

OLIVEIRA, Cinara Costa de. *Association between the interruption of exclusive breastfeeding and post-partum weight retention and weight loss*. 2011. 61 p. Dissertation (Master's degree on Food, Nutrition and Health) – Nutrition Institute, University of the State of Rio de Janeiro, Rio de Janeiro, 2011. *Supervisor*: Maria Helena Hasselmann and Claudia Valeria Cardim da Silva.

Resumo

Approximately 43.1% of Brazilian women in their fertile age present weight excess. However, the interruption of exclusive breastfeeding (IAME), due to the significant nutritional demands imposed upon mothers, has the potential influence on post-partum weight loss and weight retention in women. To investigate the association between the interruption of exclusive breastfeeding and weight retention and weight loss in the second month post-partum. Sectional study inserted in a prospective cohort, with the source population of women (n=298) that attended one of four Primary Health Care Units of the Municipality of Rio de Janeiro. To evaluate the breastfeeding practices, a 24-hour dietary recall of the newborns' feeding was applied, the same instrument used in the national vaccination campaigns. Newborns were considered IAME when they did not receive only breast milk in the 24 hours that preceded the three interviews during the babies first two months. The data analysis was based on multinomial logistic regression models which were adjusted according to the covariates that presented associations with p-value ≤ 0.20 in raw analysis. Regarding the analysis of the interruption of breastfeeding and weight retention at post-partum, it was observed that to not offer breast milk during the first two months after childbirth did not demonstrate association to weight retention. And the results of the final multinomial logistic regression model showed that the mothers that interrupted exclusive breastfeeding (AME) during the first two months post-partum have two and a half more chances of not losing weight when compared to women that within some moment of that period offered AME to their children, independent of the gestational weight gain and pre-gestational weight ($p < 0.05$). Considering the presented discoveries, we point out the evidences to support the implementation of health policies to avoid the retention of post-partum weight and obesity.

