

*PERCEPTION OF THE FAMILY HEALTH TEAM ON THE FACTORS THAT INFLUENCE BREASTFEEDING*

*PERCEPCIÓN DEL EQUIPO DE SALUD DE LA FAMILIA SOBRE LOS FACTORES QUE INFLUYEN EN LA LACTANCIA MATERNA*

*PERCEPÇÃO DA EQUIPE DE SAÚDE DA FAMÍLIA SOBRE OS FATORES QUE INFLUENCIAM A AMAMENTAÇÃO*

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**ABSTRACT**

**Introduction:** Breastfeeding establishes a bond between mother and baby, in addition to promoting the nutrition necessary for the development and growth of the infant, it promotes other benefits for the binomial. **Objective:** To analyze the perception of Family Health Strategy professionals about factors that influence breastfeeding in a municipality in the state of Bahia. **Method:** Exploratory, descriptive study with a qualitative approach, carried out through semi-structured interviews on the Microsoft Teams platform, in the period from March to August 2023. A total of 14 health professionals from Primary Health Care participated in the study. Thematic content analysis was used to organize the empirical data. **Results:** Five categories emerged: Supply of human milk substitutes; Influence of the support network; Aesthetic issues; Difficulties in positioning and latching on to the baby; Early return to work. The early offer of human milk substitutes due to the influence of the support network, insecurity of the breastfeeding woman, aesthetic issues, fears of changes with the body, are adversities for breastfeeding; and that difficulties with positioning and incorrect latching of the baby reverberate in pain, nipple trauma, and early weaning. In addition, early return to work is a limiting factor. **Final considerations:** Some factors can be reviewed and transformed with the qualification of the guidelines in pregnancy care puerperal, and others need political investment to guarantee the rights of breastfeeding women.

**Keywords:** Breast Feeding; Family Health; Weaning; Milk Human.

**RESUMEN**

**Introducción:** La lactancia materna establece un vínculo entre la madre y el bebé, además de promover la nutrición necesaria para el desarrollo y crecimiento del lactante, promueve otros beneficios para el binomio. **Objetivo:** Analizar la percepción de los profesionales de la Estrategia Salud de la Familia sobre los factores que influyen en la lactancia materna en un municipio del estado de Bahía. **Método:** Estudio exploratorio, descriptivo con enfoque cualitativo, realizado a través de entrevistas semiestructuradas en la plataforma Microsoft Teams, de marzo a agosto de 2023. Participaron en el estudio 14 profesionales de la salud de la Atención Primaria de Salud. Para organizar los datos empíricos se utilizó el análisis de contenido temático. **Resultados:** Surgieron cinco categorías: Suministro de sucedáneos de la leche materna; Influencia de la red de apoyo; Cuestiones estéticas; Dificultades para posicionar y agarrar al bebé; Regreso temprano al trabajo. El ofrecimiento temprano de sucedáneos de leche materna por influencia de la red de apoyo, inseguridad de la mujer lactante, cuestiones estéticas, temores a cambios con el cuerpo, son adversidades para la lactancia materna; y que las dificultades con la colocación y el agarre incorrecto del bebé repercuten en dolor, traumatismo en el pezón y el destete precoz. Además, la pronta reincorporación al trabajo es un factor limitante. **Consideraciones finales:** Algunos factores pueden ser revisados y transformados con la calificación de guías en la atención del embarazo y puerperal, y otros requieren inversión política para garantizar los derechos de las mujeres lactantes.

**Palabras clave:** Lactancia Materna; Salud de la Familia; Destete; Leche Humana.

**RESUMO**

**Introdução:** A amamentação estabelece vínculo entre mãe e bebê, além de promover a nutrição necessária para o desenvolvimento e crescimento do lactente, promove outros benefícios para o binômio. **Objetivo:** Analisar a percepção de profissionais da Estratégia de Saúde da Família sobre fatores que influenciam a amamentação, em um município da Bahia. **Método:** Estudo exploratório, descritivo de abordagem qualitativa, realizado por meio de entrevista semiestructurada na plataforma Microsoft Teams, no período de março a agosto de 2023. Participaram do estudo 14 profissionais de saúde da Atenção Primária à Saúde. Utilizou-se a análise de conteúdo temática para organização dos dados empíricos. **Resultados:** Emergiram cinco categorias: Oferta de substitutos do leite humano; Influência da rede de apoio; Questões estéticas; Dificuldades no posicionamento e pega do bebê; Retorno precoce ao trabalho. A oferta precoce de substitutos do leite humano por influência da rede de apoio, insegurança da lactante, questões estéticas, medos das mudanças com o corpo, são adversidades para amamentação; e que as dificuldades com posicionamento e pega incorreta do bebê reverberam em dor, trauma mamilar e desmame precoce. Ainda, o retorno precoce ao trabalho é fator limitante. **Considerações finais:** Alguns fatores podem ser revistos e transformados com a qualificação das orientações no cuidado gravídico puerperal, e outros necessitam de investimento político para garantia de direitos da mulher que amamenta.

**Palavra-chave:** Amamentação; Saúde da Família; Desmame; Leite Humano.



## INTRODUCTION

Human breastfeeding (HB) is essential for establishing a bond between mother and baby. In addition to promoting the necessary nutrition for the development and growth of the infant, it promotes other benefits that involve the binomial. However, some factors may interfere with breastfeeding practice and need to be considered, namely physiological, economic, social, cultural, and psychological<sup>(1)</sup>.

Pain is one of the main factors that lead to early weaning. In this regard, a cross-sectional study performed with puerperal women in Minas Gerais, Brazil, showed an incidence of 80% of nipple trauma in lactating women. Associated with this, 42.3% women reported not being prepared for breastfeeding in prenatal consultations, 43.4% did not receive information on how to care for the breasts, and about 56.4%, while in maternity wards, were not informed about the importance of breastfeeding their baby<sup>(2)</sup>, demonstrating a failure in professional assistance.

Considering the sociocultural factors, a frequent example is the use of feeding bottles and pacifiers as guided by the support network, which contributes to difficulties when nursing. Babies who are offered artificial nipples are more prone to develop confounding behavior due to the offer of different nozzles, presenting attitudes of suck-release-cry, negatively impacting the prevalence of human breastfeeding<sup>(3)</sup>.

Regarding psychological factors, an integrative review study on postpartum depression (PPD) in Brazil identified a negative

impact of this psychological condition on HB and child development. This is because it relates to the emotional state of the lactating woman (feelings of anxiety, apathy, depressive mood, and low self-confidence) and may cause insecurity regarding her role in this scenario<sup>(4)</sup>. It is important to emphasize that breastfeeding is a protective factor for PPD<sup>(5,6)</sup>.

These and other factors affect breastfeeding and make the statistics unfavorable. The World Health Organization has the goal of 70% exclusive breastfeeding for 2030, however, in 2020, the Brazilian National Survey on Child Nutrition (ENANI) revealed an average prevalence in Brazil of 45.8% exclusive breastfeeding in children up to the first 6 months of life, lower still in the Northeast region, corresponding to 39%. To achieve this goal, various social actors must commit, especially professionals who assist women in the pregnancy-puerperal process<sup>(7)</sup>.

Considering the above, listening to the family health team professionals directly involved in caring for women and infants is fundamental to understanding the issues that permeate the work process and the difficulties encountered, given their role in promoting, protecting, and supporting human breastfeeding. Thus, this study's research question is: What are the perceptions of Family Health Strategy (FHS) professionals about factors that influence breastfeeding in a municipality in Bahia? The following objective was outlined to answer this question: To analyze the perception of FHS



professionals about factors that influence breastfeeding.

## METHODS

This is a descriptive, exploratory, qualitative study carried out with health professionals working in the FHS of a municipality in the countryside of Bahia, which provides direct assistance in the pregnancy-puerperal cycle (nurses, doctors, and dentists). The Community Health Agents (CHA), professionals who follow up with pregnant and puerperal women in the relevant territory, were also included.

The inclusion criteria were teams working in the municipality's Primary Health Care (PHC) and active in the National Register of Health Establishments (CNES), with a complete team (Family Health Teams – FHT and Oral Health Teams – OHT). Six FHT were selected: Three teams with the highest absolute numbers of individual care of children aged 0 to 6 months in exclusive breastfeeding, as well as the three FHT with the lowest absolute numbers of individual care of children aged 0 to 6 months in exclusive breastfeeding in the same age group. To participate in the study, the professional should have at least one year of activity in the municipality's Primary Health Care area. The non-inclusion criteria were professionals on vacation or leave.

The number of participants was not based on numerical representativeness, so to speak; interviews were conducted until the testimonies regarding the phenomenon studied converged.

Thus, 15 professionals from the family health teams were interviewed. However, there was an exclusion because of the low audio quality of the recording, totaling 14 respondents in the study.

Data was collected from March to August 2023 in a virtual environment through the Microsoft Teams platform in a previously scheduled video call with the researcher and interviewee. The data was collected through individual interviews following a semi-structured script, which was approached in two stages: The first with closed questions about the sociodemographic characteristics of the interviewees, and the second with open questions about the object of study, namely, the perception of FHT professionals about factors that influence breastfeeding.

The content analysis technique was used to analyze and organize the collected data. After transcribing the speeches in full, all the material was read, starting from the pre-analysis and exploration of the data, for systematization and aggregation in units, which allowed a detailed description of the relevant characteristics, promoting categorization, that is, the elements of the speech were isolated and organized by specific messages of each category. The discussion was guided by scientific literature on the subject and based on the National Policy for Promotion, Protection, and Support to Breastfeeding.

This research has been approved by the Research Ethics Committee of Universidade do Estado da Bahia, report number – CAAE (submission for ethical review):

84122117.8.0000.0057 and Consolidated opinion No.: 5.437.925, and is linked to a Research and Extension Project entitled: Breastfeeding Support Group (*Grupo de Apoio ao Aleitamento Materno – GAAM*). The procedures of this study follow the ethical standards required by Resolution No. 466/2012.

An invitation letter was sent to the participants by e-mail along with the Informed Consent Form (ICF), and only the professionals who signed the term, accepting it, participated in the study. In the invitation letter, participants were informed of the study's objectives, type of participation desired, and interview environment. Participants were also guaranteed the freedom to give up the survey at any time and anonymity in the disclosed survey results. To preserve anonymity, participants were identified by the alphanumeric system, using the initial letter of the interviewee's professional category (N-Nurse, D-Dentist, P-Physician, A-CHA) followed by the order number of the interview.

## RESULTS

### Characterization of study participants

A total of 14 participants were considered for the study, where most professionals were in the age group from 37 to 47 years (seven participants), followed by young adults from 26 to 36 years (six participants). One participant was in the age group of 59 years or older. Regarding sex/gender, eight interviewees were female, six declared themselves male.

Regarding the professional category, there were five nurses, two physicians, three dentists, and four community health agents. Regarding the level of education and time since completing graduation, one interviewee had graduated between one and five years ago, five had completed graduation about six to 10 years ago. Four had graduated from 11 to 15 years ago, one had more than 16 years since graduation, and three had no graduation degree. Regarding post-graduation, seven participants specialized in collective health, clinical, and educational policy.

As for the time working at the Family Health Unit (FHU), two participants reported having worked for two to five years, nine worked there for six to 10 years, one worked for 11 to 15 years, and two reported working at the FHU for more than 16 years. It is worth noting that everyone reported working during the day.

Regarding the frequency of participation in Permanent Education (PE), nine participated monthly, two half-yearly, and one every two months. Two pointed out that there was no frequency. Regarding participation in PE, specifically regarding breastfeeding, eight professionals reported that they participated in PE on breastfeeding from 2017 to 2022, and six emphasized that they did not participate.

From the empirical data emerged five categories: Offer of substitutes for human milk; aesthetic issues; difficulties in positioning and baby latching; early return to work by social condition; and influences from the support network.



## Offer of human milk substitutes

The professionals participating in the research perceive, in their daily work in the FHT, some adversities related to breastfeeding that can contribute to the early weaning of the baby. The early offer of human milk substitutes, as well as the insecurity of the lactating woman regarding the ability to feed and nourish the child through human breastfeeding, is pointed out by professionals as a limitation in the management of breastfeeding at this level of care, as follows:

[...] A great difficulty I find is when the baby gets there with some formula prescription, they already leave the hospital and arrive [to our unit] with a formula prescription. And many of these babies, when they take the bottle, or artificial milk, reject the mother's breast, don't want it [...](N5).

[...] This issue of thinking that the milk is weak, it has happened in my area, once I got there and the mother said she was giving porridge to the baby, because, according to her, the baby was feeding but still crying with hunger [...](A3).

Difficulties usually come up regarding early weaning, perhaps more on the mother's part and not wanting to breastfeed anymore. This is a personal issue. This happens a lot, that mother who no longer wants to breastfeed her child, she says, "I don't want to, I don't like breastfeeding", so this happens, and they switch to the formula or complementary food, this is very common [...](P2).

## Influence from the support network

The FHT professionals identified that the influences of the support network (mothers, family members, and friends of pregnant women and puerperal women) can become adversities for the adherence and continuity of breastfeeding since they interfere with stimulating the early introduction of farinaceous and other types of

food in the baby's feeding. Given this, they exposed the following narratives:

[...] Regarding grandmothers, who make it difficult, usually, most of my pregnant women, the parents sometimes work and the baby stays with their grandmother at home, who begin to introduce foods that should not be introduced before 6 months [...] they mainly introduce a flour powder called "araruta" (cassava flour), we explain that this type of feeding is not the correct one [...] And grandparents, it is the biggest problem I have regarding breastfeeding, it is those older people who say that just the breast is not enough. Let's give them some "ararutazinha", let's make a little flour porridge [...](N2).

[...] The grandmother says the baby cries because they are hungry, even if it were just breastfed, but she doesn't know the size of the baby's stomach. Mothers sometimes lack supporters at home so they can breastfeed. They lack supporters, and often this lack creates situations in which the mother has anxiety, stress and ends up even reducing the amount of milk [...](N5).

[...]It was the case of this mother who bought Aptamil milk because her friends told her to buy Aptamil milk, that it is one of the best in the market and give no [allergic] reaction, in this wave of no reaction, the child actually had a[n allergic] reaction and almost died[...](A4).

## Aesthetic issues

In this perspective, the aesthetic issues and fear of changes in the body during breastfeeding, especially of adolescent mothers, observed in the following reports were highlighted:

[...] Something that happens sometimes regarding teenage mothers is they are afraid of their breasts being saggy and such, a vanity issue [...](N3).

[...] So, by family pressure, she was "rejecting" her, when we say rejecting her daughter is because she did not want to breastfeed, she said "I do not want to breastfeed anyone, I will not breastfeed, because I have my beautiful body, I have my beautiful breasts, they will get saggy, they'll be ruined", it was the expression she used, so it was very hard to convince this girl [...](A2).

[...] That mother who no longer wants to breastfeed her child for the sake of will,





ideological, social, and perhaps aesthetic [...] (P2).

### Difficulties in the baby's positioning and latch

FHT professionals observed some adversities related to the positioning and incorrect baby latch, and that these factors end up contributing to pain, nipple trauma, and early weaning. And they reported that:

[...] Regarding the difficulties, what I observe concerning the puerperal women, is mainly the incorrect way of putting the baby to breastfeed, it is regarding those children that only take the nipple of the breast then we explain that they have to take all that lower part of the breast [...] (N2).

[...] Difficulty is the issue of pain or baby who doesn't know how to latch yet, so it begins to hurt, so mothers want to take it away, because of their intense pain mothers want to take it away [...] (A1).

[...] Some abandon [breastfeeding] because they report that they cannot stand the pain, that they will not suffer and so, but we end up guiding on the medicine to relieve the pain, and some end up hurting a lot, bleeding and everything [...] (P1).

[...] I have a case of mothers who stopped breastfeeding because they had cracks [on their breasts], one had injuries in the breast and when I checked [how] she was latching, then we readapted and organized, I showed the [correct] positions and such and reorganized [...] (P2).

It was noticed that, in addition to the physical elements pointed out by the interviewees as contrary to breastfeeding, another important issue was reported, the return to work, emphasized below.

### Early return to work

The professionals pointed out as limiting factors to breastfeeding the early return to work, especially when there is vulnerability/fragility in

employment relationships, as well as the less-favored social condition, as discussed in the following statements:

[...] "I don't want to breastfeed because I work, and I won't stop working to breastfeed because I only have that income to survive" [...] (N1).

[...] Many professionals work informally, which ends up making it difficult also, because in the postpartum period, 15 days to 30 days [after giving birth] these puerperal women are already returning to work, and by the law we know they are allowed 4 to 6 months [leave], but that ends up not happening [...] (N2).

[...] Here in the countryside they do not have fixed employment, most of them work daily, so they have to go to the fields, so they do not have this opportunity to be at home and afford to stay and not receive income, so many give up [on breastfeeding] too, they don't extend [their leave] up to six months because of this, I see it as a great difficulty in my area related to weaning [...] (N3).

[...] There is also the issue that some work, and we ask if she can breastfeed, and then they say that they need to work, they say that either they choose work, or stay at home, but they need to work, because these women live in a very popular government housing type, *Minha casa, minha vida*, where the number of single mothers is relatively large. So, the women are the family's income source, they are the ones who need to work [...] (D2).

## DISCUSSION

A study points out that conducting local research that allows us to recognize the perception of professionals of Family Health teams about breastfeeding can contribute to defining strategies for qualification of care for the protection, promotion, and support of breastfeeding<sup>(8,9)</sup>.

This study proposed to analyze the perception of professionals (physicians, nurses, dentists, and community health agents) of the Family Health Strategy acting in the context of

primary health care about factors that impact breastfeeding.

According to the results of this study, it was observed that the perception regarding the factors that impact breastfeeding did not vary much according to the professional category because they mentioned common adversities in the management of breastfeeding. In addition, the professionals presented as limiting factors for human breastfeeding the early offer of human milk substitutes, especially the prescription of formulas in the maternity hospitals; the difficulty in the proper latch and positioning of the baby, reverberating in some breast complications (trauma and fissures); the issues related to the aesthetics of the breasts; the negative influence of the support network; as well as the difficulties to reconcile breastfeeding and return to work.

They reported that, early on, babies are leaving the maternity hospital with a formula prescription and getting to the health unit already being fed with a milk substitute. The Brazilian Society of Pediatrics warns about the high prevalence of the use of human milk substitutes during the period that newborns are in maternity hospitals, stating that, most of the time, there is no need for replacement, since women, when properly oriented, can start the practice of human breastfeeding appropriately<sup>(10)</sup>.

The offer of milk substitutes may be intrinsically associated with the insecurity of breastfeeding women (and also professionals) regarding low milk production and may contribute to early weaning. This is because the baby who has another nutrition source, other than

the breast, especially when offered from other nozzles, can become confused and no longer want to suck their mother's breast. When this happens, the breast is not stimulated, and the hormonal process necessary for the effective production of human milk is not generated. The mechanical act of sucking in the breast is the main responsible for the production of prolactin and oxytocin<sup>(11,12)</sup>.

Regarding the erroneous perception of low production/weak milk, researchers emphasize that lactating women think that, because it is transparent at the beginning of descent, the milk is weak and unable to sustain and nourish the child. This fact can be associated with little or no information about human milk properties and cultural issues. Moreover, the puerperal women, due to insecurity in the practice of breastfeeding, use the weak milk argument to interrupt breastfeeding early<sup>(13)</sup>.

Another point highlighted in the findings is the support network, especially the grandmothers, who can negatively influence the practice of breastfeeding when they stimulate the offer of farinaceous through cassava flour porridges. Related to this, the lack of knowledge of family members regarding the general needs of a baby can be a limiting factor for breastfeeding since the findings show that grandmothers interpreted the baby's crying as if the child was hungry all the time. This point was identified in another study that recognizes the figure of the maternal grandmother as an adversity for the continuity of breastfeeding, especially in exclusivity. Their experience, background



knowledge, and cultural baggage greatly influence the guidance of their daughters. Thus, the guidelines passed by grandmothers may go against scientific evidence, impacting how mothers will experience breastfeeding and care for their babies<sup>(14)</sup>.

It is also noteworthy that early food introduction to babies can be configured as a nutritional risk. A study states that several foods offered early to babies, including cow's milk, can cause allergic reactions due to susceptibility to developing hypersensitivity and the appearance of allergic reactions to food<sup>(15)</sup>. It is important to emphasize that having a support network is essential in motherhood. Therefore, guidelines provided during prenatal care must extend to the entire support network, meaning that health education should be provided beyond the pregnant/postpartum women, reverberating throughout their support network.

Data also shows that a wrong latch is a limiting factor that can lead to early weaning, and that can also reverberate into nipple pain and trauma. A field study carried out with primiparous puerperal women characterized that the position of the mother and the baby at the time of feeding is of paramount importance for an assertive and effective latch, allowing the newborn to suck milk efficiently and not traumatize the areola and nipple. It also pointed out that a bad latch, besides generating trauma, leads to inadequate emptying of the breasts at the time of feeding, causing the baby to cry and be irritated, and reverberating in the decrease of milk descent, insecurity of the puerperal and

second-guessing the nutritional capacity of their milk<sup>(16)</sup>.

Pain during breastfeeding influences the reflex of milk descent and, as a result, may cause the baby to be unable to breastfeed, triggering feelings of guilt and anguish in the mother, reverberating in the inhibition of milk ejection and a possible early weaning<sup>(17)</sup>. Descriptive studies show that even mothers recognizing the importance of breastfeeding, breast engorgement, nipple injuries and pain are recurrent causes of breastfeeding interruption in the first days of life, triggering early weaning<sup>(18,19)</sup>.

The results of this research also point out aesthetic issues as an adversity for the continuity of breastfeeding, especially regarding the breasts' changes during breastfeeding. Professionals reported that such problems are related to women's feelings, such as the fear that their body may undergo deformities, especially in the breasts. It should be emphasized that women care about weight gain, since they are afraid of not eliminating the weight gained during pregnancy, and that the feeling of not knowing how to deal with the more robust body and with the changes of their breasts generates sadness in the face of the pressures of the beauty patterns demanded by society<sup>(20)</sup>.

Another study on body image of breastfeeding corroborates with the findings, highlighting that the body changes experienced by breastfeeding women can generate anguish due to their new image, since the body, which was previously independent and desired, undergoes transformations that can challenge





their self-image and bring a feeling of having lost a perfect body. Moreover, in Western culture, the female body, especially the breast, is a part that, when stimulated, has an important role in her sexual arousal, and is still characterized as a feature that sexually attracts men, a fact that can justify the concern that women have with the look of their breasts<sup>(21,22)</sup>.

On the other hand, the research has identified that there are women who do not breastfeed simply because they do not like it and have made the decision not to breastfeed. A study on motherhood and breastfeeding, identity, body, and gender highlights several ways to experience motherhood. Some women experience motherhood in breastfeeding; other women prefer not to breastfeed, even if they commit to their role as a mother, and some opt for adoption with or without breastfeeding. Finally, some women do not like any of these forms<sup>(23)</sup>.

A limiting factor was the return of mothers to work, which acts as a hindrance in the duration of exclusive breastfeeding practice since the period of maternity leave is exiguous for most breastfeeding women. Authors report that social vulnerability causes many women to have fragile work bonds and return early to their activities to maintain their family's livelihood<sup>(24)</sup>.

Several authors consider work a challenge for the continuity of breastfeeding. In that sense, it is important to observe some aspects, such as the type of work those women perform, guarantee of labor rights, time away from the baby, support network, guidance on the continuity of breastfeeding and on the strategies for when they

need to be apart from the child for a long time. It is noteworthy that ineffective and outdated guidance by the health team that provides prenatal care may be related to early weaning<sup>(25,26)</sup>.

Other studies corroborate this statement and emphasize that mothers who breastfeed and return to work need a structured support network so that the child can be moved to their mother's workplace to be breastfed at the law-ensured breastfeeding breaks, and that these mothers rely on people to feed pumped breast milk to their babies at home to ensure continuity of human breastfeeding<sup>(8,27,28)</sup>.

However, although professionals can perform numerous actions to guide breastfeeding women regarding the factors that impact breastfeeding, the even greater challenge is supporting the nursing working woman, and reflect with her upon the various elements that interrelate with her work, such as lack of commitment of employers to human breastfeeding, dissemination of food products and milk formulas in place of human milk influenced by the media, and precarious work. Given this scenario, it is necessary to look at the challenges faced by the family health team in implementing breastfeeding promotion, protection, and support policies. The Policy for Promotion, Protection and Support to Breastfeeding, among other objectives, aims to help vulnerable and disadvantaged individuals and social groups receive comprehensive attention, according to their needs and condition of life, to ensure the principle of equity<sup>(8)</sup>.



## FINAL CONSIDERATIONS

This study allowed the analysis of the perception of professionals of the Family Health Team about factors that influence breastfeeding. The professionals noticed and pointed out difficult factors such as the early offer of human milk substitutes, the negative influence of support networks, the difficulty in proper baby latch and positioning, and the difficulties in reconciling breastfeeding and returning to work. Some factors can be improved with strategies to qualify the guidelines provided in puerperal pregnancy care, and others need political investment to guarantee the rights of women who breastfeed and need to return to work. Therefore, greater investment in guidance and counseling activities must be made to promote, support, and encourage breastfeeding, especially shared activities with greater involvement of the women's support network and with the leaders of their territory. The promotion of workshops for implementing the Ministry of Health's breastfeeding and nutrition strategies (*Estratégia Amamenta e Alimenta Brasil*), aimed at intensifying support, protection, and breastfeeding promotion actions in all PHC units of the studied region.

A limitation of this study was the research conducted with professionals in only six Family Health Units within the PHC – SUS of the state of Bahia. Therefore, we suggest new studies be carried out in other FHUs, as well as in other services that care for women in the pregnancy-puerperal cycle. Likewise, other studies are needed to identify obstacles to breastfeeding

continuity and factors that can reverberate in early weaning.

Despite this limitation, the study reached the proposed objective, because it brought results that corroborate with other research, and provides subsidies in its results for the elaboration of management strategies for better implementation of policies in favor of qualification of the Health Care of Women and Children in the gravidic-puerperal cycle in the Network of Maternal and Child Care, especially strengthening the promotion, protection and support to breastfeeding.

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### Declaration of conflict of interest

Nothing to declare.

### Authors' contributions

Maria Cristina - responsible for the idealization, construction of the reference, collection and writing of the manuscript (all stages)

Rafaela Freitas - co-responsible for writing the manuscript, searching for material for discussion and organizing it into the journal's structure.

Mônica Melo - Final review of the manuscript

Gilvânia Paixão - guided all stages of the work, from the idealization to the choice of the journal.

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