



SOCIAL SUPPORT AND STRATEGIES FOR BREASTFEEDING PROMOTION ACCORDING TO HEALTH PROFESSIONALS

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ABSTRACT

Objective: To know the strategies used by health professionals to promote exclusive breastfeeding as well as their perception of the support received by women. **Method:** This is a qualitative study carried out with 28 health professionals who work in family health units in western Paraná. Data were collected through semi-structured interviews, from September 2018 to November 2019. Analysis was based on thematic content modality. **Results:** Health professionals declared themselves to be the main source of support for women during the breastfeeding period, six of them indicate the family as a complementary source of support in this process and mentioned health education as the main strategy for breastfeeding protection, promotion and maintenance. **Final considerations:** Professionals perceive themselves as the main support of women for breastfeeding. They cite health education and guidance during consultations as strategies used.

Keywords: Maternal-Child Nursing. Breastfeeding. Social Support. Primary Health Care. Nursing.

INTRODUCTION

Breastfeeding behavior is influenced by a myriad of determinants, including attitudes, knowledge and social support. Effective measurement of these determinants is crucial to provide optimal support for women throughout the breastfeeding period⁽¹⁾. In Brazil, although breastfeeding is frequently studied in the area of health research, unfortunately, the rate of exclusive breastfeeding (EBF) up to the sixth month, in the last two decades, does not exceed 40%, thus becoming a topic that must remain on health and nursing professionals' agenda⁽²⁾.

Biologically, almost all women are capable of breastfeeding; however, this practice is affected by historical, socioeconomic, cultural and individual factors as well as by structural conditions. These determinants, in turn, operate in multiple settings: health systems and services, family and community, work and employment.

Moreover, at the most intimate level, breastfeeding is influenced by mother and child attributes, which result from internalization, in women, of influences exerted by the structural determinants and by the different scenarios⁽¹⁾.

In this regard, knowing the social support network of women for breastfeeding practice becomes fundamental, since the actors that make up this network can influence women's decision and support in breastfeeding. Social support can be considered as webs of relationships established between people and their consequences, in individual and collective behaviors⁽³⁾, and its function is generally related to maintenance of daily life, financial management and help with household chores⁽⁴⁾.

Studies carried out with the aim of identifying the social support network of puerperal women in breastfeeding practice found that the family environment is their main source of support, usually represented by their mothers

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(maternal grandmother) and by their partners (father), possibly acting as support, or not, in breastfeeding practice⁽³⁾.

Therefore, it appears that, although much is studied and published on the subject, transforming scientific research results into practice in the daily care of women remains challenging, since breastfeeding rates in Brazil remain low, related to the multiplicity of factors that encompass the subject and specifically considering the theme of this study and the social support received by puerperal women. It is believed that breastfeeding practice must be understood in all its complexity, as it involves not only the mother/child dyad, but also the family, community, institutional nucleus and health sector institutions - its professionals.

Thus, the question is: Do health professionals integrate the social support network for nursing mothers and do they use strategies to support breastfeeding? This perception is necessary, since the literature shows that health professionals, through policies to encourage breastfeeding (BF) and the recognition of the theme's multisemic nature, have not yet managed to transform the reality of low BF rates in the country⁽⁵⁾.

In this context, this work aims to know the strategies used by health professionals to promote EBF as well as their perception of the support received by women.

METHOD

The study in question is part of a multicenter project called "*Aleitamento materno exclusivo: determinantes socioculturais no Brasil*" (Exclusive breastfeeding: sociocultural determinants in Brazil), coordinated by the *Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro (EEAN-UFRJ)*, which, in turn, is part of an international survey on BF in the Americas called *Lactância materna exclusiva: determinantes socioculturais en Latino América*, under the coordination of the University of Kentucky, United States.

This is a qualitative, descriptive and exploratory study carried out in Primary Health Care units in a medium-sized municipality in western Paraná. Health professional selection

adopted the randomization of health units as a criterion, at the time of the survey, in a number of 42 health units, 14 traditional basic units and 28 Family Health Strategy units, in the three health districts of the municipality, providing opportunities for representation of all regions, through a mobile application called Random Number Generator.

The sample was for convenience, whose interviews were conducted with 28 health professionals, one from each professional category: physician, nurse, nursing technician and community health worker (CHW), from each of the seven randomized primary care units, Family Health Strategy modality. All professionals in the unit who assisted pregnant women were invited, and those who agreed to participate were included in the study. Professionals working in the randomized unit, belonging to one of the four professional categories chosen and assisting pregnant women in their daily work, were included. Only those who were away from work, for any reason, during the data collection period, were excluded. Data were collected between September 2018 and November 2019.

Data collection took place through semi-structured interviews, including information on demographic and professional characterization and using the following guiding questions: Based on your experience, what kind of support do women receive during BF in your community? What strategies do you suggest to promote EBF in your community? The collection took place in the health units where they worked, with prior scheduling by telephone, individually, in a reserved space. The interviews lasted an average of 30 to 40 minutes and were recorded and validated by participants, who listened to them shortly after recording and fully approved their content.

The data obtained were subjected to manual thematic content analysis, following the steps as follows: pre-analysis, material exploration, treatment of results obtained and interpretation. In pre-analysis, contents were organized into systematizing tables to view the interviews as a whole in a comprehensive way. Next, material exploration, meaning nuclei identification and theme grouping were carried out, which allowed constructing categories about the studied

phenomenon⁽⁶⁾.

Participants signed the Informed Consent Form (ICF). In order to ensure the secrecy of their identity, the health professionals interviewed were identified by codes. The letter D was assigned for physicians/doctors, the letter N, for nurses, the letters NT, for nursing technicians, and the letters CHW, for community health workers. The interviews in each group were numbered according to the order in which they were carried out.

The research project was approved by the Research Ethics Committee of the *Escola de Enfermagem Anna Nery*, under Opinion 2.507.525/2018 and CAAE (*Certificado de Apresentação para Apreciação Ética* - Certificate of Presentation for Ethical Consideration) 80711517.8.1001.5238, on February 22, 2018. The procedures complied with Resolutions 466/2012 and 510/2016 precepts, both of the Brazilian National Health Council.

RESULTS

Data were grouped into two thematic categories, “Social support during BF: professionals’ perception” and “Strategies to promote EBF in the context of primary care”, which are described below, after characterizing the interviewees.

Regarding participant characterization, females predominated (82%), and age group ranged from 24 to 54 years, whose ages between 30 and 39 years stood out (43%). Among the 14 professionals with a university degree, 10 had specialization. Training time ranged from seven months to 29 years, with a predominance of between five and 10 years (28%). The time of work with predominant BF was from five to 10 years (29%), a period that coincides with training time.

As for BF training, most physicians (86%) stated that they had not completed any training on this subject. Most nursing technicians (57%) received some type of training. Among nurses and CHW, all (100%) participated in courses and/or training.

Social support during BF: professionals’ perception

Health professionals mentioned four main sources of support: the health team, the family, the church and other community services. All health professionals declared themselves to be the main source of support for women during the BF period, ensuring that:

[...] the support they receive here, in fact, is ours, in the unit, during consultations; the social workers themselves who go to the houses. (D4)

[...] medical guidance and guidance from nurses. (NT5)

[...] we do the guidelines in the group of pregnant women. (N5)

They also pointed out the milk bank as an auxiliary service in this process, when facing some difficulty:

[...] when we think it’s difficult, we ask the milk bank for help. (D2)

[...] when there is some difficulty that even with us guiding you realize that the mother is more insecure or continues with the difficulty, we tell her to go to the milk bank. (N7)

The family nucleus was little mentioned in the speeches, sometimes acting as positive support, sometimes as negative support.

[...] there is always a grandmother after giving birth to guide, to help the new mother. (D7)

I think that the family, the family member who are closest and who support, but not always, there are many reports of mothers, grandmothers mainly, who guide the introduction of new foods. (N1)

[...] sometimes we see the family pressuring us to introduce formula, because the child is not gaining enough weight. (D3)

Health professionals also mentioned the church as a source of support for women during the BF period, generally associating it with the pastoral care of children: a social action body linked to the Roman Catholic Church, mentioning that:

[...] we work in partnership with the children’s ministry; at the monthly meeting and at the weighing of the children, someone from the unit always tries to come to clarify, health education, not only BF, but also the introduction of other foods, oral hygiene as well, for children. (NT2)

Other community services, such as the CRAS

(Reference Center for Social Care - *Centro de Referência de Assistência Social*), were mentioned as well as the group of mothers, who:

[...] talk about it, breastfeeding, vaccine, it is encouraging them to continue BF. (NT3)

It is noticed that different types of support are being mentioned by professionals, who use them according to pregnant women's reality and their work unit.

Strategies to promote EBF in primary care

The interviewees pointed out strategies that include changes in their own work process and in the approach to women who will go through BF, generally associating it with the educational scope, i.e., with its role in teaching and advising mothers regarding BF, stating that:

[...] breastfeeding, we have to work with the mother from the moment she knows she is pregnant. (N4)

[...] you have to work more during prenatal care, because we still have difficulty working with this, in establishing groups of pregnant women. (N6)

However, it was noticed that most professionals mention these guidelines related to purely biological aspects, according to an excerpt from the statements:

[...] explain that in the beginning it will be difficult, that fissures will appear, that there are women who have flat or inverted nipples, talk about the real benefit that BF has, in addition to nutritional and related to antibodies and immunity. (D6)

[...] that milk production depends on the baby's sucking, the proper latch. (D5)

[...] that you explain the importance of breastfeeding for the child, even for herself, to get her body back faster, part of the child's immunity. (NT4)

[...] that it is a complete diet, it has the antibodies, that the mother received the vaccines, everything is fine and that the child will be protected. (CHW3)

Only two professionals addressed, in their reports, strategies that include BF as a psychosocial act: one explained the psychological aspects, and the other, the social issue of informing women about their labor

rights, according to the statements below:

I think groups [...] calling mothers to come, talk, exchange experiences, exchange ideas, because sometimes I have a difficulty that you don't have, sometimes I'm comfortable with something that you don't have, so they can discuss these things. (NT7)

[...] so, to be showing mothers that it is important; sometimes you have to be guiding, because sometimes some mothers don't know that they have the right, that they have a period that they can come home earlier. (CHW2)

Some professionals mentioned issues related to their own training, as seen in the statements:

[...] all professionals need to be prepared, have the minimum of information to be able to guide women. (N6)

[...] to invest in guidance, invest in training. (NT3)

Moreover, while acknowledging the limits of their work, a professional assured that his mission is:

[...] make these mothers aware of the importance of BF, but that is beyond my question, we do our best to guide, encourage, promote, but in the end, the final decision will be made by the woman, she will decide whether she wants to or does not want to breastfeed. (N1)

Factors related to maternal work were also listed by health professionals, associating it with maternity leave, suggesting that:

[...] we needed to be able to extend the maternity leave so that they could stay at home longer and breastfeed. (N6)

The right, by law, to two breaks of half an hour each or to leave work an hour earlier to breastfeed was also mentioned, but professionals say that:

[...] they could, with the companies, try to talk and see with these mothers who are returning, if they can organize a time that it is possible for them to be breastfeeding. (D3)

[...] it would be necessary for companies to provide a place for these mothers to be breastfeeding during their work shift. (N3)

The Municipal Centers for Early Childhood Education (CMEI - *Centros Municipais de Educação Infantil*) were mentioned as spaces that should be included so that they become

partners in BF support, according to a statement:

[...] I think it would also be a little more support from the CMEI, but I don't know how they are going to control this, because they already thought that all mothers should bring breast milk, it will have to be labeled, at the correct temperature, and there is the cooling, then to heat this milk, because it is not to put it there and boil it, it has to be in a water bath, so we will not be able to. (D1)

[...] here there is a CMEI and they have been accepting frozen mother's milk for a short time, so they want that, when babies go to the CMEI, they are already adapted to a formula or another diet; I think these issues would have to be worked on, I think that, in order to strengthen BF, the whole community needs to be clarified. (N6)

Some professionals mentioned, as BF support strategies, the formation of groups in the community that promote EBF:

[...] perhaps working with community groups, mothers' groups, parent-teachers groups, church groups, homeowners' associations, perhaps working more with groups would be interesting. (D7)

[...] only if there was some training, something like that, that was talked about in the church, because that way they would comply a lot, because the majority are Catholic. (NT1)

[...] the media could also be disclosing, and could also be showing in schools about the importance of breastfeeding. (CHW1)

The statements refer to various BF support strategies; however, they are presented in a timely manner, as an individualized action of each professional.

DISCUSSION

Data collected in the matrix survey, which this study is part of, indicate that pregnant women report as their main source of primary support, contrary to the perception of professionals, their partner or other family member, such as their mother⁽⁷⁾. Accordingly, professionals also perceive that pregnant women identify their husband/partner and other family members as important people for BF support. On the other hand, they declared themselves to be the main source of support for women during the BF period, denoting a contradiction in this

perception.

In this context, a study carried out in a Family Health Unit in a municipality in the metropolitan region of Natal (RN), with eight mothers of children aged one month old, in the BF phase, found that the nuclear family, especially the partner (child's father) and mother (child's grandmother), has a very strong relationship with nursing mothers and, therefore, constitutes their primary support network. Health professionals were mentioned as part of this support network, but as a secondary network⁽³⁾.

The importance of qualified primary care health professionals to support women and their family in the BF process during prenatal care, in addition to maternity and postpartum, stands out. However, our participants' training on the topic proved to be insufficient, since most doctors did not receive any qualifications regarding this topic. Although more than half of nursing technicians and all nurses and CHW are trained, it is up to doctors to prescribe infant formulas, one of the known obstacles to successful BF. In view of this, since knowledge is an important tool for health professionals to act, lack of training in BF can become an obstacle to its practice⁽⁸⁾.

Moreover, it is essential to highlight that the necessary support for women to succeed in BF does not only involve direct interventions in BF practice, but it encompasses other aspects, such as help with household chores, caring for the baby and other children, economic and material issues, and emotional support⁽⁴⁾. Therefore, BF is not a practice that results only from a decision or knowledge about the benefits of breast milk for children, as was focused on in the speeches of the professionals in our study. On the contrary, it involves several reasons, intentions and singularities, and, therefore, health professionals need to identify the influence of the relationships of women who breastfeed with their social network, to subsidize work in planning actions aimed at promoting, protecting and supporting BF⁽⁸⁾.

A study carried out with the aim of revealing adolescent mothers' perceptions regarding health professionals' work in relation to BF points out that BF promotion and protection in these services is ineffective, with a deficit of

monitoring and cohesive information according to needs, evidencing the lack of support from health professionals for lactation⁽⁹⁾. This perception was also identified in our statements, demonstrating the need to invest in professional updating to change this scenario.

Family participation in the preparation process for BF and its maintenance is still little explored and incorporated into BF care and management by primary care professionals. Thus, the insertion of the family in the process of building BF practice, through the proportion of its influence in BF practice, is a challenge to be overcome by health professionals, since their participation is still occasional in health units' actions and services. Therefore, it is necessary to include nursing mothers' social network so that they recognize the importance of BF and become a partner in this process⁽¹⁰⁾.

A comprehensive approach that considers nursing mothers in their entirety, related to biological, social, psychological and emotional aspects, is essential. Practices should promote continuous encouragement, from prenatal care, with early care to the puerperium, in order to prevent the emergence of problems and difficulties. Therefore, when aware of the role that primary care professionals play in BF, they must protect and promote it, in addition to providing information and guidance on the subject⁽⁹⁾ beyond biological issues, such as breast milk composition, BF technique and immunobiological protection so that the scenario of low EBF rates is modified.

In addition, an ally in maintaining BF, according to participants' speeches, has been the performance of Human Milk Banks (HMB), mentioned by health professionals, as support in BF difficulties, in addition to promotion and protection actions. Usually, in line with professionals' speeches, HMB develop activities to help women-mothers who have difficulties during the BF period, being a reference service in the face of a difficulty⁽¹¹⁾, activated by participants when they encounter problems with BF.

The pastoral care of the child, also mentioned as a social movement that supports BF, has its action based on the community and on the training of volunteer leaders who live there and has the purpose of promoting the integral

development of children in the family and community context. However, the printed material used by the leaders of the pastoral care of children about BF uses the same State strategies in valuing, almost exclusively, the biological issue of breast milk and making women responsible for this practice, decontextualizing aspects of family, social and community reality⁽¹²⁾. In this regard, health professionals need to value this social group as supporting the process of maintaining BF, however, changing their focus from purely biological to broad, with the inclusion of social determination for EBF support strategies.

In line with our statements, in a literature review with 14 articles, whose objective was to identify studies on paternal participation and influence in BF, the authors highlight that the presence of the father figure during BF is positively associated with longer BF. Support for nursing mothers by health professionals and partners is also of fundamental importance so that their doubts are clarified and BF is encouraged. Such studies conclude that paternal support is extremely relevant for the success of BF. So, well-targeted practical educational approaches are needed so that fathers are effectively included in the BF process⁽¹³⁾.

The formation of BF support groups is one of the recommendations of the Ministry of Health (MoH) to support this practice⁽²⁾. In this context, an experience report on the construction and development of a BF support group in the city of São Gonçalo (RJ) demonstrates that this is an important tool in the formation of a culture favorable to BF, as it allows health professionals and women to experience the practice of a liberating education⁽¹⁴⁾.

In health services, interventions related to individual counseling or group education, BF support after childbirth and lactation management increased EBF up to six months⁽¹⁾. Therefore, when health professionals report, in the present study, the strategies they use to promote EBF in their community, while identifying weaknesses in their care practice, it is noticed that they recognize the importance of the educational actions implemented by health teams to increase BF rates in their reality, although these focus only on women.

Thus, it is necessary to emphasize that these

actions should not only cover BF's technical and biological aspects, nor should they be directed only at women, but it is necessary to consider the determinants that influence this practice, such as biological, social, economic, cultural and psychological factors⁽²⁾. Moreover, it is necessary to incorporate the social support network in this process, since these are the main social actors that provide support to women.

With regard to maternal work, it is known that the existence of a maternity leave policy, BF support rooms and BF breaks are associated with an increase in EBF duration⁽¹⁾. Thus, it is important for health professionals to know the laws and instruments to protect BF, to inform women who are BF, as well as their families, about their rights, in addition to respecting the legislation and monitoring compliance, denouncing irregularities⁽²⁾.

The concern with developing strategies involving the CMEI, mentioned by some professionals (doctors and nurses), is important, since many mothers enroll their children in this institution after the end of their maternity leave. However, free access by mothers, who must be able to continue BF at different times of the day, as well as the availability of a room for this practice, must be incorporated into the institution's routine. In this scenario, the MoH and the *Universidade do Estado do Rio de Janeiro* prepared a manual entitled "*A creche como promotora da amamentação e da alimentação adequada e saudável: livreto para os gestores*" (The day care center as a promoter of BF and adequate and healthy food: booklet for managers) to facilitate and guide actions between health, education and other sectors, to organize themselves, in order to promote BF in the day care space⁽¹⁵⁾, which we still lack in the municipality of this study.

In this context, it is emphasized that it is essential to adopt positive attitudes towards BF in society, which range from compliance with labor rights (in the case of Brazil) to society's responsibility in supporting and protecting BF. The political class needs to consider and assess the benefits of BF and the economic gains provided by this practice when estimating funding for BF promotion and protection. The

breast milk substitute industry must be regulated, supervised and held accountable for its practices by the State. Still, it is necessary to expand and monitor actions for BF. Finally, political institutions must exercise their authority and ensure that maternity protection and workplace interventions to support BF are implemented⁽¹⁾.

Finally, a study carried out in the south of the country, with a sample similar to this one, indicated that 52.9% of children remained on EBF until the end of the first month⁽¹⁶⁾, i.e., after this period, less than half of the mothers continued BF. Such data show that health professionals need to offer support and care, aiming to reach at least the recommended minimum period of six months of EBF.

The option for the qualitative methodology is a study limitation, whose data must be interpreted as pertaining to the sample that participated in the study, not being subject to generalization.

FINAL CONSIDERATIONS

From the considerations made throughout the text, it appears that the primary source of support for BF, according to professionals' perception about the support network that women receive, are themselves. As the main strategies adopted, they mentioned those aimed at women, during consultations or health education activities. Therefore, it is suggested to also incorporate other social actors, who are important to her and who will help with BF.

In this context, it is essential to include husbands/partners and other family members, indicated by pregnant women as their primary source of support, in health care and interventions, carried out both in the prenatal care period and after the birth of a child so that BF promotion, protection and support are effective.

Health professionals, who see themselves as the main actors in BF, are supportive in this process. It is recommended to reorient their work process towards multidisciplinary actions, incorporating all agents involved, seeking training to support BF and developing collective action strategies.

RESUMO

Objetivo: Conhecer as estratégias utilizadas pelos profissionais de saúde para promoção do aleitamento materno exclusivo bem como sua percepção sobre o apoio recebido pelas mulheres. **Método:** Estudo qualitativo realizado com 28 profissionais de saúde que atuam em unidades de saúde da família no Oeste do Paraná. Os dados foram coletados por meio de entrevistas semiestruturadas, no período de setembro de 2018 a novembro de 2019. A análise foi de conteúdo, modalidade temática. **Resultados:** Os profissionais de saúde se autodeclararam a principal fonte de apoio à mulher no período do aleitamento materno, sendo que seis deles indicam a família como uma fonte de apoio complementar nesse processo e a mencionam como principal estratégia para proteção, promoção e manutenção do aleitamento materno, a educação em saúde. **Considerações finais:** Os profissionais percebem-se como o principal suporte das mulheres para a amamentação. Citam como estratégias utilizadas a educação em saúde e as orientações durante os atendimentos.

Palavras-chave: Enfermagem materno-infantil. Aleitamento materno. Apoio social. Atenção primária à saúde. Enfermagem.

APOYO SOCIAL Y ESTRATEGIAS PARA LA PROMOCIÓN DE LA LACTANCIA MATERNA SEGÚN PROFESIONALES DE LA SALUD

RESUMEN

Objetivo: conocer las estrategias utilizadas por los profesionales de salud para la promoción de la lactancia materna exclusiva, así como su percepción sobre el apoyo recibido por las mujeres. **Método:** estudio cualitativo realizado con 28 profesionales de salud que actúan en unidades de salud de la familia en el Oeste del Paraná-Brasil. Los datos fueron recolectados a través de entrevistas semiestructuradas, entre septiembre de 2018 y noviembre de 2019. El análisis fue de contenido, modalidad temática. **Resultados:** los profesionales de salud se auto declararon la principal fuente de apoyo a la mujer en el período de lactancia materna, siendo que seis de ellos indican la familia como una fuente de apoyo complementaria en ese proceso y mencionan la educación en salud como principal estrategia para protección, promoción y el mantenimiento de la lactancia materna. **Consideraciones finales:** los profesionales se perciben como el principal soporte de las mujeres para la lactancia. Relatan como estrategias utilizadas la educación en salud y las orientaciones durante las atenciones.

Palabras clave: Enfermería materno-infantil. Lactancia materna. Apoyo social. Atención primaria de salud. Enfermería.

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