



FEELINGS AND MATERNAL EXPERIENCES ASSOCIATED WITH THE BREASTFEEDING PROCESS

SENTIMENTOS E VIVÊNCIAS MATERNAS ASSOCIADAS AO PROCESSO DE AMAMENTAÇÃO SENTIMIENTOS Y EXPERIENCIAS MATERNAS ASOCIADAS AL PROCESO DE LACTANCIA

Clarice Merel Soares da Silva¹, Cleunir de Fátima Candido De Bortoli², Gisele Iopp Massafra³, Marialice Silverio⁴, Priscila Bisognin⁵, Lisie Alende Prates⁶

ABSTRACT

Objective: to know the feelings and maternal experiences associated with breastfeeding. **Method:** a descriptive qualitative study, conducted with eight mothers, through semi-structured individual interviews. Data were analyzed by the thematic content analysis technique of the operative proposal. The research project of the study was approved by the Research Ethics Committee, Protocol 106/14. **Results:** Three categories emerged: << Unveiling feelings from the breastfeeding experience >>; << Support for women during breastfeeding >> and << The guidance on breastfeeding in the view of mothers >>. **Conclusion:** it was identified the predominance of positive feelings associated with breastfeeding. Regarding maternal experiences, it was found that the support from family and work environment is key to successful breastfeeding. The nurse's performance was also essential so that women and their families could experience satisfactorily that period. **Descriptors:** Women's Health; Breastfeeding; Emotions; Nursing.

RESUMO

Objetivo: conhecer os sentimentos e as vivências maternas associadas ao processo de amamentação. **Método:** estudo qualitativo descritivo, realizado com oito puérperas, por meio de entrevista individual semiestruturada. Os dados foram analisados pela técnica de análise de conteúdo temática da proposta operativa. O estudo teve aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, Protocolo 106/14. **Resultados:** emergiram três categorias: << Desvelando sentimentos a partir da vivência da amamentação >>; << O apoio à mulher durante a amamentação >> e << As orientações sobre amamentação na visão de puérperas >>. **Conclusão:** identificou-se a predominância de sentimentos positivos associados ao aleitamento materno. Em relação às vivências maternas, verificou-se que o apoio da família e do ambiente de trabalho são fundamentais para o sucesso da amamentação. A atuação do enfermeiro também foi imprescindível para que as mulheres e seus familiares pudessem vivenciar satisfatoriamente esse período. **Descritores:** Saúde da Mulher; Aleitamento Materno; Emoções; Enfermagem.

RESUMEN

Objetivo: conocer los sentimientos y las experiencias maternas asociadas al proceso de la lactancia. **Método:** estudio cualitativo descriptivo, realizado con ocho puérperas, por medio de entrevista individual semiestructurada. Los datos fueron analizados por la técnica de análisis de contenido temática de la propuesta operativa. El estudio tuvo aprobado el proyecto de investigación por el Comité de Ética en Investigación, Protocolo 106/14. **Resultados:** surgieron tres categorías: << Desvelando sentimientos a partir de la experiencia de la lactancia >>; << El apoyo a la mujer durante la lactancia >> y << Las orientaciones sobre lactancia en la visión de las puérperas >>. **Conclusión:** se identificó la predominancia de sentimientos positivos asociados a la lactancia materna. En relación a las experiencias maternas, se verificó que el apoyo de la familia y del ambiente de trabajo son fundamentales para el suceso de la lactancia. La actuación del enfermero también fue imprescindible para que las mujeres y sus familiares puedan vivenciar satisfactoriamente ese período. **Descriptores:** Salud de la Mujer; Lactancia Materno; Emociones; Enfermería.

¹Nurse, School of Pato Branco/FADEPA. Pato Branco, Paraná (PR), Brazil. E-mail: claricemerel@hotmail.com; ²Nurse, Professor, Nursing Program, School of Pato Branco/FADEPA. Master's Degree in Nursing, Graduate Program in Nursing, Federal University of Santa Maria PPGEnf/UFSM. Santa Maria (RS), Brazil. E-mail: cleunir_candido@hotmail.com; ³Nurse, Professor, Coordinator, Nursing Program, School of Pato Branco/FADEPA. Pato Branco, Paraná (PR), Brazil. E-mail: giseleiopp@fadep.br; ⁴Graduate in Economics, Reunidas Faculty of Business Administration and Accounting from Palmas FACEPAL. Palmas (PR), Brazil. E-mail: marialicesilverio@terra.com.br; ⁵Nurse, Master Student in Nursing, Graduate Nursing Program, Federal University of Santa Maria/PPGEnf/UFSM. CAPES Scholarship. Santa Maria (RS), Brazil. E-mail: pribisognin@gmail.com; ⁶Nurse, Master Student in Nursing, Graduate Nursing Program, Federal University of Santa Maria/PPGEnf/UFSM. CAPES Scholarship. Santa Maria (RS), Brazil. E-mail: lisiealende@hotmail.com

INTRODUCTION

Breastfeeding is considered an important natural strategy of bond, affection, protection and nutrition for children and is the most sensitive, economical and effective intervention for reducing infant mortality. It is a process in which the child receives milk straight from the breast or expressed, regardless of whether or not receiving other foods.¹

The Ministry of Health recommends exclusive breastfeeding, one in which the infant receives milk from the mother or wet nurse or expressed breastmilk, without receiving any other liquids or solids, except vitamins, mineral supplements or medicines, occurs up to six months of children's lives and to be supplemented from two years of age or older. It is known that there are no advantages in starting complementary feeding before six months of age, and it may even cause hazards to the child's health.¹

Several health organizations emphasize that feeding practices have significant impact on the nutritional status, growth, development, health and survival of children, and they advocate breastfeeding as the best food for the child in the quest for reducing child mortality.² However, although the importance of breastfeeding has already been confirmed, breastfeeding rates still are below expectations, and the prevalence of early weaning is still a reality in many parts of the world.³

Early weaning results from ambiguous and complex representations, where there are contradictions between negative and positive feelings about the act of breastfeeding and the implications on life and interpersonal relationships. In this sense, it is highlighted the importance of developing breastfeeding promotion programs that consider the determining factors for this practice, which are tied to beliefs, values, social norms, among others.³

It is emphasized that, in the establishment of breastfeeding, the previous experiences of women, their perceptions about breastfeeding and about their own condition as nursing mothers, in addition to their insecurities and difficulties are also implicated. In this context, people with greater experience, especially the family, have an important influence on breastfeeding-related behaviors.⁴

A woman's decision to breastfeed her child is connected to her life story and to emotional, family, social and economic aspects, to social and cultural representations and to the subjectivity of each woman. Based

on the aforementioned, this study was guided by the following research question: "What are the unveiled experiences and feelings in a group of women before the breastfeeding process?", in order to know the feelings and maternal experiences associated the breastfeeding process.

METHOD

Descriptive study, with a qualitative approach, developed with eight mothers who attended the Basic Health Unit and whose children were followed up at the childcare service. This health service is located in the Southwest region of the Paraná State, Brazil. It was used as inclusion criteria: mothers aged over 18 years old, having experienced the breastfeeding process, regardless of duration and whose children were being followed up at the childcare service and aged two years old or younger.

The data were collected through semi-structured individual interview, which was recorded and later transcribed. Data analysis was performed through the thematic content analysis technique of operative proposal.⁵ Women were invited to participate voluntarily and their participation was authorized by signing the Informed Consent Form. To ensure the anonymity of the participants, they were identified by the alphanumeric system using the letter "N" for nursing mothers, accompanied by a numeral. All ethical considerations regarding research involving human beings were respected, according to Resolution 466/2012.⁶ The research project of the study was approved by the Research Ethics Committee, with registration number 106/14.

RESULTS AND DISCUSSION

Regarding the profile of the participants, the following results were obtained: age between 24 and 37 years old, with a higher incidence of the age group of 25 to 31 years old; four were housewives and four were in the labor market: three teachers and one seller; the number of children ranged between one and two, and there was only one woman with five children. By analyzing the testimonies of the women interviewed, three categories emerged: "Unveiling feelings from the breastfeeding experience"; "Support for women in breastfeeding" and "The guidance on breastfeeding in the view of mothers", which will be presented now.

◆ Unveiling feelings from the breastfeeding experience

The breastfeeding is a unique moment in the life of a woman, which can result in a multitude of feelings that may vary from one woman to another and in the same woman, depending on life experiences. While breastfeeding, a nursing mother experiences different feelings, assigning different meanings, according to that seized in the very act of breastfeeding. It is recognized that these feelings can be positive or negative. In the present study, there were a lot of lines that referred to positive feelings, as evidenced by the speeches.

Breastfeeding is something unique, a great happiness, unexplainable. (N1)

It is an inexplicable feeling; I do not have words to explain. One needs to experience it all to understand. (N2)

I feel when my milk flows. It's very good. The first time I did not have tip, but I did not give up ever. I insisted [...] and today I breastfeed well. I will offer up until he wants [...] I have always dreamed about breastfeeding my child. (N4)

When I breastfed for the first time, I was very thrilled, because I saw that I had what my baby needed and felt the importance of that moment for me and for her too, not only as food, but as a unique bond of affection between us. (N5)

It is a very great love. I will breastfeed until he wants. (N6)

It is a unique feeling, a moment that is mine and his. It is a bond larger than life. I cannot imagine myself not breastfeeding. (N7)

It was a unique feeling, I felt giving life to my son a second time. And each day I have seen his development with great joy. (N8)

The speeches indicate that women had positive experiences in feeding their babies with breast milk, recognizing the benefit of this food to the child's health. In addition, women who breastfeed see the mother-child bonding as the great justification for the continuation of breastfeeding.

In study ⁷, women interviewed also justified the creation of bonding between mother and baby during breastfeeding as the reason to continue breastfeeding. Authors⁸ explain that breastfeeding gives the woman the feeling of connection establishment, for after delivery, a feeling of emptiness usually manifests due to the sudden and crude separation caused by childbirth. Whereas other authors⁷ believe that the bond is conceived from the previous experiences or family relationships, which are cultural marks impregnated in the cultural context of each woman.

In addition to the feelings of joy and happiness, breastfeeding can also generate negative feelings to women, among them insecurity, especially to first-time mothers, as they have no previous experience with breastfeeding. So one of the participants revealed to be insecure in face of the breastfeeding process.

I felt a little insecure because it is my first child, but somehow, I found I was prepared because I had searched a lot about it. (N5)

It is observed that, although women have reported that they were guided by nursing professionals regarding many aspects of breastfeeding, the feeling of insecurity still remained, especially because it was their first child. Authoress⁹ points out that these feelings usually are manifested in the first moments of first-time mothers, however, negative emotions can be overcome with the passing of days, provided much support and guidance of health professionals and family. In this context, it appears that the practice of breastfeeding is characterized in a major challenge to health professionals, since the breastfeeding process depends on the conditions of life and work, on the time experienced by the woman, on their previous experiences, on the social and cultural context and also on the understanding that society has about breastfeeding.⁴

Moreover, it was found that the time they opted for weaning also generated many feelings to women. Some participants expressed feelings of sadness and others of joy for having been able to breastfeed up to six months of the child's life or more.

When I stopped breastfeeding it was a great frustration because I felt helpless before the situation. (N1)

It was not easy to leave that little thing, so small. At first, my mother took care for me, and then I had to leave her at the nursery. I could not take out my milk anymore because it dried up and I felt very frustrated for not being able to breastfeed anymore. (N2)

When I stopped breastfeeding I felt calm because I had breastfed a while and realized that my milk had reduced a lot, so I figured it was time to stop, it would be best for my baby's nutrition and mine, also. (N5)

It was observed the frustration of women who stopped breastfeeding because they needed to return to work. Unlike participant N5, who received the support from the company and could breastfeed her child up to six months, which favored the manifestation of feelings of tranquility.

Given these findings, it is noteworthy that women can juggle the practice of breastfeeding with their work activities.

Silva CMS da, De Bortoli CFC, Massafera GI et al.

Feelings and maternal experiences associated with...

Therefore, it is necessary to create spaces in the workplace for breastfeeding in order to contribute to the longer duration of this process.¹⁰

♦ Support for women during breastfeeding

As for the support received in the breastfeeding process, two scenarios were identified, in which they were supported, or not, the family and the workplace. With regard to the family environment, it was found that the partner was the biggest supporter of breastfeeding, recognizing its importance, especially to children's health.

My partner wanted me to breastfeed longer. He thought important for milk have the best supply and vitamins. (N1)

I received a lot of support from my partner because he is aware that it is the best food for our baby. (N2)

I had my husband's support. He has always been aware of the importance of breast milk. (N3)

My partner and my family have always encouraged me for realizing the importance of breastfeeding for the healthy development of the baby. (N5)

My husband have always supported to breastfeed, as it is cheaper. (N6)

The content of these lines evidences family support, particularly from the partner, and the awareness of the importance of breastfeeding, especially in understanding that the breast milk benefits the children's health by providing all the necessary nutrients, besides being an economically viable practice for the family, which is also recognized by the Ministry of Health.¹

As the reports of mothers, it is clear that the valuation of the practice of breastfeeding builds on the benefits to the child's health. It is inferred that breastfeeding seen in this perspective is justified, especially due to technical and academic discourse and the media and its advertising campaigns, which usually emphasize the biological aspects of breastfeeding¹¹ and relate the act of breastfeeding to a way to meet the child's needs, ignoring and often even unaware of the benefits of the practice for women's health.

Another aspect to be highlighted refers to the influence exerted by the family on breastfeeding. Thus, it can be seen, through the participants' speeches, that the support and opinion of the people close to the woman, especially partners, play an important role at this stage. Meanwhile, authors¹² emphasize that during this period, the partner can influence both positively and negatively.

In a positive way, they can provide support to women in the breastfeeding phase by being close to her, helping her, encouraging her and supporting her in the care for the child (ren).¹³ In the present study, according to the mothers, the partners reinforced the importance of breastfeeding for the child's health, being therefore supporters and breastfeeding supporters. In this sense, authors¹³ emphasize that the act of breastfeeding may be experienced by all, women and men.

Therefore, it is considered that breastfeeding can set up at a time to bond not only between mother and baby, but also between mother, father and child, and allows greater involvement, unity and harmony between the couple. Thus, we highlight the importance of including the partner in actions involving breastfeeding as this family member, when empowered, can present himself as a protector and motivator of this practice.¹⁴

Still associated with family support, one of the participants reported having chosen for early weaning the child. As stated by her, the family understood and welcomed in her decision.

Most people [family] wanted me to continue breastfeeding, but when I explained my point of view, they understood and did not opposed. I believe that this is something very private and individual and it is up to the mother to distinguish when to stop and the reason for it. (N5)

It is realized the importance of family support in this situation, to understand the choice of the mother and not blaming her for her decision. It should be noted also the importance of broadening the discussion about breastfeeding in different social contexts, allowing it to be seen as one of the many possibilities in women's lives and not just as a single option and compulsory to all women,¹⁵ thus disregarding their choices, feelings, values, life histories and personal plans.

Besides the family support, the participants also highlighted the importance of support in the workplace. In this sense, in the group studied, the return to work has proved to be a delicate moment in the woman's life. It was found that, after returning to their work activities, only one of them continued breastfeeding.

I had no support from the company, not even to take milk. (N2)

I did not have encouragement from my work to breastfeed, for in the fourth month I returned to work and my daughter did not accept a bottle with someone else and did not eat at all. (N3)

Silva CMS da, De Bortoli CFC, Massafera GI et al.

When I returned to work I continued breastfeeding, because I had flexible hours and could set the times for breastfeeding. (N5)

It is observed that most companies did not support the practice of breastfeeding. The companies did not allow women from traveling to their homes, nor allowed someone to take the child to the woman's workplace to be breastfed. It is also noted that most companies are intransigent, even when the mother justifies the need to breastfeed. Thus, they reveal themselves indifferent to the issue of breastfeeding, being a focused concern for the productivity of their workers. Therefore, authors¹⁶ underscore the importance of the companies to support this phase, allowing women to organize their personal life and at the same time experiencing motherhood, the process of breastfeeding and working life.

Another issue that emerged in the reports involved the maternity leave. From this perspective, different experiences have been identified. In one of them, maternity leave was granted to the puerperal woman; in the other, the woman made the request and this was denied.

The company did not oppose or created problems because in the times I had to work, I was there to do so. So, breastfeeding did not interfere with my work and vice versa. I have never taken milk. I had four months of maternity leave and stayed two more at home because I was on vacation. (N5)

I made the request for six months, but it was denied. My daughter has emotional problems; she tries to pull her hair out and cries a lot. I think it's important that maternity leave was up to six months, because the child already eats and food is easier, but unfortunately, I could not (mother's cry). (N3)

In view of the above, it is emphasized that the context in which the woman is inserted influences greatly on breastfeeding. Thus, so that breastfeeding is established successfully and have continuity, there is need for constant encouragement and support not only of health professionals and family, but of society as a whole, which includes companies. Thus, it is not enough that the woman choses to breastfeed, she also needs to be placed in a setting that provides her with support to breastfeed.¹

♦ The guidance on breastfeeding in the view of mothers

During the interviews, the mothers also mentioned the guidance provided by health professionals about breastfeeding. These guidelines include breast care during the stage

Feelings and maternal experiences associated with...

of lactation and, in most cases, they were provided by nurses.

The nurse guided me on what to do with the breasts and I had already had four children, I was very experienced. In the first child, I did not know the importance of breastfeeding and weaned him. At that time, the guidance was different, today is better. (N1)

The nurse directed me [...] She told me to do massage, to move the nipple, to receive sunbathe to strengthen the breast, to prepare them for breastfeeding. (N2)

The nurse guided me for breastfeeding in my seventh month of pregnancy and told me to prepare my breasts because cracks could happen as soon as the baby was breastfeeding. She advised not to wear a bra to strength the breasts, to place them in the sun and to massage the nipples, which was very important for me. (N8)

There is, in the content of the speeches, a positive recognition in relation to the guidelines provided by the nurse. In this sense, the deponent even admits that weaned early her son due to lack of guidance, while in the second pregnancy, it is inferred that she felt more prepared, as she was oriented on breastfeeding.

Health professionals are important agents in promoting, protecting and supporting breastfeeding through educational activities, teaching about the proper technique of breastfeeding, observation of feeds, verbal support, training groups of pregnant women and/or mothers, among other activities. However, most of these actions are focused on biomedical character. In this sense, it is emphasized the importance of assisting women in breastfeeding, considering not only the biological dimension, but also enhancing social, cultural, family, economic and emotional factors that also influence the act of breastfeeding.⁷

As regards the nurse, cited by participants as a health care professional who provided the necessary guidance on breastfeeding, it is considered that this had an important role in this process, assisting women in adherence and maintenance of this practice. So one of the mothers also highlighted that the nurse guided her earlier during the prenatal care, in the third trimester of pregnancy, a period considered by some authors¹⁷ as the most appropriate time to provide this guidance.

Concerning the work of other health professionals, including the doctor, one of the interviewees highlighted the work of nurses and the doctor in providing information about breastfeeding. Since another participant reported receiving guidelines only from the doctor, it is possible to identify, in this second

Silva CMS da, De Bortoli CFC, Massafera GI et al.

Feelings and maternal experiences associated with...

report, a detachment of nurses in this process. However, the interviewee also emphasizes the limited participation of the doctor and the means used by him to answer her questions and to get the information she needed.

I had the opportunity to clarify my doubts, both with the nurse and to the doctor. (N3)

In fact, I had guidance only from my doctor and was a bit vague. Most of the things I discovered by reading articles on the Internet and magazines on the subject. (N5)

In the case of the doctor's performance, authors¹⁸ state that medical training is still very deficient in relation to the teaching of aspects related to breastfeeding, causing many professionals, after leaving the academy, to be unprepared to deal with this process. Therefore, women, especially one of this study, need to look for other means to obtain the necessary knowledge. Some seek other health professionals and others use the media.

In this study, we observed the importance of nurses' actions in the practice of breastfeeding, providing essential guidance for the success of this process. Thus, there is highlight to the speeches of other participants, which pointed the nurse as the most involved health professional in health education activities involving breastfeeding.

I received guidance regarding my doubts during the prenatal care by the nurse of the unit. (N6)

I had the opportunity to clarify all my doubts with the nurse of the unit, which did not happen with my friends attended at private hospitals. [...] It is very important the guidance of nurses in the SUS because the doctor does not always have time to provide the guidelines that nurses do. (N7)

I had the opportunity to clarify all my doubts during the prenatal care nurses because the doctor does not always talked about breastfeeding. (N8)

These statements indicate the presence of nursing staff and the importance of their work and support since the prenatal care and also point the doctor's detachment and present them as someone who does not get involved with health education actions as they do not have "time", whereas the nurse has it.

However, it was identified in other studies^{17,19} that often, the nurse also has a behavior similar to the doctor. In these, the authors^{17,19} highlighted the nurse as a professional that has done little to the breastfeeding process.

Therefore, it is considered that it is up to nursing professionals to identify and understand the process of breastfeeding in the socio-cultural and family context, and from

this understanding, to take care for the mother-child-family triad. It is necessary that the professional seeks ways to sensitize mothers on the importance of adhering and maintaining breastfeeding. The professional must be prepared to provide effective, solidarity, comprehensive and contextualized care that respects the knowledge and the life story of each woman and to help them overcome fears, difficulties and insecurities.¹

Finally, it is also emphasized that one of the mothers considered she was not adequately guided by health professionals, which in this case included both the nurse and the doctor. She attributed the lack of guidelines to the fact that she had already had other child, which, she said, can be generated in healthcare professionals the belief that she did not have any doubt about breastfeeding.

In the first pregnancy, I had more guidance than in the second. They explained better [in the first pregnancy] [...] [In the second pregnancy] they did not encourage me so much about breastfeeding as in the first, because I believe they thought I already knew. (N1)

It is noteworthy that, although the postpartum woman has already experienced the pregnancy and puerperal period and the process of breastfeeding itself, she still needs to be guided by health professionals on those events. Authors⁴ corroborate this by claiming that human acts, including breastfeeding, do not involve a mere repetition. Therefore, it is understood that the act of breastfeeding is a different process every experience and therefore must always be taught, learned and relearned.²⁰

In addition to this participant, another also said she had not received guidance on breastfeeding during prenatal care. According to the interviewee, this issue was addressed in the hospital, after the process of parturition.

In fact, I have not received guidance on breastfeeding during pregnancy, but as I already had a child before, I knew more or less what to do. I received guidance soon after birth by hospital nurses. (N4)

As mentioned above, the prenatal care is considered as the most appropriate time for the exchange of knowledge and guidance on breastfeeding, because in this period women are motivated to receive this information and have time to understand and clarify their doubts.²¹ Although the pregnancy period is considered the most appropriate time to address the issues surrounding breastfeeding, it is believed that these must also be passed during the woman's period of stay in the hospital environment. Moreover, after

Silva CMS da, De Bortoli CFC, Massafera GI et al.

returning to the home, especially in the early days, which is the period when lactation is established, the woman needs constant support and guidance as it is a phase marked by intense learning.²²

FINAL CONSIDERATIONS

The experience of breastfeeding causes many feelings in women, which may be positive or negative. From the perspective of the women interviewed in this study, they showed up positive feelings in face of the act of breastfeeding. Thus, the feeling of happiness emerged by associating breastfeeding with a good, unique time, of pleasurable and inexplicable sensations.

It was also observed that these positive feelings related to the expectations of women around the breastfeeding practice. Thus, some participants revealed the desire to breastfeed since the gestational period, which was materialized during the postpartum period, thus generating a sense of personal fulfillment. Still, it was observed that some women had difficulties in establishing breastfeeding. However, among them, the recognition of the importance of this practice for the child's health prevailed, attached to their personal desire to breastfeed, and so they persisted until they could breastfeed their children.

In the mothers' speeches, the act of breastfeeding was also linked to the possibility of creating the bond of love and affection to the child, from a singular and unique moment for both. At the same time, it was identified insecurity, and feelings of frustration. However, these feelings had become linked to the initial phase of the establishment of breastfeeding, when women, especially the first-time mothers, feared that they could not breastfeed their children; or when they needed to stop the process of breastfeeding due to the return of work activity and the lack of companies' support to continue this practice. In this direction, it was unveiled the value attributed by women to breastfeeding, which is highly valued by them.

Regarding maternal experiences associated with the breastfeeding process, we identified that the support of family and work environment are key to successful breastfeeding. However, in some interviews, it was found that although there was effective participation of the family, helping women in different situations, the experience of breastfeeding for some women was marked by the absence of support from the company, which contributed even to the interruption of

Feelings and maternal experiences associated with...

breastfeeding. However, it is inferred that the identification and recognition of the barriers and facilitators encountered by women in work contexts are essential, as they are in important tools in planning and developing strategies to qualify the assistance to the working woman breastfeeding.

Moreover, it was found that the participation of nurses, according to the interviewees, was of great importance because they exercised their roles as educators in the practice of breastfeeding. They guided women effectively about the necessary precautions with breast and behaviors on the problems in that process, in addition to support and encourage the continuation of the practice. It is considered, therefore, that the work of nurses allowed women and their families to positively experience this period.

At the same time, it was found that the doctor was little involved during this stage and that a small share thereof is justified by women due to "short time" that they have when compared to the nurses. Moreover, at times when the doctor was highlighted as the health professional who guided the participants, they highlighted their guidelines as "vague", requiring that they seek information with other professionals or in the media, such as the internet and printed information.

Thus, this highlights the importance of health professionals, among them doctors and nurses, to act as promoters, protectors and supporters of breastfeeding, through educational strategies that involve women, their partners and other family members. It is also highlighted the need for a professional approach that goes beyond the boundaries of biological aspects, avoiding to consider breastfeeding as a purely instinctive and biological act.

Breastfeeding is a historical, social, cultural and psychologically delineated process, permeated by myths, beliefs, taboos and values rooted and culturally accepted in the context of life of each woman. In order to provide a comprehensive and differentiated care, it is necessary that the health professional attending the woman and her family during this phase consider and appreciate all these aspects embedded in the act of breastfeeding. More than that, it is necessary to experience the everyday practice of breastfeeding, sharing knowledge and also recognizing and respecting the experiences and knowledge perpetuated in these contexts, since they are able to influence and

Silva CMS da, De Bortoli CFC, Massafra GI et al.

determine the adherence and the continuation of the act of breastfeeding.

REFERENCES

1. Ministério da Saúde (BR). Saúde da criança: nutrição infantil: aleitamento materno e alimentação. Brasília: Editora do Ministério da Saúde, 2009.
2. Souza SDH, Mello DF, Ayres J. Breastfeeding from the perspective of programmatic vulnerability and care. *Cad Saúde Pública* [Internet]. 2013 [cited 2015 Feb 10];29(6):1186-94. Available from: <http://www.scielo.br/pdf/csp/v29n6/a15v29n6.pdf>
3. Silva MB, Moura MB, Silva AO. Desmame precoce: representações sociais de mães. *Rev Eletr Enf* [Internet]. 2007 [cited 2015 Feb 10];9(1):31-50. Available from: <http://www.revistas.ufg.br/index.php/fen/article/view/7134/5047>
4. Fujimori E, Nakamura E, Gomes MM, Jesus LA, Rezende MA. Aspectos relacionados ao estabelecimento e à manutenção do aleitamento materno exclusivo na perspectiva de mulheres atendidas em uma unidade básica de saúde. *Interface comun saúde educ* [Internet]. 2010 [cited 2015 Feb 11];14(33):315-27. Available from: <http://www.scielo.br/pdf/icse/v14n33/a07v14n33.pdf>
5. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14. Ed. São Paulo: Hucitec, 2014.
6. Ministério da Saúde (Brasil). Resolução nº 466, de 12 de dezembro de 2012, do Conselho Nacional de Saúde. Dispõe sobre pesquisa envolvendo seres humanos. Brasília, DF: Comissão Nacional de Ética em Pesquisa (CONEP); 2012.
7. Junges CF, Ressel LB, Budó MLD, Padoin SMM, Hoffmann IC, Sehnem GD. Perceptions of women in puerperium regarding factors that influence breast feeding. *Rev Gaúcha Enferm* [Internet]. 2010 [cited 2015 Feb 10];31(2):343-50. Available from: <http://www.scielo.br/pdf/rgenf/v31n2/20.pdf>
8. Antunes LS, Antunes LAA, Corvino MPF, Maia LC. Amamentação natural como fonte de prevenção em saúde. *Ciênc saúde coletiva* [Internet]. 2008 [cited 2015 Feb 11];13(1):103-9. Available from: <http://www.scielo.br/pdf/csc/v13n1/14.pdf>
9. Tamez RN. Atuação de enfermagem. In: Carvalho MR, Tavares LAM. Amamentação: bases científicas. 3. ed. Rio de Janeiro: Guanabara Koogan, 2010.
10. Araújo VS, Medeiros APDS, Barros ADC, Braga LS, Trigueiro JVS, Dias MD. Destete precoce: aspectos de la realidad de las trabajadoras informales. *Rev Enf Ref* [Internet]. 2013 [cited 2015 Feb 11];3(10): 35-43. Available from: <http://www.scielo.mec.pt/pdf/ref/vserlln10/serlln10a05.pdf>
11. Diehl JP, Anton MC. Fatores emocionais associados ao aleitamento materno exclusivo e sua interrupção precoce: um estudo qualitativo. *Aletheia* [Internet]. 2011 [cited 2015 Feb 12];34(s/v). Available from: http://pepsic.bvsalud.org/scielo.php?pid=S1413-03942011000100005&script=sci_arttext
12. Marques ES, Cotta RMM, Magalhães KA, Sant'Ana LFR, Gomes AP, Batista RS. A influência da rede social da nutriz no aleitamento materno: o papel estratégico dos familiares e dos profissionais de saúde. *Ciênc saúde coletiva* [Internet]. 2010 [cited 2015 Feb 11];15(1): 1391-400. Available from: <http://www.scielo.br/pdf/csc/v15s1/049.pdf>
13. Cabral PP, Barros CS, Vasconcelos MGL, Javorski M, Pontes CM. Motivos do sucesso da amamentação exclusiva na perspectiva dos pais. *Rev Eletr Enf* [Internet]. 2013 [cited 2015 Feb 10];15(2):454-62. Available from: http://www.fen.ufg.br/fen_revista/v15/n2/pdf/v15n2a19.pdf
14. Silva BT, Santiago LB, Lamonier JA. Apoio paterno ao aleitamento materno: uma revisão integrativa. *Rev paul pediatr* [Internet]. 2012 [cited 2015 Feb 10];30(1):122-30. Available from: <http://www.scielo.br/pdf/rpp/v30n1/18.pdf>
15. Marques ES, Cotta RMM, Priore SE. Mitos e crenças sobre o aleitamento materno. *Ciênc Saúde Colet* [Internet]. 2011 [cited 2015 Feb 12];16(5):2461-8. Available from: <http://www.scielo.br/pdf/csc/v16n5/a15v16n5.pdf>
16. Moraes AMB, Machado MMT, Aquino PS, Almeida MI. Vivência da amamentação por trabalhadoras de uma indústria têxtil do Estado do Ceará, Brasil. *Rev Bras Enferm* [Internet]. 2011 [cited 2015 Feb 13];64(1):66-71. Available from: <http://www.scielo.br/pdf/reben/v64n1/v64n1a10.pdf>
17. Batista KRA, Farias MCAD, Melo WSN. Influência da assistência de enfermagem na prática da amamentação no puerpério imediato. *Saúde em Debate* [Internet]. 2013 [cited 2015 Feb 13];37(96):130-8. Available from: <http://www.scielo.br/pdf/sdeb/v37n96/15.pdf>

18. Holmes AV, McLeod AY, Thesing C, Kramer S, Howard CR. Physician breastfeeding education leads to practice changes and improved clinical outcomes. *Breastfeeding Med* [Internet]. 2012 [cited 2015 Feb 14]; 7(6):403-8. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23046226>
19. Demitto MO, Silva TC, Páschoa ARZ, Mathias TAF, Bercini LO. Orientações sobre amamentação na assistência pré-natal: uma revisão integrativa. *Rev RENE* [Internet]. 2010 [cited 2015 Feb 13];11(esp):223-9. Available from: http://www.revistarene.ufc.br/edicaoesspecial/a25v11esp_n4.pdf
20. Prates LA, Schmalfuss JM, Lipinski JM. Problemas e condutas adotadas por puérperas durante a lactação. *Rev enferm UFPE on line* [Internet]. 2015 [cited 2015 Feb 14];9(2):500-8. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6770/pdf_7093
21. Alves BA, Cursi J, Labegalini MPC, Higarashi IH, Bercini LO. Mães com aleitamento materno exclusivo em centro de educação infantil no local de trabalho. *Rev RENE* [Internet]. 2009 [cited 2015 Feb 14];10(3):27-36. Available from: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/512/pdf>
22. Prates LA, Schmalfuss JM, Lipinski JM. Amamentação: a influência familiar e o papel dos profissionais de saúde. *Rev Enferm UFSM* [Internet]. 2014 [cited 2015 Feb 13];4(2):359-67. Available from: <http://cascavel.ufsm.br/revistas/ojs-2.2.2/index.php/reufsm/article/view/10631/pdf>

Submission: 2015/02/19

Accepted: 2015/08/20

Publishing: 2015/08/15

Corresponding Address

Cleunir de Fátima Candido De Bortoli
Universidade Federal de Santa Maria
Departamento de Enfermagem - Programa de
Pós-Graduação em Enfermagem
Centro de Ciências da Saúde (CCS) - Prédio 26
Avenida Roraima, 1000 / Bairro Cidade
Universitária
Bairro Camobi
CEP 97105-900 – Santa Maria (RS), Brazil