SOCIAL REPRESENTATIONS OF DONORS ON HUMAN MILK DONATION IN A UNIVERSITY HOSPITAL¹

Márcia Maria Benevenuto de Oliveira* Isília Aparecida Silva**

ABSTRACT

Objective: To know the social representations of donors about human milk donation in a university hospital. **Method:** This is a qualitative research using the Theory of Social Representations as a conceptual framework. For the qualitative analysis, the content analysis method was used. **Results:** Participants were thirty donors from a human milk bank in a public university hospital in southern Brazil. The themes related to donation that emerged from the speeches of these donors were: human milk bank: place of welcoming and learning; to donate breast milk: it takes work and requires commitment and being a donor is sharing what you have and helping those in need. **Conclusion:** The donation of human milk was related to the feeling of pride and sharing, with the family having an important role in this process. In addition, it was observed the importance of the welcoming and support received at the milk bank as a way to strengthen the bond between donor and institution and encourage such practice.

Keywords: Milk banks. Milk, Human. Breas Feeding. Lactation.

INTRODUCTION

In the last decades, a growing number of scientific studies have shown that breastfeeding is a strategy that brings physiological and nutritional benefits to the child and helps in their neuropsychomotor development, in addition to contributing to the mother's health⁽¹⁻²⁾. Such contributions begin immediately after delivery, persisting into adulthood⁽³⁻⁴⁾, being recommended by the American Pediatric Association as the most appropriate way of nutrition for premature and very low weight children⁽⁵⁾.

However, in many cases, for different reasons, mothers do not have enough milk to meet their children's nutritional needs, whether due to technology, prolonged hospital stay, or mother-baby segregation⁽⁶⁾. The alternatives to solve this problem lead to pasteurized human milk or specific infant formula⁽⁵⁾.

One of the ways to increase the supply for newborns hospitalized and in need of human milk intake is the use of pasteurized human milk. The public health policy responsible for this action is the Brazilian Human Milk Bank Network (rBLH), which was regulated by the Ministry of Health in 1988. This service was implemented in 1943, in the city of Rio de Janeiro, as the first Human Milk Bank (HMB) from Brazil, remaining today as a national reference⁽⁷⁾.

Since the 1990s, there has been significant growth in the number of HMB in the country⁽⁷⁾. One of the justifications for this increase was the implementation of the Baby-Friendly Hospital Initiative program, which brought a new look to public policies on breastfeeding (BF), including the aspects of protection and support for breastfeeding women. Until then, the current understanding was that breastfeeding was an eminently biological act, considering only the aspect of promoting breastfeeding and women, as being responsible for the accomplishment or not of breastfeeding.

Brazil has already been recognized as the country with the largest and most complete HMB network in the world⁽⁷⁾, integrating the Iberoamerican Human Milk Banks Program, together with 22 more countries, totaling 310 HMB⁽⁸⁾.

In Europe, now with 210 HMB, the European Association of Milk Banks (EAMB) was created; in North America, the North American

Association of Human Milk Banks (HMBANA), with 25 HMB, 22 in the United States and 3 in Canada. In Australia, there are 5 HMB; in Africa, the implementation of this service unit is beginning⁽⁸⁻¹⁰⁾.

The contribution of the HMB network in this scenario consists of actions to promote, protect and support BF, much more than in specific actions for the processing of collected human milk and, besides, in the world scenario, the Brazilian network is the one that it has the most significant number of units, which significantly increased the reduction of damage to the child population⁽⁷⁾.

A large part of this volume comes from women donors, considered essential elements for the existence of pasteurized human milk with certified quality to offer to premature newborns. Nevertheless, a large amount of milk collected is still not sufficient to supply the existing demand. For this reason, the great challenge for the HMB is to increase donor uptake and, consequently, increase the supply of pasteurized human milk.

Given this context, comes up the question: what are the social representations of donors about the human milk donation in a university hospital?

The importance of carrying out this study is highlighted, since the scientific evidence on the benefits of breastfeeding for the infant is already described⁽¹¹⁾, and it is necessary to know the set of explanations, beliefs, and ideas that donors of human milk have about the donation process.

This opportunity to identify what the giving gesture represents to them can contribute positively to the donation process. When listening to donors, it is possible to understand these responses in a socio-historical process and recognize the opportunities for improvement in the different stages that involve donation. Thus, this study aims to know the social representations of donors about the donation of human milk in a university hospital.

METHOD

Qualitative research that used as a conceptual framework of the Social Representations Theory, whose primary function is to familiarize the experiences, "tame the unknown," in order to make it a safe territory, since the sensation it is

in what is familiar to $us^{(12)}$.

Social representations are the result of the way a person understands reality, and, as the individual builds it, he/she also reshapes him/herself. They can assume different functions, some related to the social sphere, through the construction of identities and collective meanings, and others, which fall into the cognitive area and refer to the ability to subsidize meanings and stabilize the situations experienced⁽¹²⁾.

The research scenario was the HMB of a public university hospital in southern Brazil. This service was created in 1988, and is part of the rBLH and has become a state reference since 2009. Like the rest of Brazil, it develops actions aimed at the promotion, protection, and support of BF, with five linked collection points. It also carries out activities of collection, processing, quality control, and distribution of pasteurized human milk, especially to premature infants admitted to Neonatal Intensive Care Units and Neonatal Intermediate Care Units. The average volume collected in this service is 280 liters/month, from more than 300 women who donate the surplus of their milk to approximately 330 children, monthly.

The study participants were milk donor women registered with the institution's HMB. The existence of this register was, then, the criterion to include them in the study and the data saturation defined the number of 30 participants. Data collection was carried out from October 2015 to March 2016 through an interview at the donors' residence, after explaining the research, the Informed Consent Form was signed. The interviews were recorded and later transcribed, guided by the question: What did it mean for you to donate your milk to the human milk bank? The reports were identified with the initial "I" for the word interview, followed by a number indicating the sequence it was done.

For data analysis, the content analysis method was used, as it favors the exploration of the relationships that individuals have in their life, which builds their social representations⁽¹³⁾.

The study was approved by the Research Ethics Committee Involving Human Beings (Opinion n. 1,105,430) and authorized by the Committee for the Regular Evaluation of

Scientific Research Projects at the Hospital where the research was carried out.

RESULTS AND DISCUSSION

The 30 women participating in the study were between 18 and 44 years old (average 32.73 years old), 28 lived in Londrina (PR), 29 reported having a partner, 26 completed higher education, and 25 had delivered by cesarean section.

Mais da metade das mulheres doadoras de leite desta pesquisa (20) permaneceu aderente ao programa de doação por um período de até seis meses e as outras dez conseguiram manter a doação de leite por um período de mais de seis meses.

More than half of the women who donated milk in this research (20) remained in the donation program for a period of up to six months, and the other ten managed to keep donating milk for more than six months.

With regard to donation, the following themes were identified: human milk bank: place of welcoming and learning; to donate breast milk: it takes work and requires commitment and being a donor is sharing what you have and helping those in need.

This study highlighted the construction of representations and the entire consensual universe of women donors of human milk in the relationship they establish with the HMB service, originating the theme Human Milk Bank: place of welcoming and learning, with its respective categories.

Access to the HMB, either to meet its demands or to engage in the milk donation process, can happen through different means; they learn about the HMB through information from their experiences in their context, from living with other women who used or interacted with the service:

I think I had this initiative because I saw my pregnant sister-in-law, I saw my pregnant cousin and they both donated [milk] to help. They were an example for me and that's why I donated. (I19)

There are also, the initiative of other services, in some way, linked to the Milk Bank, which disclose their role and inform them about the possibility of donating milk:

When I was leaving the hospital, when I delivered

my second daughter, a nun from the hospital gave me a folder that had the milk bank phone; told me that if i had enough milk i should call the bank. (I14)

Multimedia and personal disclosures made by relatives, friends or professionals also represent sources of access to the service for these women. The following are speeches in this regard:

We always hear a lot in the media that they are always asking the bank for milk, because many little children need it, right? (I16)

I heard about the bank from the Maternity of Cornélio Procópio (PR), but they didn't give me the phone number. Then I searched the internet. (I28)

The motivation to seek HMB can happen, many times, because they need assistance themselves, support in their breastfeeding process or also because of the need to donate excess milk:

In fact, the need first came from me, because my daughter was choking with the jets of milk, there was excess milk and I was afraid my daughter would choke again and I had mastitis. (I30)

Regardless of the argument, these women show a motivation that impels them to seek HMB to donate:

My first contact with the milk bank was because I was having difficulty expelling milk and my breasts were full; my baby was premature, he was admitted to the Neonatal Intensive Care Unit and then, as my milk was always left over, I always donated, because I was sensitive about the premature. (I18)

In the context of this research, it is clear from the donors' statements that they notice that they have different access to the HMB. Some heard about it from professionals who attended them in the maternity wards where they had their babies, through friends, others heard on television broadcasts, others read in the newspaper and others are health professionals, who already knew the HMB.

Representations are independent variables that determine both the way the stimulus is perceived and the response that the individual provides facing the situation⁽¹¹⁾. When relating this to the study theme, it is observed that social representations determine the way women receive information from professionals working

in the HMB on the donation process, as well as how they react to this approach.

In a research carried out with human milk donors, it was observed that the donors' information about the HMB service was given by professionals from the hospitals where they were attended⁽¹⁴⁻¹⁵⁾, and these places are strategic to increase donor attraction and consequently, milk donations.

However, opposed to the findings of this research, a study carried out in Niteroi (RJ), with human milk donors from that city, concluded that health institutions, in general, do not inform or guide women about breast care and neither about the possibility of donating human milk⁽¹⁶⁾. This fact denotes the failure of health professionals not only to encourage breastfeeding, but also reduces the chances of donations to milk banks.

These findings should encourage professionals working with breastfeeding and human milk donation to develop health education actions as soon as prenatal care, so that women are informed that they may become donors of human milk, if they have milk production beyond their children's needs.

Although some receive information about the milk donation, only the woman who feels motivated to fulfill her desire to donate looks for HMB. Individuals or groups seek information that allows them to understand and explain the causes that mobilize them for such initiave⁽¹³⁾.

In the search for HMB, either because of the needs caused by breastfeeding complications or for other reasons, women feel welcomed and appreciated and the service represents a welcoming place for them:

I called the bank and went there and I was so very welcomed. I got there in a lot of pain, but I was treated very well. Wow! I felt welcomed, I left there very happy and very satisfied ... I say they treat you like a queen. (I11)

In these women's speeches, it is possible to apprehend what the HMB means to them. For many, it is a welcoming place, as they feel welcomed and not judged. Being welcomed means the way she was hosted, treated, considered. The humanized way in which any person, in this case, the donor, must be welcomed, especially in health services, is what creates a relationship of trust and commitment of

the professional, representing the service with the user⁽¹⁷⁾.

When it comes to hosting, the positive impact is noticed when it happens⁽¹⁸⁾, since the woman demonstrates finding it in the HMB service, when she is experiencing difficulties in breastfeeding and looks for someone to help her overcome them.

However, for hosting, it is necessary to establish bonds, consideration, dialogue and sensitive listening; it is accountability and respect, to overcome the fragmented and individualized view of the user, so that he/she is perceived as a subject, in fact ⁽¹⁹⁾.

These women also refer to the HMB as a place of support that can be understood as help, protection or help:

When, like, I had my first child, my breast cracked, the breast became engorged, they were here every week. I had a nurse here to help me every week. They were able to guide me and that relieved a little, too. (I8)

This support is understood by donors as essential, because this phase of their lives is considered very difficult because they still feel inexperienced, with difficulties to deal with complications, in addition to the new experience of donating milk:

The milk bank for me is a place of support ... because it is a moment when we are more sensitive, so they ate sensitive to deal with us ... the patience to tell us to be calm, and that it will be okay. (I5)

The positive experience with the donation favors new initiatives by women in other pregnancies, with a frequency in their actions due to their familiarization with the service:

In my first week of breastfeeding, I needed to contact the milk bank and they came to me and explained how to milk and store my milk to donate. I had support from the bank and I thank them for that, so much that I donated twice: from my daughter who is now 8 years old and my son who is now 3 years old. (I16)

For women, the HMB represents a place of support, where they can talk about discomfort, fears and concerns. The donors of this research stated that they needed support to overcome the difficulties in the process of breastfeeding and/or donating.

It is known that a child's birth and the new role of being a mother, with all the responsibilities that this requires, characterize this moment as a stressful situation, which justifies the need for a support network that is formed in this dyad, composed of health professionals, family and friends in an attempt to mitigate this impact⁽²⁰⁾.

The HMB is also represented as a place of learning for these women, since welcoming their demands is also reflected in the guidelines they receive about the techniques and procedures they adopt for successful breastfeeding and the relief of their discomforts:

I produced a lot of milk. They [bank workers] were able to guide me. I've been relieving myself a little and clarifying my doubts that made me insecure. (I8)

They recognize the intermediation made by the HMB in capturing and distributing the milk as donating action, reflecting on the results of health promotion and survival of children, to which they also dedicated themselves, they increasingly value this service:

I saw on the internet that the survival rate of babies in the ICU increased a lot after Brazil organized itself with the donation of breast milk, and then I understood the importance and I was encouraged [to donate]. (I9)

Donating your milk means, for these women, an effective action, with the milk being properly used, becoming a motivating factor for them:

Then, when I got pregnant, I would say: if I have milk I will donate, for sure, because it is a donation that really reaches its destination, right? It gets tot who is in need. We donate and it does not get lost along the way. It really reaches those who need it! (I8)

Thus, these women understand the meaning of being donors and the gesture of donation starts to compose their world. When they become donors, they start a bond with this service, they become partners in the work of the HMB and start telling about it to other women, often when they are still in the gestational phase or when they realize that they are having difficulty breastfeeding:

I became linked to the milk bank, I have the habit of always telling to other women to look for the bank and, if possible, donate too, because she will have all the support. (I16)

The donors of this study are thus integrated into a work and a proposal of a civil aspects, becoming partners, by introjecting into their lives a responsibility: to disseminate the HMB service and to encourage other women to get involved in the donor group.

The experience of mothers and older women who were successful in breastfeeding serves as an example and encouragement, through experiences or knowing the stories of donation in their surroundings:

My mother was an example for me. She breastfed me for more than two years... And she encouraged me to donate and helped me a lot, because I would come from another city to donate milk and I stored it at her house. She would take the milk to the bank. (I27)

Even imbued with this purpose, they recognize that donating milk is tiresome and requires commitment to the establishment of specific routines to guarantee the quality of the milk and the maintenance of regular milking:

I had no idea how hard it was... every time you have to wash, sterilize the the thing, the collector and wash hands and be careful with the breast and have a lot more care with everything. So, it takes work, right? (I4)

Research carried out with donors from Minas Gerais found that milking is considered tiresome due to the hygiene care that this process demands⁽¹⁴⁾. In addition to the process of breastfeeding the child, donation represents an additional task, which involves techniques, care and regularity of procedures that require time and dedication.

Milk donation demands support that is projected, especially, from the family nucleus, in which the image of the husband appears as one of the main affective and instrumental supports for the woman and, also, for the donation, showing that the family support is essential:

Thank God I had support from my husband, so I was able to help. My husband supported, still supports, he thinks it is important. So, having he helping me, it [donate] was possible. (I23)

The family is considered to be a facilitator of the donation process and social support, information, attentiveness and affection from family members are supporting elements of the

donation process⁽¹⁴⁾. In this research, the support received from the partners was considered, as fundamental, by women.

Donor women develop their own ways to empty their breasts, seeking to maintain the quality standard required for donation, combined with the knowledge passed on to them by professionals and those in their surroundings, coming from common sense, creating their own ways and techniques for milking:

I used to take the pump, always at the pump. Sometimes she suckled on one breast and on the other it would start to drip, and I would place he pump on the other, and it was easy. It would come out, without making much effort. (I24)

Some obstacles, such as the technique to establish the donation, the hygienic healthy care in the procedures, the difficulty in reconciling the care of the child and the milking of milk were identified in a research carried out with regular donors from Ouro Preto (MG) - Minas Gerais⁽¹⁵⁾.

These women, too, show pride in producing and donating milk. This feeling is based on the ability to breastfeed the child and also to produce milk in quantity for donation, thus supporting a belief:

It is a pride! It's even cool to say this: I'm even donating milk. That's cool, got it? (I4)

The theme, being a donor is to share what you have and help those in need, it is composed of beliefs and values built in the family environment, in the social environment of women and in their attitude towards certain objective and subjective dimensions of life.

An attitude is manifested in the donors that reveals the personal willingness to donate that comes from herself. This attitude is acquired, learned or apprehended from the values passed on by the family, the community and in the examples, he observes in surroundings, which they name as being supportive [helping those in need]:

I think this is very familiar. Since I was little I was always taught, I was taught to always contribute, in some way, with someone, with the world. (I3)

[...] there are people who donate toys, there are people who donate clothes. I donate breast milk. (I8)

Representations can carry exchanges that take place between us and the reality that surrounds us, in addition to rescuing and valuing popular knowledge, beliefs and values constructed throughout life. In this sense, the idea of being able to donate something of yours is allied to the sense of help, which goes beyond the donation of objects and material aid to the other: a supportive, life-saving aid.

It is to share, pleasurably, what is plenty, to distribute what they are capable of producing, such as breast milk.

[...] Its so good to know that I am sharing my daughter's milk with other people. So, for me, donating her milk is a fulfillment. (I6)

It is observed, however, that even moved by an altruistic feeling, women donate what is surplus, what is left over, ensuring first of all that the child's demand is met. Thus, when producing surplus milk and feeling penalized for wasting such a valuable product, women are driven by the desire to donate.

Another important element that is present in their motivation to donate their milk is that the donation represents a way to avoid waste:

After, even though they [the babies] come home, breastfeeding, they couldn't handle the milk I produced; so, I always donated. I was sorry to have that milk thrown away [that someone could throw it]. (I17)

The women in this research consider their milk of high nutritional value, in addition to other attributes and the sense of waste is combined with the sense of help and solidarity, favoring their engagement in the donation process.

Another motivation comes as a benefit for them, when the woman donates to relieve the breasts from the weight of the residual milk and, with this, she feels that the donation has the double role, to benefit someone and herself:

We have to say that, especially in the beginning, it is a relief for the mother in the sense of pain. (I27)

Research conducted in Rio de Janeiro showed that the most frequent reason for women to become a donor is the excessive production of milk, which leads to breast engorgement, a cause of discomfort and pain, causing her to seek specialized care for this demand, moment that she becomes a donor⁽¹⁸⁾.

The process, however, leads her to assess her dedication of time and energy for the good of others; so, she concludes that it is worthwhile to be a donor:

Since I breastfed my two children, if I had the third child I would donate again, because I think it is worth it. It1s a very good act. (I16)

The donation is thus gratifying and, with this action, the donor is able to expand, multiply the feeling of being a mother:

I am very grateful to the mothers who donated [milk] at the time my son needed it. And I thought about it when I made my donation. I used to think like this: People! How many children do I have from donating milk? (I27)

In the results of this study, the recognition of women stands out that one of the main motivations and gratification of the donation of their milk is in the materialization, real or symbolic, of knowing that they breastfed many other children. Knowing the units where the children stay or even seeing photographs of the children receiving donated milk, brings to the donor the concrete figure in which she can anchor and objectify the most faithful sense of the milk donation that she produced and build, in a clearer and richer, the representation of that donation.

There is, however, a certain moment to cease the role as a donor, when production decreases and, as a result of the baby's weaning, which practically defines the role and time as donor; is when she realizes it is time to stop:

Then it started to decrease and the day I called the girls to pick up the last bottle, which I hadn't been able to fill out, that I prepared all the material to return, it was very sad, it was really sad. (I30)

Nevertheless, in the same way that these women donate surplus milk or when the child no longer needs the entire volume produced, it is observed that, for them, for the most part, the time of donation correspond to the time of weaning.

Thus, the donation is still a social act driven by a range of social situations determined also by female biology, conditioned to the child's breastfeeding process. As such, it is a process that has social and biological limits and contours, whose beginning and end are determined by women.

The donation of human milk is a gesture totally unrelated to personal interest in self-promotion or financial return for those who do it, as having a spontaneous and free action as a legal requirement. To learn from the speech of these women what mobilizes them for this attitude - donation - may add new concepts and enrich the existing knowledge for professionals working in this area.

This study has limitations related to the small number of participating donor women, which makes its generalization difficult. However, it provided advances to the knowledge on this theme.

The importance of considering social representations as a resource to ensure that donors really find in HMB a place of welcome, support and learning, as apprehended in this research, it demonstrated the existence of the bond of these women with the service. This can support the repetition of the gesture of donation in future pregnancies, as well as making it possible for the dissemination of positive advertising of the donating process to actually happen to other women who may come to replace those who naturally stop donating.

Pride in being a donor, this representation understood from the donors' speeches is a feeling that stems from their condition of being the provider of their own children and other children and, also, for being part of a specific group, with their own representations and who knows that this gesture makes a difference in the lives of thousands of children.

CONCLUSIONS

The donation of human milk was related to the feeling of pride and sharing, with the family having an important role in this process. In addition, it was observed the importance of the hosting and support received at the milk bank as a way to strengthen the bond between donor and institution and encourage such practice.

REPRESENTAÇÕES SOCIAIS DE DOADORAS SOBRE A DOAÇÃO DE LEITE HUMANO EM UM HOSPITAL UNIVERSITÁRIO

RESUMO

Objetivo: conhecer as representações sociais de doadoras sobre a doação de leite humano em um hospital universitário. **Método:** Trata-se de uma pesquisa qualitativa utilizando como marco conceitual a Teoria das Representações Sociais. Para a análise qualitativa foi utilizado o método de análise de conteúdo. **Resultados:** Participaram do estudo 30 doadoras de um banco de leite humano de um hospital universitário público do Sul do Brasil. Os temas relacionados à doação que emergiram das falas dessas doadoras foram: banco de leite humano: lugar de acolhimento e aprendizagem; doar o leite materno: dá trabalho e exige compromisso e ser doadora é compartilhar o que tem e ajudar a quem precisa. **Conclusão:** A doação de leite humano esteve relacionada ao sentimento de orgulho e compartilhamento, tendo a família importante papel nesse processo. Além disso, observou-se a pertinência do acolhimento e apoio recebido no banco de leite como forma de fortalecer o vínculo entre doadora e instituição e estimular tal prática.

Palavras-chave: Bancos de leite. Leite humano. Aleitamento materno. Lactação.

REPRESENTACIONES SOCIALES DE DONANTES SOBRE LA DONACIÓN DE LECHE HUMANA EN UN HOSPITAL UNIVERSITARIO RESUMEN

Objetivo: conocer las representaciones sociales de donantes sobre la donación de leche humana en un hospital universitario. **Método:** se trata de una investigación cualitativa utilizando como marco conceptual la Teoría de las Representaciones Sociales. Para el análisis cualitativo fue utilizado el método de análisis de contenido. **Resultados:** participaron del estudio 30 donantes de un banco de leche humana de un hospital universitario público del Sur de Brasil. Los temas relacionados a la donación que surgieron de las hablas de estas donantes fueron: banco de leche humana: lugar de acogida y aprendizaje; donar la leche materna: exige trabajo y compromiso; y ser donante es compartir lo que se tiene y ayudar a quien necesita. **Conclusión:** la donación de leche humana estuvo relacionada al sentimiento de orgullo e intercambio, teniendo la familia importante papel en este proceso. Además, se observó la pertinencia de la acogida y del apoyo recibido en el banco de leche como forma de fortalecer el vínculo entre donante e institución y fomentar tal práctica.

Palabras clave: Bancos de leche. Leche humana. Lactancia materna. Lactación...

REFERENCES

- 1. Serafim D, Chow PL. O aleitamento materno na perspectiva do pai. Ciênc. cuid. Saúde. 2002; 1(1): 19-23. doi:
- http://dx.doi.org/10.4025/cienccuidsaude.v1i1.5635
- 2. Coutinho ACFP, Soares ACO, Fernandes PS. Conhecimento das mães sobre os benefícios do aleitamento matemo à saúde da mulher. Rev enferm UFPE online. 2014; 8(5): 1213-1220. doi: 10.5205/reuol.5863-50531-1-ED.0805201415
- 3. Silva EBO, Capinan RC, Gomes DR, Mattos MP, Gomes DR, Mende ACCS. Benefícios do aleitamento matemo no crescimento e desenvolvimento infantil: uma revisão sistemática. Revista das Ciências da Saúde do Oeste Baiano-Hígia [Internet]. 2016 [citado em 2019 fev]; 1(2):148-163. Disponível em:
- http://fasb.edu.br/revista/index.php/higia/article/view/125/131
- 4. Rocha LB, Araujo FMS, Rocha NCO, Almeida CD, Santos MO, Rocha CHR. Aleitamento materno na primeira hora de vida: uma revisão da literatura. Med. Saúde Brasília [Internet]. 2017 [citado em 2019 fev]; 6(3): 384-394. Disponível em:
- https://portalrevistas.ucb.br/index.php/rmsbr/article/view/8318/5490
- 5. Uema RTB, Tacla MTGM, Zani AV, Souza SNDH, Rossetto EG, Santos JCT. Insucesso na amamentação do prematuro: alegações da equipe. Semina Ciênc. Biol. Saúde. 2015; 36(1): 199-208. doi: http://dx.doi.org/10.5433/1679-0367.2015v36n1Suplp199
- Quigley M, Henderson G, Anthony MY, McGuire W. Formula milk versus donor breast milk for feeding preterm or low birth weight infants. Cochrane Database Syst Rev 2014; 22(4): 1-12. doi: 10.1002/14651858.CD002971.pub2
- 7. Pittas TM, Dri CF. O diálogo entre saúde e política externa na cooperação brasileira em bancos de leite humano. Ciênc. Saúde Coletiva. 2017; 22(7): 2277-86. doi: http://dx.doi.org/10.1590/1413-81232017227.02832017
- 8. Secretaria Geral Ibero-americana Brasil. Programa ibero-americano de bancos de leito humano: iberBLH [Internet]. 2015 [acesso 2019 fev

- 14]. Disponível em: https://www.segib.org/pt-br/programa/programa-ibero-americano-de-rede-de-bancos-de-leite-humano/
- 9. Human Milk Banking Association of North America. Fild a Milk Bank [Internet]. 2016 [cited in 2019 fev 14] Available from: https://www.hmbana.org/locations
- 10. Australian Government, Department of Health. Donor human milk banking in Australia-Issues and Background Paper [Internet]. 2014. [cited in 2019 fev 14]. Available from: https://goo.gl/FQGhoM
- 11. Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet, 387(10017), 475-490. doi: https://doi.org/10.1016/S0140-6736(15)01024-7
- 12. Moscovici S. Representações sociais: investigações em psicologia social. 11 ed. Petrópolis: Vozes; 2015. 1-408
 - 13. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2016. 1-280
- 14. Miranda JOA, Serafim TC, Araújo RMA, Fonseca RMS, Pereira PF. Doação de leite humano: Investigação de fatores sociodemográficos e comportamentais de mulheres doadoras. RASBRAN [Internet]. 2017
- [acesso 2019 fev 14];8 (1):10-7. Disponível em: https://www.rasbran.com.br/rasbran/article/view/475/152
- 15. Miranda WD, Passos MC, Freitas MIF, Bonolo PF.
 Representations of women milk donors on donations for the human milk bank. Cad. Saúde Colet. 2016; 24(2):139-44. doi: http://dx.doi.org/10.1590/1414-462X201600020029
- 16. Alves VH, Rodrigues DP, Branco MBLR, Souza RMP, Souza RRB, Medeiros FVA. Banco de leite humano na perspectiva da mulher doadora. Rev. Rene [Internet]. 2013 [acesso 2019 fev 14]; 14(6):1168-76. Disponível em:
- http://repositorio.ufc.br/bitstream/riufc/11339/1/2013_art_vhaalves.pdf
- 17. Marinho TF, Alves VH, Branco MBLR, Rodrigues DP, Pereira RM, Marchiori GRS. Percepções valorativas de práticas em banco de leite humano. Cogitare enferm. 2017; 22(1):01-08. doi:
- http://dx.doi.org/10.5380/ce.v22i1.48679
- 18. Pellegrine JB, Koopmans FF, Pessanha HL, Rufino CG, Farias HPS. Educação popular em saúde: doação de leite humano em

comunidade do Rio de Janeiro, Brasil. Interface Comun. Saúde Educ. 2014; 18(2):1499-1506. doi: http://dx.doi.org/10.1590/1807-57622013.0496

19. Corrêa MSM, Feliciano KVO, Pedrosa EN, Souza AI. Acolhimento no cuidado à saúde da mulher no puerpério. Cad. Saúde Pública. 2017; 33(3):01-12. doi: http://dx.doi.org/10.1590/0102311x00136215

20. Moreira MA, Ribeiro OS, Ramos JSBM, Dias MBL, Castro JO. Representações sociais de mulheres migrantes da mesma família e de diferentes gerações sobre amamentação. Rev. enferm. UFSM. 2017; 7(4):669 – 684. doi: http://dx.doi.org/10.5902/2179769226544

Corresponding author: Márcia Maria Benevenuto de Oliveira. Rua Raja Gabáglia 654, Jardim Quebec. Londrina, Paraná, Brasil. (43) 99957-3585. E-mail: benedioli@gmail.com.

Submitted: 21/03/2019 **Accepted:** 13/02/2020