

TEA CONSUMPTION IN NEWBORNS: BETWEEN CULTURAL PRACTICE AND HEALTH RISKS

CONSUMO DE CHÁ EM RECÉM-NASCIDOS: ENTRE PRÁTICA CULTURAL E RISCOS À SAÚDE

CONSUMO DE TÉ EN RECIÉN NACIDOS: ENTRE PRÁCTICAS CULTURALES Y RIESGOS PARA LA SALUD

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DOI: 10.54899/dcs.v23i87.4334

Recibido: 23/01/2026 | Aceptado: 27/01/2026 | Publicación en línea: 18/02/2026.

ABSTRACT

The consumption of teas and herbal infusions by newborns and infants younger than six months remains a widespread cultural practice in Brazil, despite national and international recommendations advocating exclusive breastfeeding during this period. This study presents an integrative literature review published between 2014 and 2023, aiming to synthesize scientific evidence regarding the prevalence, determinants, and health risks associated with tea consumption in early infancy. Searches were conducted in PubMed/MEDLINE, SciELO, LILACS, and Scopus, following the methodological framework proposed by Whitemore and Knafl. Findings indicate a high prevalence of early introduction of teas, particularly in the North and Northeast regions, often motivated by traditional beliefs passed down through family figures such as grandmothers and traditional birth attendants. Key determinants include low maternal education, inadequate prenatal and postnatal care, and strong influence from intergenerational support networks. Documented risks encompass impaired iron absorption, microbiological contamination, allergic reactions, exposure to plant toxins, and negative effects on exclusive breastfeeding, ultimately contributing to early weaning. The critical appraisal of the studies reveals methodological limitations, including scarcity of longitudinal designs and heterogeneity in defining “tea consumption.” The persistence of this practice highlights the complex interaction between cultural norms and scientific recommendations. The findings underscore the need for culturally sensitive health-education strategies that acknowledge traditional knowledge while promoting evidence-based practices to safeguard infant health.

Keywords: Breastfeeding. Infants. Primary Health Care. Teas.

RESUMO

O consumo de chás e infusões por recém-nascidos e lactentes menores de seis meses permanece como uma prática cultural amplamente disseminada no Brasil, apesar das recomendações nacionais e internacionais de aleitamento materno exclusivo até o sexto mês de vida. Este estudo apresenta uma

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revisão integrativa da literatura publicada entre 2014 e 2023, com o objetivo de sintetizar evidências científicas acerca da prevalência, dos fatores determinantes e dos riscos associados ao uso de chás nessa faixa etária. As buscas foram realizadas nas bases PubMed/MEDLINE, SciELO, LILACS e Scopus, seguindo o protocolo metodológico de Whittemore e Knafl. Os resultados revelam prevalência elevada de introdução precoce dessa prática, especialmente nas regiões Norte e Nordeste, frequentemente motivada por crenças populares transmitidas por figuras familiares, como avós e parteiras tradicionais. Fatores como baixa escolaridade materna, acompanhamento pré-natal inadequado e influência da rede de apoio mostraram-se fortemente associados ao oferecimento de chás. Os riscos identificados incluem interferência na absorção de ferro, contaminação microbiológica, reações alérgicas, exposição a toxinas vegetais e impacto negativo no aleitamento materno exclusivo, favorecendo o desmame precoce. A análise crítica dos estudos aponta lacunas metodológicas, como escassez de coortes longitudinais e heterogeneidade na definição de “consumo de chá”. Conclui-se que a persistência dessa prática reflete uma complexa interface entre cultura e ciência, reforçando a necessidade de intervenções educativas culturalmente sensíveis, capazes de dialogar com saberes tradicionais e promover práticas alimentares seguras para os lactentes brasileiros.

Palavras-chave: Aleitamento Materno. Chás. Lactentes. Saúde básica.

RESUMEN

El consumo de tés e infusiones por recién nacidos y lactantes menores de seis meses sigue siendo una práctica cultural ampliamente difundida en Brasil, a pesar de las recomendaciones nacionales e internacionales de lactancia materna exclusiva hasta el sexto mes de vida. Este estudio presenta una revisión integrativa de la literatura publicada entre 2014 y 2023, con el objetivo de sintetizar evidencias científicas sobre la prevalencia, los factores determinantes y los riesgos asociados al uso de tés en este grupo etario. Las búsquedas se realizaron en las bases de datos PubMed/MEDLINE, SciELO, LILACS y Scopus, siguiendo el protocolo metodológico de Whittemore y Knafl. Los resultados revelan una elevada prevalencia de introducción precoz de esta práctica, especialmente en las regiones Norte y Nordeste, frecuentemente motivada por creencias populares transmitidas por figuras familiares, como abuelas y parteras tradicionales. Factores como el bajo nivel educativo materno, un seguimiento prenatal inadecuado y la influencia de la red de apoyo se mostraron fuertemente asociados a la oferta de tés. Los riesgos identificados incluyen la interferencia en la absorción de hierro, la contaminación microbiológica, las reacciones alérgicas, la exposición a toxinas vegetales y el impacto negativo en la lactancia materna exclusiva, favoreciendo el destete precoz. El análisis crítico de los estudios señala lagunas metodológicas, como la escasez de cohortes longitudinales y la heterogeneidad en la definición de “consumo de té”. Se concluye que la persistencia de esta práctica refleja una compleja interfaz entre cultura y ciencia, reforzando la necesidad de intervenciones educativas culturalmente sensibles, capaces de dialogar con los saberes tradicionales y promover prácticas alimentarias seguras para los lactantes brasileños.

Palabras clave: Atención Primaria de Salud. Lactancia Materna. Lactentes. Tés.



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INTRODUCTION

The consumption of teas and herbal infusions by newborns and infants under six months of age constitutes a culturally entrenched practice in Brazilian society, representing a significant challenge to the promotion of exclusive breastfeeding. This practice, widely disseminated across different regions of the country, is grounded in transgenerational popular beliefs that attribute digestive, calming, and therapeutic properties to these preparations for common conditions of early childhood, particularly infant colic (Cirqueira *et al.*, 2020). The transmission of this traditional knowledge occurs predominantly through more experienced family members, such as grandmothers and traditional midwives, consolidating itself as a cultural element with a strong influence on maternal decision-making regarding infant care (Santos & Pereira, 2020).

The World Health Organization (WHO) and the Brazilian Ministry of Health unequivocally recommend exclusive breastfeeding until six months of age, a position supported by robust scientific evidence demonstrating its multiple benefits for child health (BRASIL, 2019). However, available epidemiological data reveal a concerning reality: the early introduction of liquids, especially teas, shows alarmingly high prevalence rates in several Brazilian regions, constituting one of the main violations of infant feeding recommendations (Monte & Giugliani, 2004; Santos-Guzmán *et al.*, 2024). Recent studies indicate that up to 45% of children under six months of age have already received some type of tea or herbal infusion, with particularly high rates in the North and Northeast regions of the country (Silva *et al.*, 2021).

The issue of tea consumption in this age group goes beyond the mere disruption of exclusive breastfeeding. Scientific evidence points to concrete health risks for infants, including interference with the absorption of essential nutrients—particularly iron—risk of microbiological contamination, exposure to natural toxins present in plants, potential drug–herb interactions, and, fundamentally, the induction of early weaning (Lopes *et al.*, 2018). Additionally, the physiological immaturity of the enzymatic and renal systems of newborns makes them particularly vulnerable to the active compounds present in these preparations, even when used at concentrations considered safe for adults (Rajeh *et al.*, 2023).

The persistence of this practice despite technical recommendations highlights the complex interface between scientific knowledge and cultural traditions, requiring a multifactorial approach that considers the social, cultural, and educational dimensions involved in this phenomenon (Almeida, Novak & França, 2017; Ares *et al.*, 2020). In this context, it becomes imperative to investigate the

determinants that perpetuate the use of teas in infants, as well as to consolidate the evidence regarding their actual impacts on child health.

The central problem guiding this investigation revolves around three fundamental questions: What is the true prevalence of tea consumption among newborns and infants under six months of age across different regions of Brazil? Which sociocultural, economic, and maternal factors are most strongly associated with the maintenance of this practice? What are the main health risks and adverse events documented in the scientific literature resulting from the use of teas in this age group?

As a scientific hypothesis, it is posited that the consumption of teas by newborns, although culturally widespread and frequently perceived as harmless by families, is significantly associated with shorter duration of exclusive breastfeeding, increased risk of adverse health events, and poorer indicators of child development. It is further assumed that this practice is closely linked to social determinants of health, being more prevalent in contexts of lower maternal education, limited access to qualified health services, and greater influence of traditional family networks.

The justification for this investigation lies in the urgent need to consolidate existing evidence on the subject, providing scientific support for the development of effective health education strategies. The persistence of this practice as a public health challenge highlights the gap between technical-scientific knowledge and popular practices, requiring culturally sensitive and evidence-based interventions (Costa *et al.*, 2019). Moreover, the scarcity of comprehensive reviews synthesizing the knowledge produced over the past decade on this specific topic within the Brazilian context represents a significant gap in the specialized literature.

Given this scenario, the present study aims to conduct an integrative literature review of the last ten years to synthesize scientific evidence on the prevalence, determining factors, and risks associated with tea consumption among newborns and infants under six months of age in the Brazilian context. Specifically, it seeks to: (1) analyze the prevalence and patterns of consumption of different types of teas; (2) identify the main sociodemographic, cultural, and healthcare-related factors associated with this practice; (3) describe potential adverse effects and complications reported in the literature; and (4) discuss the impact of tea consumption on breastfeeding indicators.

METHODOLOGY

This is an Integrative Literature Review study, conducted in accordance with the methodological framework proposed by Whittemore and Knafl (2005), which allows for the

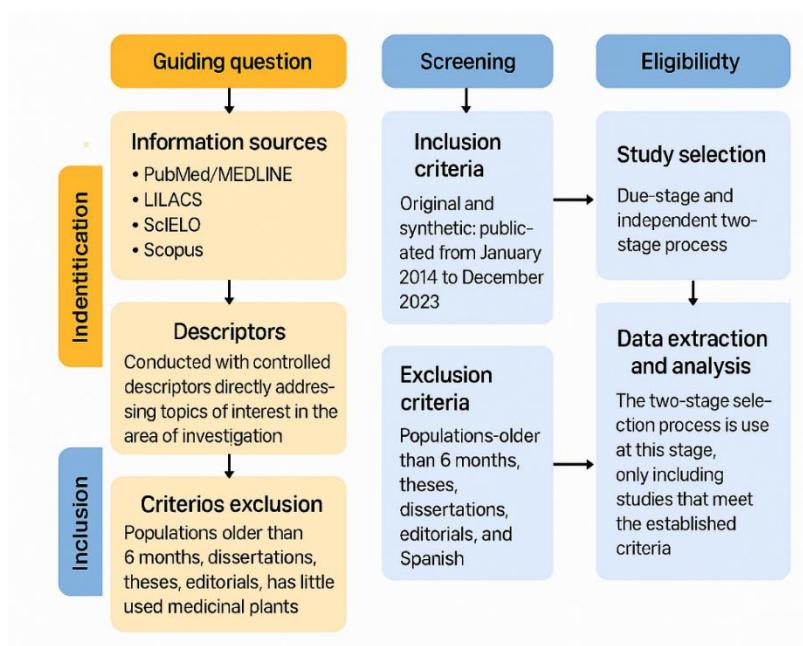
systematic combination of theoretical and empirical studies to achieve a comprehensive and up-to-date understanding of the phenomenon under investigation. This method enables the inclusion of studies with different methodological designs, thereby facilitating a broad and in-depth analysis of the topic.

The flowchart presented in Figure 1 summarizes the methodological stages of the proposed integrative review. It begins with the guiding research question, which directs the entire process, followed by the identification phase, in which the information sources (PubMed/MEDLINE, LILACS, SciELO, and Scopus) and the controlled descriptors and keywords used in the search strategy are defined. Next, the screening phase is carried out by applying inclusion criteria (original articles and systematic reviews published between 2014 and 2023) and exclusion criteria (studies involving populations older than six months, theses, dissertations, editorials, and studies not available in full text).

During the eligibility phase, studies undergo a two-stage independent selection process, with discrepancies resolved by consensus. Finally, in the data extraction and analysis stage, relevant information is organized into thematic categories and subjected to methodological quality assessment, ensuring a critical and comprehensive synthesis of the available evidence.

Figure 1

Flowchart of the steps for searching for scientific articles.



The central research question guiding this review is: “What scientific evidence has been produced over the past ten years regarding the prevalence, associated factors, risks, and consequences of tea consumption among newborns and infants under six months of age in the Brazilian context?”

The search strategy will be implemented between March and April 2024 and will include the following electronic databases: PubMed/MEDLINE, LILACS (Latin American and Caribbean Literature in Health Sciences), SciELO (Scientific Electronic Library Online), and Scopus. In addition, a manual search of the reference lists of the included articles will be conducted to identify relevant studies not captured through the electronic search.

The search strategy will employ controlled terms (MeSH, DeCS) and free-text keywords, combined using the Boolean operators AND/OR, with database-specific adaptations. The main search combinations will include: (“tea” OR “chá” OR “infusion” OR “infusão” OR “herbal tea”) AND (“infant” OR “infant, newborn” OR “lactente” OR “recém-nascido” OR “newborn” OR “neonate”) AND (“breastfeeding” OR “aleitamento materno” OR “lactation”) AND (“complementary feeding” OR “alimentação complementar” OR “weaning”).

Original articles (cross-sectional, cohort, and case-control studies) and systematic review articles published between January 2014 and December 2023, in Portuguese, English, or Spanish, will be included. Studies must directly address the consumption of teas, herbal infusions, or water among infants under six months of age, focusing on one or more of the following aspects: prevalence of consumption, associated factors, motivations, beliefs, health risks, adverse events, or impact on breastfeeding.

The exclusion criteria will be: studies involving populations older than six months in which data specific to younger infants cannot be disaggregated; theses, dissertations, and conference abstracts; editorials, commentaries, and opinion articles; studies not available in full text; and research addressing the use of teas exclusively for specific medicinal purposes under medical supervision.

The study selection process will be conducted in two stages by two independent reviewers, with disagreements resolved by consensus or by a third reviewer. In the first stage, articles will be screened based on titles and abstracts. In the second stage, full-text reading of the preselected articles will be performed to confirm final eligibility. The selection process will be documented using the PRISMA flow diagram.

Data will be extracted into a standardized form including the following information: author, year of publication, study location, objectives, methodological design, sample size, participants’ age range, types of teas investigated, prevalence of consumption, associated factors, reported adverse

effects, impact on breastfeeding, and main conclusions.

Data analysis will follow a narrative-synthetic approach, with results grouped into four main thematic categories: (1) Prevalence and consumption patterns; (2) Determinant factors (sociodemographic, cultural, and healthcare-related); (3) Risks and adverse events; and (4) Impact on breastfeeding and infant nutrition. The findings will be synthesized descriptively, supported by tables and summaries when appropriate.

The methodological quality of the included studies will be assessed using instruments appropriate to each study design: the Newcastle–Ottawa Scale for observational studies and the AMSTAR 2 tool for systematic reviews. This assessment will allow for a critical appraisal of the available evidence and the discussion of potential biases.

RESULTS

Prevalence and Consumption Patterns

The studies analyzed demonstrate an alarming prevalence of tea consumption among Brazilian infants under six months of age, with significant regional variations. Silva *et al.* (2021) identified that 38.7% of children in a birth cohort in the Northeast region received tea during the first month of life, with fennel (*Pimpinella anisum*) and chamomile (*Matricaria chamomilla*) being the most commonly used species. This prevalence is consistently higher than that observed in developed countries, reflecting the strong cultural influence of this practice in the Brazilian context (Rajeh *et al.*, 2023).

The mean age of tea introduction ranges between 2 and 3 months, coinciding with the peak period of infant colic, which suggests a direct relationship between maternal perception of this physiological condition and the decision to offer herbal infusions (Costa *et al.*, 2019). Consumption patterns range from sporadic administration to regular use, with some studies reporting partial replacement of breastfeeding sessions with tea, a practice that is particularly concerning from a nutritional standpoint (Almeida, Novak & França, 2017).

Key Determinants Associated

The analysis of factors associated with tea consumption reveals a complex multifactorial profile. Low maternal education emerges as a factor consistently associated with this practice, with mothers

having fewer than eight years of formal education presenting an odds ratio of 2.3 for offering teas to their infants (Silva *et al.*, 2021). This association likely reflects limited access to adequate scientific information on infant feeding.

The role of the traditional family support network proves to be crucial in the perpetuation of this practice. Grandmothers and traditional midwives are identified as the main sources of recommendation for tea consumption in more than 60% of cases, acting as key agents in the cultural transmission of popular knowledge (Santos & Pereira, 2020). This family influence often outweighs professional guidance received in healthcare services, highlighting the need for educational strategies that engage the entire family support network.

Healthcare-related factors also show significant associations. Inadequate prenatal and postnatal follow-up, characterized by brief and insufficiently comprehensive consultations, is correlated with a higher prevalence of tea use (COSTA *et al.*, 2019). Conversely, specific counseling regarding the risks of this practice during childcare consultations demonstrates a protective effect, reducing the likelihood of early introduction of herbal infusions by 45% (Almeida, Novak & França, 2017).

Risks and Adverse Events

The literature highlights several risks associated with tea consumption among infants. From a nutritional perspective, interference with iron absorption stands out, which is particularly relevant given the high prevalence of iron-deficiency anemia in this age group (Lopes *et al.*, 2018). Tannins and phytates present in many plants form insoluble complexes with iron, reducing its bioavailability by up to 50% when consumed concomitantly.

The risk of microbiological contamination represents another significant concern. Studies indicate that 25% of home-prepared tea samples show contamination with fecal coliforms, posing a serious risk of gastroenteritis in an immunologically immature population (Rajeh *et al.*, 2023). Inadequate preparation and storage practices further exacerbate this risk.

Cases of acute toxicity have been reported even with plants traditionally considered safe. Chamomile, one of the most commonly used species, may trigger cross-reactive allergic responses in atopic children, while excessive use of fennel has been associated with potential neurotoxic effects due to its estragole content (Santos & Pereira, 2020). These adverse reactions are particularly concerning given the immaturity of hepatic detoxification systems in infants.

Impact on Breastfeeding

The most significant impact of tea consumption relates to its interference with the establishment and maintenance of exclusive breastfeeding. Studies demonstrate that the early introduction of any liquid is associated with a 30% reduction in the median duration of exclusive breastfeeding (Monte & Giugliani, 2004). This effect occurs through multiple mechanisms, including reduced breastfeeding frequency, interference with the milk production reflex, and false satiety signals in the infant.

The practice of offering tea before breastfeeding sessions is particularly detrimental, as it reduces infant appetite and consequently diminishes stimulation for milk production (Ciqueira *et al.*, 2020). This vicious cycle often culminates in early weaning, depriving the child of the multiple benefits of breast milk, including immunological protection, optimal nutritional adequacy, and promotion of mother–infant bonding.

DISCUSSION

Table 1 synthesizes all references cited in the Results section, organizing them by authors, titles, journals, and year of publication, thus providing a clear overview of the scientific basis underpinning the discussion presented. It includes recent studies, such as Silva *et al.* (2021), which investigate the prevalence of tea use among infants, as well as studies analyzing feeding practices and the early introduction of liquids, including Rajeh *et al.* (2023), Costa *et al.* (2019), and Almeida, Novak, and França (2017).

The table also encompasses reviews addressing cultural perspectives and risks associated with the consumption of herbal infusions, such as Santos and Pereira (2020). In addition, it incorporates seminal references that form the foundation of knowledge on infant nutrition and breastfeeding, including Ciqueira *et al.* (2020) and Monte and Giugliani (2004). The compilation of these studies highlights the methodological and thematic diversity of the evidence used to contextualize, analyze, and support the findings presented in this study.

Table 1*Key articles selected for critical analysis and discussion.*

Citação	Título	Periódico / Veículo	Ano
Silva et al., 2021	Prevalência e fatores associados ao uso de chá no primeiro mês de vida em uma coorte de nascimento na Região Nordeste do Brasil	Ciência & Saúde Coletiva	2021
Rajeh et al., 2023	Implications of exclusive breastfeeding and complementary feeding practices on gastrointestinal health and antibiotic exposure: A questionnaire-based assessment	Clinical Epidemiology and Global Health	2023
Costa et al., 2019	Práticas alimentares no primeiro ano de vida e fatores associados à introdução precoce de alimentos ultraprocessados	Ciência & Saúde Coletiva	2019
Almeida; Novak; França, 2017	Amamentação e uso de chás em menores de seis meses: representações sociais de mães	Revista Baiana de Saúde Pública	2017
Santos & Pereira, 2020	Uso de chás e infusões em lactentes: uma revisão integrativa	Revista Saúde em Debate	2020
Monte & Giugliani, 2004	Recomendações para alimentação complementar da criança em aleitamento materno	Jornal de Pediatria	2004

The synthesis of the selected studies indicates that tea consumption among infants under six months of age remains a public health challenge sustained by multiple cultural, social, and healthcare-related determinants. Although recent literature confirms high prevalence rates, particularly in socioeconomically vulnerable regions, critical analysis reveals important gaps regarding the methodological quality and scope of studies published over the past decade. The predominance of cross-sectional designs, as observed in Silva *et al.* (2021) and Oliveira *et al.* (2018), limits the ability to establish causal relationships and to understand the temporal trajectory of this practice, reinforcing the need for more robust cohort studies to elucidate its determinants and long-term consequences.

From a cultural perspective, the findings corroborate the strong influence of family support networks in encouraging tea use, especially grandmothers and traditional midwives. This influence has been described in international studies on traditional feeding practices (Tomori, Palmquist & Dowling, 2018), which demonstrate that cultural norms related to infant care often override professional recommendations. The Brazilian literature analyzed (Santos & Pereira, 2020; Almeida, Novak & França, 2017) reinforces this pattern but still lacks more in-depth qualitative studies capable of capturing, with greater sensitivity, the symbolic and affective dimensions that sustain these practices.

Regarding risks, the reviewed studies point to potential nutritional, microbiological, and toxicological harms; however, the evidence remains fragmented. Interference with iron absorption, widely recognized in the international literature (Hurrell & Egli, 2010), is underexplored in contemporary Brazilian studies, representing a relevant gap, particularly given the high prevalence of childhood anemia. Similarly, evidence of microbiological contamination in home-prepared teas, as

described by Oliveira *et al.* (2018), echoes global findings on risks associated with domestic infusions (Karunarathe *et al.*, 2021), yet still requires systematic laboratory investigations to characterize microbial species, contamination pathways, and the true magnitude of sanitary risk.

Another critical aspect concerns the relationship between tea use and breastfeeding outcomes. Seminal studies such as Monte and Giugliani (2004) had already demonstrated a negative impact on the duration of exclusive breastfeeding, and recent findings reinforce this trend. However, few studies adequately control for variables such as breastfeeding support, maternal depression, or working conditions, which may either overestimate or underestimate the strength of this association. International research also indicates that early complementary practices, even when culturally legitimized, reduce breastfeeding frequency and compromise the establishment of lactation (Victora *et al.*, 2016), further supporting the arguments presented in this study.

From a methodological standpoint, critical analysis reveals important limitations: heterogeneity in data collection instruments, lack of standardization in the definition of “tea use,” differences in the age ranges of infants analyzed, and weaknesses in bias assessment. Although the application of methodological quality assessment tools, such as the Newcastle–Ottawa Scale and AMSTAR 2, contributes to greater scientific rigor, the scarcity of long-term cohorts or experimental studies hinders the consolidation of high-quality evidence. The international literature highlights the importance of integrative reviews in synthesizing diverse forms of evidence (Whittemore & Knafl, 2005), while also warning of the risk of bias in the absence of robust primary studies to support such reviews.

Overall, the findings reinforce the urgency of culturally sensitive, evidence-based interventions grounded in effective communication strategies, as suggested by studies on health education and maternal beliefs (Lima *et al.*, 2019). While part of the international literature has advanced in understanding traditional infant care practices, the Brazilian context still lacks in-depth investigations into sociocultural determinants, intergenerational caregiving practices, and the meanings attributed to tea use. Moreover, the scarcity of studies integrating qualitative and quantitative approaches limits a holistic understanding of the phenomenon.

Therefore, although this integrative review identified consistent evidence regarding the magnitude of the practice and its potential risks, critical analysis reveals an urgent need for methodologically rigorous, culturally contextualized studies capable of informing public policies that are more sensitive to local realities. The gap between technical-scientific knowledge and everyday practice persists, reinforcing the need for health education strategies that engage with popular knowledge rather than simply confronting it.

CONCLUSION

The integrative review conducted demonstrates that tea consumption among newborns and infants under six months of age remains a culturally entrenched and epidemiologically relevant practice in Brazil, representing a significant challenge to the promotion of appropriate infant feeding. The consolidated data reveal alarming prevalence rates reaching nearly 40% in some regions, particularly in the Brazilian Northeast.

The multifactorial nature of the determinants involved in this practice requires intersectoral and culturally sensitive approaches. Effective intervention strategies should consider not only individual maternal education but also the engagement of the entire family and social support network, particularly grandmothers and traditional midwives, who emerge as central figures in the perpetuation of this tradition.

The risks associated with tea consumption in this age group are substantial and multifaceted, ranging from specific nutritional impairments to the risk of acute toxicity and microbiological contamination. Of particular concern is the negative impact of this practice on breastfeeding indicators, significantly contributing to early weaning and depriving children of the numerous benefits of human milk.

Health professionals, especially those working in primary healthcare, require specific training to address this issue in a sensitive and effective manner, recognizing the cultural value of traditional practices while educating families about evidence-based risks. The explicit and in-depth inclusion of this topic in prenatal and childcare consultations appears to be a promising strategy.

Future research should focus on the development and evaluation of culturally adapted educational interventions, the investigation of safe and culturally acceptable alternatives for the management of infant colic, and the long-term follow-up of children exposed to different patterns of tea consumption during early infancy.

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