

POSTPARTUM MOTHERS' PERCEPTION ABOUT THE GUIDANCE RECEIVED IN PREGNANCY ON BREASTFEEDING

PERCEPÇÃO DE PUÉRPERAS ACERCA DAS ORIENTAÇÕES RECEBIDAS NA GESTAÇÃO SOBRE AMAMENTAÇÃO

PERCEPCIÓN DE LAS MUJERES SOBRE LA ORIENTACIÓN RECIBIDA EN EL EMBARAZO SOBRE LA LACTANCIA

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Objetivo: compreender a percepção de puérperas sobre as orientações recebidas acerca da amamentação na gestação. Método: pesquisa qualitativa, descritiva e de campo, realizada com nove lactantes em puerpério imediato, internadas em alojamento conjunto de uma maternidade municipal do Rio de Janeiro. A coleta de dados foi realizada de junho a setembro de 2022, por meio de entrevistas semiestruturadas e analisadas conforme os preceitos de Laurence Bardin. Resultados: as orientações recebidas durante a gestação relacionam-se aos benefícios e ao manejo clínico da amamentação, prevenção de intercorrências mamárias, amamentação exclusiva e em livre demanda, uso de bicos artificiais, amamentação como método contraceptivo natural, que ocorreram de maneira superficial e em diferentes momentos da gestação. Considerações finais: existem lacunas de conhecimento por parte das mulheres, tornando-se necessária a melhoria da assistência na gestação, a fim de propiciar um ambiente adequado para construção de conhecimento, afastando chances para o desmame precoce.

Descritores: Aleitamento Materno. Conhecimento. Educação em Saúde. Cuidado Pré-Natal. Saúde da Mulher.

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Objective: to understand the perception of puerperal women about the guidelines received regarding breastfeeding in pregnancy. Method: qualitative, descriptive and field research, carried out with nine infants in immediate puerperium, hospitalized in a joint accommodation of a municipal maternity hospital in Rio de Janeiro. Data collection was carried out from June to September 2022, through semi-structured interviews and analyzed according to the precepts of Laurence Bardin. Results: the guidelines received during pregnancy relate to the benefits and clinical management of breastfeeding, prevention of breast complications, exclusive breastfeeding and free demand, use of artificial nipples, breastfeeding as a natural contraceptive method, that occurred superficially and at different times of pregnancy. Final considerations: there are gaps in knowledge on the part of women, making it necessary to improve assistance during pregnancy, in order to provide an appropriate environment for the construction of knowledge, removing chances for early weaning.

Descriptors: Breast Feeding. Knowledge. Health Education. Prenatal Care. Women's Health.

Objetivo: comprender la percepción de las puérperas sobre las orientaciones recibidas acerca de la lactancia en el embarazo. Método: investigación cualitativa, descriptiva y de campo, realizada con nueve lactantes en puerperio inmediato, internadas en alojamiento conjunto de una maternidad municipal de Rio de Janeiro. La recogida de datos se realizó de junio a septiembre de 2022, por medio de entrevistas semiestructuradas y analizadas según los preceptos de Laurence Bardin. Resultados: las orientaciones recibidas durante la gestación se relacionan con los beneficios y el manejo clínico de la lactancia, prevención de complicaciones mamarias, lactancia exclusiva y en libre demanda, uso de boquillas artificiales, que ocurrieron de manera superficial y en diferentes momentos del embarazo. Consideraciones finales: existen lagunas de conocimiento por parte de las mujeres, haciendo necesaria la mejora de la asistencia en el embarazo, con el fin de propiciar un ambiente adecuado para construcción de conocimiento, alejando posibilidades para el destete temprano.

Descritores: Lactancia Materna. Conocimiento. Educación en Salud. Atención Prenatal. Salud de la Mujer.

Introduction

The benefits of breastfeeding are undeniable for healthy child growth, women's health, family and society. When performed exclusively until six months of the child's life, and in a complementary way for at least two years, it presents nutritional, immunological, cognitive, economic and social benefits to the woman, the child and her family⁽¹⁾. However, despite the many known benefits and the effort to continue the practice, it is observed that early weaning is still a global reality and a public health problem, which may trigger several problems for children's health and development⁽²⁾.

In Brazil, data from the 2019 National Study on Infant Nutrition and Feeding (ENANI - Estudo Nacional de Alimentação e Nutrição Infantil) show that the prevalence of exclusive breastfeeding among children under 6 months was 45.8%⁽³⁾. Thus, early weaning is evident in more than 50% and, as determining factors, not only physiological attributes but also historical, cultural, psychosocial and socioeconomic aspects are highlighted⁽⁴⁾. In this sense, low

family income, inexperience with breastfeeding, previous weaning before one month, low self-efficacy, pain with moderate/strong intensity and lack of prenatal guidance are also considered as factors for early weaning⁽⁵⁾.

One of the favorable strategies to reduce weaning rates is to provide guidelines that disseminate information about the advantages and benefits of breastfeeding, making it a strictly necessary and primary task for all health professionals, especially for nurses⁽⁶⁾. It is considered that the preparation related to breastfeeding, when performed, has shown itself as an essential tool, since health education about the theme tends to directly impact on the time and quality of breastfeeding⁽⁷⁾. To this end, it should be emphasized that the role played by nurses in developing actions to support and promote breastfeeding also contributes to valuing the individuality, autonomy and protagonism of women and their families during breastfeeding⁽⁸⁾.

Given the above, it is possible to recognize the relevance of the theme both for the field

of health and for society, since breastfeeding is part of the field of collective health practices and, when performed efficiently, minimally within the recommended period, confirms the quality of public health services, especially prenatal care. In this line, it is confirmed that the studies that approach breastfeeding contribute to the potential of improvement of society, since it assists in the physical, cognitive and social capacity of children in adult life⁽⁹⁾.

In this sense, it is necessary to investigate the postpartum mothers' perception of the guidelines received during pregnancy, in order to contribute to educational practices and advances in breastfeeding adherence. To this end, this study aims to answer the following guiding question: What is the postpartum mothers' perception about the guidelines received regarding breastfeeding during pregnancy? The study aims to understand the perception of puerperal mothers about the guidelines received about breastfeeding in pregnancy.

Method

It is a qualitative, descriptive field research type. It was developed according to the criteria recommended by the Consolidated Criteria for Reporting Qualitative Studies (COREQ) for qualitative research.

The study scenario used was the nursing unit of a maternity hospital located in the city of Rio de Janeiro (RJ), which provides obstetric high-risk care to pregnant women, puerperal women and newborns. The study population consisted of nine puerperal women, who were hospitalized in the ward of joint accommodation, were in the period of immediate puerperium, were breastfeeding at the time of data collection, were over 18 years old and agreed to participate voluntarily in the research. The exclusion criteria used were: puerperal women who did not speak Portuguese and who had not received guidance on breastfeeding during pregnancy.

The recruitment of participants occurred intentionally, face to face, being made initial contact with the presentation of information

on the research, as well as presentation of the Informed Consent Form (ICF), which was read and signed by the participants who agreed to participate in the study. Initially, 75 puerperal women were contacted, being 49 excluded because they had not received any guidance on breastfeeding during pregnancy and 17 refused to participate in the study due to tiredness and adaptation with the baby in the postpartum.

At the time of data collection, only the main researcher was present, resident in obstetric nursing, female, accompanied by the puerperal woman. Data collection took place in the period from June to September 2022, in a specific room, in order to preserve the privacy of each participant. To preserve the identity of the participants, we used the alphanumeric system E, followed by a number corresponding to the order in which the interviews were conducted, from E1 to E9.

A semi-structured interview was conducted with closed questions about the characterization of the participants, such as marital status, schooling, occupation, number of children, previous experience with breastfeeding, prenatal care, receiving guidance on breastfeeding, type of delivery and breastfeeding in the delivery room, as well as open questions about the guidance received during pregnancy on breastfeeding. The trigger question used was *Tell me your perception about the guidelines received during pregnancy about breastfeeding*, in addition to 12 topics that directed the interview to answer the research question, encompassing from the most addressed topics in the guidelines to the places of educational practices.

The interviews were recorded on a cellular device, and then transcribed and analyzed, with an average duration of 35 minutes. Regarding the sampling, due to the qualitative nature of the study, we prioritized the deepening and understanding of women's discourse, thus aiming at the exhaustion of categories and the saturation of the subjects' speeches.

The study comprised two distinct moments: characterization of the research participants and analysis of the interviews. To characterize the

profile of participants, the data were organized in an Excel spreadsheet and used the descriptive statistics analysis method. In the second moment, the content analysis technique proposed by Bardin was used, composed of three stages: pre-analysis, analytical description and referential interpretation⁽¹⁰⁾. Initially, with the floating reading of the data, followed by separation of the lines into nuclei of central ideas emerged 28 units of record. Then, a thorough reading was carried out in order to familiarize the registration units with the content and build the categories. Thus, the results were organized into two categories, namely: *Main topics addressed in the guidelines on breastfeeding during pregnancy* and *Execution of guidelines related to breastfeeding in different contexts*. Subsequently, the last step was followed by inference, which made it possible to treat and interpret the results associated with the discussion with the most current literature related to the topic.

Regarding the ethical aspects, the study followed the guidelines established by Resolutions n. 466/2012 and n. 510/2016 of the National Health Council (CNS), being approved by the Research Ethics Committee of the Rio de Janeiro Municipal Health Department, under the Certificate of Presentation of Ethical Assessment (CAAE) number 57514222.8.3001.5279 and Protocol n. 5.421.220.

Results

Of the nine postpartum women who participated in the study, seven were single and two married. Concerning the occupation, five women were housekeepers, two manicures, one general service assistant and one administrative assistant. In relation the level of schooling, five women have incomplete high school education, two, complete high school education, one, incomplete higher education and one did not want to inform.

When asked if they had other children, three answered that they were primiparous and six multiparous, and all reported having breastfed their children of previous gestation; the shortest

breastfeeding time was seven months and the longest, five years. Regarding the prenatal care, all participants reported having performed an average of nine consultations. As for the place where they had access to breastfeeding-related guidance in the current pregnancy, six participants reported that the guidance was given only during prenatal care, two during prenatal care and at the and one, only during the visit of the Cegonha Carioca project.

The women's responses allowed the identification that the highest frequency of orientations occurred in the first and third trimester gestational. All participants had vaginal delivery between June and September 2022 and reported having breastfed in the first hour of the baby's life.

Regarding the reception of guidance about breastfeeding in the puerperal period, all participants were encouraged, supported and guided on breastfeeding both in the delivery room and in the joint housing. Before the analysis of the interviews, two categories emerged, which will be presented below.

Category I: Main topics addressed in the guidelines on breastfeeding during pregnancy

The postpartum women's perception about the knowledge acquired through the guidance received by nurses during the pregnancy period focuses mainly on the benefits of breastfeeding for mother and child. Among the benefits for the baby, the strengthening of immunity and the good development of the child due to the components in breast milk were mentioned. Regarding the benefits of breastfeeding for the mother, we observed the return of body weight before pregnancy, the involution of the maternal organism in the postpartum, the prevention of breast cancer and the establishment of bonds.

They said it's good for his development, for his health, right? It takes longer to get sick, as I also said, for his immunity. They said it's good for losing weight. They also said it stimulates the uterus to return to its place. (E3).

So, these were for immunity, for the child to have vitamins, proteins directly from the breast, which is what they need until 6 months. (E4).

Ab! They said that milk has everything the baby needs, that the child doesn't get sick. (E6).

Ab! She explained about the importance of breastfeeding for bonding with the baby, and about milk being ideal for the baby, right? and other things. (E7).

They talked about getting back to the right weight, and it also says that when a woman breastfeeds, it's very unlikely that she'll get cancer, right? In the womb... (E2).

It was possible to identify reports of the mothers related to breast care acquired during prenatal educational practices that involve from the correct hygiene to the no need to prepare the breasts for breastfeeding during pregnancy.

No, they just said to clean it really clean, really well, to avoid putting anything in the baby's mouth. (E2).

They said you can't rub it. (E3).

Look, I researched and you don't have to do anything. The process is natural, you don't have to take any kind of medicine or sunbathe. (E4).

The correct management of breastfeeding for the prevention of nipple trauma was another aspect observed in the participants' speech. Thus, it was evidenced that the perception about the grip and the correct position when breastfeeding were addressed in the guidelines on breastfeeding during pregnancy.

They told me to hold it like this when I put everything in the baby's mouth, the correct position to avoid hurting myself, that's what she said. Yes, they explained to me that I should place the baby's mouth correctly, in the correct position, lift the baby's chin to grab the nipple and burp him. (E2).

Belly to belly [...] do like C. (E3).

That the baby's mouth has to catch the entire dark part [...] they explained to me down here [rooming-in] that when it's like this, you have to take it off and put it back on because the baby can hurt the nipple. (E5).

I saw this on the internet, that the mouth has to cover the entire dark part, the areola, right? That it has to be belly to belly. (E7).

It was observed mentions to the prevention of breast engorgement and nipple fissure and evidenced the perception of puerperal women in adequate emptying of each breast and generational knowledge acquired on the use of own breast milk in situations of nipple fissure.

I remember some things, like giving a breast, I learned that I had to empty the whole breast on one side and go to the other properly, not stay on the same breast all my life leaving the other, warm water too. (E2).

Ab! Just the crack, but I only remember that it was in the health business. But the old folks, like uncles and grandparents, say that if you get hurt, you can heal it with the child's own saliva and milk, right? (E3).

The women's speeches highlighted the knowledge acquired during the guidelines on the period and time of breastfeeding. Thus, it was observed that they presented perceptions about exclusive breastfeeding and the free demand for breastfeeding.

Yes, just by breastfeeding, yes. It's whenever he wants to breastfeed. (E1).

He said that you have to try to breastfeed until 6 months, that you don't need to give food, only after 6 months. (E8).

No, it was clear to me that we don't have to set a time for the child to breastfeed, and that it doesn't have to be every 3 hours. We'll breastfeed whenever the baby wants. (E4).

Yes, they told me up there that it doesn't have to be every 3 hours, that it's whenever he wants. (E5).

The interviews evidenced the knowledge about the impacts of the use of artificial nozzles. The understanding they have on the subject is mainly related to the change that the pacifier can cause in the baby's dental arch.

This is what we hear most, that the child's teeth are all crooked, even little bugs in the mouth, in the stomach. (E2).

One is because it can bring bacteria into the child's mouth and cause thrush. And the other is because it damages the dental arch. (E3).

It was about the teeth, right? The pacifier makes the teeth crooked, the arch doesn't develop correctly. (E7).

In a punctual way, and with less emphasis, it was observed a certain notion of puerperal women about breastfeeding as a contraceptive method and its influence for healthy sexuality in the postpartum.

Yes, I've heard that when you're breastfeeding it's harder to get pregnant and I've also heard that a woman's libido also drops a little during breastfeeding. (E2).

The records of the women's speeches allowed the understanding that the guidelines on breastfeeding received by women were distinct and addressed issues related to

the clinical management of breastfeeding, benefits for the mother-baby binomial and the relationship between breastfeeding and sexuality. However, despite the different approaches to breastfeeding, the focus was mainly on benefits for the baby, correct grip and position, sometimes demonstrating the absence of depth or repeatability in the implementation of the guidelines.

Category II: Execution of guidelines related to breastfeeding in different contexts during pregnancy

The educational practices about breastfeeding during prenatal care were carried out by the nurse and not by another health professional. It is evident that the postpartum women's perceptions about the received guidance were superficial, encompassing aspects of breastfeeding to the rights of the pregnant woman.

She gave me some guidance not only about breastfeeding, but also about the rights of pregnant women. (E4).

Ob, the nurse did say something, but very little, and the doctor didn't say anything. (E5).

Yes, the nurse came to talk to me. (E8).

The nurse said a little yes. (E9).

Already in the scenarios of rooming-in and delivery room, it was observed the performance of nurses and nursing staff in the correct management to breastfeeding, helping the correct hold, the position of holding the breast and encouraging exclusive breastfeeding.

Yes, I did. They put the baby in and taught me exactly what to do. (E1).

Yes, they helped me, he [the baby] didn't want to pull, right? Then the girl [nurse] there kept trying and he [the baby] ended up managing it. Here too [rooming-in], when I arrived, the nurse came to see me, then helped me with my hand that I couldn't hold. (E8).

The technicians and nurses explained to me: You have to suckle, give the breast, you have milk, let's try to breastfeed with your own breast instead of taking supplements, let's encourage the baby to pull. (E3).

Another space also cited by the puerperal women on receiving guidelines regarding breastfeeding during pregnancy was the visit

carried out, under the Cegonha Carioca program, to learn about the reference maternity and create a bond, who provided the knowledge about the milk bank, an essential environment of support and promotion of breastfeeding for the postpartum.

[...] and when I went to visit here, to visit the Stork's case, the nurse took us to a place where there was a Milk Bank explaining, there was a girl there explaining everything about breastfeeding to us. (E2).

It was talked about more here at the maternity ward during the visit of Cegonha Carioca. (E4).

The one who spoke the most was the nurse during the visit of the Cegonha. (E5).

A relevant finding of the research was the information of puerperal women that access to information about breastfeeding in social networks, applications and conversation wheels in religious institutions are taken by them as environments for searching knowledge and information.

Look, I looked more on social media. (E4).

Yes, I searched. I downloaded apps, and I saw a lot of stuff on the internet, YouTube... (E7).

The people who talked a lot about breastfeeding were, in fact, the ones who taught me a lot about breastfeeding were a support network from the Catholic Church, which is the Pastoral da Criança. They talked to me a lot about breastfeeding. (E2).

It was at the church I go to. There are several groups there and I ended up going to this one. (E9).

The guidelines on breastfeeding during pregnancy and puerperium were received by the mothers at different times and in different contexts, such as prenatal care, visit to the maternity of the Carioca Stork project, in the delivery room and in the joint housing. The educational practices were also contemplated with information through social networks and applications, as well as actions and support groups carried out by religious institutions, but in a superficial way, presenting gaps in assistance.

Discussion

Breastfeeding guidelines are essential for maintaining and promoting exclusive breastfeeding. A study showed that women who

are not counseled about breastfeeding during prenatal care have a 49.2% higher risk of early weaning when compared to those who were counselled⁽⁵⁾.

The support and encouragement should occur in conjunction with the actions of health professionals who assist women in different situations and contexts. In this study, it is noted that prenatal care was shown as an important space in the implementation of guidelines and that the role of nurses stands out in the implementation of educational practices. In this sense, it is evident the importance of promoting and supporting breastfeeding from the beginning of prenatal care and maintaining individualized postpartum care⁽⁵⁾.

Nevertheless, the superficiality of the received guidelines still shows itself as a barrier and allows knowledge gaps to be perpetuated beyond the pregnancy period. Corroborating these findings, puerperal women reported that, most of the time, they do not receive information about breastfeeding during prenatal care and when they do, they are superficial⁽¹¹⁾.

As a reflection of this reality, it is evident that the perception of women is mainly focused on the benefits of breastfeeding for the baby, regarding the immunological properties of breast milk and the healthy development of the child, leaving aside the other advantages of breastfeeding, such as cognitive development, which directly implies in the time of schooling, this being one of the factors of income increase in the future and decrease in poverty rates.

Another aspect is the correct development of the face due to the habit of sucking, the proper sealing of the oral cavity, the correct position of the tongue and lip and the anteroposterior development of the mandible, which influences the correct neuromuscular and skeletal helping the breathing and future speech⁽¹²⁻¹³⁾.

The benefits of breastfeeding for women go far beyond the return of body weight, postpartum involution, prevention of breast cancer and establishment of maternal bond, as evidenced in the findings of the study. Research points as a major advantage intergestational spacing, as

well as the prevention of hypercholesterolemia, hypertension and coronary disease, obesity, metabolic disease, osteoporosis and hip fracture, rheumatoid arthritis, post-depression delivery and decreased risk of postpartum multiple sclerosis⁽¹⁴⁾.

The perception of puerperal women about the guidelines received during pregnancy and the relationship with breast care is another factor that deserves attention. In the process of breastfeeding may occur complications that hinder the practice of breastfeeding, such as breast engorgement, the appearance of nipple cracks, mastitis, among others, which are usually associated with mispositioning, incorrect grip, insufficient suction, unsatisfactory hygiene of the nipple-areolar region and inappropriate use of milking technique⁽¹⁵⁾.

It is observed that the perception of women regarding the clinical management of breastfeeding is an example of the need to deepen learning about its techniques. Based on the speeches, it is noted that their knowledge is superficial, which may be a consequence of the absence of health education practices by health professionals who have promoted the relevance of breastfeeding.

The difficulties regarding the correct hold and position and breast complications are factors that directly influence breastfeeding and can lead to early weaning, since they involve physical and mental pain for the woman⁽¹⁶⁾.

The nurse must guide the manual milking of the breasts, thus enabling the areola-nipple region to be more flexible for a correct grip, in addition to the correct support of the breasts, both by the appropriate position and by the support through the use of appropriate bras and breastfeeding on free demand⁽¹⁷⁾.

Breastfeeding in free demand and exclusive breastfeeding were also issues present in women's perception about the guidance received during pregnancy. The study showed that there are misconceptions about the meaning and practice of the free demand concept, with schedules between feedings being recommended⁽¹⁸⁾. This context reinforces the need for guidance on

the benefits of free-demand breastfeeding and exclusive breastfeeding.

The use of artificial nozzles also appears among the guidelines received by women in the research, highlighting mainly the focus on malformation of dental records, which does not cover the main harms caused by its use. It is known that the use of artificial nozzles is associated with early weaning, since their exposure can cause beak confusion, which makes it difficult to hold and position correctly⁽¹⁹⁾.

It is understood that the use of baby bottles can contribute to the appearance of damage in the sensory-motor-facial system of children due to the lack of correct stimuli of the orofacial structures⁽²⁰⁾.

Through the perception of puerperal women, another subject constructed along the guidelines received in pregnancy encompasses the relationship of breastfeeding as a natural contraceptive method. With exclusive breastfeeding, in response to high levels of prolactin, there is alteration of the pituitary-hypothalamic-ovary axis with consequent change in hormone release levels, which causes amenorrhea and interferes with ovulation. The Lactational Amenorrhea Method (LAM) is known as a behavioral and natural contraceptive method technique, which, when performed, increases intergestational time, being considered as the first choice among natural contraceptive methods for the benefits of encouraging breastfeeding⁽²¹⁾. Women who use this method should be informed about the failure rate and the use of the method.

Finally, the postpartum mothers' perception about breastfeeding and sexuality in the postpartum period is highlighted concerning the decreased libido. It is known that during the puerperium, women go through several changes, and the experience of breastfeeding related to sexuality becomes quite complex. However, some women may experience pleasurable sensations with their own bodies caused by physical stimuli that occur during breastfeeding⁽²²⁾.

However, this perspective of breastfeeding and sexuality is hidden by society, prevailing socially instituted roles. This imposition brings the

requirement of positions, attitudes and duties that oblige women to play the role imposed on them, leaving aside other issues that are important for them, such as their sexuality. Thus, it is essential to approach sexuality, discussing the uniqueness of each woman, so that this, when exercising its role as a mother, is understood in an integral and not fragmented way, not nullifying their desires and wishes and being recognized as bearer of their sexual rights⁽²³⁾.

Being prenatal the period of greatest contact with women, this should be an important environment of welcome and guidance, used as a space for listening, so that women can heal their doubts, expose their weaknesses and feel welcomed. The prenatal consultation in the Brazilian Unified Health System (UHS) has highlighted the importance of nurses, as a study shows that more than half of the usual risk prenatal care visits in Brazil are performed by these professionals⁽⁸⁾.

Nevertheless, although prenatal care is the period of greatest contact between professionals and women, the guidance given in other spaces does not become less important or efficient. The support provided through the guidelines demonstrates great influence in the decision of the woman to breastfeed, since breastfeeding, although physiological, is permeated by several challenges, which makes necessary technical and emotional support, so that the success of breastfeeding is possible.

In this sense, it is emphasized that for an effective assistance to women in the puerperal pregnancy period must be considered the different contexts and environments in which they are inserted. The Human Milk Bank (HMB) emerged as a space conducive to health guidelines about breastfeeding, setting up a strategic scenario for approach of puerperal women.

With the advancement of technology, it is not excluded the use of applications, social networks and other online media to perform guidelines related to breastfeeding. The study points out that the use of social network to support breastfeeding was a facilitating instrument for interpersonal relations, exchange of experience

and collective learning. In addition, being a light technology, it produces bonding, social commitment and the autonomy of women⁽²⁴⁾.

Corroborating these findings, in this study, it was possible to see that there was the use of these technologies by women and that they fill, at times, the remaining gaps in knowledge of the guidelines provided by health professionals⁽¹¹⁾. In addition, a study conducted in Cali, Colombia, evaluated the effectiveness of the use of Information and Communication Technologies and observed the increase in the average time of exclusive breastfeeding. In addition, it allows to educate pregnant women about the benefits and techniques of breastfeeding and perform outpatient monitoring of mother and child⁽²⁵⁾. Thus, it is important that health professionals include the use of health technologies in the care provided to women because, when associated with nursing care, these have shown favorable results for the maintenance of breastfeeding.

The findings of this study point to the need for improvement in the assistance provided to women, especially regarding the implementation of guidelines on breastfeeding.

The study showed limitations in its sampling, since during the recruitment of participants it was possible to verify that several women approached had not received any guidance related to breastfeeding throughout the pregnancy, this makes clear the need to deepen the discussion about the assistance provided, not only in matters related to breastfeeding, but to women as a whole.

Final Considerations

The perception of the guidance received by puerperal women about breastfeeding during pregnancy included issues such as benefits of breastfeeding for mother and child, correct grip and position, prevention and care of breast trauma, exclusive breastfeeding and free demand, negative aspects of the use of artificial nipples, breastfeeding as a natural contraceptive method and the relationship with sexuality.

However, it was reported that the information acquired occurred superficially, at different times and context of pregnancy, involving from prenatal care to the visit to the maternity by the *Cegonha Carioca* project. In order to eliminate doubts, the mothers used social networks and communication channels to seek knowledge about breastfeeding. Thus, it is evident that there are care gaps that encompass educational practices about breastfeeding in pregnancy.

This study presents implications for practice at the moment when a panorama of needs for improvement in care during pregnancy is visualized, encompassing educational practices about breastfeeding, in order to minimize the care gaps. Furthermore, it is suggested and encouraged the production of new research that addresses the importance of breastfeeding, contributing to a future in which early weaning is increasingly removed.

Collaborations:

1 – conception and planning of the project: Valéria Cristina Machado Pedroza and Elaine Lutz Martins;

2 – analysis and interpretation of data: Valéria Cristina Machado Pedroza and Elaine Lutz Martins;

3 – writing and/or critical review: Valéria Cristina Machado Pedroza, Elaine Lutz Martins, Claudia Maria Messias, Carla Marins Silva, Tarciso Feijó da Silva, Renata Martins da Silva Pereira and Patrícia Salles Damasceno de Matos;

4 – approval of the final version: Valéria Cristina Machado Pedroza, Elaine Lutz Martins, Claudia Maria Messias, Carla Marins Silva, Tarciso Feijó da Silva, Renata Martins da Silva Pereira and Patrícia Salles Damasceno de Matos.

Competing interests

There are no competing interests.

Data Availability Statement

The data supporting this study were stored on a flash drive at the Research Group to which the lead author belongs. The data are not publicly available; only excerpts from the analysis that compose the results are presented, ensuring the anonymity of the participants.

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