

BREASTFEEDING SUPPORT NETWORKS: PERSPECTIVES OF HEALTH PROFESSIONALS AND COMMUNITY LEADERS

REDES DE APOIO AO ALEITAMENTO MATERNO: PERSPECTIVAS DE PROFISSIONAIS DE SAÚDE E LIDERANÇAS COMUNITÁRIAS

REDES DE APOYO A LA LACTANCIA MATERNA: PERSPECTIVAS DE PROFESIONALES DE LA SALUD Y LÍDERES COMUNITARIOS

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Objective: to examine breastfeeding support networks from the perspective of healthcare professionals and community leaders. **Method:** a qualitative study conducted in Health Units located in southern Brazil, involving healthcare professionals and community leaders. Data collection was carried out through semi-structured interviews, grounded in the theoretical framework of social networks and systemic practice. Thematic categorization was used for data analysis, and the study received approval from the ethics committee. **Results:** the study included 10 healthcare professionals and 11 community leaders. The following thematic categories emerged: Mapping of Breastfeeding Support Networks, Breastfeeding Support Networks, Breastfeeding as a Window of Opportunity, and Breastfeeding: Challenges and Gaps. **Final Considerations:** a broad support network within the community and in the daily life of breastfeeding women enhances knowledge on the subject, plays a critical role in child development, encourages breastfeeding, and helps prevent early weaning.

Descriptors: Breastfeeding; Social Support; Primary Health Care; Community Support; Primary Health Care Nursing; Child Health.

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Objetivo: compreender as redes de apoio social ao aleitamento materno na perspectiva de profissionais de saúde e lideranças comunitárias. Método: pesquisa qualitativa realizada em Unidades de Saúde da região sul do Brasil, com profissionais da saúde e líderes comunitários. A coleta de dados ocorreu por meio da entrevista semiestruturada, na ótica da rede social e prática sistêmica, analisadas pela categorização temática e aprovada pelo comitê de ética. Resultados: participaram do estudo 10 profissionais de saúde e 11 lideranças comunitárias. Emergiram as categorias: Mapa das Redes de Apoio Social das mulheres que amamentam, Redes de Apoio Social em aleitamento materno, Aleitamento Materno: Janela de oportunidades e Aleitamento Materno: Desafios e lacunas. Considerações Finais: a rede de apoio social extensa na comunidade e na rotina da mulher que amamenta favorece o conhecimento sobre o tema, é relevante para o desenvolvimento infantil, estimula o aleitamento materno e previne o desmame precoce.

Descritores: Aleitamento Materno; Apoio Social; Atenção Primária à Saúde; Apoio Comunitário; Enfermagem de Atenção Primária; Saúde da Criança.

Objetivo: comprender las redes de apoyo social a la lactancia materna desde la perspectiva de profesionales de la salud y líderes comunitarios. Método: investigación cualitativa realizada en Unidades de Salud de la región sur de Brasil, con profesionales de la salud y líderes comunitarios. La recolección de datos se realizó mediante entrevistas semiestructuradas, desde la perspectiva de la red social y la práctica sistémica, analizadas por categorización temática. La investigación fue aprobada por el comité de ética. Resultados: Participaron en el estudio 10 profesionales de la salud y 11 líderes comunitarios. Surgieron las siguientes categorías: Mapa de las Redes de Apoyo Social para mujeres en lactancia materna, Redes de Apoyo Social a la lactancia materna, Lactancia Materna: Ventana de oportunidades y Lactancia materna: Desafíos y lagunas. Consideraciones finales: una amplia red de apoyo social en la comunidad y en la rutina de la mujer que amamanta favorece el conocimiento sobre el tema, es importante para el desarrollo infantil, fomenta la lactancia materna y previene el destete precoz.

Descriptores: Lactancia Materna; Apoyo Social; Atención Primaria de Salud; Apoyo Comunitario; Enfermería de Atención Primaria; Salud Infantil.

Introduction

Breastfeeding represents the first and most beneficial source of nourishment for infants, as it supports healthy growth and development while offering protection against conditions that may lead to infant mortality⁽¹⁾. It is also regarded as a central pillar in promoting food security, being the most cost-effective and efficient form of nutrition and protection for reducing infant mortality rates, potentially preventing up to 13% of deaths among children under five^(2,3). This directly contributes to the achievement of the Sustainable Development Goals (SDGs)⁽⁴⁾, which aim to reduce child mortality, eliminate hunger, and prevent malnutrition.

In Brazil, the National Breastfeeding Promotion Program was established in 1981, and since then, the country has implemented public health policies that have had a positive impact on breastfeeding practices. Until 2006, breastfeeding rates showed a significant upward trend; however, between 2006 and 2013, progress reached a plateau⁽⁵⁾.

It is estimated that malnutrition is associated with 45% of all childhood deaths annually. In relation to breastfeeding, only 44% of children worldwide are exclusively breastfed up to six months of age⁽⁶⁾. Achieving or improving these outcomes requires the creation of an enabling environment for breastfeeding, benefiting all parties involved. This demands multidisciplinary collaboration across the various settings in which these individuals are embedded, highlighting the role of healthcare professionals, educators, and broader society in promoting breastfeeding.

Nevertheless, numerous factors hinder mothers from breastfeeding successfully^(7,8). Women who face difficulties nursing require encouragement and support from emotional ties, healthcare professionals, and other accessible resources. One of the leading causes of early weaning is the absence of adequate care and support during the initial postpartum weeks⁽⁹⁻¹¹⁾. All women are entitled to receive information about the benefits of breastfeeding, and it is

the duty of every government to ensure this information is widely accessible⁽¹⁾. Breastfeeding support networks can facilitate and enhance the conditions necessary for sustaining this practice.

Social support networks can be understood as complex systems composed of a person's meaningful social relationships, which shape individual identity and reinforce social belonging⁽¹²⁾. These networks are commonly organized into family ties, friendships, professional or academic connections, and community-based relations, which include healthcare services and social agents⁽¹²⁾. This structure can be assessed and mapped to identify both strengths and limitations, thereby guiding the development of clinical and therapeutic interventions. Indeed, social support networks can have either a positive or negative impact on health outcomes⁽¹²⁾.

Given that breastfeeding is inherently a social phenomenon, it is essential to explore not only the issue of early weaning, but also the dynamics between postpartum women and their support networks^(7,8,13). In this context, the aim of the present study was to examine breastfeeding support networks from the perspective of healthcare professionals and community leaders.

Method

This is a social, exploratory study employing a qualitative approach. The research setting comprised 11 Municipal Health Units (MHUs) within a health district of a municipality located in southern Brazil. The municipality was selected because the lead author was enrolled in the Family Health Strategy residency program, with a professional focus on child healthcare throughout the process. The health district was chosen due to the high volume of healthcare services provided and the presence of vulnerable areas within the territory.

A purposive sample was used, consisting of two participants from each health unit: one community leader nominated by the Local Health Council and one healthcare professional appointed by the Local Health Authority.

Engagement with professionals and community leaders began with an explanation of the study's objectives, followed by the identification of individuals who could contribute meaningfully. The health units were staffed by core Family Health Strategy teams, including nurses, nursing technicians, physicians, and community health workers, along with support professionals who provided services on designated days, such as pediatricians, gynecologists, physiotherapists, and psychologists.

Eligible participants included healthcare professionals and community leaders who had lived or worked in the area for at least one year. Individuals on leave, vacation, or any form of work absence were excluded. One professional could not be interviewed due to the temporary closure of a health unit, which had been repurposed for COVID-19 vaccination efforts. Data collection took place between April and June 2022. Audio-recorded interviews were conducted, with a mean duration of eight minutes, yielding a total of 53 pages of transcribed material. All interviews were conducted after obtaining participant consent, in private, prearranged locations within the health units, during mutually convenient hours that did not interfere with healthcare services. No participants declined to take part in the study.

Data were collected through semi-structured interviews, guided by the following questions: *In your view, how does breastfeeding influence maternal and child health? What are the main challenges mothers and families face during the breastfeeding process? In your community, are there spaces that support or assist mothers with breastfeeding difficulties? What community-based strategies do you believe could promote breastfeeding?*

All interviews were conducted by a single researcher, a nurse in the final year of a Family Health Strategy Nursing Residency program, with no prior relationship with the participants. The researcher received specific training from the principal investigator, who has experience in qualitative research.

Data analysis followed Bardin's⁽¹⁴⁾ thematic content analysis approach, one of the earliest

and most widely used techniques in practical qualitative research. This method involves breaking the text into units to enable thematic categorization and analogical regrouping of the data. Data organization began with transcription, followed by detailed reading, thematic unit identification, and categorization based on similarities and distinctions.

The study adopted Sluzki's theoretical framework⁽¹²⁾, which conceptualizes the social network as a dynamic system of interactions influencing individual health and well-being, emphasizing the importance of social support in promoting health and fostering adherence to healthy behaviors. This framework was used to organize the support networks described by participants. The resulting map contributed to a more structured analysis, aiming to identify and interpret the components of the social support network available to breastfeeding women, with a focus on sustaining the practice within the studied community context.

The support network map was developed based on participants' reports, identifying sources of social support and types of relationships, and guided by Sluzki's⁽¹²⁾ systemic practice approach. The visual representation was created as a circular diagram divided into five quadrants: friendships, family ties, community connections, the healthcare system, and academic/work-related relationships. Each quadrant was color-coded to represent different types of support, including emotional support, social companionship, cognitive guidance and advice, material and service-based assistance, and social regulation among the various actors in breastfeeding women's support networks.

Study findings were presented to participants during a Municipal Health Department event, with invitations extended to Health Authorities from the Municipal Health Units and representatives from Local Health Councils. The research was also disseminated through official communication channels of the Municipal Health Department.

To ensure the quality and reliability of the study, the Consolidated Criteria for Reporting Qualitative Research (COREQ) was followed.

This research complied with the guidelines set by the Brazilian National Health Council (CNS) concerning research involving human subjects, including Resolution 580/2018, which ensures that studies do not impose financial burdens on the Unified Health System or interfere with regular healthcare service delivery. The study was approved by a Research Ethics Committee (CAAE no. 55168822.7.0000.0101; approval no. 5.250.800). Participation was contingent upon signing the Informed Consent Form. For confidentiality, the abbreviation "P" was used for healthcare professionals and "L" for community leaders, followed by an Arabic numeral corresponding to each participant's interview order.

Results

This study included a total of 21 participants, comprising 10 healthcare professionals and 11 community leaders. Among the healthcare professionals, there were Nurses (n=08) and Physicians (n=02), with professional experience ranging from 6 to 40 years. Most of them had worked for at least 10 years in Primary Health Care. All professionals held postgraduate degrees in the following areas: Family and Community Health (n=08), Health Management and Auditing (n=05), Emergency and Urgent Care (n=03), Occupational Health Nursing (n=03), Critical Care (n=02), Acupuncture (n=02), and Hospital Infection Control (n=01). Among those interviewed, six reported having training in breastfeeding.

In relation to the community leaders, there were men (n=07) and women (n=04), who had lived in the Health District for 13 to 41 years and had been active as community leaders for 6 to 25 years. Among these participants, three leaders reported active involvement in Support Networks related to breastfeeding.

From the data analysis, the following categories were identified: *Social Support*

Network Map of breastfeeding women, Social Support Networks in breastfeeding, Breastfeeding as a Window of Opportunity, and Breastfeeding: Challenges and Gaps.

Social Support Network Map of breastfeeding women

The statements below illustrate the construction of the social support network map for breastfeeding women (Figure 1), based on Sluzki's typology⁽¹²⁾.

We should involve community leaders in community-based activities in churches and schools, to really promote breastfeeding. (P1)

There used to be the 'mama neném' program in the Municipal Early Childhood Education Centers (Centros Municipais de Educação Infantil, CMEIs), I'm not sure if it still exists, which worked jointly with health units. Inside the CMEI, there was a little room with an armchair, all decorated to encourage breastfeeding up to six months. The health unit acted as a bridge to provide guidance

either to the CMEI or by going there to guide the mother. (P4)

There's the breast milk bank at the Evangelical Hospital. We've been informed that if needed, we can refer mothers there or reach out for guidance. (P7)

There used to be a Mothers' Club that brought together children and the whole group shared knowledge and could better help the community. The group hasn't existed for a while, it started weakening before the pandemic and has now ended completely. (L1)

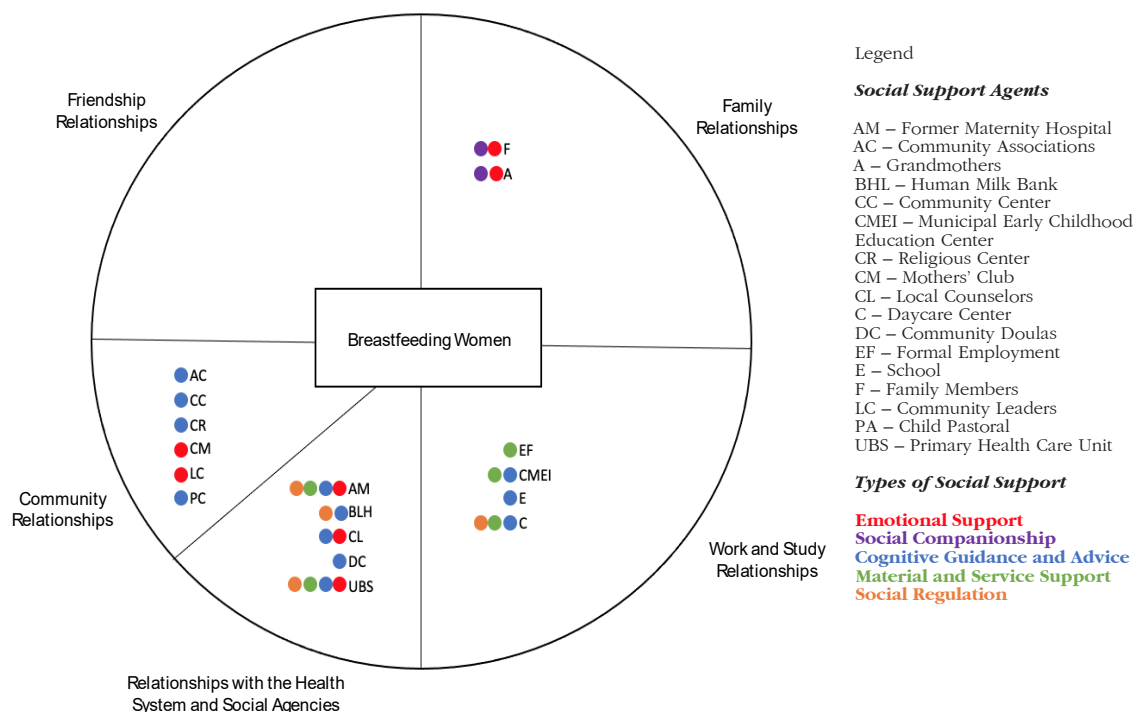
I think by promoting more lectures, creating an association, a support center, it would strengthen the mothers and provide more guidance. (L2)

In our church, we have the Pastoral da Criança, but it's not active in every parish or community. In mine, for example, it's not. And it helps a lot, so it could be a resource for breastfeeding support. (L5)

The community could come together to help nutritionally, so women wouldn't need to stop breastfeeding to go back to work. (L6)

There was full commitment from the old maternity team to make sure the mother could breastfeed effectively in the first days. The whole team, from the janitor to the director, was trained and dedicated. Now we don't have the maternity ward anymore. (L8)

Figure 1: Social Support Network Map of breastfeeding women, Curitiba, PR, 2024.



Source: created by the authors, 2024.

Social Support Network Map of breastfeeding women

Conversation circles were mentioned by participants as a strategy to bring together not only pregnant and postpartum women but also their families and the community, led by a trained health professional capable of guiding the discussion and providing appropriate orientation.

There should be guidance groups for these women, not only for those currently breastfeeding, but also for grandmothers, who often interfere a lot. (P2)

You can't just choose just anyone from the community to be a breastfeeding reference; that person needs at least some knowledge. Maybe with the support of a healthcare professional, you could run a conversation circle, but it must be led by a professional to avoid misinformation. (P8)

If a doula could get involved and create a project, some kind of orientation group, it would be great if someone from the council were committed to such work, but I don't know of anyone at the moment. (P9)

To organize pregnant women's groups so they attend and start becoming aware, preparing them about nipple care and not to injure the nipple, the importance of breast milk, that would be great. (L5)

Guidance provided outside of the Health Units was described as a way to extend information dissemination beyond the physical boundaries of the Municipal Health Units. These orientations allow for broader reach, with support from the community itself in implementation.

I think we need to work more with the resources we have. Just working in the health unit won't be enough. We need to start using daycare centers, holding meetings there since some can't come to us, and also clubs, associations, schools. (P3)

I think by promoting more lectures, creating an association, a support center, it would strengthen the mothers and provide more guidance. (L2)

Associations, mothers' clubs, and any entities doing direct volunteer work should coordinate directly with the health system so we can work together. (L4)

Breastfeeding: A Window of Opportunity

This category highlights the importance of breastfeeding for child growth and development, focusing on disease and complication prevention.

Breast milk is the most complete food available. It provides good nutrition for the child, until six months, it's sufficient on its own, and supports proper oral and facial development. (P1)

Once the child is breastfeeding, they receive all the nutrients necessary for life and immune development. (P4)

If breastfed as recommended by specialists, the tendency is to have healthier adolescents and young adults with stronger immune systems. (L3)

The bond between mother and baby was described as a process that fosters emotional closeness and strengthens the mother-infant relationship through breastfeeding.

Mainly in terms of interaction with the baby, it seems to promote affection, being there with the baby strengthens the bond. (P7)

I think the bond is very noticeable, breastfed babies are more attached to their mothers, even their eyes seem to shine more. The physical contact is warmer than with bottle feeding. (P8)

You can see the baby looking intently at the mother while breastfeeding. It goes beyond nutrition, it's emotional connection. Even when the child is 20, they'll feel that deep maternal love. (L4)

Breastfeeding: Challenges and Gaps

This section emphasizes the difficulties mothers face in breastfeeding, which range from social and biological to cultural factors. These include lack of information, nipple fissures, life changes during the postpartum period, and returning to work. These challenges are seen as contributing to early weaning.

I think sometimes it's due to lack of preparation. We need to explain that the first feeding is difficult, it might cause cracking, pain, and some mothers even stop breastfeeding because of it. (P6)

I see it more in first-time mothers, the latch and position. When engorgement and fissures start, they're lost on what to do. Just correcting those two issues helps a lot. (P10)

I think the biggest difficulty for breastfeeding mothers is work. Most companies don't have proper facilities for breastfeeding, and they can't take their babies with them. That's why it's important for them to have time off work so they can breastfeed peacefully. (L6)

After maternity leave ends, work hours become a real problem. Many companies don't offer flexibility, and I think that's the main challenge. (L10)

Finally, participants described either the absence or lack of knowledge about existing support networks in the Health District that could assist women and their families during the breastfeeding period.

No, I only know of the Health Units. If they seek help, we assist them. But I don't know of any specific place outside the units. (P6)

Honestly, even though I'm part of the district council and actively in touch with other units and local council members, I have to admit, I don't know. Maybe there is something, but if so, it's very hidden. (L3)

Previously, almost all units had something, but now, if I tell you I know a specific place, I'd be lying. Outside the health unit, I don't know. (L4)

Discussion

The Social Support Networks identified from the perspectives of health professionals and community leaders included family relationships, work and educational relationships, and community relationships. Within family relationships, support provided by grandmothers and other family members was often mentioned. The network of support for breastfeeding consists of various social actors, including husbands, mothers, in-laws, neighbors, friends, healthcare professionals, and peer support groups for breastfeeding mothers^(8,10,11). However, it is important to note that the support provided by these individuals is not always beneficial, as some advice may contradict the practice of exclusive breastfeeding, such as the early introduction of solid foods or offering infant formula⁽⁸⁾. Among family members, mothers and mothers-in-law are frequently cited as the main sources of support in caring for the baby and in breastfeeding practices⁽⁹⁾.

This aligns with Sluzki's⁽¹²⁾ concept of a personal social network, which includes emotional support as one of its functions. A qualitative study identified that encouragement from partners, even in the face of breastfeeding difficulties, helps mothers continue breastfeeding⁽¹⁵⁾. Another study showed that postpartum women who receive social support

from partners, family, and friends or neighbors perform better in daily activities⁽¹⁶⁾.

There is limited research on social support networks beyond close family members, such as the baby's father, the mother of the pregnant or postpartum woman, and the healthcare network, although these actors are also essential in sustaining breastfeeding. These close bonds facilitate the breastfeeding process, providing structure and assistance to the mother, and their importance should be emphasized during pre- and postnatal consultations by trained healthcare professionals⁽⁸⁾.

In terms of work and educational relationships, formal employment, Municipal Early Childhood Education Centers (CMEIs), schools, and daycare centers were mentioned. The relationship between women's employability and the availability of daycare centers and schools is complex and interconnected. A lack of access to this support network represents a major barrier to women's entry and continued participation in the labor market, negatively affecting not only individual prospects but also the broader economy. Increasing the availability of childcare and educational facilities is essential to promote women's employment, gender equality, and socioeconomic development. Through effective public policies and societal engagement, a more just and inclusive future can be built for all⁽¹⁷⁾.

The literature⁽⁹⁾ rarely mentions educational centers, community environments, religious institutions, and other local spaces as potential sources of support for women and their close contacts, who also need accurate information to avoid misconceptions about breastfeeding as sources of breastfeeding support. However, this study identified places such as community associations, centers, religious venues, mothers' clubs, community leaders, and the *Pastoral da Criança* as valuable resources for promoting breastfeeding (Figure 1). Health professionals should acknowledge these spaces as key to supporting breastfeeding.

When it comes to community relationships, the healthcare system and social services were also emphasized, former maternity hospital,

Human Milk Bank, Local Health Council Members, Community Doulas, and Municipal Health Units. Territorial mapping, which identifies the available community resources, is essential in this context. It is a key policy for implementing the Brazilian Unified Health System (*Sistema Único de Saúde*, SUS), focusing on collaborative work and the relationship between individuals and their territory⁽¹⁸⁾.

To implement effective institutional support in primary healthcare, it is crucial to understand the role of co-management in democratizing and humanizing service delivery. This involves strengthening institutional supporters, who play a fundamental role in bridging healthcare professionals and users⁽¹⁹⁾. Recognizing and reinforcing the presence of a reference professional is essential for successful breastfeeding and should be a focus for healthcare teams.

Interestingly, friendships were not mentioned by participants as part of the social support network map. It is understood that friendships can be individual and might have been referenced if breastfeeding women themselves had been interviewed. According to Sluzki⁽¹²⁾, mapping the support network of a group carries the risk of obscuring individual contributions, even though mapping certain groups regarding breastfeeding is both possible and advisable.

Most professionals who participated in the study are trained to provide care and guidance for promoting breastfeeding. Support from healthcare professionals enhances maternal self-confidence in the face of breastfeeding challenges⁽⁷⁻¹¹⁾. A mother's knowledge about breastfeeding is directly associated with information provided by professionals capable of developing effective strategies to promote breastfeeding. One such strategy is the use of discussion groups, which are low-cost and easy to implement, helping to reduce early weaning.

A key function of a personal social network is the provision of cognitive guidance and advice, receiving practical guidance or counseling at a specific time⁽¹²⁾. In the context of breastfeeding, this guidance can be offered through educational activities, as mentioned by participants, providing

opportunities for mothers to share experiences and increasing their participation.

Social support networks offer the potential to disseminate information to a broad audience through discussion groups and guidance conducted outside Health Units^(7,9). These groups can be held in various locations with adequate space, such as churches and community centers, facilitating engagement with pregnant or postpartum women and the broader community. The literature emphasizes that breastfeeding can be successfully supported through community involvement⁽¹⁵⁾.

Social support networks are thus essential for disseminating information, as they extend beyond family and close friends to include the entire community and healthcare infrastructure in a given territory. Nonetheless, it is important to acknowledge that conflicting advice and guidance may cause confusion and distress for breastfeeding women, potentially undermining breastfeeding promotion efforts⁽¹⁵⁾.

Considering this, community support, such as that offered by community leaders, becomes especially valuable, as these individuals are well-acquainted with the territory and recognize the benefits of promoting breastfeeding. They are vital communication agents capable of facilitating access to spaces outside health units where breastfeeding-related information and guidance can be shared. Whether lay or professional, such support is considered effective for increasing breastfeeding rates, as long as lay support is provided following professional guidance⁽⁸⁾.

The *Amamenta e Alimenta Brasil* Strategy (EAAB) guides the training of health teams, enabling decentralized breastfeeding support and broader information dissemination within the community. Community Health Workers (CHWs), who carry out care activities outlined by the National Primary Care Policy (PNAB), play a key role in bridging health units with the community. They facilitate access to information services and participate in health education efforts, making them ideally positioned to implement breastfeeding-related actions⁽¹¹⁾.

Breastfeeding promotes healthy growth and prevents illness, as breast milk contains essential vitamins, A, C, D, E, K, and B complex, important for bone development, immune function, and neurological development. Thus, it is considered a complete food source for child health and development when compared to other types of milk and is a key strategy for reducing child mortality under age five⁽²⁰⁾.

Breastfeeding contributes to achieving the Sustainable Development Goals (SDGs), as it is linked to several targets⁽⁴⁾. For instance, SDG 3 (Good Health and Well-being), in which studies show that universal breastfeeding could prevent 823,000 deaths annually among children under five, reduce the risk of overweight/obesity by 13%, lower type 2 diabetes incidence by 35%, and increase IQ scores by a mean of three points⁽²¹⁾. In line with SDG 2 (Zero Hunger), breastfeeding helps prevent hunger and malnutrition. Under SDG 5 (Gender Equality), it supports ending discrimination against women and reinforces both the mother's right to breastfeed and the child's right to be breastfed⁽²²⁾.

Furthermore, Brazil's Ministry of Health emphasizes that breastfeeding fosters child development and the formation of emotional bonds. When breastfeeding, babies receive sensory stimuli such as warmth, scents, sounds, eye contact, and touch⁽²²⁾. These bonds—recognized in both the literature and this study—begin in the first hour after birth through skin-to-skin contact, a practice that also encourages breastfeeding⁽²³⁾. Skin-to-skin contact is an action that builds bonds between mother and child, arousing strong feelings and producing happiness, love, tranquillity and comfort⁽²³⁾.

This physical closeness helps the baby sense the mother's heartbeat, temperature, and breathing, creating a sense of security and comfort. It fosters emotional bonding, which is crucial for the infant's mental and psychological development⁽²⁴⁾. Similarly, breastfeeding offers mothers physical benefits, such as relief from breast engorgement pain, and emotional benefits including decreased anxiety and enhanced feelings of affection, love, calm, and comfort⁽²⁴⁾.

Therefore, both mother and child gain from breastfeeding through mutual stimulation and strengthened interaction.

However, some women may miss out on these positive experiences due to early weaning. This often results from difficulties and lack of guidance needed to overcome breastfeeding challenges and to build emotional bonds with the child.

Challenges such as nipple fissures, caused by incorrect latching or breast engorgement from milk overproduction, often worsen after returning home and can be prevented through prenatal and postpartum care education. Without adequate support and guidance, these painful experiences, sometimes involving nipple bleeding, may lead mothers to reject breastfeeding out of fear and insecurity⁽¹³⁾. A robust social support network can assist struggling mothers and help reduce early weaning rates.

Another issue involves the link between inadequate knowledge and low education or socioeconomic status. Women with less education often lack basic information about the importance of exclusive breastfeeding. They also tend to begin prenatal care later and attend fewer appointments, limiting opportunities for sharing information and receiving guidance^(8,11).

Routine changes, along with physiological, hormonal, physical, psychological, and social shifts, can make adaptation difficult, leading to the perception of breastfeeding as an obligation. This, in turn, can cause aversion and abandonment of the practice^(7,10,25). In this context, the absence of well-distributed breastfeeding support networks within the Health District represents a significant barrier to breastfeeding education and promotion.

To prevent early weaning, it is crucial that breastfeeding women are supported by a strong social support network. This network extends beyond the nuclear or extended family to include all close contacts, work, friends, healthcare, and the community. Such a social structure is essential to maternal well-being and can serve as a vehicle for implementing educational and community-based actions^(8,12).

Among the limitations of this study is the small sample size (21 participants), which may constrain the generalizability of the findings to other regions or contexts beyond the studied municipality. Furthermore, given the cultural nature of the phenomenon, variations in social support networks are likely. It is also important to note that the participants were health professionals and community leaders, not breastfeeding women themselves.

Final Considerations

The use of the theoretical framework of social networks within systemic practice made it possible to clearly and systematically illustrate the support network, reflecting the perceptions of health professionals and community leaders regarding the elements that can enhance breastfeeding through the resources already available in the community. The study reinforces the importance of these support networks, highlighting feasible strategies to promote breastfeeding, as indicated by the participants. Furthermore, it is evident that breastfeeding transcends the environment of the Primary Health Care Unit, requiring integrated and coordinated actions with the entire community to ensure its success and continuity.

It is suggested that future studies further explore how different social support points, such as religious centers, mothers' clubs, and community associations, can be mobilized to strengthen breastfeeding support networks. It is also emphasized that specific community programs can be replicated in different cultural and socioeconomic contexts.

Colaborations:

1 – conception and planning of the project: Stephanie Martinowski Henriques Guia e Gustavo Selenko de Aquino

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3 – writing and/or critical review: Stephanie Martinowski Henriques Guia; Gustavo Selenko de Aquino; Victoria Beatriz Trevisan Nobrega Martins Ruthes; Ana Paula Dezoti; Jéssica Batistela Vicente; Giseli Ramos Moura e Verônica de Azevedo Mazza

4 – approval of the final version: Stephanie Martinowski Henriques Guia; Gustavo Selenko de Aquino; Victoria Beatriz Trevisan Nobrega Martins Ruthes; Ana Paula Dezoti; Jéssica Batistela Vicente; Giseli Ramos Moura e Verônica de Azevedo Mazza

Competing interests

There are no conflicts of interest.

Data Availability Statement

The data that support the of this study are available in the article itself.

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