending up to 12 months of age.<sup>(16)</sup> This finding reinforces that breastfeeding is not just an individual choice for women, but a practice that de-

**Chart 2.** Summary of the methodological design in the included articles.

Citations	Methodological design
Lima et al., 2022 <sup>(9)</sup>	Study type: quasi-experimental pre- and post-test model study with a single group. Population: 300 postpartum women Country of study: Brazil Level of evidence: III (moderately strong) Nursing interventions: Use of serial albums about breastfeeding and lactation advice; Use of serial album and other educational strategies in the postpartum period; and Guidelines on newborn care and family support.
Pereira et al., 2023 <sup>(10)</sup>	Study type: integrative literature review Population: 41 studies Country of study: Brazil Level of evidence: V (very low) Nursing interventions: Skin-to-skin contact and encouragement of mother-baby bonding; Breastfeeding on demand; and breastfeeding advice.
Brockway et al., 2017 <sup>(11)</sup>	Study type: systematic review and meta-analysis Population: 11 studies Country of study: Türkiye Level of evidence: I (very strong) Nursing interventions: Education, advice, and support during the prenatal period; Encouraging feeding on demand and practices that promote infants' comfort during exclusive breastfeeding.
Coca et al., 2018 <sup>(12)</sup>	Study type: integrative literature review Population: eight studies Country of study: Brazil Level of evidence: V (very low) Nursing interventions: Skin-to-skin contact and encouragement of mother-baby bonding; Breastfeeding on demand.
Wood et al., 2018 <sup>(13)</sup>	Type of study: bibliographic study Population: nine studies Country of study: United States of America Level of evidence: V (very low) Nursing interventions: Online support for breastfeeding; Support during the prenatal period.
Wu et al., 2022 <sup>(14)</sup>	Study type: systematic review and meta-analysis Population: 16 studies Country of study: China Level of evidence: I (very strong) Nursing intervention: Use of serial albums about breastfeeding.
Rodrigues, 2015 <sup>(15)</sup>	Study type: randomized controlled clinical trial Population: 208 postpartum women Country of study: Brazil Level of evidence: II (strong) Nursing interventions: Promoting exclusive breastfeeding and strengthening the mother-baby bond; Promoting maternal self-efficacy and confidence; and infant comfort during exclusive breastfeeding.
Park et al., 2017 <sup>(16)</sup>	Study type: systematic review and meta-analysis Population: 16 studies Country of study: South Korea Level of evidence: I (very strong) Nursing interventions: Education, counseling, and support during the prenatal period; Education on proper latch and positioning, and breastfeeding support during hospitalization.
Whittaker et al., 2025 <sup>(17)</sup>	Study type: integrative literature review Population: 56 studies Country of study: Australia Level of evidence: V (very low) Nursing interventions: Education on proper latch and positioning and breastfeeding support during hospitalization; Education on proper nutrition and exclusive breastfeeding.

Continue...

Continuation.

Citations	Methodological design
Iamchareon et al., 2025 <sup>(18)</sup>	Study type: systematic review and meta-analysis Population: 18 studies Country of study: Thailand Level of evidence: I (very strong) Nursing intervention: Telelactation.
Guo et al., 2025 <sup>(19)</sup>	Study type: systematic review and meta-analysis Population: 20 studies Country of study: China Level of evidence: I (very strong) Nursing interventions: Use of serial album and other educational strategies during the postpartum period; Guidance on newborn care and family support.
O'Connell et al., 2025 <sup>(20)</sup>	Study type: systematic review and meta-analysis Population: 19 studies Country of study: United Arab Emirates Level of evidence: I (very strong) Nursing interventions: Use of serial album and other educational strategies during the postpartum period; Guidance on newborn care and family support.

Source: authors (2025).

depends on a supportive collective environment capable of strengthening their confidence and reducing external barriers. The active involvement of family, friends, and the community contributes to creating a more favorable environment for EBF, complementing the guidance offered by healthcare professionals.<sup>(20)</sup>

In this challenging scenario, digital technologies emerge as complementary and innovative tools. Technological advancements have enabled new strategies to support breastfeeding, telelactation, and other forms of digital communication, which have shown effective in promoting and maintaining EBF.<sup>(17)</sup> The use of tools, such as phone calls, video conferences, applications, and social media, allows mothers to expand their access to qualified guidance, especially in contexts where in-person support is limited. Interventions carried out proactively and in a structured way, with multiple sessions of education, counseling, and follow-up, have shown a significant increase in EBF rates, contributing to improved maternal and child health outcomes.<sup>(17)</sup> In addition, blended models that combine remote and in-person care have also shown positive results, reinforcing the importance of integrated approaches.<sup>(18)</sup>

Digital communications offer an accessible, economical, and convenient means to disseminate information about EBF, promoting continuous contact between healthcare professionals and breastfeeding mothers.<sup>(17)</sup> This type of intervention allows for more flexible support, adapted to the women's routines, es-

**Chart 3.** Summary of the nursing interventions studied in the included articles.

Citations	Article titles	Nursing interventions described
Lima <i>et al.</i> , 2022 <sup>(9)</sup>	Avaliação do uso de álbum seriado sobre amamentação como estratégia de intervenção educativa no puerpério	Use of a serial album about exclusive breastfeeding, with an educational intervention strategy in the immediate postpartum period among postpartum women in a public maternity hospital according to the sociodemographic and obstetric profile.
Pereira <i>et al.</i> , 2023 <sup>(10)</sup>	Revisão da intervenção de enfermagem “Aconselhamento para lactação” da Classificação das Intervenções de Enfermagem	Lactation counseling.
Brockway <i>et al.</i> , 2017 <sup>(11)</sup>	Interventions to Improve Breastfeeding Self-Efficacy and Resultant Breastfeeding Rates: A Systematic Review and Meta-Analysis	Education, advice, and support during the prenatal and perinatal periods through individual interactions in a group or by telephone.
Coca <i>et al.</i> , 2018 <sup>(12)</sup>	Conjunto de medidas para o incentivo do aleitamento materno exclusivo intra-hospitalar: evidências de revisões sistemáticas	Education on early skin-to-skin contact, with infants staying in a rooming-in unit, intervention for nipple pain during breastfeeding, restriction on the use of infant supplement, breastfeeding on demand, educational interactions through individual and/or group support during hospitalization.
Wood <i>et al.</i> , 2018 <sup>(13)</sup>	Outcome measures in interventions that enhance breastfeeding initiation, duration, and exclusivity: a systematic review	Support from a prenatal lactation consultant, postpartum support for newborns, web-based breastfeeding support, weekly telephone support for post-discharge breastfeeding by research nurses.
Wu <i>et al.</i> , 2022 <sup>(14)</sup>	Factors influencing exclusive breastfeeding for 6 months postpartum: a systematic review.	Education about breastfeeding from the prenatal to the postpartum period, from hospital to home, training and supervision of healthcare providers, education through social networks, maximizing breastfeeding support for mothers, and encouraging them to persist with exclusive breastfeeding for six months.
Rodrigues, 2015 <sup>(15)</sup>	Ensaio clínico controlado e randomizado em sessão grupal com puérperas para promoção da autoeficácia em amamentar	The use of the “I Can Breastfeed My Child” serial album to promote self-efficacy in breastfeeding and exclusive breastfeeding.
Park <i>et al.</i> , 2017 <sup>(16)</sup>	Effects of breastfeeding interventions on breastfeeding rates at 1, 3 and 6 months postpartum: a systematic review and meta-analysis	Education on proper latch, breastfeeding frequency, adequate breast milk intake, signs of breastfeeding, normal milk production, breastfeeding on demand, advantages of exclusive breastfeeding, and access to professional and peer support. Guidance to avoid misconceptions about insufficient breast milk production and the use of artificial nipples, and the disadvantages of artificial breast milk. Encouraging family support during breastfeeding and teaching methods for continuing breastfeeding after returning to work.
Whittaker <i>et al.</i> , 2025 <sup>(17)</sup>	Factors and interventions that positively influence breastfeeding rates at six months postpartum: an integrative literature review	Education on self-efficacy and social support, interventions adapted to the needs and concerns of women carried out during the pre- and post-natal periods, digitally, in person, or in mixed modalities in multiple sessions. Digital communication is integrated into education, support, and counseling.
Iamchareon <i>et al.</i> , 2025 <sup>(18)</sup>	The effectiveness of real-time telelactation intervention on breastfeeding outcomes among employed mothers: a systematic review and meta-analysis	Implementation of telelactation: a model of remote support for breastfeeding, in which trained professionals offer guidance and support through phone calls or video conferences, using different devices and digital platforms (e.g.: WhatsApp®, Skype®, Zoom®).
Guo <i>et al.</i> , 2025 <sup>(19)</sup>	The effects of a newborn care education program on mothers’ self-confidence, care knowledge, and breastfeeding behavior: a systematic review and meta-analysis	Psychological and cognitive education about breastfeeding, targeted training on care strategies for newborns, and standard care (i.e., routine baby care).
O’Connell <i>et al.</i> , 2025 <sup>(20)</sup>	A systematic review and meta-analysis of breastfeeding rates, factors influencing breastfeeding and practices in the United Arab Emirates (UAE)	Adapting obstetrics education to address cultural diversity, encouraging the active participation of family members in the educational process, and managing the challenges encountered in the professional setting.

Source: Authors (2025).

**Chart 4.** Comparison between the nursing implementations published in the Nursing Interventions Classification (NIC) (7<sup>th</sup> Ed) and those found in this study.

NIC (published)	NIC (found)
Promoting bonding	Skin-to-skin contact; breastfeeding on demand. <sup>(12)</sup>
Lactation counseling	Use of a serial album about breastfeeding; <sup>(9,14)</sup> breastfeeding counseling; <sup>( )</sup> Telephone and online support regarding lactation. <sup>(13)</sup>
Care in the prenatal period	Education, counseling, and support during the prenatal period; <sup>(11,16)</sup> support in the prenatal period. <sup>(13)</sup>
Kangaroo method	Skin-to-skin contact and encouragement of mother-baby staying together. <sup>(12)</sup>
Support for the procedure: infants	Education regarding proper latch and positioning, breastfeeding support during hospitalization; <sup>(16)</sup> and telelactation. <sup>(18)</sup>
Teaching: nutrition of infants aged ≤3 months	Education regarding proper latch and positioning, and breastfeeding support during hospitalization; education on proper nutrition and exclusive breastfeeding; <sup>(16)</sup> incentives for continuity after returning to work. <sup>(16,17)</sup>
Improving development: infants	Stimulating EBF and the mother-baby bond; promoting maternal self-efficacy and confidence; <sup>(15,16)</sup> skin-to-skin contact. <sup>(12)</sup>
Guidance for parents: infants	Use of serial album and other educational strategies in the postpartum period; guidelines regarding newborn care and family support. <sup>(9,15,19-20)</sup>
Non-nutritive sucking	Encouraging on-demand feeding and practices that promote infant comfort during exclusive breastfeeding. <sup>(11,15)</sup>

Source: Authors (2025).

pecially those who work or have difficulty attending in-person appointments.<sup>(17)</sup> However, the effectiveness of these services depends on an adequate structure with trained professionals, available technological resources, and attention to aspects such as privacy and mothers' acceptance.<sup>(17)</sup>

Finally, strengthening maternal confidence is a cross-cutting axis in all these strategies. Promoting self-efficacy in breastfeeding has shown to be an effective intervention to increase EBF rates. Educational strategies contribute not only to raising scores on the Breastfeeding Self-Efficacy Scale (BSES-SF), but also to prolonging the duration and exclusivity of EBF. In this context, the serial album "I Can Breastfeed My Child" (based on Bandura's theory) stands out as an educational technology that facilitates dialogue between professionals and postpartum women, addressing the four sources of self-efficacy: personal experience, vicarious verbal persuasion, and somatic and emotional states.<sup>(15)</sup>

The application of educational interventions using serial albums has resulted in a significant increase in BSES-SF scores, in addition to promoting women's interaction, exchange of experiences, and autonomy in the learning process. The action of nurses as health educators is fundamental, especially in the immediate postpartum period, which is a critical period for the practice of EBF. The use of serial albums allows clarifying doubts, reducing difficulties, and strengthening maternal confidence, thus favoring the early initiation and maintenance of EBF.<sup>(9)</sup>

Health education is confirmed as a central strategy to strengthen EBF, integrating and complementing in-person, digital, and community-based interventions. Application of educational resources, such as direct guidance, phone calls, video conferences, and serial albums, allows for increased access to information, strengthened maternal self-confidence, and promotion of EBF continuity.<sup>(10,14)</sup> Furthermore, the inclusion of family and community in the educational process enhances the effects of interventions, as shared knowledge generates encouragement and effective support for mothers.<sup>(9)</sup> Thus, education not only transmits information but also acts as a connecting element between mother, support network, and health professionals, consolidating itself as one of the most efficient pillars for promoting and maintaining EBF.<sup>(15-18)</sup>

## Impact of implementations on breastfeeding effectiveness

In breastfeeding, success is directly related to proper guidance on the baby's positioning and latch. Since breastfeeding is an acquired skill, the role of nursing professionals is fundamental in instructing mothers on different positions, effective sucking, and monitoring feedings.<sup>(11)</sup> Educational resources (such as the serial album) show, in a practical way, the correct latch, the positions of the mother and baby, as well as signs of nutritive sucking, strengthening maternal self-confidence, and preventing complications (such as pain and nipple injuries).<sup>(8,9)</sup> Thus, educational interventions contribute to both reducing maternal discomfort and promoting the continuity of EBF.<sup>(12)</sup>

Furthermore, health education strategies, whether individual, group, or virtual, strengthen postpartum women's knowledge, clarify doubts, and prepare them to face different situations during breastfeeding.<sup>(17)</sup> Mothers' confidence in their ability to effectively breastfeed directly influences the maintenance of EBF until six months,<sup>(15)</sup> as women with greater self-confidence better perceive their milk supply, overcome initial challenges, and maintain adequate feeding frequency.<sup>(14,19)</sup> The use of the serial album has been shown to be effective in increasing self-efficacy, especially in the postpartum period, when continuous support and practical information are essential.<sup>(9)</sup>

Finally, the context in which interventions occur significantly influences outcomes. The presence of the mother-baby dyad in rooming-in promotes EBF, strengthens the emotional bond, and reduces the risk of hospital-acquired infections.<sup>(12)</sup> Individual factors, such as psychological preparedness and prior experience, also influence the quality of support offered, if combined with the characteristics of the birthplace and the healthcare team.<sup>(19)</sup> It was also observed that interventions carried out in multiple hospital, community, or remote settings have a greater impact on EBF rates compared to those applied in a single setting.<sup>(11)</sup>

## Implications for Nursing Practice

Nurses play a strategic role in the care of women throughout the pregnancy-puerperium cycle, acting from the prenatal-postpartum period as agents of

promotion and support for EBF.<sup>(15)</sup> In the prenatal period, their work contributes to clarifying myths and misinformation, strengthening maternal self-confidence through qualified guidance, and promoting adherence to EBF during childbirth and the postpartum period. These professionals have an essential role in encouraging the early initiation of breastfeeding and incorporating beneficial practices, such as skin-to-skin contact.<sup>(13)</sup> In addition, the continuous monitoring and emotional support offered by nurses enhance women's ability to make safe and informed decisions, strengthening their self-esteem and self-confidence to breastfeed.<sup>(10)</sup>

For this care to be effective, it is essential that nurses remain constantly updated, using NP and the standardized language as tools that structure qualified care.<sup>(16)</sup> Evidence-based practice should be understood as the guiding axis of care, supporting clinical decisions based on scientific results, updated and contextualized to the local reality. This requires nurses to adopt an investigative, critical, and reflective stance, as well as continuous investment in professional training and incorporation of educational technologies. Thus, prenatal nursing care has been consolidated as a transformative practice, capable of articulating science, humanization, and autonomy, significantly contributing to promoting maternal-fetal health.<sup>(8,12,20)</sup>

The systematization of nursing care makes it possible to identify specific needs, plan targeted interventions, and offer individualized and humanized care, respecting the reality and context of each postpartum woman.<sup>(20)</sup> Furthermore, evidence-based practices and policies, such as the Baby-Friendly Hospital Initiative, strengthen professional performance, contributing to increasing EBF rates and improving health outcomes.<sup>(12)</sup>

## Limitations of the review and future perspectives

This integrative review had some limitations that need to be considered when interpreting findings. The temporal restriction to the last ten years may have excluded relevant previously published studies that could contribute to better understand the implementations of ineffective breastfeeding nursing diagnoses. The different intervention strategies described show heterogeneity regarding the evaluated design, popula-

tion, and outcomes, which may hinder a direct comparison between studies and their generalization to all nursing care contexts. However, these limitations do not compromise the relevance of the findings. They reinforce the need for caution when extrapolating the evidence and the importance of developing new clinical and multicenter research on the subject.

## Conclusion

The main interventions following a nursing diagnosis of "Ineffective Breastfeeding" are focused on educational actions that directly support the breastfeeding process. We highlight the following: individualized guidance on the correct technique for latching and positioning the newborn; encouragement of exclusive breastfeeding; systematic assessment of sucking, swallowing, and milk production; identification and early management of maternal and neonatal difficulties; emotional support for the breastfeeding woman; and timely referral to other professionals when necessary. These interventions are central nursing strategies for managing the diagnosis of "Ineffective Breastfeeding".

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