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ORIGINAL ARTICLE

Validation of educational video on the advantages of breastfeeding

Validação de vídeo educativo sobre vantagens do aleitamento materno

Validación de video educativo sobre la ventajas de la lactancia materna

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Abstract

Objective: to validate the appearance of an educational video on the advantages of breastfeeding. **Method:** Methodological study developed in two phases: construction of the video based on the adaptation and validation of appearance by experts. The appearance items were validated according to an adapted instrument and agreement between experts was analyzed using the Content Validity Index (CVI). The minimum coefficient of 0.80 was adopted as a relevance index. **Results:** 18 experts classified as master or senior worked on validation. The video was validated in its first version, with all CVI items greater than 0.80 and an overall CVI of 0.95. Cronbach's Alpha (0.878) indicated almost perfect reliability and the ICC (0.877) indicated good reliability between the scores obtained by the evaluators. **Conclusions:** The study allowed the validation of an educational video focused on breastfeeding, which can contribute to health education actions. **Descriptors:** Breast feeding; Educational Technology; Health education; Knowledge; Weaning.

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Resumo

Objetivo: validar a aparência de um vídeo educativo sobre as vantagens do aleitamento materno. **Método:** Estudo metodológico desenvolvido em duas fases: construção do vídeo a partir da adaptação de conteúdo e validação de aparência por *experts*. Os itens da aparência foram validados de acordo com instrumento adaptado e a concordância entre os *experts* analisada por meio do Índice de Validade de Conteúdo (IVC). O coeficiente mínimo de 0,80 foi adotado como índice de relevância. **Resultados:** 18 *experts* classificados como *master* ou *sênior* atuaram na validação. O vídeo foi validado em sua primeira versão, com todos os itens de IVC superiores a 0,80 e IVC global de 0,95. O Alfa de Cronbach (0,878) indicou quase perfeita confiabilidade e o ICC (0,877) indicou boa confiabilidade entre os escores obtidos pelos avaliadores. **Conclusões:** O estudo permitiu validar vídeo educativo voltado para o aleitamento materno, que pode contribuir para ações de educação em saúde.

Descritores: Aleitamento materno; Conhecimento; Desmame; Educação em saúde; Tecnologia Educacional.

Resumen

Objetivo: validar la aparición de un vídeo educativo sobre las ventajas de la lactancia materna. **Método:** Estudio metodológico desarrollado en dos fases: construcción del video a partir de adaptación y validación de apariencia por expertos. Los ítems de apariencia fueron validados según instrumento adaptado y la concordancia entre expertos se analizó mediante Índice de Validez de Contenido (CVI). Se adoptó como índice de relevancia el coeficiente mínimo de 0,80. **Resultados:** En la validación trabajaron 18 expertos clasificados como master o senior. El vídeo fue validado en su primera versión, con todos los ítems de CVI superiores a 0,80 y un CVI general de 0,95. El Alfa de Cronbach (0,878) indicó confiabilidad casi perfecta y el ICC (0,877) indicó confiabilidad buena entre las puntuaciones obtenidas por los evaluadores. **Conclusiones:** El estudio permitió validar un video educativo centrado en la lactancia materna, que puede contribuir a acciones de educación en salud.

Descriptores: Conocimiento; Destete; Educación em salud; Lactancia materna Tecnología Educacional.

INTRODUCTION

Breastfeeding is widely recognized for its benefits to maternal and infant health. Given its advantages, the World Health Organization (WHO) recommends it as the exclusive source of nutrition for children until six months of age and encourages its continuation until two years or more.[1]

However, breastfeeding is not an instinctive act. It is a complex, multifactorial practice involving multiple levels.[2] Approximately 50% of women experience significant difficulty breastfeeding in the first three days after birth[3], and a qualitative study indicated that the main maternal motivations for breastfeeding include exclusive responsibility for breastfeeding, professional support received, and knowledge of the benefits of breastfeeding.[4]

Early weaning is associated with frequent, expected, and at the same time, intervention-friendly problems.[5] Although 80% of newborns are breastfed at some point in their lives, only 44% remain exclusively

breastfed until six months of age worldwide[6], and a similar trend is observed in Brazil, with 45.8% of children exclusively breastfed during this same period.[7] Therefore, actions and strategies to promote and protect breastfeeding are urgently needed to reduce early weaning.

The application of educational technologies is a viable and effective tool for health promotion. Among these technologies, educational videos stand out as a clear and accessible way to transmit knowledge through visual and dynamic techniques, contributing to the understanding and retention of content.[8] A quasi-experimental study with 58 postpartum women, testing the effectiveness of an educational video on baby care, identified an increase in knowledge after viewing it, demonstrating its effectiveness as a health promotion strategy.[9] A quasi-experimental study with 3115 postpartum women conducted in the United States with a series of videos on breastfeeding showed that women who watched all the videos were more likely to maintain exclusive breastfeeding until the sixth month, indicating the effectiveness of the strategy.[10] Given the evidence, it is believed that audiovisual communication is a source of support for mothers, families, and healthcare professionals.

Given the rates of early weaning in the country and worldwide, considering that difficulties can contribute to weaning; that knowledge of the benefits of breastfeeding is a motivator for its maintenance; and that educational videos prove to be an attractive and effective strategy for knowledge retention, this study is justified.

The aim of this study was to validate the appearance of an educational video about the advantages of breastfeeding.

METHOD

This is a methodological study developed in two phases. In Phase 1, the video was created based on adaptations of material from the WHO[1] and the United Nations Children's Fund[11], on the advantages of breastfeeding, and on the video produced by UNICEF in partnership with the WHO, “Breast is best”.[11] The content covered in the videos and references cited was translated into Portuguese, narrated by a researcher, and illustrated using Videoscribe® software. Content validation was not performed as it is an adaptation of already validated material.

The video produced highlights the advantages of breastfeeding for the health of the child, mother, and family, indicates where to seek help in case of problems, and has a duration of 5 minutes and 43 seconds (link: https://youtu.be/viBBHm8eJFo?si=AfPUXntiMw3MqldA).

In Phase 2, the video's appearance was validated through expert evaluation. The

experts were selected in April 2024, based on an analysis of the information in their Lattes Curriculum, such as training in the health field and experience in breastfeeding. The invitation was made by email, and the experts were also invited to suggest contacts who worked with the topic (snowball technique).

In total, 45 experts were selected and invited. Experts who did not respond within 15 days of receiving the instrument were not included. Thus, the final sample consisted of 18 experts, following the recommendations in the literature, which indicates six to twenty validators and a minimum of three individuals when representing a professional group.[12]

Inclusion followed some experts' criteria[13], namely: clinical experience in the specific area within the last four years – a mandatory requirement for inclusion (four points); at least one year of teaching experience (one point); experience publishing articles on the subject (one point); participation in a research group for at least two years (one point); doctoral degree (two points); master's degree (one point); residency (one point). For each year of clinical or teaching experience, one extra point was added.[13]

The sum of the points allowed the experts to be classified as junior (minimum of five points); master (from six to 20 points) and senior (above 20 points). There is no specific cut-off point, leaving the decision to the researcher regarding the experts who meet the study's objective. However, as an inclusion criterion, the expert should obtain at least four points, that is, have clinical experience in the subject area, as suggested by the authors of the classification themselves. It should be noted that all criteria were verified in the prior analysis of the Lattes Curriculum.[13] Incomplete answers to the items constituted an exclusion criterion; however, it should be noted that no participant was excluded.

Data collection took place in May 2024. The validation questionnaire was sent along with a statement clarifying the study's objectives and a descriptive document of the activities requested of the participants. The consent form and the validation questionnaire were sent online via a Google Forms® electronic form. The consent form clarified the study's objectives and provided instructions for completion; at the end of the initial page, participants could select the options: 1 – I have read and agree to participate; 2 – I have read and agree not to participate. Participants were redirected to the validation questionnaire only if they clicked on option 1 – I have read and agree to participate. After consenting to participate in the study, the experts had access to the link to view the video (https://youtu.be/viBBHm8eJFo?si=AfPUX

ntiMw3MqldA).

The validation instrument was developed in Hyper Text Markup Language (HTML) format using Google Forms®, to be completed online. Part I involved characterization data of the experts: age; gender; academic degree; education; years of experience; whether they were teaching and, if so, for how long.

Part II describes the video appearance validation items regarding functionality, usability, efficiency, and audiovisual technique, adapted from the questionnaire validated by some studies.[14] Each validation item was evaluated using a Likert scale containing the options strongly disagree, somewhat disagree, disagree, agree, somewhat agree, and strongly agree. At the end of the instrument, the experts had a blank field for free-form responses.

The collected data were imported from Google Forms® into an Excel® database. They were then imported into the Statistical Package for the Social Sciences (SPSS) version 23.0 for processing and analysis. Identification data were subjected to descriptive statistics for frequency and percentage analysis, measures of position (mean), and variability (standard deviation). Inter-rater agreement was analyzed using the Content Validity Index (CVI).[15]

The content validation data were presented as percentage and absolute frequencies. The Content Validation Index (CVI) was calculated to assess the extent of agreement among the experts, with responses classified as “strongly agree,” “partially agree,” and “agree,” grouped as agreement, and “strongly disagree,” “partially disagree,” and “disagree,” as disagreement. The CVI was calculated using the formula: CVI = agreement / total number of judges. A minimum coefficient of 0.80 was adopted as the relevance index for the validators' agreement.[15]

The normality of the scores was verified using the Shapiro-Wilk test, and reliability was measured by calculating Cronbach's alpha and the intraclass correlation coefficient (ICC).

Cronbach's alpha allows for the assessment of reliability based on the agreement between raters. Scores allow for classification into: low reliability (between 0 and 0.20); fair (between 0.21 and 0.40); moderate (0.41 – 0.60); substantial (between 0.61 – 0.80); and almost perfect (greater than 0.81).[16]

The intraclass correlation coefficient allows for the classification of reliability and agreement among raters. Scores below 0.50 indicate poor reliability; between 0.50 and 0.75, moderate reliability; between 0.75 and 0.90, good reliability; and above 0.90, excellent reliability.[17]

This study is part of a larger project

entitled “Effectiveness of individualized counseling on the duration of exclusive breastfeeding: a multicenter, randomized, parallel, open-label clinical trial.”[18] The validated video was distributed among the study participants as supporting teaching material and was created for this purpose. Three versions were made for the different study centers to ensure greater accessibility for the participants. Versions were made for the Minas Gerais center (link: https://youtu.be/viBBHm8eJFo); Rio de Janeiro (link: https://youtu.be/3ThMo8HKV5Y) and Bahia (https://youtu.be/NpJbw6X9d2A). To ensure inclusion, the version was adapted for Brazilian Sign Language (Libras) (link: https://youtu.be/On00kIaboxk). Since it was the same content, the version from the coordinating center (MG) was sent for validation by the experts.

The study was approved by the Research Ethics Committees of the participating centers, opinions no. 5,627,159 of September 6, 2022 and no. 5,656,072 of September 21, 2022. The study followed all ethical precepts foreseen by Resolution no. 466/2012 and Guidelines for research procedures with any stage in a virtual environment from the Research Ethics Commission (CONEP) of February 24, 2021.

RESULTS

The sample consisted of 18 experts, mostly female (17 – 94.4%), aged between 28 and 67 years, with a doctoral degree (13 - 72.2%) and training in Nursing (16 – 88.8%), with training time ranging from six to 45 years. All work or have worked as teachers, with teaching experience ranging from one to 40 years.

Applying Guimarães' criteria[13], the selected experts had an average of 23.0 ± 12.6 points, with a minimum of nine and a maximum of 45 points. Based on the score, the experts were mostly classified as master (10 – 55.5%) and eight were senior (45.5%), all of whom were considered eligible to participate in the video validation. Table 1 presents the characteristics of the experts.

Table 1 -Characterization of the experts who validated the appearance of the video "Breastfeeding is better", Uberaba, MG, Brazil, 2024. (n = 18)

Features	**N**	**%**
Gender		
Female	17	94.4
Male	01	5.6
Qualification		
Doctorate	13	72.2
Postdoctorate	05	27.8
Education		
Nursing	16	88.8
Nutrition	02	11.2
Expert classification according to Guimarães' criteria (2015)		
Master experts	10	55.5
Senior experts	08	45.5
Variable (in years)	Mean and Standard Deviation	Minimum and maximum
Age	44.1±13.2	28 – 67
Training time	21.5±13.4	6 – 45
Length of time in teaching.	17.6±13.1	1 – 40
Guimarães' Criteria	23.0 ± 12.6	9 – 45

Source: Research data, 2024

The video was validated in its first version, with all CVI (Content Validity Index) items above 0.80. Therefore, a new validation round was not necessary. The evaluated items are listed in Table 2.

Cronbach's alpha (0.881) indicated almost perfect reliability, and the intraclass correlation coefficient (ICC) indicated good reliability among the scores assigned by the 18 experts (ICC = 0.881 [95% CI = 0.779-0.948] F (17,170) p<0.01).

Table 2 -Description of the appearance validation items for the video “Breastfeeding is better”, Uberaba, MG, Brazil, 2024. (n = 18)

Item	I agree Fully	I partially agree	I agree	I disagree	I partially disagree	I disagree Fully	IVC
Functionality							
1. The video presents itself as a suitable tool for its intended purpose.	15 (83.5)	1 (5.5)	1 (5.5)	1 (5.5)	-	-	0.95
2. The video makes it possible to generate positive results in the teaching-learning process.	15 (83.5)	2 (11.0)	1(5,5)	-	-	-	1.00
Usability							
The video is easy to use.	15 (83.5)	1 (5.5)	2 (11.0)	-	-	-	1.00
It is easy to learn the concepts after watching the video.	12 (67.0)	3 (16.5)	1 (5.5)	2 (11.0)	-	-	0.89
It allows the user to easily apply these concepts in practice.	9(50,0)	6 (33.5)	2 (11.0)	-	1 (5.5)	-	0.95
Efficiency							
The video length is suitable for user learning.	10 (55.5)	6 (33.5)	-	2 (11.0)	-	-	0.89
The video's length is appropriate for its intended purpose.	11(61,1)	5 (27.9)	-	2 (11.0)	-		0.89
Audiovisual technique							
The lighting and colors in the video are appropriate.	15(83.5)	-	2 (11.0)	1 (5.5)	-	-	0.95
The narrator's tone of voice is clear and appropriate.	13 (72.5)	2(11,0)	2 (11.0)	1 (5.5)	-	-	0.95
The narration is used efficiently and in an understandable way.	12 (67.0)	4(22,0)	1 (5.5)	1 (5.5)	-	-	0.95
It is possible to return to any scene whenever desired.	15 (83.5)	2 (11.0)	1 (5.5)	-	-	-	1.00
IVC Global							0.95
Cronbach's alpha							0.881
Intraclass Correlation Coefficient (ICC)	Coefficient	95% CI	P				
	0.881	0.779 – 0.948	<0.001				

Source: Research data, 2024

DISCUSSION

The study validated the appearance of an educational video about breastfeeding based on content already produced by the WHO and UNICEF, with an overall CVI of 0.95. Cronbach's alpha indicated near-perfect reliability, and the intraclass correlation coefficient revealed good reliability between the scores assigned by the experts.

In the field of breastfeeding, many studies have proven the beneficial effect of videos on its maintenance. A review study on the subject pointed out that videos broaden the knowledge of healthcare professionals; they are a source of horizontal communication, which increases the empowerment and autonomy of the target audience that consumes them. Furthermore, it is highlighted that mobile technology is a powerful tool for clarifying doubts in the absence of a healthcare professional, especially in home settings.[19]

A series of short videos on breastfeeding (lasting two to five minutes) produced in South Africa identified that video guidance was able to reduce home visit time and expand the potential reach of community health workers to more families. The videos proved to be a viable and practical solution to everyday problems and, in communities with limited resources and no access, are considered a good source of information.[20]

The video produced in this study lasted approximately five minutes, and the length was considered adequate by the experts. Videos on the topic were identified with durations of two[21], three[22], seven[23], and 24 minutes.[9] A study on the perspective of postpartum women in the creation of an educational video indicated that they prefer short videos.[22] Therefore, this video is within the average duration and meets the needs of its target audience.

The produced video achieved a global CVI of 0.95, being considered valid as an educational intervention. Similarly, a music video about the physiology of lactation obtained a CVI of 0.94 in the content of the music produced and 0.84 as the final result of the video.[21] A video entitled “Encouraging breastfeeding among family members,” which addressed benefits, correct latch, and the importance of the support network, obtained a global CVI of 0.97 among experts and 1.00 among the target population.[23] Furthermore, an educational video about newborn care obtained a CVI of 0.90 for content; 0.81 for appearance; and 0.90 in validation with pregnant women.9 It should be noted that all the videos mentioned were considered valid and are available for consultation by professionals, academics, and the community in general.

It is further emphasized that the video produced and validated showed near-perfect reliability and good reliability among the scores assigned by experts, making it a good tool for educational interventions for pregnant women, postpartum women, family members, support networks, academics, and healthcare professionals.

Limitations include the lack of validation of the video by the target audience. However, this limitation is suggested for future study. Another limitation is the fact that no financial resources were committed to the production of the video, as institutional resources were used instead. However, given the high CVI (Content Validity Index) and reliability, it is believed that its quality was not impacted by this limitation.

In practical terms, the validated video can be used in individual and group educational activities, and because it is available online, it can be disseminated through social media, potentially serving as a useful tool for encouraging breastfeeding, especially after hospital discharge.

CONCLUSIONS

This study validated the appearance of an educational video about the advantages of breastfeeding. It is believed that educational material in video format can positively influence the protection of breastfeeding, and this study represents a contribution to practice.

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REFERENCES

1. World Health Organization. Breastfeeding [Internet]. Geneva, CH: WHO; 2022 [citado em 5 fev 2025]. Disponível em: https://www.who.int/health-topics/breastfeeding#tab=tab_1
2. Perez-Escamilla R, Tomori C, Hernandez-Cordero S, Baker P, Barros AJD, Bégin F, et al. Breastfeeding: crucially importante but increasingly challenge in a market-driven world. Lancet [Internet]. 2023 [citado em 4 abr 2025]; 401(10375):472-85. Disponível em: https://www.sciencedirect.com/science/article/pii/S0140673622019328?via%3Dihub
3. Elder M, Murphy L, Notestine S, Weber A. Realigning expectations with reality: a case study on maternal mental health during a difficult breastfeeding journey. J Human Lact. [Internet]. 2022 [citado em 4 abr 2025]; 38(1):190-6. Disponível em: https://pmc.ncbi.nlm.nih.gov/articles/PMC8789938/pdf/nihms-1728284.pdf
4. Wen J, Yu G, Kong Y, Liu F, Wei H. An exploration of the breastfeeding behaviors of women after cesarean section: a qualitative study. Int J Nurs Sci. [Internet]. 2020 [citado em 4 abr 2025]; 7(4):419-26. Disponível em:

https://pmc.ncbi.nlm.nih.gov/articles/PMC7644566/pdf/main.pdf
5. Feenstra MM, Kirkeby MJ, Thygesen M, Danborg DB, Kronborg H. Early breastfeeding problems: a mixed method study of mothers experiences. Sex Reprod Healthc. [Internet]. 2018 [citado em 4 abr 2025]; 16:167-74. Disponível em: https://www.sciencedirect.com/science/article/pii/S1877575617303671?via%3Dihub
6. World Health Organization. Infant and young child feeding [Internet]. Geneva, CH: WHO; 2020 [citado em 8 fev 2025]. Disponível em: https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding
7. Gilberto Kac, coordenador. Aleitamento materno: prevalência e práticas entre crianças brasileiras menores de 2 anos [Internet]. In: ENANI - Estudo Nacional de Alimentação e Nutrição Infantil. Rio de Janeiro: UFRJ; 2021 [citado em 5 abr 2025]. n. 4. Disponível em: https://enani.nutricao.ufrj.br/download/relatorio-4-aleitamento-materno/
8. Bento SFV, Modena CM, Cabral SS. Production of educational videos about health based on the interlocution between students and researchers. RECIIS [Internet]. 2018 [citado em 4 abr 2025]; 12(3):335-45. Disponível em: https://www.reciis.icict.fiocruz.br/index.php/reciis/article/view/1357/2229

9. Sousa LB, Braga HFGM, Alencastro ASA, Silva MJN, Oliveira BSB, Santos LVF, et al. Effect of educational video on newborn care for the knowledge of pregnant and postpartum women and their families. Rev Bras Enferm. [Internet]. 2022 [citado em 4 abr 2025]; 75(Suppl 2):e20201371. Disponível em: https://www.scielo.br/j/reben/a/HpvqW8JGwbNt5jxMjdTYz6M/?format=pdf&lang=en
10. Marmet J, Schmiesing A, Scheuer J, Osborn C, Lunos SA, Pitt MB. Prescribing video-based patient education in the hospital setting: can bedside breastfeeding videos affect exclusive breastfeeding at postpartum discharge? Hosp Pediatr. [Internet]. 2020 [citado em 4 abr 2025]; 10(3):266-71. Disponível em: https://publications.aap.org/hospitalpediatrics/article-abstract/10/3/266/26006/Prescribing-Video-Based-Patient-Education-in-the?redirectedFrom=fulltext
11. United Nations Children's Fund. Breast is best [Internet]. 2022 [citado 2024 Jul 11]. UNICEF Belize. Disponível em: https://www.facebook.com/watch/?v=1244266286401201/
12. Haynes SN, Richard DCS, Kubany ES. Content validity in psychological assessment: a functional approach to concepts and methods. Psychol Assess. [Internet]. 1995 [citado em 4 abr 2025]; 7(3):238-47. Disponível em: https://psycnet.apa.org/record/1996-03400-001
13. Guimarães HCQCP, Pena SB, Lopes JL, Lopes CT, Barros ALBL. Experts for validation studies in nursing: new proposal and selection criteria. Int J Nurs Knowl. [Internet]. 2016 [citado em 4 abr 2025]; 27(3):130-5. Disponível em: https://onlinelibrary.wiley.com/doi/epdf/10.1111/2047-3095.12089
14. Ferreira MVF, Godoy S, Góes FSN, Rossini FP, Andrade D. Lights, camera and action in the implementation of central venous catheter dressing. Rev Latino-Am Enferm. [Internet]. 2015 [citado em 4 abr 2025]; 23(6):1181-6. Disponível em: https://www.scielo.br/j/rlae/a/ztRZRMNypdDnpNRrwJmyShK/?format=pdf&lang=en
15. Polit DF, Beck CT, editores. Delineamento de pesquisa em enfermagem. Porto Alegre: Artmed; 2019. Fundamentos de pesquisa em enfermagem: avaliação de evidências para prática de enfermagem. p. 2003-2007.
16. Landis JR, Koch GG. The measurement of observer agreement for categorical data. Biometrics [Internet]. 1977 [citado em 1 abr 2025]; 33(1):159-74. Disponível em:

https://www.jstor.org/stable/2529310
17. Koo TK, Li MY. A guideline of selecting and reporting Intraclass Correlation Coefficients for reliability research. J Chiropr Med. [Internet]. 2016 [citado em 8 jan 2025]; 15(2):155-63. Disponível em: https://pmc.ncbi.nlm.nih.gov/articles/PMC4913118/pdf/main.pdf
18. Ruiz MT, Rodrigues EDC, Silva KEPO, Resende CV, Cavalcanti MC, Santos LM, et al. Effectiveness of individualized counseling on the duration of exclusive breastfeeding: study protocol for a multicenter, randomized, parallel, and open clinical trial. Trials [Internet]. 2023 [citado em 4 abr 2025]; 24:455. Disponível em: https://pmc.ncbi.nlm.nih.gov/articles/PMC10350262/pdf/13063_2023_Article_7490.pdf
19. Balbino AC, Silva ANS, Queiroz MVO. The impact of educational technology on the training of newborn health professionals. Rev Cuid. [Internet]. 2020 [citado em 4 abr 2025]; 11(2):e954. Disponível em: http://www.scielo.org.co/pdf/cuid/v11n2/2346-3414-cuid-11-2-e954.pdf
20. Adam M, Johnston J, Job N, Dronavalli M, Le Roux I, Mbewu N, et al. Evaluation of a community-based mobile video breastfeeding intervention in Khayelitsha, South Africa: The Philani MOVIE cluster-randomized controlled trial. PLoS Med. [Internet]; 2021[citado em 4 abr 2025]; 18(9):e1003744. Disponível em: https://pmc.ncbi.nlm.nih.gov/articles/PMC8478218/pdf/pmed.1003744.pdf
21. Ribeiro PL, Cherubim DO, Padoin SMM, Paula CC. Creation and validation of a visual educational technology content for lactation physiology learning. Rev Bras Enferm. [Internet]. 2020 [citado em 4 abr 2025]; 73(6):e20190564. Disponível em: https://www.scielo.br/j/reben/a/4WkQyWVPXKBXmcST5gcgzqh/?format=pdf&lang=en
22. Lutterbach FGC, Serra GMA, Souza TSN. Breastfeeding as a human right: construction of educational material by the voice of women. Interface (Botucatu) [Internet]. 2023 [citado em 4 abr 2025]; 27:e220093. Disponível em: https://www.scielo.br/j/icse/a/pDNPFGK7cYkjTwPSVTT66yk/?format=pdf&lang=en
23. Dantas DC, Góes FGB, Santos AST, Silva ACSS, Silva MA, Silva LF. Production and validation of educational video to encourage breastfeeding. Rev Gaúcha Enferm. [Internet]. 2022 [citado em 4 abr 2025]; 43:e20210247. Disponível em: https://www.scielo.br/j/rgenf/a/ww6qdtgBV9GM7p4G5HKMw4N/?format=pdf&lang=en

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