

Prevalence of breastfeeding in the public health sector of Argentina according to the National Survey on Breastfeeding of 2017

Guadalupe L. Mangialavori^a, Mariela Tenisi^a, Diana Fariña^b,
Enrique O. Abeyá Gilardon^b, Natalia Elorriaga^c

ABSTRACT

Introduction. Breastfeeding reduces the risk for morbidity and mortality in children and also provides environmental and financial advantages. Breastfeeding monitoring is critical for public policies.

Objectives. The objectives of this study were to estimate the prevalence of breastfeeding in the population seeking care in the public sector, compare this prevalence to data from 2015, and assess associated outcome measures.

Population and methods. Cross-sectional, observational study. A structured questionnaire was used to collect intake and sociodemographic data from infants aged < 6 months (n = 15 322) and 12-15 months (n = 3243) who sought care from public sector health care providers spontaneously between August and September 2017.

Results. The prevalence of exclusive breastfeeding among infants < 6 months was 53.5% (95% confidence interval [CI]: 52.7-54.3); and at 4 and 6 months, 51.5% (95% CI: 49.7-53.4) and 41.7% (95% CI: 39.8-43.5), respectively. The prevalence of exclusive breastfeeding at 4 and 6 months increased compared to 2015 ($p < 0.001$). The prevalence of breastfeeding among infants aged 12-15 months was 77.8% (95% CI: 76.4-79.3). The following variables were independently associated with a lower frequency of exclusive breastfeeding (< 6 months old) and breastfeeding: older age, lower level of maternal education, delivery via C-section, low birth weight, initial breastfeeding after the first hour, and separation of the mother-child dyad ≥ 4 hours a day.

Conclusions. Exclusive breastfeeding at 6 months and continued breastfeeding showed certain improvement, but the rate of breastfed infants is still below desirable levels.

Key words: breastfeeding, prevalence, surveys and questionnaire, Argentina.

<http://dx.doi.org/10.5546/aap.2022.eng.152>

- a. Division of Perinatal Health and Childhood, National Ministry of Health of Argentina.
- b. National Board of Maternity, Childhood, and Adolescence, Ministry of Health of Argentina.
- c. National Scientific and Technical Research Council (Consejo Nacional de Investigaciones Científicas y Tecnológicas, CONICET), Center for Epidemiological Research and Health Services, National Scientific and Technical Research Council, Autonomous City of Buenos Aires, Argentina.

E-mail address:
Guadalupe L.
Mangialavori:
guadamangia@hotmail.com

Funding:
This study was funded by the Pan American Health Organization.

Conflict of interest:
None.

Received: 6-22-2021
Accepted: 9-28-2021

To cite: Mangialavori GL, Tenisi M, Fariña D, Abeyá Gilardon EO, Elorriaga N. Prevalence of breastfeeding in the public health sector of Argentina according to the National Survey on Breastfeeding of 2017. *Arch Argent Pediatr* 2022;120(3):152-157.

INTRODUCTION

Scientific knowledge supports the relevance of breastfeeding for infant nutrition and health, maternal health, and its benefit for society.¹ The World Health Organization, the United Nations International Children's Emergency Fund, and the National Ministry of Health of Argentina, among other scientific organization and societies, recommend exclusive breastfeeding up to 6 months old and breastfeeding up to at least 2 years old with the introduction of water and food.¹⁻³

Breastfeeding reduces the risk for diarrhea and respiratory infections, and for the hospitalization due to these causes;⁴⁻⁶ the risk for malocclusion, otitis media, leukemia, and sudden infant death syndrome is also reduced with it. In turn, breastfeeding improves intelligence quotient test scores.⁴⁻⁶ Over time, it reduces the risk for overweight and type 2 diabetes.⁷ Its benefits are also evidenced in maternal health: a lower risk for postpartum hemorrhage and ovarian and breast cancer.¹ A total of 823 000 deaths among children younger than 2 years and 20 000 deaths due to breast cancer may be prevented each year if breastfeeding was practically universal.⁶

An adequate breastfeeding practice is hurdled at a sociocultural, individual, and health care service level.⁸ In Argentina, some barriers are the little compliance with the International Code of Marketing Breastmilk Substitutes, a positive consideration of formulas and

ignorance about their risks, and lack of awareness about breastfeeding benefits, among others.^{9,10}

Due to the negative impact of not breastfeeding based on the recommendations, its promotion and protection are a priority for public health. A critical aspect is the systematic assessment of epidemiological indicators that describe its course and associated factors in order to adjust health care policies.⁵

The objectives of this study were to estimate the prevalence of breastfeeding in Argentina in the population seeking care in the public sector, compare it to previous measurements, and assess associated outcome measures.

POPULATION AND METHODS

The National Survey on Breastfeeding (NSB) was conducted between August 15th and September 30th, 2017 at health centers, public hospitals, and vaccination centers across the country. Data are available in the 2018 Report: Situation of breastfeeding in Argentina.¹¹ The NSB is a cross-sectional, observational study conducted since 1998, which queries about feeding on the day prior to the administration of a structured questionnaire among caregivers of infants up to 6 months old and between 12 and 15 months old who attended their well-child exam spontaneously during the survey period.

Exclusion criteria were the following: maternal or infant conditions that interfered with or contraindicated breastfeeding (metabolic disorders, neurological conditions, human immunodeficiency virus [HIV], among others); infant sick at the time of the survey (respiratory or gastrointestinal conditions that interfered with breastfeeding); and adult who refused to participate for any reason.

Data about birth weight (BW), maternal education level, and type of delivery were also collected, among other variables. Adults were informed about the study objectives and agreed to participate voluntarily. This study was approved by the Ethics Review Committee of the Pan American Health Organization (PAHOERC).

Data were collected with the support of jurisdictional mother and child programs and the help of staff members from health centers, vaccination centers, and public hospitals who received online and in-person training, as required, prior to survey implementation.

Breastfeeding was defined as the intake of human milk (straight from the breast, bottle feeding, or other) on the day prior to the

survey, measured for any age group; exclusive breastfeeding, as the intake of human milk without the consumption of any other food and/or beverage and/or milk, estimated up to 6 months old; and continued breastfeeding, as the prevalence of breastfeeding between 12 and 15 months.

The sample was designed considering the percentages obtained at each jurisdiction, based on the prior NSB data and the number of live births for 2015 to make the exclusive breastfeeding before 6 months old indicator representative of each jurisdiction and the continued breastfeeding indicator, representative at a national level.¹¹ The sample characteristics are described using percentages. To estimate the prevalence, results were weighted based on the number of live births per province.¹² Confidence intervals (CIs) were estimated for assessed variables. The statistical significance to compare exclusive breastfeeding values between 2015 and 2017 was assessed by comparing CIs and using the two-tailed test for the difference between proportions, with a minimum *p* value < 0.01.¹³

Estimated crude and adjusted odds ratios (ORs) for the same variables were used to assess the association between breastfeeding and exclusive breastfeeding and other variables, including age (months old), maximum maternal education level (incomplete primary education or complete primary education or higher); type of delivery (vaginal or C-section), BW (< 2500 g or ≥ 2500 g); time for initial breastfeeding after delivery (in the first hour or past the first hour after delivery); and daily time of mother-child separation (< 4 hours or ≥ 4 hours).

The Stata/SE 12.0[®] statistical software for Windows (Stata Corp LP, College Station, TX, USA, 2011) was used for analysis.

RESULTS

Data were collected from every province; 20% were left out because data did not correspond to the age range or because intake data were missing. The final weighted sample included 18 565 cases: 82.5% (*n* = 15 322) were infants younger than 6 months and the rest (*n* = 3243), infants aged 12-15 months (*Table 1*).

Prevalence of breastfeeding, exclusive breastfeeding, and continued breastfeeding

At the time of the survey, most infants were breastfeeding. The prevalence of both breastfeeding and exclusive breastfeeding

showed a downward trend as infant age increased (Table 2).

Among infants younger than 6 months, the type of milk substitute was queried. It was observed that 58.6% (95% CI: 57.5-59.8) was fed with infant formula, whereas 28.3% (95% CI: 27.3-29.4) received cow's milk.

The comparison between the prevalence of exclusive breastfeeding and the 2015 results (estimated leaving out Catamarca, Corrientes, Santa Cruz, and Santiago del Estero) showed a significant increase in the prevalence of exclusive breastfeeding at 6 months and 4 months old. At

4 months old, exclusive breastfeeding increased by 5% ($p < 0.001$), from 46% (95% CI: 45.6-46.3) to 51% (95% CI: 49.7-53.4); whereas exclusive breastfeeding at 6 months old increased by 7% ($p < 0.001$), from 35% (95% CI: 34.7-35.5) to 42% (95% CI: 39.8-43.5).

In addition to age in months old, different factors showed an association, regardless of the probability for breastfeeding, including maternal education, type of delivery, BW, time to initial breastfeeding after delivery, and time of mother-child dyad separation.

TABLE 1. Sample characteristics ($n = 18\,565$)

Variable	Categories	n (%)
Age (months old)	0 to 6	15 322 (82.5)
	12 to 15	3243 (17.5)
Maternal education level	Incomplete primary education or less	1691 (9.3)
	Complete primary education or incomplete secondary education	9217 (50.8)
	Complete secondary or higher education	7245 (39.9)
Type of delivery	Vaginal	11 307 (60.9)
	C-section	7238 (39.0)
	No data	20 (0.1)
Birth weight	Less than 2500 g	1044 (5.6)
	2500 g or more	17 522 (94.4)
Time for initial breastfeeding after delivery	In the first hour after delivery	12 627 (68.0)
	Past the first hour after delivery, but in the first day of life	4403 (23.7)
	After the first day of life	1141 (6.1)
	Never breastfed	279 (1.5)
	DNK/DNA	115 (0.6)
Time of mother-child separation	Up to 4 hours per day	15 041 (81.0)
	More than 4 hours per day	3426 (18.5)
	No data	98 (0.5)

DNK/DNA: does not know / does not answer.

Source: National Survey on Breastfeeding of 2017.

TABLE 2. Percentage of breastfeeding by age

	Percentage (95% CI)	
	Breastfeeding	Exclusive breastfeeding
Age (months old)		
2	93.3 (92.4-94.3)	57.9 (55.9-60.0)
4	89.2 (88.2-90.3)	51.5 (49.7-53.4)
6	88.3 (87.1-89.5)	41.7 (39.8-43.5)
0 to 6	90.7 (90.2-91.2)	53.5 (52.7-54.3)
12 to 15	77.8 (76.4-79.3)	NA

CI: confidence interval; NA: not applicable.

Source: National Survey on Breastfeeding of 2017.

Breastfeeding and maternal education

The prevalence of exclusive breastfeeding was different depending on the maternal level of education. Among infants whose mothers had not completed primary education, it was 47.3% (95% CI: 44.7-49.9); among those whose mothers had completed primary education or had not completed secondary education, it was 54.0% (95% CI: 52.9-55.1); and among those whose mother had completed secondary or higher education, it was 53.7% (95% CI: 52.5-55.0). Breastfeeding and exclusive breastfeeding were higher among infants whose mothers had at least completed primary education (Table 3); however, this association was not observed for continued breastfeeding.

Breastfeeding and type of delivery

For the whole sample, C-section accounted for 39% (Table 1); the number of C-sections and vaginal deliveries was similar when BW was < 2500 g (528 vaginal deliveries and

516 C-sections). However, among infants born with a BW \geq 2500 g, vaginal deliveries almost doubled C-sections (10 779 and 6722, respectively). Delivery via C-section was associated with a lower prevalence of breastfeeding or exclusive breastfeeding among infants younger than 6 months and a higher probability for weaning after 1 year. Finally, delivery via C-section showed a negative association with breastfeeding in the first hour after delivery among infants with a BW \geq 2500 g (OR = 2.35, 95% CI: 2.20-2.51) (Table 3).

Breastfeeding and birth weight

At the time of the survey, out of all infants with a BW < 2500 g, 79.3% (95% CI: 76.9-81.8) was breastfed; whereas out of those with a BW \geq 2500 g, 89.9% (95% CI: 88.5-89.5) did. The prevalence of breastfeeding among infants younger than 6 months with a BW < 2500 g was 80.9% (95% CI: 78.3-83.5), and in the other group, it was 91.3% (95% CI: 90.8-91.8).

TABLE 3. Odds ratio (crude and adjusted) for breastfeeding and exclusive breastfeeding in infants younger than 6 months and continued breastfeeding in infants aged 12-15 months, based on sociodemographic and perinatal characteristics

Variables	Exclusive breastfeeding		Breastfeeding		Continued breastfeeding	
	Crude OR (95% CI)	Adjusted OR (95% CI)*	Crude OR (95% CI)	Adjusted OR (95% CI)*	Crude OR (95% CI)	Adjusted OR (95% CI)*
Age (months old)	0.84 (0.81-0.87)	0.84 (0.83-0.86)	0.87 (0.82-0.93)	0.89 (0.86-0.92)	0.73 (0.60-0.88)	0.77 (0.70-0.84)
Maximum maternal education level						
Incomplete primary education or less	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)
Complete primary education or higher	1.31 (1.05-1.62)	1.34 (1.19-1.50)	1.54 (1.07-2.22)	1.58 (1.33-1.87)	0.99 (0.59-1.68)	1.15 (0.84-1.57)
Type of delivery						
Vaginal	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)
C-section	0.56 (0.49-0.63)	0.63 (0.59-0.68)	0.57 (0.46-0.72)	0.70 (0.62-0.78)	0.64 (0.45-0.90)	0.68 (0.56-0.81)
Birth weight						
\geq 2500 g	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)
< 2500 g	0.44 (0.33-0.58)	0.53 (0.46-0.62)	0.40 (0.28-0.59)	0.53 (0.44-0.65)	0.69 (0.37-1.26)	0.79 (0.55-1.13)
Time for initial breastfeeding after delivery						
In the first hour after delivery	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)
Past the first hour after delivery	0.47 (0.41-0.54)	0.51 (0.47-0.51)	0.44 (0.35-0.55)	0.49 (0.43-0.51)	0.56 (0.40-0.79)	0.59 (0.49-0.51)
Daily time of mother-child separation						
Less than 4 hours	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)	1 (Ref.)
4 hours or more	0.39 (0.32-0.46)	0.41 (0.37-0.45)	0.57 (0.43-0.72)	0.59 (0.52-0.67)	0.67 (0.47-0.97)	0.64 (0.53-0.77)

OR: odds ratio; CI: confidence interval;

Ref.: reference.

*The OR reported for each variable corresponds to the value adjusted for the other characteristics in a model that includes age, maximum maternal education level, type of delivery, birth weight, time for initial breastfeeding, and daily time of mother-child separation.

The analysis of exclusive breastfeeding prevalence showed that the difference between both groups was steeper: 34.7% (95% CI: 31.6-37.9) and 54.7% (95% CI: 53.8-55.5), respectively.

In the group of infants aged 12-15 months, the prevalence of continued breastfeeding among those with a BW < 2500 g was 71.1% (95% CI: 64.2-78.1) and among those with a BW ≥ 2500 g, 78.2% (95% CI: 76.6-79.7).

After adjusting data for other factors, a low BW showed an independent association with a lower chance for breastfeeding and exclusive breastfeeding in infants younger than 6 months, but not with continued breastfeeding (*Table 3*).

Breastfeeding and time for initial breastfeeding after delivery

In this regard, 68.0% (95% CI: 67.3-68.7) of infants were breastfed in the first hour of life. The analysis of this information based on BW showed that 40.1% (95% CI: 36.9-43.4) of infants with a BW < 2500 g was breastfed in the first hour after delivery compared to 69.6% (95% CI: 68.8-70.3) of those with a BW ≥ 2500 g. Breastfeeding past the first hour after delivery was associated with lower chances of breastfeeding and exclusive breastfeeding in the group of infants younger than 6 months; this was also observed for continued breastfeeding (*Table 3*), even after adjustment for other factors.

Breastfeeding and time of mother-child dyad separation

The prevalence of breastfeeding among infants who were at least 4 hours a day away from their mothers was lower: 82.2% (95% CI: 81.0-83.5) versus 89.9% (95% CI: 89.4-90.4). A similar trend was observed with exclusive breastfeeding among infants younger than 6 months: those who were at least 4 hours away from their mothers had a lower percentage of exclusive breastfeeding (34.1% [95% CI: 32.2-36.0]) than those who were not separated (57.2% [95% CI: 56.3-58.0]). The adjustment for the other factors analyzed showed that daily separation was associated with a lower probability of breastfeeding and exclusive breastfeeding among infants younger than 6 months, as well as continued breastfeeding (*Table 3*).

DISCUSSION

Obtaining these updated epidemiological data is essential to guide breastfeeding-related policies. In Argentina, breastfeeding indicators are still below the levels currently recommended.^{1,3} At

a worldwide level, more than 80% of newborn infants are breastfed in almost every country; however, only 35.7% are exclusively breastfed, a percentage that has increased since 1993, when it was 24.9%.⁴

These data are quite similar to those observed in our most recent assessments, considering a 42% of exclusive breastfeeding at 6 months old in 2017, and 35% in 2015.¹¹ In addition, it is worth noting that results varied greatly among provinces: Tierra del Fuego showed a higher proportion of exclusive breastfeeding in the group of infants younger than 6 months (68%), whereas the proportion was lower (35%) in La Rioja and Santiago del Estero.¹¹

The rapid decrease in the prevalence of breastfeeding as the infant grows is not exclusive to our country and evidences the need to develop specific interventions to achieve it.¹⁴ Another piece of information worth noting is that, out of all infants who start breastfeeding, only a half does it in the first hour of life;⁴ in Argentina, our study showed a higher value in infants with a BW ≥ 2500 g.

In our country, breastfeeding is positively valued, and this is consistent with the prevalence of breastfeeding at an early age⁹ and the initiation of breastfeeding reported in other national statistics;^{15,16} however, in spite of such high initial adherence, breastfeeding practice reduces rapidly as infants grow.^{15,16}

The level of maternal education is a known factor that affects breastfeeding.¹⁷ In Argentina, in 2005, a higher prevalence was observed in households with a lower level of education,¹⁵ a trend that is reversed in this study.

Mothers returning to work is also a barrier for breastfeeding^{8,18,19} because of the challenge it poses.²⁰ This survey showed a lower prevalence of breastfeeding, even with a 4-hour daily separation of the mother-child dyad.

Early contact between the newborn infant and their mother is important to increase the prevalence and duration of breastfeeding and reduce the risk for neonatal mortality.^{21,22} The proportion of infants with a BW ≥ 2500 g breastfed in the first hour after delivery was 69.6%, but this indicator may still improve. In turn, the number of infants breastfed in the first day of life was similar to what has been observed in other studies carried out in Argentina.²³

This study has certain limitations: the assessed population corresponds only to those who attend the public health sector, which

restricts its extrapolation; the information is self-reported; in 2015, the provinces of Catamarca, Corrientes, Santa Cruz, and Santiago del Estero did not provide any data; and, finally this is a cross-sectional study whose design prevents establishing causative relations, so results should be considered for descriptive purposes and for potential associations.

The strengths of this study lie in its national reach, the use of indicators recommended for comparison with other studies from the same region, and being part of a series of historical studies, which allows to observe tendencies at a national level. Lastly, the study design was simple for its use among health care teams, which improves the quality of reporting.

CONCLUSIONS

In Argentina, indicators for exclusive breastfeeding at 4 and 6 months old, and continued breastfeeding showed improvements in relation to indicators from prior surveys, but are still below desired levels. Variables such as maternal education, type of delivery, birth weight, time elapsed for initial breastfeeding after delivery, and time of mother-child dyad separation have demonstrated to be factors with a favorable or unfavorable effect on breastfeeding. This evidences that it is necessary to strengthen the strategies for breastfeeding promotion, protection, and support so that exclusive breastfeeding is extended up to 6 months old and continued breastfeeding in children older than 1 year. ■

REFERENCES

- United Nations Children's Fund (Unicef). Breastfeeding a Mother's gift, for every child. 2018. [Accessed on: September 28th, 2021]. Available at: <https://data.unicef.org/resources/breastfeeding-a-mothers-gift-for-every-child/>
- World Health Organization. Infant and young child feeding: Key facts. 2018. [Accessed on: September 28th, 2021]. Available at: <https://www.who.int/en/news-room/fact-sheets/detail/infant-and-young-child-feeding>
- Ley 26.873. Lactancia Materna. Promoción y Concientización Pública. Buenos Aires, Argentina. 5 de agosto de 2013. [Accessed on: September 28th, 2021]. Available at: <http://servicios.infoleg.gob.ar/infolegInternet/anexos/215000-219999/218212/norma.htm>
- American Academy of Pediatrics. Breastfeeding and the Use of Human Milk. *Pediatrics*. 2012; 129(3):e827-41.
- Horta B, Victora C, World Health Organization. Short-term effects of breastfeeding: a systematic review on the benefits of breastfeeding on diarrhoea and pneumonia mortality. 2013. [Accessed on: September 28th, 2021]. Available at: <https://www.who.int/publications/i/item/9789241506120>
- Victora CG, Bahl R, Barros AJD, França GVA, et al. Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016; 387(10017):475-90.
- Horta BL, Victora CG. Long-term effects of breastfeeding: A systematic review. Geneva: World Health Organization; 2013. [Accessed on: April 19th, 2017]. Available at: www.who.int/about/licensing/copyright_form/en/index.html
- Rollins NC, Bhandari N, Hajeebhoy N, Horton S, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 2016; 387(10017):491-504.
- Liga de la Leche Argentina, Voices. Mitos y creencias acerca de la lactancia materna en Argentina. 2015. [Accessed on: September 28th, 2021]. Available at: https://www.sap.org.ar/docs/congresos_2015/Lactancia/Cilley_survey_opinion_publica.pdf
- Organización Mundial de la Salud. Código Internacional de Comercialización de Sucedáneos de la Leche Materna. Ginebra: OMS; 1981. [Accessed on: September 28th, 2021]. Available at: https://apps.who.int/iris/bitstream/handle/10665/42533/9243541609_spa.pdf;jsessionid=A82EA59C1325B504FAAEB3D12FF61733?sequence=1
- Argentina. Ministerio de Salud. Situación de la lactancia materna en Argentina: informe 2018. Buenos Aires; 2018. [Accessed on: September 28th, 2021]. Available at: <https://bancos.salud.gob.ar/sites/default/files/2018-10/0000001281cnt-situacion-lactancia-materna-2018.pdf>
- Argentina. Ministerio de Salud. Dirección de Estadísticas e Información en Salud. Estadísticas Vitales Información básica, Año 2016. Buenos Aires; 2016. [Accessed on: September 28th, 2021]. Available at: <http://www.deis.msal.gov.ar/wp-content/uploads/2016/09/Estadisticasvital2016.pdf>
- Evwcombe RG, Merino Soto C. Intervalos de confianza para las estimaciones de proporciones y las diferencias entre ellas. *Interdisciplinaria*. 2006; 23(2):141-54.
- Grummer-Strawn LM, Scanlon KS, Fein SB. Infant feeding and feeding transitions during the first year of life. *Pediatrics*. 2008; 122(Suppl 2):S36-43.
- Mangialavori G, Abeyá Gilardon E, Biglieri Guidet A, Durán P, Kogan L. La alimentación de los niños menores de 2 años. Resultados de la Encuesta Nacional de Nutrición y Salud -ENNyS 2010. Buenos Aires; Ministerio de Salud; 2010. [Accessed on: September 28th, 2021]. Available at: <https://bancos.salud.gob.ar/sites/default/files/2018-10/0000000258cnt-a09-alimentacion-de-ninos-menores-de-2-anos.pdf>
- Argentina. Ministerio de Salud y Desarrollo Social. Segunda Encuesta Nacional de Nutrición y Salud. ENNyS 2. Indicadores priorizados. Buenos Aires; 2019. [Accessed on: September 28th, 2021]. Available at: <https://bancos.salud.gob.ar/recurso/2deg-survey-nacional-de-nutricion-y-salud-indicadores-priorizados>
- Vieira GO, Reis MR, Vieira TO, Oliveira NF, et al. Trends in breastfeeding indicators in a city of northeastern Brazil. *J Pediatr (Rio J)*. 2015; 91(3):270-7.
- Raj VK, Plichta SB. The role of social support in breastfeeding promotion: a literature review. *J Hum Lact*. 1998; 14(1):41-5.
- Spitzmueller C, Wang Z, Zhang J, Thomas CL, et al. Got milk? Workplace factors related to breastfeeding among working mothers. *J Organ Behav*. 2016; 37(5):692-718.
- Liga de la Leche Argentina, Voices. Encuesta nacional de lactancia y trabajo. 2018. [Accessed on: September 28th, 2021]. Available at: <https://www.comunicarseweb.com/sites/default/files/resultados.pdf>
- Smith ER, Hurt L, Chowdhury R, Sinha B, et al. Delayed breastfeeding initiation and infant survival: A systematic review and meta-analysis. *PLoS One*. 2017; 12(7):e0180722.
- Kiehl EM, Anderson GC, Wilson ME, Fosson L. Social status, mother-infant time together, and breastfeeding duration. *J Hum Lact*. 1996; 12(3):201-6.
- Argentina. Ministerio de Desarrollo Social, Fondo de las Naciones Unidas para la Infancia (UNICEF). Encuesta sobre condiciones de vida de niñez y adolescencia. 2011-2012. 2012. [Accessed on: September 28th, 2021]. Available at: <https://www.desarrollosocial.gob.ar/wp-content/uploads/2015/07/3.-Encuesta-Sobre-Condiciones-de-Vida1.pdf>