

# *Are dentists prepared to promote breastfeeding and healthy complementary food?*

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**Abstract:** Breastfeeding (BF) and the adequate introduction of complementary feeding (CF) are strategies that have been shown to improve oral health and prevent diseases. Therefore, activities to promote these practices must be carried out by all health professionals. This article addresses the opinion of the dentist about his or her education, knowledge and role in supporting and encouraging BF and CF. It was sought, through quantitative methodology, to analyze the result of a survey carried out with dentists registered with the Regional Dentistry Council of São Paulo about their academic and professional training in these themes. The major academic contents received at college were about the benefits of breastfeeding for the prevention of general health (74.6%). Among the professionals, 27.8% of them received in-service training on BF and 21.5% on CF, with more than 80% being able to apply their knowledge on a daily basis. When asked about providing guidance on BF, only 15% responded feeling prepared to do so. Regarding whether they consider it to be the dentist's responsibility to support BF and CF, 92.3% answered yes and 85% said they needed updating. It is concluded that there is a gap to be filled with academic training and training / updates so that the dentist can effectively act in the promotion and support of BF and CF.

► **Keywords:** Dentistry education. Breastfeeding. Healthy complementary food. Health promotion.

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## Introduction

The consolidation of the Unified Health System (SUS, in Brazil) has brought about numerous achievements over thirty years since its implementation as well as important challenges, such as professional training, to deal with the changes arising mainly from the new healthcare model. Regulating human resources training is one of the competences assigned to SUS and is expressed in the Health Organic Law, being considered a strategic issue not only in Brazil but also in countries that have a policy oriented to educational processes capable of filling the needs pointed out by the healthcare system (BRASIL, 1990). These changes require professionals with skills to act in different subsectors, areas and services, so that they can contribute to improving the social and health indicators at any organizational level.

Collective healthcare is a form of intervention focused on promotion and prevention, and all health professionals, whether working in clinical, rehabilitation or care services, at some extent should incorporate these elements in their training and practice (CAMPOS, 2000). Primary health care (PHC), the main regulatory agent of the system is organized into multidisciplinary and interdisciplinary health teams. This leads to an increased number of actions aimed at promoting, protecting and recovering health when each professional's own knowledge and practice (nucleus of knowledge) are integrated with other members of the team and, together, are able to maximize the benefits provided to the population under their responsibility (field of action) aiming to integrality (ELLERY, 2013). Knowing that the nucleus comprises the elements of singularity that define the identity of each professional or specialist, while the field is made up of the responsibilities and knowledges that are common and convergent to various professions or specialties, contributes to elucidating what is intended with the care model currently proposed for teamwork (CAMPOS, 1997). Health professionals, in their workspaces, are faced with complex situations and need support, contrary to the logic of professionalization.

Breastfeeding (BF) and the introduction of healthy complementary foods (HCF) can be considered examples of these complex situations.

Multifactorial determinants (cultural, social and economic) of breastfeeding require multiple interventions involving various sectors of society, from legal and political directives and guidelines, legal protection support to women who work and breastfeed, to adequate training of health professionals to qualify primary health care

(ALMEIDA, 2004; AMARAL *et al.*, 2015; ROLLINS *et al.*, 2016; CAPUCHO *et al.*, 2017). When actions are implemented in an articulated and integrated manner by the various sectors involved in healthcare, the results are achieved more easily, to the detriment of isolated actions that encounter precise limits.

Breastfeeding is the basis of life and its benefits reach people who live in high-, middle- and low-income countries and can be considered the most long-lasting investment in physical, cognitive and social capabilities of future generations (HANSEN, 2016; VICTORA *et al.*, 2016).

Breastfeeding is the single practice with the greatest impact on reducing infant mortality. At optimal levels, BF can reduce 12 to 13% of annual deaths of children under five years of age in the world, saving around 800 thousand lives (SANKAR *et al.*, 2015; VICTORA *et al.*, 2016), due to the protection it provides against infections in childhood, reducing the risk of acute infections in general, respiratory diseases, otitis media, gastroenteritis, diarrhea, asthma (BOWATTE *et al.*, 2015); obesity (HASSIOTOU; GEDDES, 2014); and other noncommunicable diseases (NCD) throughout lifetime (HORTA; VICTORA, 2013; VICTORA *et al.*, 2016).

The World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and Ministry of Health of Brazil (MH) recommend exclusive breastfeeding in the first six months of life and complemented until two years or over, with introduction of quality solid/semisolid foods at proper time (WHO, 2015; BRASIL, 2019). The Dietary Guidelines for Brazilian Children Under Two Years of Age published by the Ministry of Health of Brazil provides important guidelines for families and professionals to encourage, support, protect and promote health and food and nutrition security. It contains 12 steps that explain the importance of BF and natural or minimally processed foods and a healthy diet, respecting the culture and seasonality of foods and family habits, considering that the dietary patterns established in the first years of life reflect on the eating habits of children and adults (BRASIL, 2019).

The consequences of a child's poor diets are undernutrition, overweight or micronutrient deficiencies. In the short run, undernutrition in the early stages of life may enhance the severity and mortality caused by infectious diseases. As long-term impacts, undernutrition can reduce the height of adult individuals, the reproductive capacity and the economic income and productivity in adulthood (GONÇALVES *et al.*, 2019).

Much more efforts are still needed to reach the most acceptable and compatible indices recommended in the world, both for BF and consumption of healthier foods. Among these efforts is training of health professionals.

Support to BF and promotion of HCF unveil a multi-professional universe where dentists have gaps to fill in the promotion of these strategies and, together with other professional categories, have the responsibility to inform patients/parents about the best way to enjoy and ensure a long life without diseases (GUEDES, 2010). A significant lack of knowledge on BF by health professionals means that women may receive inconsistent and often-conflicting information, resulting in early weaning and poor quality of diets when solid foods are introduced (NELSON, 2007). In contrast, when health professionals are confident in their own capacity to provide support to nursing women, they are more likely to promote BF and HCF to mothers (ALMEIDA, 2015). In all profiles of health professionals, there are substantial gaps in knowledge and skills to support BF (LEVINIENE, 2009; FRANÇA *et al.*, 2012; RENFREW *et al.*, 2006).

Considering the dentists' potential abilities to inform, support and influence BF and HCF, the aim of this survey was to examine the training path and knowledge of these professionals on this topic.

## Method

This paper is part of the doctoral dissertation of the main author, who studied the inclusion of dentists in health promoting actions with a focus on BF and HCF, particularly when foods are introduced to children. A questionnaire with 41 questions was available on the website of the Regional Dentistry Council of São Paulo (CROSP, in Portuguese), after being authorized by the Training and Specialties Commission of this entity, from May 29 to June 29, 2017. The dentists registered at CROSP received an e-mail inviting them to participate in the survey. After reading and accepting the Free and Informed Consent, the survey was initiated.

The questionnaire comprised four blocks of questions: the first one, describing the professional's characteristics, included the following variables: age, gender, kind of university (private or public) attended, time since graduation, specialty, if they were active or not in the profession at the time of survey and if at any point in their professional life they worked in public service. The specialties listed in the

questionnaire were the ones recognized by the Federal Odontology Council, and the professionals could choose more than one option. The other block included questions about the respondents' training, i.e., their educational background: if they received instructions on the benefits of BF and HCS for health in general and to prevent oral diseases; if such information was sufficient to enable them to work with diverse publics and if they could apply their knowledge in daily work. Other questions asked if the professional received in-service guidance on BF and complementary feeding (CF), number of training hours, if they could apply such knowledge in their routines and, also, if they spontaneously attended any course on BF and CF after graduation. The third block was designed to evaluate the professional's knowledge on BF and CF: if as dentists they were asked to offer guidance on BF and CF and if they felt they were well-equipped to do so. A series of diseases were presented, and the professionals were asked to indicate those that they considered preventable by BF and healthy diets. Other three questions comprised the use of pacifiers, oral hygiene and continuity of BF after eruption of the first teeth.

The fourth and last part asked for the professionals' opinion about the support to BF and CF as part of the dentist's responsibility and if they needed further training on these topics. The last question presented a list of themes that could be considered important in training on BF and CF. Data were analyzed descriptively through distribution of frequencies. To explore the characteristics of courses that may have influenced the training on BF and CF, the variables "received information at college on the benefits of BF and CF for the promotion of the overall health and prevention of oral diseases" were analyzed based on the type of university and time since graduation, using the chi-square test at 5% significance level. The study was approved by the Ethics and Research Committee of the Public Health Faculty of São Paulo University – FSP/USP (CAEE: 80436217.4.0000.5421).

## Results

Table 1 shows the results of the first block of questions about the professionals' characteristics.

**Table 1.** Characteristics of the professionals that answered the questionnaire. São Paulo, 2017

Question	n	%
<b>Age (years)</b>		
20-30	137	24.1
31-40	171	30.1
41-50	117	20.6
>50	143	25.2
<b>Gender</b>		
Female	425	74.8
Male	143	25.2
<b>Type of College</b>		
Public	200	35.2
Private	368	64.8
<b>Time since graduation (years)</b>		
<5	127	22.4
5-10	86	15.1
>10	355	62.5
<b>Specialties</b>		
General clinic	274	48.2
Pediatric dentistry	91	16.0
Collective health	61	10.7
Orthodontics/Facial Orthopedics	102	18.0
Functional Maxillary Orthopedics	21	3.7
<b>Active in profession</b>		
Yes	527	92.8
No	26	4.6
Other situations	15	2.6
<b>Public service</b>		
Yes	255	44.9
No	313	55.1
<b>Target Public</b>		
Adults	491	86.4
Adolescents	357	62.9
Children	319	56.2
Pregnant women	207	36.4
Babies	156	27.5

Source: developed by the authors.

Diverse professionals accepted to participate in the survey (568), the majority aged between 31 and 40 years;  $\frac{3}{4}$  of respondents were female; 65% attended private universities and 63% had more than 10 years since graduation; general clinic was the specialty most cited by the dentists, and 93% were active in the profession when they answered the questionnaire and more than half worked in the public service. It was noteworthy that although most professionals reported attending adults, 64% of them also assisted pregnant women and babies.

Table 2 describes the results of the second block of questions, about having some contact with BF and CF contents at college and in-service trainings.

**Table 2.** Information about BF and CF contents received at college and in service. São Paulo, 2017

Question	N	%
	At college	
<b>Received information on BF and overall health</b>		
Yes	424	74.6
No	144	25.4
Information was sufficient to work with pregnant and postpartum women and children		
Yes	200	47.16
No	224	52.84
Used information on a daily basis at work		
Yes	296	70.0
No	128	30.0
<b>Received guidance on BF and oral health</b>		
Yes	375	66.0
No	193	34.0
Information was sufficient to work with pregnant and postpartum women and children		
Yes	199	53.1
No	176	46.9
Used information on a daily basis at work		
Yes	270	72.2
No	105	27.8

continue...

Question	N	%
	<b>At college</b>	
<b>Received guidance on BF and overall health</b>		
Yes	348	61.3
No	220	38.7
Information was sufficient to assist parents and caregivers		
Yes	223	64.2
No	125	35.8
Used information on a daily basis at work		
Yes	268	77.2
No	80	22.8
<b>Received guidance on BF and oral health</b>		
Yes	346	60.9
No	222	39.1
Information was sufficient to assist parents and caregivers		
Yes	257	74.5
No	89	25.5
Used information on a daily basis at work		
Yes	290	84.1
No	56	15.9
	<b>In service</b>	
<b>Received training on BF</b>		
Yes	158	27.8
No	410	72.2
Total training hours		
<4	20	12.6
4-8	71	44.9
8-16	53	35.5
Don't remember	14	8.8
Used information on a daily basis at work		
Yes	133	83.8
No	25	16.2

continue...



Question	N	%
	<b>In service</b>	
<b>Received training on CF</b>		
Yes	122	21.5
No	446	78.5
<b>Total training hours</b>		
<4	14	9.3
4-8	44	29.3
8-16	21	14.0
+16	24	16.0
Don't remember	19	31.3
<b>Used information on a daily basis at work</b>		
Yes	106	87.4
No	16	12.6
<b>Attended spontaneously a course on this topic</b>		
Yes	203	35.7
No	365	64.3

Source: developed by the authors.

BF benefits for the overall health (74.6%) were more frequently discussed at college than benefits for oral health (66%). Although more than half of respondents (52.84%) considered the contents of this training insufficient, 70% used it routinely at work.

CF and oral health were the subjects less discussed at college (60.9%) but were cited as sufficient (74.5%) and were the ones most applied at work (84.1%).

It is noteworthy the small number of professionals that received in-service training: 27.8% on BF and 21.5% on CF, but more than 80% of the respondents applied the knowledge learned in their routine work.

Table 3 shows the results of the questions of the third block about the professional's knowledge on BF and CF.

**Table 3.** Professionals' knowledge on BF an CF. São Paulo, 2017

Question	N	%
<b>Diseases prevented with BF*</b>		
Anemia	422	74.3
Diabetes <i>mellitus</i>	193	34.0
Intestinal infection	439	77.3
Malocclusion	515	90.7
Mouth breathing	517	91.0
Speech disorders	467	82.2
Dental enamel defects	188	33.1
<b>Diseases prevented with healthy diets*</b>		
Anemia	525	92.4
Obesity	527	92.8
Hypertension	436	76.8
Dental caries	495	87.1
Dental erosion	396	69.7
<b>Use of pacifier*</b>		
Interferes in BF practice	335	59.0
Soothes babies and can be used	155	27.3
Use of only "orthodontic" nipples	212	37.3
Does not interfere in anything	4	0.7
<b>Baby's oral hygiene should be initiated</b>		
In the first days of life	465	81.9
After eruption of the first tooth	103	18.1
<b>BF should continue after eruption of the first tooth</b>		
Yes	486	85.6
No, after 6 months babies do not need BF	80	14.1
No, BF can cause tooth decay	02	0.4

\*Block where more than one item could be marked for each question.

Source: developed by the authors.

All diseases described above can be prevented at some degree by BF and good eating habits; therefore, one could expect that the respondents would mark all of them, which did not happen, although many options were chosen.

Some matters such as when to start cleaning baby's mouth and use of pacifier are always controversial, and the results of the survey reflect this debate. On the other hand, about continuity of breastfeeding after 6 months of age, there was more consensus, with 85.6% of respondents agreeing that it should be maintained.

Table 4 shows the results of the fourth and last block of questions.

**Table 4.** Inclusion of dentists in BF and CF actions and the need for training. São Paulo, 2017

Question	n	%
<b>Asked to provide guidance on BF</b>		
Never	207	36.4
Few times	219	38.6
Many times	72	12.7
Frequently	70	12.3
<b>Feel prepared to provide guidance</b>		
Always	85	15.0
Mostly	245	43.1
Rarely	105	18.5
No	133	23.4
<b>Need updating on BF</b>		
Yes	489	86.1
No	79	13.9
<b>Need updating on CF</b>		
Yes	502	88.4
No	66	11.6
<b>Themes that a course should address</b>		
Formation and functions of SS	377	66.4
Physiology of breastfeeding	443	78.0
Benefits of BF for oral health	523	92.1
Mouth-breathing syndrome	430	75.7
Harmful habits in children	433	76.2
Counseling for pregnant women	492	86.6
Counseling for new mothers	436	76.8
Interdisciplinary care	398	70.1
Introduction of healthy diet	485	85.4
Indicators	228	40.1

Source: developed by the authors.

There was a 25% demand for dentists' guidance on BF, and when they were asked to deliver advice on this topic, only 15% felt prepared to do so.

The percentage of dentists who consider it to be their responsibility to provide support to BF and HCF was surprisingly high (92.3%), and more than 85% of them admitted that they needed further training to be able to work on these issues,

although a voluntary attendance to courses (updating, extension, online courses, of any duration) on these topics was low (35.7%).

All themes proposed (formation of the stomatognathic system [SS], BF benefits to oral health, mouth breathing syndrome, bad habits in children, pregnancy and postpartum counseling, interdisciplinary work, and indicators' data) could be addressed in college as well as in-service permanent and continuing education.

In Table 5, the variables relating to training received on BF and HCF, especially on the benefits for the overall health and oral health, were evaluated according to the type of college attended and time since graduation.

**Table 5.** Distribution of dentists who received information on BF and CF at college, according to the type of college and time since graduation. São Paulo, 2017

	Had training on BF and overall health		Had training on BF an oral health		Had training on BF and overall health		Had training on BF and oral health	
	%	p	%	p	%	p	%	p
Type of college		0.048		0.026		0.362		0.316
Public	79.9		71.5		62.5		62.5	
Private	72.3		63.0		60.6		60.1	
Time since graduation (years)		0.000		0.226		0.000		0.033
<5	85.8		70.9		77.2		70.9	
5-10	82.6		69.8		58.1		58.1	
>10	68.7		63.4		56.3		58.0	

Source: developed by the authors.

A statistically significant association was found for type of college and training contents on BF and overall health and BF and oral health, but not for CF and overall health and CF and oral health.

There was also statistical significance in the analysis of the association between time since graduation and training received on BF and overall health, CF and overall health and CF and oral health. Time since graduation did not have an influence on information received on BF and oral health.

## Discussion

The professionals who accepted the invitation to answer the questionnaire were probably those who have more affinity with the matters surveyed, which limits the interpretation of data but yet provides a direction to be followed about the themes discussed.

The National Policy for Oral Health (PNSB, in Portuguese) defines that dentists and oral health teams should provide care in all cycles of life, that their services should not be limited to oral health, and that they should be incorporated to the health teams in Primary Health Care (PHC) (BRASIL, 2004). The presence of the dentists' work in all phases of life was outstanding, according to the results, i.e., 64% of the professionals reported that they provided care to adults, pregnant women and babies. The proposed interdisciplinary work, devised to increase the efficiency of the actions developed, continues to be a challenge in health services, being a powerful resource for dealing with the change of the healthcare model and workforce (MATUDA *et al.*, 2014).

According to the survey, training contents, when provided, were often insufficient but could be applied at daily work as well as information on BF and overall health (70%) and BF and oral health (72.2%).

Addressing themes such as the benefits of BF and CF for overall health at college or other educational programs enable the dentist to exercise interprofessional collaboration. During pregnancy, for example, the dentist can provide prenatal dental care and sensitize women and guide them on theirs and their baby's oral health, offering guidance on matters such as oral hygiene and diet in pregnancy, complementing the approaches of other professionals involved in care. After the baby's birth, the dentist has the opportunity to assist on BF, participating in groups of new mothers and emphasizing the numerous benefits that can be achieved with this practice. Guidance on CF introduction is especially important when teeth erupt in order to ensure that a good facial development continues by stimulating the masticatory system with hard, dry and fibrous foods (CARVALHO, 2003). Dentists are strategically positioned to reach a large number of the population in less urgent conditions, during the regular appointments of their clients, which are good opportunities for education, discussion and motivation for a healthy life, and should be included in the challenge of improving the BF and HCF practices

(JULIEN, 2000). Changing the attitudes and beliefs of health professionals in college is key to increase the support to BF and its promotion. Education of health professionals is associated with increased breastfeeding success rates and maternal satisfaction and a higher level of practitioner's knowledge and professional skills of (RADZYMINSKI; CALLISTER, 2015). In Brazil, the implementation of the National Curricular Guidelines (NCG) (BRASIL, 2002) signaled an important change in the training of health professionals to prepare them to deal with the problems of the health/disease process in the population, respecting SUS principles and working with full responsibility, with an emphasis on the promotion of health and prevention of diseases. This can explain our findings that professionals who had graduated from college less than ten years ago were the ones who most received information on BF and CF at college. The reflexes of NCD will have more impact as the higher education institutions actually materialize their pedagogical processes and train professionals in line with their proposals and SUS demands (BROCKVELD; VENANCIO, 2020).

The results showed that BF and HCF benefits in the prevention of diseases are not yet well known by dentists, indicating a gap in higher education and in updating these professionals.

About the diseases that can be prevented with BF and HCS, as described in Table 3, all of them could have been marked. Diabetes *mellitus* was the disease less identified (34%) as well as dental enamel defects (33.1%). When we pointed the diseases prevented by healthy diets, we found 12.9% who did not mark dental caries, in disagreement with robust scientific evidences on the subject (SHEIHAM, 2015; KARJALAINEN *et al.*, 2001; MEURMAN; PIENIHÄKKINEN, 2010).

A survey carried out in UK with 70 newly graduated dentists, when considering the benefits of breastfeeding for mothers, only one respondent identified correctly that BF reduces the risk of obesity, type II diabetes and ovarian and breast cancer. When considering the BF benefits to the babies, nearly half of respondents reported that BF could be used as a strategy to reduce the risk of malocclusion, tooth decay or halitosis (POLGLASS, 2019).

Subjects such as the use of pacifier and the best time to begin oral hygiene are always controversial and discussed in numerous professional upgrading forums, without a consensus. A review of Cochrane (JAAFFAR, 2016) concluded that the use of pacifier in healthy, full-term infants, since birth or when lactation is established,

did not affect significantly the prevalence or duration of exclusive breastfeeding up to four months of age, but recognize that there are few evidences to assess short-term breastfeeding difficulties and long-term effects of pacifier on infants' health.

Current WHO recommendation is supported by a systematic review that indicated that the meta-analysis of observational studies pointed to the use of pacifier as a risk factor for weaning (BUCCINI, 2016). Although the use of pacifier is a practice culturally accepted, it is a marker of maternal difficulties during lactation, such as anxiety and insecurity, with negative impact on breastfeeding (BOIANI *et al.*, 2018).

Regarding the best time to start mouth cleaning, it is known that during breastfeeding, milk reacts with saliva and produces a powerful combination of stimulating and inhibitory metabolites that prematurely regulate the oral and intestinal microbiota and, therefore, the advice would be not to remove it from the oral cavity before teeth eruption (BÖNECKER; CORRÊA, 2003; AL-SHEHRI *et al.*, 2015; GRITZ; BHANDARI, 2015).

Other current defends that mouth hygiene should be introduced right after birth so that the cleaning habit is incorporated early in the child's life, preventing caries and other oral problems, although there is no evidence on this aspect (JESUS *et al.*, 2020).

It is noteworthy the demand for dentists' guidance on BF (25%) when the two options were added together (often and constantly). When asked to give information, only 15% reported being prepared to do so, although 92.3% stated that supporting BF and CF are also the dentists' responsibility. In other countries we also find weaknesses in knowledge: in the survey conducted in UK, only 13% of dentists reported that they promoted BF and its benefits and effects during their practices. The main reasons given for not encouraging breastfeeding were: not considering that it was applicable to their role (47%); lack of knowledge (44%) and lack of confidence (34%) (POLGLASS, 2019).

In a study carried out in the United States, 78% of dentists reported having already asked by their patients about food habits, and 64% considered important that patients had access to nutritional counseling from their dentists. But 81% of respondents did not deliver advice on eating habits, despite recognizing their importance; 57% argued lacking knowledge for this conduct (JULIEN, 2000). In our survey, we found 86.1% of interviewees stating that they needed refresher courses in BF. Among the proposed themes for an upgrading course, 92.1% of respondents pointed BF benefits for oral health and 86.4% indicated counseling for new mothers.

It is important to reflect on the National Policy on Permanent Education in Health (PNEPS, in Portuguese), which has the main purpose of reconceptualizing and reorienting undergraduate education and professional development, transforming the work process and having as learning axis collective discussions on daily work issues. It also plans to form a teaching-learning network in work practices and represents a milestone in the process of decentralization and dissemination of SUS' pedagogical capabilities (BRASIL, 2003). Of the dentists who responded having already worked in public service, almost half of them did not receive any in-service training on BF and HCF. Based on PNEPS, training and upgrading on health promotion actions, especially healthy diets, have been increasingly present in the agenda of priorities. The Breastfeeding and Feeding Strategy in Brazil is an action that promotes adequate and healthy eating habits within the scope of the Primary Healthcare System, which proposes the qualification of the work process of health teams, aiming at enhancing the promotion of breastfeeding and healthy complementary diets for children under two years (JAIME; SANTOS, 2014). Said strategy aims to contribute to reduce practices that discourage BF and HCF practices in the Primary Care Units, such as the unrestricted advertising of products that may interfere with healthy diets of children under two years of age and contribute to improving the nutritional status of these children, as a result of reduced nutritional deficiencies caused by low weight/obesity (BRASIL, 2013). The integration of dentists in this Strategy would have a major impact on their work and promotion of BF and HCF in primary healthcare services.

## Final Remarks

Encouraging breastfeeding and healthy eating patterns as an ideal means of meeting the child's nutritional needs and better development of SS is responsibility of all health professionals. It is important to know the background and the opinion of dentists graduated after the National Curricular Guidelines and review and come up with a new training framework to meet the new demands, aiming especially at a more integral care. Oral health professionals must be educators and facilitators for individuals, family and community, and have an enormous potential for this task, considering the broad space for action that they have, mainly in Primary Care. An important finding of this survey was the high percentage of professionals that



consider that it is their responsibility to develop actions of support to BF and HCF, indicating a change in the profile of this category that until recently had training contents almost exclusively based on curative treatment.

Other positive aspect that must be considered by professors and managers is the recognition of professionals who said that they needed further training in BF and HCF, as well as the contents of undergraduate courses and continuing education.

This is the first survey carried out about dentists' formal education, and other studies can indicate how new professionals receive and deal with the new challenges posed to their profession. Thinking over on how we could be more effective in diminishing the barriers to health promotion and prevention of diseases was the great motivation of this study. Changes in college education and attitudes of health providers, including dentists, can enhance the efficacy of professional support to breastfeeding and healthy eating patterns, contributing to diminish inequities and better health of our children and families.<sup>1</sup>

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## Note

<sup>1</sup> L. de S. M. Brockveld: elaboration and design of the study; research, collection, analysis and interpretation of data; article writing. S. I. Venancio: orientation, elaboration and design of the study; analysis and interpretation of data; writing and reviewing the article.

## Resumo

### *Os dentistas estão preparados para a promoção da amamentação e alimentação complementar saudável?*

O aleitamento materno (AM) e a introdução adequada da alimentação complementar (AC) são estratégias que comprovadamente melhoram a saúde bucal e previnem doenças. Por isso, atividades de promoção dessas práticas devem ser realizadas por todos os profissionais de saúde. Buscou-se, através da metodologia quantitativa, analisar o resultado de um inquérito realizado com dentistas cadastrados no Conselho Regional de Odontologia de São Paulo sobre sua formação acadêmica e profissional nestes temas. Os conteúdos mais recebidos na graduação foram sobre os benefícios do AM para a prevenção da saúde geral (74,6%). Entre os profissionais que receberam capacitação em serviço, foram 27,8% (AM) e 21,5% (AC), sendo que mais de 80% conseguiram aplicar o conhecimento no dia a dia. Quando solicitados a dar orientação sobre AM, apenas 15% responderam se sentir preparados. Sobre se consideram ser atribuição do dentista o apoio ao AM e AC, 92,3% responderam que sim e 85% reconhecem precisar de atualização. Conclui-se que há uma lacuna a ser preenchida com a formação acadêmica e capacitações/atualizações para que o dentista possa efetivamente atuar na promoção e apoio ao AM e AC.

► **Palavras-chave:** Educação em odontologia. Aleitamento materno. Alimentação complementar saudável. Promoção da saúde.

