

Base de dados : Medline

Research strategy: ("disrespect and abuse" OR "disrespect & abuse" OR "mistreatment" OR "institutional violence" OR "obstetric violence") AND ("Breast Feeding"[Mesh])

Results:2

1. Respectful maternity care and breastfeeding.

Glob Health Promot. 2021 Sep;28(3):70-72. DOI: 10.1177/1757975920984216. Epub

2021 Jan 26.

Ansari H(1), Yeravdekar R(1).

Author information:

(1)Symbiosis Institute of Health Sciences, Symbiosis International (Deemed)

University, Pune, Maharashtra, India.

Respectful maternity care and its effect on breastfeeding is not widely explored. Disrespect and abuse affect the health of the mother and the newborn, affect lactogenesis and negatively influence breastfeeding. This has serious short-term and long-term ill effects. Separation of the mother and the newborn result in failure to establish early breastfeeding. Interventions, policies and programs should be developed to address the issues pertaining to respectful maternity care. This will not only help in breastfeeding but will also safeguard the fundamental rights of the mother and the child.

DOI: 10.1177/1757975920984216

PMID: 33499753 [Indexed for MEDLINE]

2. Lactation Support for LGBTQIA+ Families.

J Hum Lact. 2019 May;35(2):244-247. doi: 10.1177/0890334419831269.

Chetwynd EM(1)(2), Facelli V(3).

Author information:

(1)1 School of Health and Human Sciences, Department of Public Health Education, University of North Carolina at Greensboro, Greensboro, NC, USA.

(2)2 North Carolina State University, College of Agriculture and Life Science, Department of Food, Bioprocessing and Nutrition Sciences, Raleigh, NC, USA.

(3)3 Durham Lactation LLC, Durham, NC, USA.

BACKGROUND: Despite a documented underutilization of healthcare by the LGBTQIA+ community due to fear of mistreatment, reproduction incurs a likely dependence on the medical system. Within breastfeeding medicine, the language used for breastfeeding or chestfeeding has broadened and there is an emphasis on inclusion of all types of gender identities; however, that care can be heavily biased toward the inclusion of all breasts/chests in infant feeding.

RESEARCH AIM: The purpose of this case study was to examine the impact of queer identity on the gestational and postpartum experience of a bisexual woman married to, and parenting with, a transgender man. It draws into perspective the need to practice in accordance with patients' self-described gender and parenting roles.

RESULTS: The parenting roles of this couple were the same as any married,

straight, cisgender couple, yet the family identified as queer. The mother in this case experienced low milk production, but the father had had chest reconstructive surgery and started hormones so that they could enter parenthood as the family they had envisioned for themselves. At no point was there any consideration that the father induce milk production for his baby or that chest reconstructive surgery had been mistimed. Their pregnancy support team was supportive of their gender identities and parenting roles, yet they still found themselves orienting and educating the healthcare team throughout their pregnancy and postpartum experience.

CONCLUSIONS: Caring for the LGBTQIA+ community requires us to recognize our assumptions and act in affirming ways for all parents, regardless of their family constellation.

DOI: 10.1177/0890334419831269

PMID: 30973306 [Indexed for MEDLINE]

RECORD 1**TITLE**

Understanding the opinion of doctors on obstetric violence in Brazil to improve women's care

AUTHOR NAMES

Loreto T.M.; Kuhn Dos Santos J.F.; Nomura R.M.Y.

SOURCE

Midwifery (2022) 109 (103294). Date of Publication: 25 Feb 2022

PUBLICATION YEAR

2022

VOLUME

109

PUBLICATION TYPE

Article in Press

ABSTRACT

BACKGROUND: Disrespect and mistreatment in childbirth are human rights violations and must be understood by everyone. However, there are many controversies in the use of the term 'obstetric violence' in Brazil. **OBJECTIVES:** To understand the opinion of residents and specialist doctors about obstetric violence and get a balanced view to improve women's care. **SETTING:** Public university hospital in São Paulo, Brazil. **PARTICIPANTS:** Residents in training and specialist doctors in obstetrics and gynecology. **MEASUREMENTS:** Participants answered an electronic form on obstetric violence opinions. **FINDINGS:** Of the 60 participants, 33(45%) were specialist doctors and 27(55%) were medical residents in training. Most interviewees (60%) do not agree with the use of the term "obstetric violence" to define mistreatment and disrespectful treatment of women. Regarding situations that characterize obstetric violence, the percentage of residents who agree with the following statements as forms of obstetric violence was significantly ($p<0.05$) higher than the specialists in the following aspects: episiotomy without consent (78% vs. 15%), episiotomy without indication (100% vs. 64%), episiotomy without anesthesia (96% vs. 76%), not allowing a companion during childbirth (89% vs. 64%), requiring silence from the birthing woman (100% vs. 73%), undergoing vaginal examinations without consent (85% vs. 58%), not allowing the woman to choose childbirth position (82% vs. 58%) and not allowing breastfeeding in the first hour (82% vs. 58%). **CONCLUSIONS AND IMPLICATIONS:** The resident doctors in training are aware that the Obstetric Violence typifies the mistreatment and abuse of women during childbirth and the same is not true for specialists. Specialist doctors who completed their training longer ago should undergo training programs for a better understanding of Obstetric Violence.

FULL TEXT LINK

<http://dx.doi.org/10.1016/j.midw.2022.103294>

RECORD 2**TITLE**

A Quasi-Experimental Study to Compare the Effect of Respectful Maternity Care Using Intrapartum Birth Companion of Her Choice on Maternal and Newborn Outcome in Tertiary Care Centre

AUTHOR NAMES

Gadappa S.N.; Deshpande S.S.

SOURCE

Journal of Obstetrics and Gynecology of India (2021) 71 Supplement 2 (84-89). Date of Publication: 1 Dec 2021

PUBLICATION YEAR

2021

VOLUME

71

PUBLICATION TYPE

Article

ABSTRACT

Purpose of the Study: Traditionally during labour woman is supported by another woman. However, in hospitals, continuous support during labour has often become the exception rather than the routine. Worldwide, there is a growing concern about the disrespect and abuse of women seeking maternity care. This prompted us to decide to change the obstetric care practices by providing a birth companion of her choice to women during labour and compare their maternal and newborn outcomes with the data from the same institute before intervention. Methods: This was a quasi-experimental study conducted in the Department of OBGY, GMCH, Aurangabad for 20 months and compared with the previous data from the same institute before implementation of the birth companion policy. The impact of this intervention was evaluated by caesarean section rate, episiotomy rates and admission to neonatal intensive care units, and data was analysed by an appropriate statistical test. Results: The rate of caesarean Section (20%) and episiotomy (8.57%) was significantly lower in the intervention group than in the control group. The rate of NICU admission and time required for initiation of breastfeeding was significantly lower in the intervention than in the control group. Around 86.6% of women from the intervention group were fully satisfied with the role of birth companion and 13.4% were partially satisfied. Conclusion: Our study demonstrated that the use of an intrapartum birth companion of her choice helped us improve maternal and newborn outcomes without any harm. We recommend generalizing the policy of use of the trained birth companion of her choice in the private

as well as the public sector.

FULL TEXT LINK

<http://dx.doi.org/10.1007/s13224-021-01587-7>

RECORD 3**TITLE**

Respectful maternity care and breastfeeding

AUTHOR NAMES

Ansari H.; Yeravdekar R.

SOURCE

Global health promotion (2021) 28:3 (70-72). Date of Publication: 1 Sep 2021

PUBLICATION YEAR

2021

VOLUME

28

PUBLICATION TYPE

Article

ABSTRACT

Respectful maternity care and its effect on breastfeeding is not widely explored. Disrespect and abuse affect the health of the mother and the newborn, affect lactogenesis and negatively influence breastfeeding. This has serious short-term and long-term ill effects. Separation of the mother and the newborn result in failure to establish early breastfeeding. Interventions, policies and programs should be developed to address the issues pertaining to respectful maternity care. This will not only help in breastfeeding but will also safeguard the fundamental rights of the mother and the child.

FULL TEXT LINK

<http://dx.doi.org/10.1177/1757975920984216>

RECORD 4**TITLE**

Factors associated with postpartum post-traumatic stress disorder (Ptd) following obstetric violence: A cross-sectional study

AUTHOR NAMES

Martinez-Vázquez S.; Rodríguez-Almagro J.; Hernández-Martínez A.; Martínez-Galiano J.M.

SOURCE

Journal of Personalized Medicine (2021) 11:5 Article Number: 338. Date of Publication: 1 May 2021

PUBLICATION YEAR

2021

VOLUME

VOLUME

11

PUBLICATION TYPE

Article

ABSTRACT

To determine the association between experiencing obstetric violence and the incidence of postpartum post-traumatic stress disorder (PTSD). A cross-sectional study with puerperal women was conducted in Spain following ethical approval. The Perinatal Posttraumatic Stress Disorder Questionnaire (PPQ) was administered online. Sociodemographic, clinical, and obstetric violence variables and the risk of dichotomized PTSD (low/high) were studied by bivariate and multivariate analysis with binary logistic regression. 955 women were invited to participate. 53 women refused to participate, three did not complete all survey questions and, finally, 899 women were included. The risk of PTSD (score ≥ 19) using the PPQ was 12.7% (114). The mean score was 9.10 points (SD = 8.52). Risk factors identified were having a delivery plan that was not respected (aOR: 2.85, 95% CI 1.56–5.21), elective caesarean delivery (aOR: 2.53, 95% CI 1.02–2.26), emergency caesarean section (aOR: 3.58, 95% CI 1.83–6.99), admission of the newborn to the neonatal intermediate care unit (aOR: 4.95, 95% CI 2.36–10.36), admission to the intensive care unit (aOR: 2.25, 95% CI 1.02–4.97), formula feeding on discharge (aOR: 3.57, 95% CI 1.32–9.62), verbal obstetric violence (aOR: 5.07, 95% CI 2.98–8.63), and psycho-affective obstetric violence (aOR: 2.61, 95% CI 1.45–4.67). Various clinical practices were identified with the risk of PTSD, highlighting various types of obstetric violence. Partner support and early breastfeeding were identified as protective factors. Sensitizing professionals is essential to prevent the risk of PTSD.

FULL TEXT LINK

<http://dx.doi.org/10.3390/jpm11050338>

RECORD 5**TITLE**

Home birth preference, childbirth, and newborn care practices in rural Peruvian Amazon

AUTHOR NAMES

Irene Del Mastro N.; Tejada-Llacsca P.J.; Reinders S.; Pérez R.; Solís Y.; Alva I.; Blas M.M.

SOURCE

PLoS ONE (2021) 16:5 May Article Number: e0250702. Date of Publication: 1 May 2021

PUBLICATION YEAR

2021

VOLUME

16

PUBLICATION TYPE

Article

ABSTRACT

Home birth is very common in the Peruvian Amazon. In rural areas of the Loreto region, home to indigenous populations such as the Kukama-Kukamiria, birth takes place at home constantly. This study aims to understand the preference for home births as well as childbirth and newborn care practices among Kukama-Kukamiria women in rural Loreto. Following a case study approach, sixty semi-structured, face-to-face interviews were conducted with recent mothers who experienced childbirth within one year prior to the interview, female relatives of recent mothers who had a role in childbirth, male relatives of recent mothers, community health workers, and traditional healers. We found that for women from these communities, home birth is a courageous act and an intimate (i.e. members of the community and relatives participate in it) and inexpensive practice in comparison with institutional birth. These preferences are also linked to experiences of mistreatment at health facilities, lack of cultural adaptation of birthing services, and access barriers to them. Preparations for home births included handwashing and cleaning delivery surfaces. After birth, waiting for the godparent to arrive to cut the cord can delay drying of the newborn. Discarding of colostrum, lack of skin-to-skin contact as well as a range of responses regarding immediate breastfeeding and immediate drying of the baby were also found. These findings were used to tailor the educational content of the Mamas del Rio program, where community health workers are trained to identify pregnancy early, perform home visits to pregnant women and newborns, and promote essential newborn care practices in case institutional birth is not desired or feasible. We make recommendations to improve Peru's cultural adaptation of birthing services.

FULL TEXT LINK<http://dx.doi.org/10.1371/journal.pone.0250702>**RECORD 6****TITLE**

The first 2 h after birth: prevalence and factors associated with neonatal care practices from a multicountry, facility-based, observational study

AUTHOR NAMES

Sacks E.; Mehrtash H.; Bohren M.; Balde M.D.; Vogel J.P.; Adu-Bonsaffoh K.; Portela A.; Aderoba A.K.; Irinyenikan T.A.; Maung T.M.; Thwin S.S.; Mon N.O.; Soumah A.-M.; Guure C.; Diallo B.A.; Adeyanju A.O.; Maya E.; Adanu R.; Gülmezoglu A.M.; Tunçalp Ö.

SOURCE

The Lancet Global Health (2021) 9:1 (e72-e80). Date of Publication: 1 Jan 2021

PUBLICATION YEAR

2021

VOLUME

9

PUBLICATION TYPE

Article

ABSTRACT

Background: Amid efforts to improve the quality of care for women and neonates during childbirth, there is growing interest in the experience of care, including respectful care practices. However, there is little research on the prevalence of practices that might constitute mistreatment of neonates. This study aims to describe the care received by neonates up to 2 h after birth in a sample of three countries in west Africa. **Methods:** Data from this multicountry, facility-based, observational study were collected on 15 neonatal care practices across nine facilities in Ghana, Guinea, and Nigeria, as part of WHO's wider multicountry study on how women are treated during childbirth. Women were eligible if they were admitted to the participating health facilities for childbirth, in early established labour or active labour, aged 15 years or older, and provided written informed consent on behalf of themselves and their neonate. All labour observations were continuous, one-to-one observations of women and neonates by independent data collectors. Descriptive statistics and multivariate logistic regressions were used to examine associations between these neonatal care practices, maternal and neonate characteristics, and maternal mistreatment. Early neonate deaths, stillbirths, and higher order multiple births were excluded from analysis. **Findings:** Data collection took place from Sept 19, 2016, to Feb 26, 2017, in Nigeria; from Aug 1, 2017, to Jan 18, 2018, in Ghana; and from July 1 to Oct 30, 2017, in Guinea. We included data for 362 women–neonate dyads (356 [98%] with available data for neonatal care practices) in Nigeria, 760 (749 [99%]) in Ghana, and 558 (522 [94%]) in Guinea. Delayed cord clamping was done for most neonates (1493 [91.8%] of 1627); other practices, such as skin-to-skin contact, were less commonly done (1048 [64.4%]). During the first 2 h after birth, separation of the mother and neonate occurred in 844 (51.9%) of 1627 cases; and was more common for mothers who were single (adjusted odds ratio [AOR; adjusting for country, maternal age, education, marital status, neonate weight at birth, and neonate sex] 1.8, 95% CI 1.3–2.6) than those who were married or cohabiting. Lack of maternal education was associated with increased likelihood of neonates not receiving recommended breastfeeding practices. Neonates with a low birthweight (<2.5 kg) were more likely (1.7, 1.1–2.8) to not begin breastfeeding on demand than full weight neonates. When women experienced physical abuse from providers within 1 h before childbirth, their neonates were more likely to be slapped

(AOR 1·9, 1·1–3·9). Interpretation: A high proportion of neonates did not receive recommended care practices, and some received practices that might constitute mistreatment. Further research is needed on understanding and measuring mistreatment to improve care, including respectful care, for mothers and neonates. Funding: US Agency for International Development, and the UNDP/UN Population Fund/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Department of Reproductive Health and Research, WHO.

FULL TEXT LINK

[http://dx.doi.org/10.1016/S2214-109X\(20\)30422-8](http://dx.doi.org/10.1016/S2214-109X(20)30422-8)

RECORD 7**TITLE**

Nipple pain: Raynaud's beyond fingers and toes

AUTHOR NAMES

Di Como J.; Tan S.; Weaver M.; Edmonson D.; Gass J.S.

SOURCE

Breast Journal (2020) 26:10 (2045-2047). Date of Publication: 1 Oct 2020

PUBLICATION YEAR

2020

VOLUME

26

PUBLICATION TYPE

Article

ABSTRACT

Raynaud's phenomenon of the nipple (RPN) is a cause of nipple pain scarcely reported in the literature and frequently missed by physicians. We present a case of RPN in a pregnant mother who sought breast surgical consultation for episodic nipple pain. Review of the literature reveals RPN is predominant in lactating and pregnant patients and missed diagnosis can cause cessation of breastfeeding or mistreatment with antifungals. Clinical suspicion should be raised if symptoms are precipitated by cold, associated with color change, occur during pregnancy or breastfeeding, or with a history of Raynaud's. Treatment is generally supportive, with nifedipine used for severe cases.

FULL TEXT LINK

<http://dx.doi.org/10.1111/tbj.13991>

RECORD 8**TITLE**

COVID-19 as a risk factor for obstetric violence

AUTHOR NAMES

AUTHOR NAMES

Sadler M.; Leiva G.; Olza I.

SOURCE

Sexual and Reproductive Health Matters (2020) 28:1 Article Number: 1785379. Date of Publication: 1 Jan 2020

PUBLICATION YEAR

2020

VOLUME

28

PUBLICATION TYPE

Note

FULL TEXT LINK

<http://dx.doi.org/10.1080/26410397.2020.1785379>

RECORD 9**TITLE**

Lactation Support for LGBTQIA+ Families

AUTHOR NAMES

Chetwynd E.M.; Facelli V.

SOURCE

Journal of human lactation : official journal of International Lactation Consultant Association (2019) 35:2 (244-247). Date of Publication: 1 May 2019

PUBLICATION YEAR

2019

VOLUME

35

PUBLICATION TYPE

Article

ABSTRACT

BACKGROUND: Despite a documented underutilization of healthcare by the LGBTQIA+ community due to fear of mistreatment, reproduction incurs a likely dependence on the medical system. Within breastfeeding medicine, the language used for breastfeeding or chestfeeding has broadened and there is an emphasis on inclusion of all types of gender identities; however, that care can be heavily biased toward the inclusion of all breasts/chests in infant feeding. **RESEARCH AIM:** The purpose of this case study was to examine the impact of queer identity on the gestational and postpartum experience of a bisexual woman married to, and parenting with, a transgender man. It draws into perspective the need to practice in accordance with patients' self-described gender and parenting roles. **RESULTS:** The parenting roles of this couple were the same as any married, straight, cisgender couple, yet the family

identified as queer. The mother in this case experienced low milk production, but the father had had chest reconstructive surgery and started hormones so that they could enter parenthood as the family they had envisioned for themselves. At no point was there any consideration that the father induce milk production for his baby or that chest reconstructive surgery had been mistimed. Their pregnancy support team was supportive of their gender identities and parenting roles, yet they still found themselves orienting and educating the healthcare team throughout their pregnancy and postpartum experience. **CONCLUSIONS:** Caring for the LGBTQIA+ community requires us to recognize our assumptions and act in affirming ways for all parents, regardless of their family constellation.

FULL TEXT LINK

<http://dx.doi.org/10.1177/0890334419831269>

RECORD 10

TITLE

Childbirth experiences related to obstetric violence in public health units in Quito, Ecuador

AUTHOR NAMES

Brandão T.; Cañadas S.; Galvis A.; de los Ríos M.M.; Meijer M.; Falcon K.

SOURCE

International Journal of Gynecology and Obstetrics (2018) 143:1 (84-88). Date of Publication: 1 Oct 2018

PUBLICATION YEAR

2018

VOLUME

143

PUBLICATION TYPE

Article

ABSTRACT

Objective: To explore women's experiences of obstetric violence related to childbirth in Ecuador. **Methods:** The present cross-sectional descriptive study combined qualitative and quantitative elements of women's childbirth experience in Quito, Ecuador, between July 1, 2016, and July 1, 2017. Women who delivered in public health units providing different levels of care completed a survey of 32 questions, divided into six dimensions of obstetric violence. **Results:** Overall, 388 women completed the survey, of whom 259 (66.8%) delivered vaginally and 129 (33.2%) delivered by cesarean. Among 120 women who delivered for the first time, 62 (51.7%) had an episiotomy. At the second stage of labor, uterine fundus pressure (Kristeller maneuver) was performed for 49 (19.4%) of 252 women. Overall, 196 (50.5%) women reported that they were not allowed to engage in early attachment, and 135 (34.8%) reported that they did not receive support

for the initiation of breastfeeding. Conclusion: Various forms of obstetric violence are occurring in the public health services of Quito, despite World Health Organization recognition of the need for perinatal care at the highest level. Programs designed to prevent and diminish obstetric violence are urgently required.

FULL TEXT LINK

<http://dx.doi.org/10.1002/ijgo.12625>

RECORD 11**TITLE**

Obstetric violence: a Latin American legal response to mistreatment during childbirth

AUTHOR NAMES

Williams C.R.; Jerez C.; Klein K.; Correa M.; Belizán J.M.; Cormick G.

SOURCE

BJOG: An International Journal of Obstetrics and Gynaecology (2018) 125:10 (1208-1211). Date of Publication: 1 Sep 2018

PUBLICATION YEAR

2018

VOLUME

125

PUBLICATION TYPE

Note

FULL TEXT LINK

<http://dx.doi.org/10.1111/1471-0528.15270>

RECORD 12**TITLE**

Respectful maternal and newborn care: Building a common agenda

AUTHOR NAMES

Sacks E.; Kinney M.V.

SOURCE

Reproductive Health (2015) 12:1 Article Number: 46. Date of Publication: 20 May 2015

PUBLICATION YEAR

2015

VOLUME

12

PUBLICATION TYPE

Review

ABSTRACT

In September, the World Health Organization released a statement on preventing and eliminating disrespect and abuse during facility-based childbirth. In addition to this

eliminating disrespect and abuse during facility-based childbirth. In addition to this important agenda, attention is also needed for the dignified care of newborns, who also deserve basic human rights and dignified care. In this commentary, we provide examples from the literature and other sources of where respectful care for newborns has been lacking and we give examples of opportunities for integration of maternal and newborn health care going forward. We illustrate the need for respectful treatment and consideration across the continuum of care: for mothers, stillbirths, and all newborns, including those born too soon and those who die in infancy. We explain the need to document cases of neglect and abuse, count all births and deaths, and to include newborns and stillbirths in the respectful care agenda and the post-2015 global reproductive care frameworks.

FULL TEXT LINK

<http://dx.doi.org/10.1186/s12978-015-0042-7>

Base de dados : **LILACS**

Pesquisa : "**disrespect and abuse**" OR "**disrespect & abuse**" OR "**mistreatment**" OR "**institutional violence**" OR "**obstetric violence**" [**Palavras**] and "**breastfeeding**" [**Palavras**]

Total de referências : **4**

1/4

Id: lil-606227

Autor: Zambrano Pantoja, Fabio; Bayona Nuñez, Alberto; Ordóñez Gómez, Myriam; Sámpeter, Belén; Heredia Vargas, Patricia; Gómez López, Claudia.

Título: Encuesta distrital de demografía y salud Bogotá 2011 / Demographic and health district survey Bogotá 2011.

Fonte: Bogotá; Profamilia; ago. 2011. [538] p. mapas, tab, graf.

Idioma: es.

Resumo: La encuesta distrital de demografía y salud de Bogotá (EDDS) es el primer estudio financiado por el gobierno local, que da cuenta del estado de la salud sexual y reproductiva de las personas que habitan la ciudad. Su importancia radica en la especificidad de la información para Bogotá y sus 20 localidades...

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[Mulheres Maltratadas/estatística & dados numéricos](#)
[Neoplasias da Mama/prevenção & controle](#)
[Neoplasias do Colo do Útero/prevenção & controle](#)

Limites: [Masculino](#)
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Tipo de Publ: [Estudo Comparativo](#)
[Estudo Multicêntrico](#)

Responsável: [CO241.1](#) - Biblioteca
OR073-C1

2/4

Id: lil-579613

Autor: Ojeda, Gabriel; Ordóñez, Myriam; Ochoa, Luis Hernando.

Título: Colombia: encuesta nacional de demografía y salud 2010 / Colombia: national survey of demography and health 2010.

Fonte: Bogotá; Profamilia; feb. 2011. 727 p. mapas, tab, graf.

Idioma: es.

Descritores: [Anticoncepção/estatística & dados numéricos](#)
[Doenças Sexualmente Transmissíveis/prevenção & controle](#)
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[Neoplasias do Colo do Útero/prevenção & controle](#)
[Dinâmica Populacional](#)
[POPULATION SURVEYS](#)

Responsável: [CO241.1](#) - Biblioteca
 02638; 02638

3/4

Id: lil-579612

Autor: Profamilia.

Título: Colombia: encuesta nacional de demografía y salud 2010: informe de prensa /
 Colombia: national survey of demography and health 2010: report of press.

Fonte: Bogotá; Profamilia; 2011. 82 p. mapas, tab, graf.

Idioma: es.

Resumo: Se dan a conocer los resultados más relevantes de la encuesta nacional de demografía y salud 2010 de forma concisa, ideal para medios de comunicación

Descritores: [Anticoncepção/estatística & dados numéricos](#)
[Doenças Sexualmente Transmissíveis/prevenção & controle](#)
[Conhecimentos, Atitudes e Prática em Saúde](#)
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[Maus-Tratos Infantis/estatística & dados numéricos](#)
[Mulheres Maltratadas/estatística & dados numéricos](#)
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[Dinâmica Populacional](#)
[POPULATION SURVEYS](#)

Responsável: [CO241.1](#) - Biblioteca
 OR070-VD1; OR070-VD1

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Id: lil-290044

Autor: Instituto Nacional del Niño y la Familia; .Programa de Desarrollo Infantil.

Título: Nutrición y desnutrición infantil / Infant nutrition and desnutrition.

Fonte: Quito; INNFA; 2000. 30 p. ilus.

Idioma: es.

Descritores: [Aleitamento Materno](#)
[Maus-Tratos Infantis](#)
[Doenças Transmissíveis](#)
[Nutrição do Lactente](#)
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