

ARTIGO - ARTICLE - ARTÍCULO**Exclusive breastfeeding in Colombia: analysis of data on respiratory infections and acute diarrhoeal diseases**

Aleitamento materno exclusivo na Colômbia: análise de dados de infecções respiratórias e doenças diarreicas agudas

Lactancia materna exclusiva en Colombia: análisis de datos sobre infecciones respiratorias y enfermedades diarreicas agudas

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RESUMO

Introduction: Despite the fact that Colombia is the fourth country in the world with the highest concession of maternity leave days, it still does not cover what is defined as essential to reduce Respiratory Tract Infection (RTI) and Acute Diarrhoeal Disease (ADD) in infants. Objective: The objective of this research was to analyze indicators of respiratory infections and acute diarrheal diseases during exclusive breastfeeding (EBF) in Colombia. Methodology: The management of solid research data at the institutional level used as instrument the LERU roadmap for health indicators in institutions attached to the Secretariat of Health of Bogota, based on the case study and matched controls 1: 2, from publications of the SaluData observatory, the Ten-Year Breastfeeding and Complementary Feeding Plan- PDLMAC 2021-2030, as well as the registry book of infants between 0 to 5 months of age, taking as a focused sample the Hospital San Juan de Dios in Colombia, the detection of the occurrence of events that allow formulating a hypothesis in accordance with the variables: breastfeeding and maternity leave; respiratory infections and acute diarrheal diseases. Results: The findings show that there is an association between exclusive breastfeeding during maternity leave to reduce respiratory infections and acute diarrheal diseases in the hospitals attached to the Health Secretariat of Bogota. One in six children does not receive exclusive breastfeeding during maternity leave in Colombia. Conclusion: As implications, the public health strategies must be reconsidered to favor EBF and extend maternity leave times, complying with the 6-month goal defined by the World Health Organization.

Keywords: Exclusive breastfeeding; Acute diarrhoeal disease; Respiratory tract infections.

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INTRODUÇÃO

Exclusive breastfeeding is a right that every individual has at birth, aimed at adequately nourishing the body, which begins immediately after delivery, for this reason, collaboration must be done with mothers who want to start the process exclusively. For this reason, in all countries there is a legal instrument called “maternity leave”, which consists of paid rest granted to the working mother, making the corresponding payment during the weeks inactive at work; the number of weeks depends on the legislation of each country, in some cases the maternity leave can be extended for multiple births, or the prenatal leave can be postponed and full leave can be taken in the postpartum stage.

In Colombia, a different paradigm is evident in terms of the practice of exclusive breastfeeding (EBF), as the results of

the last Encuesta Nacional de Situación Nutricional/National Survey of Nutritional Situation done in 2015 presented. The organization in charge of after collecting the statistical data that serve as the basis for proposing strategies on food and nutritional security has mentioned that the EBF is carried out in one of every three infants under 6 months of age, representing 36.1%. Therefore, it's necessary to reinforce this practice to reach the international goal of 50% set by the World Health Organization, these results show not very encouraging figures, they show that the EBF trend has been reduced in the last two five-year records, decreasing considerably since 2005, when it presented the highest peak of 46.8%, during the first six months. The foregoing is based on the number of cases treated in 2015 (last study) in children between 0 - 5 years of age, due to effects on their health, which has caused expenses of around \$ 40,858,435,800 to the nation¹ (Table 1).

Table 1. Cases attended in children between 0 - 5 years of age, Colombia, 2015

Description	Number of Attentions	Number of people
Inquieres		
Communicable and nutritional conditions		
Respiratory infections	1.164,058	559.956
Non-communicable diseases		
Respiratory diseases	417.067	197.225
Emergencies		
Communicable and nutritional conditions		
Respiratory infections	171.038	127.636
Non-communicable diseases		
Respiratory diseases	26.103	22.119
Hospitalizations		
Communicable and nutritional conditions		
Respiratory infections	55.724	44.695
Non-communicable diseases		
Respiratory diseases	14.540	12.400
Grand Total	1.848,530	964.031

Source: Ministerio de Salud e Protección Social , 2015¹.

It is necessary to highlight that acute respiratory infections in pediatrics include the common cold, pneumonia, otitis, tonsillitis, sinusitis, acute bronchitis, laryngotracheitis, bronchiolitis, laryngitis, and asthma. Likewise, acute diarrheal diseases represent the second cause of death in infants under 5 years of age.

Considering the above, in Colombia there are challenges to develop to increase exclusive breastfeeding and reach the six months recommended by the World Health Organization², natural breastfeeding is a way of providing the correct food for the healthy development and growth of infants. being an important part of the reproductive process and with positive repercussions on the health of mothers. Given this situation, scientific data have shown that, at the population level, exclusive breastfeeding during the first six months of life

is the optimal mode of feeding before beginning to receive other types of food, as a complement until 2 years of age or more³.

Among the antecedents related to the object under study, findings on the benefits of EBF for the newborn child stand out, which correspond to the reduction of gastrointestinal diseases, providing residual protection and reducing these events by up to 64%. Additionally, children can present 30% less diarrhea than a child fed from its initial stage with formula foods. Similarly to respiratory diseases, non-breastfed children present an increase in mortality rates (15 times more)^{4,5}. Other sources of research have shown that newborns breastfed by their mothers are less likely to develop conditions such as diabetes, high cholesterol, allergies, helping to reduce the chances of developing overweight⁶.

In this context, government authorities are in charge of developing public policies to improve the nutrition, health and quality of life of female workers, promoting strategies defined in the Ten-Year Plan for Breastfeeding and Complementary Feeding - PDLMAC 2021-2030⁷, highlighting the goal of reaching at least six months due to the amount of benefits derived for the infant, fully justifying the present study, which has the objective of analyzing the relationship of Exclusive Breastfeeding during maternity leave to reduce the acute respiratory infections (ARI) and acute diarrheal diseases (ADD).

Likewise, studies were found that validate the presence of exclusive breastfeeding during maternity leave protects infants under 12 months of age from acute respiratory infections and acute diarrheal diseases. In this sense, previous studies show that this type of disease is more frequent in children with mixed or artificial lactation (formulated milk) as opposed to when it is exclusive breast milk, the presence is very low or null^{8,9}.

In addition, scientific assessments on maternity leave and its incidence in breastfeeding assert that the type of work and women with little education are less willing to offer breastfeeding for a long time^{10,11}.

With reference, ARI and ADD are the most frequent causes of hospitalizations and medical consultations in infants and have an impact on infant morbidity, causing between 6 and 9 episodes per year¹². An important study consider the prevalence of exclusive breastfeeding up to 6 months around 25.4%, likewise, the common reasons for abandoning exclusivity were insufficient milk in 36% and return to work in 25.9%. The item having knowledge about the EBF was also considered¹³.

Study scenario

Maternity leave in Colombia corresponds to an economic benefit given to mothers who contribute to the General System of Social Security in Health (GSSSH), and was created through Law 53 of 1938, affirming the role of working women. It has meant its recognition as a fundamental base within the labor market. For this reason, the national government has decided to protect mothers by guaranteeing the coverage of economic benefits that allow them to cover the expenses generated during the gestation and lactation stage¹⁴. However, the government has made various changes to the laws over time, to benefit the mother even more, as is the case of Decree 13 of 1967, incorporating important aspects into the substantive labor code, among which must be preserved the work of the beneficiary who is on maternity leave¹⁵. In 2011, Law 1468 grants a right to maternity leave for a total of 14 weeks, additionally adding more days to the leave, if it was due to premature birth or multiple births. Later, Law 1822, in 2017, allowed the increase in maternity leave by four weeks, that is, that all women can have this paid leave for 18 weeks with 100% of the salary earned by the worker.

It is necessary to highlight that the bill proposed by the Centro Democrático political party, in 2015, introduced

reforms in the articles 236 and 239 of the Substantive Labor Code, through Law 1822 of 2017 for the increase in licenses of 14 to 18 weeks. This change has various justifications, among which are the promotion of the fundamental rights of women and their children, as well as incentives for adequate attention and care of the newborn.

For this reason, the objective of this study is to analyze the indicators of acute respiratory infections (ARI) and acute diarrheal diseases (ADD) during exclusive breastfeeding in Colombia, 2020.

MATERIALS AND METHODS

The research was based on the documentary analysis of the data recorded in the LERU Roadmap referring to the health indicators of the hospital institutions attached to the Secretary of Health of Bogotá, Colombia, based on the case study and paired controls 1:2. The results have been published in the SaluData observatory, in the Ten-Year Plan for Breastfeeding and Complementary Feeding - PDLMAC 2021-2030⁷ and in the registry book for infants between 0 and 5 months of age, taking as a sample focused on the San Juan de Dios Hospital in Colombia. It was detected the occurrence of events that allow formulating a hypothesis in accordance with the variables: breastfeeding, maternity leave, respiratory infections and acute diarrheal diseases.

The universe was made up of: five level III hospitals, eight level II hospitals, and nine level I hospitals; It currently has 142 service points, where low, medium and high complexity services are offered¹⁶. Among the inclusion criteria specified, are: infants under 7 months of age discharged from the Pneumology Service with diagnoses of acute respiratory infections and acute diarrheal diseases.

The general hypothesis to be validated or refuted is detailed next:

H1: There is an association of Exclusive Breastfeeding during maternity leave to reduce acute respiratory infections and acute diarrheal diseases in hospitals attached to the Bogota Health Department.

H0: There is no association of Exclusive Breastfeeding during maternity leave to reduce acute respiratory infections and acute diarrheal diseases in hospitals attached to the Bogota Health Department.

RESULTS

When applying the respective statistical analysis, it was found that the cases of acute respiratory infections came from homes with cement or ceramic floors ($p = 0.370$) and rooms number less than two for sleeping ($p = 0.003$). Breastfeeding time exclusive ($p = 0.005$) was lower than the cases of ARI, in contrast to the controls and the age of onset of fluid intake. Likewise, among the related variables are: "Always wash your hands" and "Enjoy maternity leave" with $p = 0.000$ each (Table 2).

Table 2. Variables associated with the absence of acute respiratory infection in infants aged 0-6 months at the San Juan de Dios Hospital, Bogotá, 2020

Variables	Acute Respiratory Infection				p
	Yes		No		
	n	%	n	%	
Works	19	95,0	1	5,0	0,001
Single	8	40,0	12	60,0	1,000
Higher education	15	75,0	5	25,0	0,018
Cement or ceramic floor	10	50,0	15	75,0	0,370
Stores water	12	60,0	8	40,0	0,072
Exclusive breastfeeding	14	70,0	6	30,0	0,005
Received information on exclusive breastfeeding	18	90,0	2	10,0	0,020
Perform hand washing	20	100,0	0	0,0	0,000
Enjoy maternity leave	20	100,0	0	0,0	0,000

Source: Ministerio de la Protección Social⁷.

Subsequently, when carrying out the Odds Ratio analysis by Stata and determining the association of the variables, the interpretation affirms that the further the ratio is from 1, the stronger the relationship is considered, when the value is established at 1 it indicates absence of association^{17,18}. Therefore, the variable being single (OR = 1) does not present an association, and the rest shows a strong association, highlighting: received information about breastfeeding (p = 1.22) with a positive association and, for the rest of variables with values less than one, it was established a negative association (Table 3).

Table 3. Variables associated with the protection of acute respiratory infection in infants aged 0-6 months at the San Juan de Dios Hospital, Bogotá, 2020

Variables	Odds Ratio		
	Statistics	IC 95%	
Works	0,32	0,0	1,3
Single	1,00	0,2	4,2
Higher education	0,28	0,0	0,8
Cement or ceramic floor	0,63	0,2	1,8
Stores water	0,54	0,1	2,1
Exclusive breastfeeding	0,06	0,0	0,2
Received information on exclusive breastfeeding	1,22	0,4	3,5
Perform hand washing	0,08	0,0	0,8
Enjoy maternity leave	0,08	0,0	0,8

Source: Ministerio de la Protección Social⁷.

Next, the results when applying the binary logistic regression determined that the most optimal model to predict the prevention of ARI are the variables: with exclusive breastfeeding, wash hands before preparing food and enjoy maternity leave; generating a chi square = 27.29; p = 0.00; Cox and Snell R² = 0.37; Nagelkerke's R² = 0.49.

Regarding acute diarrheal diseases, it was established that the average of prenatal check-ups was significantly different between cases and controls. For the sample with cases coming from homes with a smaller number of sleeping rooms, p = 0.000 is located, compared to controls p = 0.081. In addition, it was found that the average time of exclusive breastfeeding, the mixed lactation's age of initiation, the estimated age of initiation of semi-solid foods and the liquid consumption's age of initiation were located at p = 0.000; significantly lower when compared with controls (p = 0.087).

Among the outstanding values of the ADD, the variables stand out: working mother (p = 0.006), single mothers (p = 0.011), to have a cement or ceramic floor (p = 0.005), stores water (p = 0.000), exclusive breastfeeding (p = 0.000), received information on exclusive breastfeeding (p = 0.006), washes their hands (p = 0.002), enjoys maternity leave (p = 0.000) (Table 4).

Table 4. Variables associated with the absence of acute diarrheal diseases in infants aged 0-6 months at the San Juan de Dios Hospital, Bogotá, 2020

Variables	Acute Diarrheal Diseases				p
	Yes		No		
	n	%	n	%	
Works	19	23,7	61	76,2	0,006
Single	33	41,2	47	58,7	0,011
Higher education	67	83,7	13	16,2	0,087
Cement or ceramic floor	25	31,2	55	68,7	0,005
Stores water	15	18,7	65	81,2	0,000
Exclusive breastfeeding	30	37,5	50	62,5	0,000
Received information on exclusive breastfeeding	40	50,0	40	50,0	0,006
Perform hand washing	78	97,5	2	2,5	0,002
Enjoy maternity leave	80	100	0	0	0,000

Source: Ministerio de la Protección Social⁷.

Table 5 consolidates the data, highlighting the indicators: working mother (OR = 0.38), single marital status (OR = 0.30), storing water (OR = 0.31), exclusively breastfeeding (OR = 0.32), wash their hands (OR = 0.08), take maternity leave (OR = 0.23), to have a cement or ceramic floor (OR = 0.58). Regarding the causal relationship of breastfeeding during maternity leave on the prevention of ADD, it is observed that the item higher education presents a positive association and performs hand washing presents the highest negative association value (0.08).

Table 5. Variables associated with the protection of acute diarrheal diseases in infants aged 0-6 months at the San Juan de Dios Hospital, Bogotá, 2020

Variables	Odds Ratio		
	Statistics	IC 95%	
Works	0,38	0,1	0,7
Single	0,30	0,1	0,7
Higher education	1,04	0,6	1,7
Cement or ceramic floor	0,58	0,3	1,0
Stores water	0,31	0,1	0,5
Exclusive breastfeeding	0,32	0,2	0,5
Received information on exclusive breastfeeding	0,47	0,2	0,8
Perform hand washing	0,08	0,0	0,8
Enjoy maternity leave	0,23	0,0	0,8

Source: Ministerio de la Protección Social⁷.

Likewise, when executing the binary logistic regression, it was evidenced that the most optimal model aimed to predict the prevention of ADD includes: Exclusive breastfeeding, being single, storing water, washing hands and enjoying maternity leave with a value of Chi square = 44.24; $p = 0.000$; Cox and Snell $R^2 = 0.17$; Nagelkerke's $R^2 = 0.23$.

Study of the mortality rate due to acute respiratory infection (ARI) in children under 5 years of age

Acute respiratory infections (ARI) are a group of diseases that occur in the respiratory system and can happen due to different reasons, either the body is exposed to microorganisms such as viruses and bacteria, which can lead to common colds. However, depending on the general health situation of the people, colds can lead to complex conditions and even morbidity and mortality, such as pneumonia and danger to life. The population most affected by ARI are children under 5 years of age. Around 65 million people worldwide suffer from chronic obstructive pulmonary disease (COPD), the third leading cause of death. Additionally, approximately 334 million people worldwide, including 14% of children, have asthma. In terms of deaths, respiratory infections are estimated to cause 4 million deaths annually worldwide, making them the leading cause of death among children under five years of age¹⁹.

In Colombia, for 2019, the ARI mortality rate in children under five years of age is 11.14, while according to preliminary data for 2020, this indicator has decreased significantly with a mortality rate of 4.18. Compared to other years, this indicator has shown a significant decrease. Regarding the sectoral statistics, the following regions can be identified as having the highest mortality rate due to the

current situation below: Vaupés, Amazonas, La Guajira and Chocó with 52.62, 51.78, 40.00 and 28.96, respectively. In addition, by 2020, the regions with the highest mortality from ARI in children under 5 years of age were: Antioquia, Vichada, Chocó and Guaviare at a rate of 30.72, 23.82, 21.00 and 17.80, respectively (Figure 1)²⁰.

According to the Ministry of Health and Social Protection¹⁹, any of these actions can be taken to avoid the increase in ARI: to provide a high consumption of breast milk in children less than 6 months, as well as to guarantee foods with a high nutritional and energy implicit to those older than 6 months, such as fruits, vegetables, meats, among others. In this sense, the Health System must guarantee a complete vaccination scheme for all children under 5 years of age.

DISCUSSION AND CONCLUSION

In the present investigation, the presence of exclusive breastfeeding during maternity leave protects the infant under 12 months of age from acute respiratory infections and acute diarrheal diseases was validated. In this sense, previous studies show that this type of disease is more frequent in children with mixed or artificial lactation (formula milk) as opposed to when it is exclusive breast milk, the presence is very low or null^{8,9}.

Acute respiratory infections (ARI) and acute diarrheal diseases (ADD) are among the most common causes of hospitalizations and medical consultations in infants, significantly impacting infant morbidity, with occurrences ranging between 6 and 9 episodes per year¹³. A notable study found the prevalence of exclusive breastfeeding up to 6 months to be 25.4%. The primary reasons for discontinuing exclusive breastfeeding were insufficient milk supply (36% of cases) and returning to work (25%). Additionally, 9% of the participants cited a lack of knowledge about exclusive breastfeeding, which aligns with current findings⁸.

Despite the fact that studies agree on the benefits of breast milk during the first six months of life, maternity leave in many countries does not complete the weeks to comply with exclusive breastfeeding. On the contrary, mothers are seen in the need to return to work earlier for monetary reasons, therefore, they are forced to replace breast milk with artificial milk and relegate EBF^{21,22}. In this sense, the International Labor Organization (ILO) provided in their laws to contemplate the first worldwide standard in terms of maternity leave or mother protection laws, through the adoption of the Convention on Maternity Protection. This agreement dictates that a license must be a minimum of 12 weeks, but it is recommended to reach agreements in the nations and governments with licenses of more than 14 weeks²³.

Among the five Latin American countries with the highest maternity leave days recognition, Colombia ranks fourth compared to the other nations and the characteristics of the leaves paid by them. By way of example, the following are mentioned: i) Venezuela - maternity leave is governed by

the Organic Law of Labor, Workers and Workers (LOTTT) providing benefits to mothers in the prenatal and postpartum term. The period lasts 26 weeks and can be divided into 6 weeks off before delivery and 20 after birth. Similarly, this paid leave corresponds to 100% of the salary earned by the mother²⁴; ii) Chile - maternity leave is created under the Chilean Labor Code and corresponds to a paid rest period before (6 weeks) and postpartum (12 weeks), for a total of 18 weeks of rest for mothers. During this time, they receive the total of 100% of their salary, and they also have the power to decide if they take the weeks during the prepartum period or the 18 weeks during the postpartum period²⁵; iii) Cuba - grants a maternity leave corresponding to eighteen weeks with a salary corresponding to 100% earned by the worker. Within the conditions for Cuban mothers to be able to access the payment of the leave, Law 339 requires that the mother be working at the time the leave begins and worked a minimum of 75 days in the last 12 months prior to the date of delivery²⁶; iv) Brazil - The Instituto Nacional do Seguro Social (INSS) is the statal entity that pays maternity leave for working women in Brazil and was created through the Lei do Trabalho (Decree-Law no. 5,452, of 1943). The benefit is paid for a term of 18 weeks and is delivered to all mothers who prove a formal employment relationship for 100% of the salary earned by the worker without any type of prejudice²⁷.

Likewise, scientific assessments on maternity leave and its incidence in breastfeeding assert that the type of work and women with little education are less willing to offer breastfeeding for a long time^{28,29}. Also, a lack of governmental coordination and coherence on the duration of the licenses is detected, since they present different times to what is established by the World Health Organization (WHO), representing the main brake to extend the current limits^{30,31,32}.

In this sense, the evaluation of the impact of the IRA and ADD is interesting due to the causal effect when estimating the difference between the result in the Hospital with the Ten-Year Plan for Breastfeeding and Complementary Feeding 2021-2030 and the counterpart without the Plan³³. To this end, the data collected ensured that the study group and the beneficiary group possess similar average observable characteristics in the absence of the program, that the comparison group is not boastful about the plan, and that the same for the study group are the same. to beneficiary outcomes if both are mediated. Given the difficulty of the present study to find at least one significant and representative counterfactual element in the duty to guarantee the right to breastfeeding on the part of the Colombian state, then it can be recommended in the short term the evaluation of the effectiveness of certain interventions, such as targeted breastfeeding promotion campaigns, provision of lactation consultants, and establishing breastfeeding-friendly hospital policies, mediated in communication between study participants and health personnel and this will depend on whether it is within the scope of the 2021-2030 agenda.

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RESUMO

Introdução: Apesar de a Colômbia ser o quarto país do mundo com maior reconhecimento de dias de licença maternidade, ainda não cobre o que é definido como essencial para reduzir Infecções Respiratórias Agudas (IRA) e Doenças Diarreicas Agudas (DDA) em bebês. **Objetivo:** O objetivo desta pesquisa foi analisar indicadores de infecções respiratórias e doenças diarreicas agudas durante o aleitamento materno exclusivo (AME) na Colômbia. **Metodologia:** A gestão de dados sólidos de pesquisa em nível institucional utilizou como instrumento o roteiro LERU para indicadores de saúde em instituições vinculadas à Secretaria de Saúde de Bogotá, com base no estudo de caso e controles correspondentes 1:2, a partir de publicações do observatório SaluData, do Plano Decenal de Aleitamento Materno e Alimentação Complementar - PDLMAC 2021-2030, bem como o livro de registro de bebês de 0 a 5 meses de idade, tomando como amostra focada o Hospital San Juan de Dios da Colômbia e detecção da ocorrência de eventos que permitem formular hipótese de acordo com as variáveis: amamentação e licença maternidade; infecções respiratórias e doenças diarreicas agudas. **Resultados:** Os resultados mostram que existe uma associação entre o aleitamento materno exclusivo durante a licença maternidade para a redução de infecções respiratórias e doenças diarreicas agudas nos hospitais vinculados à Secretaria de Saúde de Bogotá. Uma em cada seis crianças não recebe amamentação exclusiva durante a licença maternidade na Colômbia. **Conclusão:** Como implicações, as estratégias de saúde pública devem ser reconsideradas para favorecer o AME e ampliar os tempos de licença maternidade, cumprindo a meta de 6 meses definida pela Organização Mundial da Saúde.

Palabras chave: aleitamento materno exclusivo; Diarreia aguda; Infecções respiratórias agudas.

RESUMEN

Introducción: Si bien Colombia es el cuarto país del mundo con mayor reconocimiento de días de licencia por maternidad, aún no cubre lo que se define como esencial para reducir las Infecciones Respiratorias (IRA) y las Enfermedades Diarreicas Agudas (EDA) en los bebés. **Objetivo:** El objetivo de esta investigación fue analizar indicadores de infecciones respiratorias y enfermedades diarreicas agudas durante la lactancia materna exclusiva (LME) en Colombia. **Metodología:** La gestión de datos sólidos de investigación a nivel institucional utilizó como instrumento el script LERU para indicadores de salud en instituciones vinculadas a la Secretaría de Salud de Bogotá, basado en el estudio de caso y controles correspondientes 1:2, con base en publicaciones de la SaluData. observatorio, del Plan Decenal de Lactancia Materna y Alimentación Complementaria - PDLMAC 2021-2030, así como el libro de registro de bebês de 0 a 5 meses de edad, tomando como muestra focalizada al Hospital San Juan de Dios de Colombia y detectando la ocurrencia de eventos que permiten formular hipótesis según las variables: lactancia materna y licencia de maternidad; infecciones respiratorias y enfermedades diarreicas agudas. **Resultados:** Los resultados muestran que existe asociación entre la lactancia materna exclusiva durante la licencia de maternidad y la reducción de infecciones respiratorias y enfermedades diarreicas agudas en hospitales vinculados a la Secretaría de Salud de Bogotá. Uno de cada seis niños no recibe lactancia materna exclusiva durante la licencia de maternidad en Colombia. **Conclusión:** Como implicaciones, se deben reconsiderar las estrategias de salud pública para favorecer la LME y ampliar los tiempos de licencia de maternidad, cumpliendo la meta de 6 meses definida por la Organización Mundial de la Salud.

Palabras clave: Lactancia materna exclusiva; Diarrea aguda; Infecciones respiratórias.