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# Factors associated with breastfeeding during the golden hour within the Brazilian Unified Health System

*Fatores associados à amamentação na hora de ouro no âmbito do Sistema Único de Saúde*

*Factores asociados a la lactancia materna durante la hora dorada dentro del Sistema Único de Salud*

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**Abstract**

**Objective:** to analyze factors related to breastfeeding during the golden hour in a maternity hospital in midwestern Minas Gerais, Brazil. **Methods:** a quantitative, cross-sectional study using secondary data from 343 medical records of postpartum women from a maternity hospital in midwestern Minas Gerais, Brazil. Clinical and sociodemographic information was collected from mothers and babies. Descriptive data analysis and multivariate logistic regression were performed, considering a 5% significance level. **Results:** most participants were married (50.1%), had completed high school (60.5%), and self-identified as black (53.6%), with a median age of 29 years. The prevalence of breastfeeding during the golden hour among babies was 28.6%. Factors such as cesarean section (OR=0.426; CI=0.252 - 0.721; p= 0.001) and single marital status (OR=0.588; CI=0.357 - 0.968; p=0.037) reduced the chance of breastfeeding during the golden hour. **Conclusion:** cesarean section and single marital status are negatively associated with breastfeeding during the golden hour.

**Descriptors:**
Breastfeeding. Cesarean Section. Marital Status. Cross-Sectional Studies. Risk Factors.

**Whats is already known on this?**
The literature reiterates that breastfeeding in the golden hour brings significant benefits to the mother–infant dyad. Despite its relevance, studies on factors associated with this practice are still scarce.

**What this study adds?**
It highlights factors related to the golden hour, expands knowledge associated with the theme, and supports Sustainable Development Goal 3.

**Resumo**

**Objetivo:** analisar os fatores relacionados à amamentação na hora dourada em uma maternidade do Centro-Oeste mineiro. **Métodos:** estudo quantitativo, transversal, com dados secundários de 343 prontuários de parturientes de uma maternidade do Centro-Oeste mineiro, Brasil. Coletaram-se informações clínicas e sociodemográficas das mães e dos bebês. Realizaram-se análise descritiva dos dados e

regressão logística multivariada, considerando-se nível de significância de 5%. **Resultados:** a maioria das participantes é casada (50,1%), possui escolaridade ensino médio (60,5%) e se autodeclarou negra (53,6%), com mediana de idade de 29 anos. O predomínio da amamentação na hora dourada entre os bebês foi de 28,6%. Fatores como o parto cesárea (OR=0,426; IC=0,252 - 0,721; p= 0,001) e estado civil solteira (OR=0,588; IC=0,357 - 0,968; p=0,037) reduziram a chance de amamentação na hora dourada. **Conclusão:** parto cesárea e estado civil solteira se associam negativamente à amamentação na hora dourada.
**Descritores:**
Aleitamento Materno. Cesárea. Estado Civil. Estudos Transversais. Fatores de Risco.

**Resumen**
**Objetivo:** analizar los factores relacionados con la lactancia materna durante la hora dorada en un hospital de maternidad de la región Centro-Oeste de Minas Gerais, Brasil. **Métodos:** estudio cuantitativo transversal utilizando datos secundarios de 343 historias clínicas de parturientas de un hospital de maternidad de la región Centro-Oeste de Minas Gerais, Brasil. Se recopiló información clínica y sociodemográfica de madres y bebés. Se realizó un análisis descriptivo de datos y una regresión logística multivariante, considerando un nivel de significancia del 5%. **Resultados:** la mayoría de las participantes estaban casadas (50,1%), habían completado la escuela secundaria (60,5%) y se autoidentificaron como negras (53,6%), con una edad media de 29 años. La prevalencia de la lactancia materna durante la hora dorada entre los bebés fue del 28,6%. Factores como cesárea (OR=0,426; IC=0,252 - 0,721; p= 0,001) y estado civil de soltera (OR=0,588; IC=0,357 - 0,968; p=0,037) redujeron la probabilidad de amamantar durante la hora dorada. **Conclusión:** cesárea y estado civil de soltera se asocian negativamente con la lactancia materna durante la hora dorada.
**Descriptores:**
Lactancia Materna. Cesárea. Estado Civil. Estudios Transversales. Factores de Riesgo.

## INTRODUCTION

Breastfeeding is the main source of nutrition during the first six months of life. It provides significant benefits to the health of the mother-child dyad and is also recommended by the World Health Organization for at least the first 6 months of life exclusively, and up to 2 years of age or more.[1-3]

In this context, breastfeeding in the first hour of a newborn's life, known as the "golden hour", stands out as a fundamental strategy for the establishment and maintenance of breastfeeding. It is an opportune period for evidence-based health-promoting interventions, such as skin-to-skin contact between the mother and the newborn.[4] Despite its relevance, when considering the global scenario, a study found that between 2013 and 2018, only 43% of infants were breastfed during the golden hour, while 41% remained exclusively breastfed until six months of age.[5] The Brazilian National Study on Infant Feeding and Nutrition reported a prevalence of 45.7% of exclusive breastfeeding up to 6 months of age, a percentage still below international targets, which aim for 70% by 2030.[6,7]

It is known that the implementation of good practices during the birth process brings a series of benefits to the mother–infant dyad and facilitates breastfeeding.[8] Encouraging skin-to-skin contact, in addition to early initiation of breastfeeding, corresponds to actions that promote the continuity of the practice and provide better health conditions for the infant.[7] Breastfeeding during the golden hour plays a fundamental role for the newborn, as it is associated not only with protection against neonatal mortality but also with strengthening mother–infant bonding and promoting breastfeeding.[9]

Studies addressing breastfeeding during the golden hour are scarce, making further research in this area essential.[10] This study has the potential to support the Sustainable Development Goals, especially Goal 3: "ensure healthy lives and promote well-being for all at all ages".[11]

This study aimed to analyze the factors related to breastfeeding during the golden hour in a maternity hospital in midwestern Minas Gerais.

## METHODS

This is a quantitative, cross-sectional study conducted in accordance with the reporting guideline STrengthening the Reporting of OBservational studies in Epidemiology.[12] It was developed in a maternity hospital that serves as a reference center in the expanded western region of Minas Gerais, Brazil. The eligible population consisted of 2,994 postpartum women admitted to the maternity hospital and their babies.

The study included postpartum women aged 18 years or older and their babies, born in the maternity hospital during the year 2023. The exclusion criterion consisted of hospitalizations occurring after the birth of a newborn.

The sample size was calculated using OpenEpi software version 3.01, with a 95% confidence level, 5% precision, and a 50%proportion for multiple outcomes, resulting in a sample size for a finite population (n=2,994). The calculated sample consisted of 340 participants.

Data collection was based on the medical records of postpartum women admitted during the year 2023. A form developed by the authors was used, containing sociodemographic and clinical information of the study participants.

The dependent variable analyzed was breastfeeding during the golden hour, while the independent variables included sociodemographic data (ethnicity, payment source for delivery hospitalization, education, occupation, marital status, and age) and clinical data of postpartum women and their babies (type of delivery, fetal presentation, reason for admission, prenatal care, number of prenatal appointments, condition of the amniotic membrane at admission, spontaneous labor, induced labor, acceleration or deceleration of fetal heart rate, gestational age on the day of delivery, and Apgar score at first and fifth minutes).

Data tabulation was performed using Microsoft Excel 2003, and data consistency analysis was conducted using the Statistical Package for the Social Sciences for Windows Student Version version 25.0. A descriptive analysis of study variables was performed, presented in frequency distribution tables.

Categorical variables were described using absolute and relative frequencies, while continuous variables were subjected to the Shapiro-Wilk test, which rejected normality; therefore, they were presented as median and quartiles. For comparisons, chi-square and Mann–Whitney tests were used. In the multivariate analysis and multivariate logistic regression, variables that showed an association with the outcome in the bivariate analysis ($p < 0.20$) were included. In the multivariate analysis, a 5% significance level was adopted.

The project was approved by a Research Ethics Committee involving human subjects, under Certificate of Presentation for Ethical Consideration (CAAE - Certificado de Apresentação para Apreciação Ética) 45669021.9.0000.5545, Opinion 4,864,399, CAAE 45669021.9.3001.5130, and Opinions 6,515,804 and 6,601,291.

## RESULTS

Data from 343 postpartum women were considered for this study. Of these, 172 (50.1%) were married; 202 (70.9%) were employed; 173 (60.5%) had completed high school education; and 184 (53.6%) self-identified as black. The median age was 29 years (Q1=24; Q3=34).

In relation to clinical characteristics of study participants, 320 (93.3%) had at least six prenatal consultations; 174 (50.7%) had vaginal delivery; and 127 (37%) reported that the reason for admission was labor. Approximately 245 (71.6%) mothers arrived at the institution with intact membranes, and 328 (95.6%) presented no acceleration or deceleration of fetal heart rate. Most newborns had a gestational age greater than 37 weeks at birth (318; 94.3%), Apgar scores at the first and fifth minutes indicating good vitality (322; 93.9% / 338; 98.5%), and were breastfed during the golden hour (98; 28.6%). The sociodemographic and clinical data mentioned are presented in Table 1.

**Table 1.** Sociodemographic and clinical data of study participants. Divinópolis, MG, Brazil, 2024.

| Variable | n | % |
|---|---|---|
| **Ethnicity (n=343)** | | |
| White | 159 | 46.4 |
| Black | 184 | 53.6 |
| **Payment source for delivery hospitalization (n=343)** | | |
| *Sistema Único de Saúde* (Brazilian Unified Health System) | 209 | 60.9 |
| Health insurance | 134 | 39.1 |
| **Education (n=286)** | | |
| Illiterate | 2 | 0.7 |
| Elementary school | 25 | 8.7 |
| Secondary school | 173 | 60.5 |
| Higher education | 86 | 30.1 |
| **Occupation (n=285)** | | |
| Employed | 202 | 70.9 |
| Unemployed | 83 | 29.1 |
| **Marital status (n=343)** | | |
| Married | 172 | 50.1 |
| Single | 171 | 49.9 |
| | Median | (Q1-Q3) |
| **Age (n=343)** | 29 | 24-34 |
| **Type of delivery (n=343)** | | |
| Normal | 174 | 50.7 |
| Cesarean | 169 | 49.3 |
| **Fetal presentation (n=343)** | | |
| Cephalic | 328 | 95.6 |
| Pelvic | 15 | 4.4 |
| **Reason for admission (n=343)** | | |
| Labor | 127 | 37.0 |
| Elective cesarean section | 86 | 25.1 |
| Advanced gestational age | 25 | 7.3 |
| Ruptured membranes | 54 | 15.7 |
| Complications | 51 | 14.9 |
| **Prenatal care (n=343)** | | |
| Did not have prenatal care | 1 | 0.3 |
| Usual risk | 245 | 71.4 |
| High risk | 97 | 28.3 |
| **Prenatal appointments (n=343)** | | |
| Not recommended (0 to 5) | 23 | 6.7 |
| Adequate (6 or more) | 320 | 93.3 |
| **Condition of amniotic membrane at admission (n=343)** | | |
| Intact | 245 | 71.6 |
| Ruptured | 97 | 28.4 |
| **Spontaneous labor (n=343)** | | |
| Yes | 141 | 41.1 |
| No | 202 | 58.9 |

| | | |
|---|---|---|
| **Induced labor (n=343)** | | |
| Yes | 86 | 25.1 |
| No | 257 | 74.9 |
| **Acceleration or deceleration of fetal heart rate (n=343)** | | |
| Yes | 15 | 4.4 |
| No | 328 | 95.6 |
| **Gestational age at delivery (n=337)** | | |
| Greater than 37 weeks | 318 | 94.3 |
| Less than 37 weeks | 19 | 5.7 |
| **Apgar score at first minute (n=339)** | | |
| Good vitality | 322 | 93.9 |
| Depressed | 21 | 6.1 |
| **Apgar score at fifth minute (n=340)** | | |
| Good vitality | 338 | 98.5 |
| Depressed | 5 | 1.5 |

**Legend:** *Shapiro-Wilk test.
**Source:** authors(2024).

Bivariate analysis (Table 2) showed that marital status, type of delivery, reason for admission, condition of the amniotic membrane at admission, acceleration or deceleration of fetal heart rate, gestational age at delivery, and Apgar score at the first minute were associated with the outcome (p<0.20). Therefore, these variables were included in the multivariate logistic regression analysis.

**Table 2.** Comparison of clinical and sociodemographic factors with the outcome "breastfeeding during the golden hour". Divinópolis, MG, Brazil, 2024.

| Variable | Breastfeeding during the golden hour | | p - value* |
|---|---|---|---|
| | Yes n(%) | No n(%) | |
| **Ethnicity (n=343)** | | | |
| White | 49(50.0) | 110(44.9) | 0.392 |
| Black | 49(50.0) | 135(55.1) | |
| **Payment source for delivery Hospitalization (n=343)** | | | |
| *Sistema Único de Saúde* (Brazilian Unified Health System) | 56(57.1) | 153(62.4) | |
| Health insurance | 42(42.9) | 92(37.6) | 0.363 |
| **Education (n=286)** | | | |
| Illiterate | 1(1.3) | 1(0.5) | |
| Elementary school | 9(11.3) | 16(7.8) | 0.562 |
| Secondary school | 44(55.0) | 129(62.6) | |
| Higher education | 26(32.5) | 60(29.1) | |
| **Occupation (n=285)** | | | |
| Employed | 61(74.4) | 141(69.5) | 0.407 |
| Unemployed | 21(25.6) | 62(30.5) | |
| **Marital status (n=343)** | | | |
| Married | 55(56.1) | 117(47.8) | **0.161** |
| Single | 43(43.9) | 128(52.2) | |
| **Type of delivery (n=343)** | | | |
| Normal | 64(65.3) | 110(44.9) | **0.001** |
| Cesarean | 34(34.7) | 135(55.1) | |

| | | | |
|---|---|---|---|
| **Fetal presentation (n=343)** | | | |
| Cephalic | 95(96.9) | 233(95.1) | 0.452 |
| Pelvic | 3(3.1) | 12(4.9) | |
| **Reason for admission (n=343)** | | | |
| Labor | 40(40.8) | 87(35.5) | |
| Elective cesarean section | 21(21.4) | 65(26.5) | |
| Advanced gestational age | 11(11.2) | 14(5.7) | **0.184** |
| Ruptured membranes | 16(16.3) | 38(15.5) | |
| Complications | 10(10.2) | 41(16.7) | |
| **Prenatal care (n=343)** | | | |
| Did not have prenatal care | 0(0.0) | 1(0.4) | |
| Usual risk | 76(77.6) | 169(69.0) | 0.250 |
| High risk | 22(22.4) | 75(30.6) | |
| **Prenatal appointments (n=343)** | | | |
| Not recommended (0 to 5) | 7(7.1) | 16(6.5) | 0.838 |
| Adequate (6 or more) | 91(92.9) | 229(93.5) | |
| **Condition of amniotic membrane at admission (n=343)** | | | |
| Intact | 65(66.3) | 180(73.8) | **0.167** |
| Ruptured | 33(33.7) | 64(26.2) | |
| **Spontaneous labor (n=343)** | | | |
| Yes | 45(45.9) | 96(39.2) | 0.252 |
| No | 53(54.1) | 149(60.8) | |
| **Induced labor (n=343)** | | | |
| Yes | 27(27.6) | 59(24.1) | 0.503 |
| No | 71(77.6) | 186(75.9) | |
| **Acceleration or deceleration of fetal heart rate (n=343)** | | | |
| Yes | 2(2.0) | 13(5.3) | 0.182 |
| No | 96(98.0) | 232(94.7) | |
| **Gestational age at delivery (n=337)** | | | |
| Greater than 37 weeks | 95(29.9) | 223(70.1) | **0.018** |
| Less than 37 weeks | 1(5.3) | 18(94.7) | |
| **Apgar score at first minute (n=339)** | | | |
| Good vitality | 97(30.1) | 225(69.9) | **0.011** |
| Depressed | 1(4.8) | 20(95.2) | |

**Legend:** *Chi-square test (or Fisher's exact test) and Mann-Whitney test.
**Source:** authors (2024).

The final logistic regression model, with breastfeeding during the golden hour as the outcome, showed that participants who had cesarean delivery were 0.42 times less likely to breastfeed during the golden hour compared to those who had vaginal delivery. Being single also reduced the likelihood of breastfeeding during the golden hour by 0.58 times (Table 3).

**Table 3.** Multivariate model of participants with outcome "breastfeeding during the golden hour". Divinópolis, MG, Brazil, 2024.

| Variable | Odds Ratio - CI | p-value* |
|---|---|---|
| **Outcome: breastfeeding during the golden hour** | | |
| Cesarean section | 0.426 (0.252 – 0.721) | 0.001 |
| Single marital status | 0.588(0.357 – 0.968) | 0.037 |

**Legend:** CI – Confidence Interval; *Multivariate logistic regression.
**Source:** authors (2024).

## DISCUSSION

The present study identified an association between type of delivery and marital status with breastfeeding during the golden hour. Vaginal delivery and being married were both identified as protective factors for breastfeeding during the golden hour. Similar findings have been reported in both national and international literature, reinforcing the relevance of vaginal delivery and the presence of a partner in promoting breastfeeding.[13-17]

A study conducted in a city in the Brazilian Western Amazon, which included 419 postpartum women receiving care at a reference maternity hospital classified as baby-friendly, found that women with partners were more likely to breastfeed during the golden hour compared to those who were not in a relationship.[13] These findings are consistent with international evidence. Studies conducted in Sub-Saharan Africa and Ethiopia also identified a statistically significant positive association between being married and breastfeeding during the golden hour.[14,15]

A possible explanation for these findings is the role of the support network, particularly the partner, as a key factor influencing postpartum women. The presence of a partner may provide emotional, physical, and psychological support, which can facilitate the initiation of breastfeeding. Oliveira et al. emphasize that paternal involvement plays a highly relevant role in encouraging breastfeeding, especially in the first moments of a newborn's life.[18]

In the present study, it was also found that participants who had vaginal delivery were more likely to practice breastfeeding during the golden hour. This finding is consistent with studies that identify cesarean section as an adverse factor for breastfeeding during the golden hour, even in maternity wards of baby-friendly hospitals or those in the process of becoming such institutions, an environment that prioritizes good practices for the mother/baby dyad.[16,17]

Santos et al., in a study analyzing medical records of 254 postpartum women at a maternal and child hospital in southwestern Maranhão, identified a significant difference in breastfeeding rates during the first hour after birth between women who had vaginal delivery and those who underwent cesarean section. Only one-third of mothers who had cesarean delivery were able to perform skin-to-skin contact and breastfeed their newborns.[17] Similar findings were observed in another hospital setting in the Zona da Mata region of Minas Gerais, where higher rates of breastfeeding during the golden hour were identified among women who had vaginal delivery.[16]

It is important to highlight that, despite favorable conditions at birth—such as absence of complications during delivery and good neonatal vitality—a low proportion of newborns in this study were breastfed during the golden hour. This finding is consistent with results from other investigations.[16,17] A possible explanation is that clinical factors alone are not sufficient to ensure the implementation of breastfeeding during the golden hour. Institutional and organizational factors, such as care routines, the physical structure of the postpartum environment, and team dynamics, may significantly influence this practice.[19, 20]

In this context, good practices in childbirth care have been guided by public policies, and breastfeeding during the golden hour is recognized as one of these essential practices, offering multiple benefits for both mother and newborn.[21] This practice is recommended not only by the Brazilian Ministry of Health but also by the World Health Organization, suggesting that the type of delivery may directly influence whether this recommended practice is effectively carried out.[22] Evidence from the literature consistently indicates that vaginal delivery facilitates breastfeeding during the golden hour, while cesarean section is considered an obstacle.[8,10]

These findings highlight the importance of reflecting on how the implementation of good care practices can contribute to more favorable outcomes related to breastfeeding during the golden hour. Studies conducted at both national and international levels have demonstrated the positive impact of good practices during childbirth care, particularly when delivery occurs naturally.[22-24] In addition to skin-to-skin contact, which directly favors early breastfeeding, the presence of a companion and the support provided by the nursing team have been identified as crucial factors immediately after birth.[22,23]

Within this context, the role of nurses in ensuring humanized childbirth care is essential for delivering high-quality assistance to the mother, the newborn, and their families. In a study conducted by Alves et al. in a high-risk pregnancy hospital, breastfeeding during the golden hour was more prevalent in deliveries assisted by obstetric nursing residents, despite the complexity of the care setting.[22] This positive influence of nursing care on breastfeeding in the first hour of life has also been observed in another context, specifically in a public maternity hospital for low-risk pregnancies in Rio Grande do Sul.[23]

In the present study, no association was identified between the other sociodemographic and clinical variables and the outcome. Similar findings have been reported in other studies, which also did not observe associations with variables such as maternal age and ethnicity.[9,13]

This study has limitations inherent to the use of secondary data. A reduced amount of information was observed in variables such as education, occupation, gestational age at delivery, and Apgar score, due to incomplete or missing data in medical records. The presence of missing data may have influenced the analyses by reducing statistical power and limiting the precision and generalizability of the findings.

Regarding its contributions, this study highlights the importance of vaginal delivery as a strategy to promote breastfeeding during the first hour of life, reinforcing the relevance of public policies aimed at childbirth care and the possibility of advancing Sustainable Development Goal 3 from birth onward.[10,17] Furthermore, it underscores the importance of women's support networks in strengthening breastfeeding practices.[18]

## CONCLUSION

The study made it possible to analyze factors related to breastfeeding during the golden hour in a maternity hospital in midwestern Minas Gerais. Babies born via cesarean section and whose mothers were single had less chance of breastfeeding during the golden hour.

The findings highlight the influence of obstetric and sociodemographic factors on the outcome, in addition to emphasizing the need to strengthen care practices that promote the timely initiation of breastfeeding, especially in cesarean delivery situations and among single mothers.

In this regard, new investigations that follow women in this context may be relevant, as they have the potential to highlight new variables that can enhance the outcome studied.

## CONTRIBUITIONS

Contributed to the conception or design of the study/research, contributed to data collection, contributed to the analysis and/or interpretation of data, contributed to article writing or critical review, final approval of the version to be published: Oliveira GM, Oliveira GM, Ribeiro GS, Lomba MLLF, Oliveira VJ, Romano MCC

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