Breastfeeding Psychosocial aspects

Valado Álvarez Sara,1 Orozco Mujica Gladys Elena2

1Department of Pediatric Dentistry and the Malocclusions clinic of the Dentofacial Orthopedics and Orthodontics postgraduate, School of Dentistry, University of Carabobo, Venezuela
2Professor of the Department of Pediatric Dentistry and postgraduate in the Faculty of Dentistry of the University of Carabobo, Venezuela

Correspondence: Prof. Valado Á., Sara, Avenue North Bolivar, Urbanization The Vineyard (Monseigneur Adam), Ferval building, Valencia, Venezuela, Email sara_valado@hotmail.com

Received: August 28, 2018 | Published: October 30, 2018

Abstract

Introduction: Breastfeeding is the action and the result of feeding with breast milk. It is the only food that, in addition, to have a biological influence on him has emotional influence.1–3

When the mother breastfeeds the child, not only feeds, but both perform an exchange of sensations that allow a link is established that will allow the development of their personality to feel protected, which enables the creation of appropriate links with their environment to the contribute to the development of an individual more confident of himself and confident to relate in a more harmonious way from the social point of view.4

The human being is a biopsychosocial, bio (life), psycho (mind) and social being (his relationship with those around him). Its potential is determined by its biological and physical characteristics, but in turn, its behavior is influenced by psychological aspects (desires, motivations, inhibitions) and by the social environment (pressures from others). It is a biopsychosocial unit.5

The influence of breastfeeding at the biological level, both in the child and in the mother, has been widely studied, even though substances present in breast milk that promote health in both are still being discovered; so it was decided not to touch this aspect in this investigation. Also, its influence at the level of the development of the craniofacial mass, in breathing and swallowing, is already well known.6–18

It promotes not only an adequate physical and mental health, but also the creator of social relations that lead to promoting the sustainable development of societies. Many of the world’s leaders, both from the public and private sectors, are beginning to recognize that the protection, support and promotion of breastfeeding is a health-related investment that improves economic and social development.19

Objective: to describe the importance of breastfeeding at the psychosocial level in the human being.

Materials and methods: descriptive level study, with a documentary, bibliographic design, based on the documentary review.

Conclusion: breastfeeding provides the basis for a human being with adequate mental health to establish harmonious social relationships.

Keywords: breastfeeding, psychological aspects, social aspects

Abbreviations: DHA, acid docosahexaenoic; NPD-1, neuroprotectin derived from the acid docosahexaenoic; AA, acid arachidonic

Introduction

Breastfeeding is the action and the result of feeding with breast milk. It is the only food that, in addition, to have a biological influence on him has emotional influence.1–3

When the mother breastfeeds the child, not only feeds, but both perform an exchange of sensations that allow a link is established that will allow the development of their personality to feel protected, which enables the creation of appropriate links with their environment to the contribute to the development of an individual more confident of himself and confident to relate in a more harmonious way from the social point of view.4

The human being is a biopsychosocial, bio (life), psycho (mind) and social being (his relationship with those around him). Its potential is determined by its biological and physical characteristics, but in turn, its behavior is influenced by psychological aspects (desires, motivations, inhibitions) and by the social environment (pressures from others). It is a biopsychosocial unit.5

The influence of breastfeeding at the biological level, both in the child and in the mother, has been widely studied, even though substances present in breast milk that promote health in both are still being discovered; so it was decided not to touch this aspect in this investigation. Also, its influence at the level of the development of the craniofacial mass, in breathing and swallowing, is already well known.6–18

It promotes not only an adequate physical and mental health, but also the creator of social relations that lead to promoting the sustainable development of societies. Many of the world’s leaders, both from the public and private sectors, are beginning to recognize that the protection, support and promotion of breastfeeding is a health-related investment that improves economic and social development.19

Objective: to describe the importance of breastfeeding at the psychosocial level in humans.

Materials and methods

The present article consisted of a descriptive level work, with a documentary, bibliographic design. It had as a technique for collecting information the documentary review seeking to update the information available on the subject. We sought to compile the most relevant in terms of the latest discoveries, examine the published literature focusing on the benefits of breastfeeding at the psychological and social level. It was based on the revision, translation and bibliographic analysis of scientific articles published mainly in the last ten years, with the exception of those classics in psychology. Breast descriptors, psychological, social aspects and brain development were used for the search. 71 articles were placed, of which 56 were left, mainly located in the academic Google, also in bibliographic collection centers of the network such as PubMed, Dialnet, Scielo.20–23

Its accomplishment was endorsed by the committees of both Bioethics and research of the Odontopediatrics I Curriculum Unit where the authors work as teachers.

Bibliographic review

The mouth becomes, during the first two years of life, the most complex and important center in the child’s life, due to the presence and stimulation of a high number of nerve receptors that modulate brainstem coordinations.11,12
Psychological aspects

The psychological benefits that breastfeeding can generate, both to the mother and the child, are not so easy to discover, because it is difficult to explore their minds and behaviors. Authors such as Freud and Abraham, in past decades are those who have risked most to do so.

Oral stage

From birth, the child goes through several stages in the development of his personality that were defined by Sigmund Freud in his psychoanalytic theory, which are: oral, genital, phallic, latent and genital. According to this author, human beings are driven by primary instincts, especially sexual and aggressive. He believed that each stage was dominated by an erogenous zone. When the child sucks the nipple, not only does he receive nutrition from the mother’s breast, he also manages to satisfy his sexual desire.24-27

The oral stage goes from 0 to 2 years and is characterized by the obtaining of pleasure through the mouth. This stage has been divided into two phases: the first, or suction, from 0 to 6 months, whose satisfaction is given by the pacifier. The second phase, oral or cannibalistic sadism, which goes from 6 months to two years, in which the form of pleasure changes with the appearance of teeth, replacing the pleasure of sucking for the pleasure of chewing and tasting food. In the first phase, the child finds satisfaction in his own body, unlike the second, in which he needs an object with which he establishes a psychic relationship (Figure 1). During this time, the fundamental thing is the need for corporal-affective contact between mother and child.28-29

During this oral stage the desire to devour an object is manifested, at the same time that wants to be eaten by it, evidencing the desire to establish a more intimate connection with this object and at the same time destroy it. If the child stays fixed at this stage, he will show in all his behavior a great resistance to acquisition and gain and an intense desire to be maintained by others. The tendencies, if it stayed in the second phase, are evident in people who pray and ask too much, with alterations in eating and exaggerated scrupulosity. In this oral phase, the mother is the sexual object, first as a partial object (breast) and then as an a total object, the pleasure being fundamentally linked to the mouth and lips.24-29

When the baby receives comfort and love from the mother, she will complete this stage. Otherwise, if the mother does not feed it regularly, she may develop a neurosis. Being understood by neurosis, according to the World Health Organization, a psychic disorder, without demonstrable organic alteration. Being the result of a conflict between the individual and his environment, in which the neurotic symptoms result from the interaction between the instinctive impulses that struggle to manifest themselves and the defensive strategies, where there is a breach of infantile, non-dominated desires, rooted in the mind. There are several types of anxiety, phobic, obsessive, hypochondriacal, depressive and depersonalization. They are characterized by headache, sleep disturbances, exaggerated anxiety, depression, fear, obsessions and hypersensitivity.28-29

Hence, breastfeeding allows the child, by sucking the mother’s womb to satisfy his sexual and aggressive desires, allowing him to move on to the next stage in the development of his personality.

Maternal anxiety

Breastfeeding with respect to the mother is subject to multiple social, economic and cultural influences. To be able to breastfeed correctly they must have been informed about it, but also have the support, encouragement, family and social assistance to do it successfully. When the ideal conditions to do it do not occur and this is added to certain risk factors in it, certain degrees of anxiety may appear.32-33

Understanding anxiety, the anticipation of a future injury or misfortune accompanied by a feeling of unpleasant dysphoria and/or somatic symptoms of tension. It is a normal emotional state, which only when it becomes intense becomes pathological, causing significant discomfort with symptoms that affect the physical, psychological and behavioral levels, such as: sweating, dry mouth, dizziness, instability, muscle tension, headaches, paresthesia, palpitations, tachycardia, chest pain, dypnea, nausea, vomiting, diarrhea, constipation, frequent urination, worry, apprehension, feeling overwhelmed, fear of losing control, feeling of imminent death, irritability, restlessness, restlessness, blockages psychomotors, obsessions or compulsions.32-40

In a study carried out during 2 years, in a Neonatology service in the city of Havana, in which the psychosocial factors (Table 1) that influence the abandonment of breastfeeding were evaluated, by means of the inventory of Rank-State Anxiety (IDARE), which measures levels of anxiety, both situational and personality: high (over 45), medium (between 30 and 40) and low (less than 30); it was found that of 144 mothers who participated, 22.2% had a high level of anxiety and that of this group, 75% abandoned breastfeeding before fourth month.

Table 1 Distribution of the sample studied according to the anxiety level of the mother. Anxiety as a state.41

| Level of Anxiety Status | Abandonaron | No Abandonaron | Total |
|-------------------------|-------------|---------------|-------|
| Alto                    | 75%         | 25%           | 22.2% |
| Medio                   | 35.4%       | 64.6%         | 45.2% |
| Bajo                    | 25.5%       | 74.5%         | 32.6% |
| Total                   | 40.9%       | 59.1%         | 100%  |

Maternal anxiety is related to certain aspects of the child’s behavior, such as difficult character, hyperactivity, alterations in cognitive development. Since the 19th week of pregnancy, changes have already been identified in the density of the gray matter of the fetus related to the anxiety level of the pregnant woman. The anxiety of the mother during pregnancy is related to irritability, crying and difficulties for feeding and sleeping in infants. It follows then, that the attitude of the mother during pregnancy affected the mother/child relationship, hindering the psychological disposition to breastfeeding.32,33,35,36,42

Citation: Sara VA, Elena OMG. Breastfeeding Psychosocial aspects. J Dent Maxillofacial Res. (2018);1(3):95-100. DOI: 10.30881/jdsmr/00019
Social aspects
Assessing the benefits of breastfeeding at the psychological level, both in the child and in the mother is an arduous task, from the social point of view, it seems to be even more so, since a wide range of factors intervene, which some have been explored missing Much to investigate in this aspect.

Brain development and social development
One of the components of breast milk, docosahexaenoic acid (DHA), long chain marine origin (blue fish), seems to be essential for the formation and functionality of the nervous system, especially for the brain and the retina of humans. This acid has had a fundamental and transcendental role in human evolution, mainly in brain growth and development, which allowed the emergence of the first cognitive skills, which have differentiated the human species from other species.50,44

Currently, DHA is considered a critical nutrient during pregnancy and lactation, due to its active role in the development of the nervous system, both structurally and functionally in the first years of life. Specifically one of its derivatives, neuroprotectin (NPD-1) has neuroprotective properties against brain aging, some neurodegenerative diseases and injury caused by damage during cerebral ischemia-reperfusion episodes.45,45,46

DHA is the most abundant in the Central and peripheral Nervous System, being essential in fetal development and during the first two years of life due to the fact that it intervenes in the child’s ability to learn and memorize; reasons why the state of DHA in the pre-gestational, gestational and during lactation represents a critical stage for brain development. When their levels are decreased in breast milk, these children have less brain development. After delivery, breast milk is the only food that provides all the essential nutrients for the newborn, being the contribution of DHA and NPD-1 essential to ensure an “optimal brain development.”45,45,48

On the other hand, the human brain is not fully developed at birth, but it does so intensely in the first years of life. When parents respond to the baby’s needs, they participate in important biological processes such as the person-to-person relational exchange, which generates opiates through the maturation of the nervous system, the response to stress and the development of the orbital frontal cortex. It is in the latter where the capacities of storing information, restraining impulses and controlling emotions are lodged.49,50 This development takes place after birth, beginning its maturation process at the age of 1 to 2 years and for this the child does not need pedagogical or cultural aid, but an adult who takes care of him with whom he can establish affectionate relationships that help the growth of this part of the brain.50,51

Certain biochemical systems can be constructed defective if the first experiences are problematic, especially the response to stress and the metabolism of some neuropeptides that intervene in the emotions can be damaged. The increase in the level of cortisol, called the stress hormone, occurs when there is no available adult who identifies with him and responds to him contingently, quickly and sensitively, helping him to restore balance and regulate his feelings. If there is an increase in cortisol in a chronic way, it can damage body systems such as the hippocampus or affect the capacity of the orbital frontal cortex or the immune system. The mother or father are usually the most suitable people to identify with the needs of the baby and provide the appropriate response, in a stable and continuous.50,51

The first affective relationships or affective bonds are those that also form the basis of the psychosocial development of the baby and his future mental health. When the child, in an ongoing manner, has an adult who loves him and identifies himself with his needs, who knows how to provide a sensitive and coherent response, he will establish with this a secure attachment, essential for mental health and for an adequate personal development and Social. Their experience of relationship with those who establish attachment creates mental representations about them that “act as organizational factors” of the psyche with decisive influence on the development of the personality.45 Care in the first years of life is necessary for mental health and how irregularities in attachment are related to certain mental pathologies. The capacities and feelings such as feeling safe, having self-esteem, autonomy, being adaptable, being interested in others, forming and maintaining relationships, capacity to establish social relationships and tolerance within a framework of social diversity are promoted in this way (Figures 2–4).53,59–61

Figures 2–4 Safe and stable affective relationships in the first years of life of the child will make the individual emotionally balanced leading to harmonious social relationships.59–61

Differences have been observed between breastfed and non-breastfed adolescents, at the level of the total white matter, the subcortical gray matter and the cortical thickness of the parietal lobe. This is supposed
to be due to the long chain fatty acids found in breast milk such as docosahexaenoic (DHA) and arachidonic (AA); which, together, comprise 20% of the fatty acid content of the brain and are involved in early neurodevelopment, promoting healthy neuronal growth, repair and myelination, which lead to better brain development. In the white matter is where the cognitive functions are developed, coordinated motor functions, social functions, as well as emotional functions are produced; associated with higher order cognition, such as planning, social-emotional functioning and language; giving a greater performance of the language, in the visual reception and in the performance of the motor control (Figure 5).46–53

Breastfeeding during the first six months of life leads to better cognitive development and improvement in those functions related to verbal comprehension, perceptual reasoning, working memory and processing speed. Genetics does not seem to be determinant of the intellectual potential of the child, but it does influence the education imparted by the mother, independently of the intellectual coefficient of the latter that leads to an affective relationship harmonious with her. Aspects for which it is recommended, in different intellectual deficits, to reinforce exclusive breastfeeding for at least the first six months of life.52–56

Given all these findings we can only infer that a child who has been breastfed, which has led to spend time with the mother receiving love, adequate food for proper development of both your brain and your body, will undoubtedly be a an “emotionally balanced” adult who will perform in society in a harmonious way with the other human beings that surround him and with whom he must interact.

Conclusions

i. Breastfeeding will allow the child to be more independent, by acquiring the necessary security in himself to explore the world around him.

ii. In the mother, avoid anxiety and postpartum depression and encourage the formation of a constant and lasting affective bond with the child, as well as a better performance, to resume their work activities.

iii. At the level of the social development of the child, many aspects to discover are missing.

What does seem to be clear is that the affective relationship established with the mother benefits him psychologically, by promoting a better socio-emotional and psychomotor development, as well as a better management of verbal capacity; also be more intelligent; therefore, it will have a more successful social development with its environment, based on assertive communication, discernment and critical analysis of the different situations of daily life. Aspects that will lead him to be more tolerant with his peers and to have healthier social relationships. In other words, he will seek to transfer to the social environment where he develops, the type of relationship established with the mother.

Acknowledgements

None

Conflicts of interest

The author declares no conflicts of interest.

References

1. Association Spanish of Pediatrics. Breastfeeding Manual. From the theory to the practice Editorial Pan–American Medical. Madrid. Spain; 2008.
2. Breastfeeding Committee of the Spanish Association of Pediatrics. Breastfeeding: guide for professionals. Monographs of the A.E.P. No. 5. Ergon. Madrid; 2004.
3. Rondon R. Relationship of maternal breastfeeding and oral and maxillofacial development: review of Latin American literature. Latin American Journal of Orthodontics and Odontopediatrics. 2012.
4. Marin OJ, Jiménez UAM, Villamarin BEA. The importance of breastfeeding in the child’s physical, mental and relational development. Link Magazine of NEMS. 2015;1:7–18.
5. Encyclopedia on the development of early childhood. 2017.
6. Espindola RC. Breastfeeding and its relationship with the normal development of jaws in preschool children. Research work to obtain the title of Dental Surgeon. University of Chile. School of Dentistry. Santiago, Chile: Department of Children and Dentomaxillary Orthopedics; 2006.
7. Castillo JR, Rams R, Veranes A, et al. Breastfeeding and immunity: Social impact. MEDISAN. 2009;13(4).
8. Becerra–Bulla F. Leptin and Breastfeeding: physiological benefits. Journal of the Faculty of Medicine. 2015;63(1).
9. Runser T. Oscar. The development of the human intestinal microbiota, the concept of probiotic and its relation to human health. Rev. chil. nutr. 2013;40(3):283–289.

10. Flores RGPD. Relationship between type of lactation and craniofacial development. Thesis to obtain the title of Dental Surgeon. Peruvian University Cayetano Heredia. Stomatology Faculty Roberto Beltrán. Lima Peru: National Library COP; 2011.

11. Mendoza A, Ashbin P, Crespo AA, et al. Relation between maternal breast feeding and habits of non-nutritive sucking with dental altered occlusion. Rev Soc Bol Ped. 2008;47(1):3–7.

12. López Y, Arias M, Del Valle O. Breastfeeding in the prevention of dent maxillofacial anomalies. Rev Cubana Ortod. 1999;14(1):32–8.

13. Guerra M E, Mujica C. Influence of sucking on the development of the jaws. Venezuelan Dental Act. 1999;37(2).

14. Blanco-Cedres L, Guerra diM, Rodriguez S. Breastfeeding and dental malocclusions in preschoolers of the great Caracas. Venezuelan Dental Act. 2007;45(2).

15. Gomes F, Trezza M, Murade E, et al. Surface electromyography of facial muscles during natural and artificial feeding of infants. J Pediatr. 2006;82(2):103–9.

16. Carrillo C. Influence of breast and artificial lactation on the mandibular growth in neonates. National University of San Marcos; 2008.

17. Casagrande L, Vargas F, Hahn D, et al. Natural and artificial aleatorum growth in neonates. Venezuelan Dental Act. 2008;49(2):11–17.

18. Sanchez M. Study of the growth and development of craniofacial structures of the child according to the type of lactation received: breastfeeding vs. artificial lactation. DENTUM. 2006;6(4):172.

19. World Health Organization. Infant and young child nutrition: Global strategy on infant and young child feeding. USA: WHO; 2016.

20. Manterola C, Asenjo-Lobos C, Otzen T. Hierarchy of evidence. Levels “Levels of Evidence” in the different clinical scenarios. Rev Chil Cir. 2009;61(6):582–595.

21. Manterola C, Asenjo-Lobos C, Otzen T. Hierarchy of evidence. Levels of evidence and degrees of recommendation for current use. Rev Chilena Infectol. 2014;31(6):705–718.

22. Ibero-American Cochrane Center, translators. Cochrane Handbook on Systematic Reviews of Interventions. Barcelona: Ibero-American Cochrane Center; 2012.

23. O’Connor D, Green S, Higgins JPT. Chapter 5: Defining the review question and developing criteria for including studies. In: Higgins JPT, et al. editors. Cochrane Handbook of Systematic Reviews of Intervention. The Cochrane Collaboration; 2011.

24. Glover E. Significance of the mouth in psychoanalysis. British Journal of Medical Psychology. 1924;2(4):134–155.

25. Freud S. An outline of psychoanalysis. Standard Edition. 1940;23:139–286.

26. Freud S. Female Sexuality. Standard Edition. 1931;21:221–246.

27. Freud A. The psychoanalytic study of infantile feeding disturbances. Psychoanal Study Child. 1946;2:119–132.

28. Abraham K. Essential papers on object loss. Edited for Rita V Frankiel. New York on London. Cap 8. A short study of the development of the Libido, Viewed in the Light of Mental Disorders (Abridged). New York University Press; 1994. 547 p.

29. Sánchez PM, Hortaleno SX. Book Child Ecology and human maturation. Orgone Publications (ESTE.R). Valencia Spain; 1997.

30. https://www.google.com/search?q=etapa+oral+del+ni%C3%B1o+segun+freud&rlz=1C1AVFA_enVE790VE790&source=lms&tbm=isch&sasx=X&ved=0ahUKEwjljZGtu3dAhVBMvIkkHRopDAQ_S_AUJcigB&bhw=1366&bih=626#imgdii=Tos2oeDKMPuHM.&imgres=_EYzZMPwIoM

31. https://www.bbmundo.com/bebes/seis–doce–por–que–mi–bebe–muerte–todo/

32. Gorrita Pérez RR, BárcenasBellóut Y, Gorrita Pérez Y, et al. Maternal stress and anxiety and its relationship with the success of breastfeeding. Rev CubanaPediatr. 2014;86(2).

33. Valdés Martín S, Gómez Vasalio A. Subjects of Pediatrics. City of Havana: Editorial of Medical Sciences; 2011.

34. Trujillo JL, Peñaranda Correa F, Otalvaro Orrego JC, et al. Breastfeeding as a singular and sociocultural phenomenon crossed by differences and tensions. Arch Venez Puer Ped. 2015;78(2).

35. Hurley KM, Black MM, Papas MA, et al. Maternal Symptoms of Stress, Depression an Anxiety are related nonresponsive feeding style in statewide sample WIC of participant. J Nutr. 2012;138(4):799–805.

36. Broche Candó RC, Sánchez Sarria OL, Rodríguez D, et al. Sociocultural and psychological factors linked to exclusive breastfeeding. Rev Cubana Med Gen Integr. 2011;27(2):254–260.

37. Allison M. Stuebe: ways to make it easier for women to achieve their breastfeeding goals. Obstet and Ginecol. 2014;123(6):643–645.

38. González C. Un regalo para toda la vida. Guia de lactancia materna. Edit. Temas de hoy. Edición, 2011.

39. Abraham K. First pregenital stage of the libido. In Selected Papers of Karl Abraham. New York: Basic Books (1924) Oral erotism on character–formation; 1916.

40. Friedman M. Mother’s milk: a psychoanalyt looks at breastfeeding. Psychoanalytic Study Child. 1996;51:475–490.

41. Abraham K. First pregenital stage of the libido. In Selected Papers of Karl Abraham. New York. Basic Books (1924). Oral erotism on character–formation; 1916.

42. Durán MR, Villegas CD, Sobrado RZ, et al. Psychosocial factors that influence the abandonment of breastfeeding. Rev Cubana Pediatr. 1999;71(2):72–79.

43. Josselyn M. Concepts related child development. 2. Weaning. J Am Acad Child Psychiatry. 1963;2:357–369.

44. Villalobos GAM. Psychosexual development. Adolesc health. 1999(1):73–79.

45. Gorrita PRR, Hernandez ME, Alfonso HL. Exclusive breastfeeding during the first semester of life, stress and maternal anxieties. Medimay. 2017;24(1):37–52.

46. Valenzuela B R, Morales P J, Sanhueza C J, Valenzuela B A. Docosahexaenoic acid (DHA), an essential fatty acid in the brain. Rev chil. nutr. 2013;40(4):383–390.

47. Gill–Campos H, Dúlmau SJ. Importance of docosahexaenoic acid (DHA): functions and recommendations for its ingestion in childhood. An Pediatr. 2016;73(3):142.e1–148.

48. Leyva–Redondo A. DHA and cerebral functioning: What are the benefits? Mexican Journal of Neuroscience. 2011;12(6):357–372.

49. Gomez SM. Influence of breastfeeding on the psychomotor and mental development of the child. Doctoral thesis. School of Medicine. Department of medical–surgical specialties. University of Córdoba; 2002.
50. Aguilar C, Colbs MJ. Effect of nutrition on growth and neurodevelopment in the premature newborn: Systematic review. *Hospital Nutrition Magazine (SENPE)*. 2015;31(2):716–729.

51. Casado D, Sanz MJ. Healthy parenting. Fundamentals and practical proposals. Editorial Polibea. Spain: Intervention seminar and social policies. Notebooks of the SIPOSO; 2014. 4 p.

52. Navarro CW. La Breastfeeding and its microbiological properties. *Revista del Cuerpo Médico National Hospital Almanzar Aguinaga Asenjo*. 2011;4(1):63–66.

53. Runser T Oscar. The development of the human intestinal microbiota, the concept of probiotic and its relation to human health. *Rev chil nutr*. 2013;40(3):283–289.

54. Deoni SCL, Dean DC, Piryatinsky I, et al. Breastfeeding and early white matter development: A cross-sectional study. Neuroimage. 2013;82:77–86.

55. Pérez RJM, Miranda LMT, Peinado HJM. Breastfeeding and its influence on the cognitive processes of Spanish schoolchildren (6 years of age) assessed with the Wechsler intelligence scale. *Latin American Nutrition Files*. 2013;63(3).

56. Gittens DK. Prolonged breastfeeding and Language development: a review of the literature. Electronic magazine. Costa Rica University; 2017. 32 p.

57. Pérez RJM. Cognitive development of children valued at 6 years of age. Doctoral thesis. Doctorate in Clinical Medicine and Public Health. School of Medicine. University of Granada; 2013.

58. Perroni ME, Schnaas L, Arteaga A. Effect of breastfeeding on the neurobehavioral development of the child. *Perinatal Reprod Hum*. 2003;17:20–27.

59. Silveira L, Martins D, Prade LS, et al. Maternal element and its influence on the skills of children of crianças. *Rev Saúde Pública*. 2013;47(1):37–43.

60. http://www.antenam.net/razonoda/dom_i_porodica/83154–bebe–uce–maternji–jezik–i–prije–rodjenja

61. https://www.google.co.ve/search?q=socializacion+del+bebe+y+sus+padres&rlz=1C1AVFA-bm=isch&sas=X&ved=0ahUKEwiL.xaalze3AhXD3FMKHCycArUQ_AUIDigB&biw=1366&bih=626#imgrc=xnikbBo00qqPM:

62. https://www.google.co.ve/search?q=socializacion+del+bebe+y+sus+padres&rlz=1C1AVFA-bm=isch&sas=X&ved=0ahUKEwiL.xaalze3AhXD3FMKHCycArUQ_AUIDigB&biw=1366&bih=626#imgrc=L.