

# SOCIAL NETWORKS THAT SUPPORT WOMEN DURING BREASTFEEDING

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**ABSTRACT:** This was an integrative literature review, with the aim to describe the social networks that support women during breastfeeding. The search took place in January 2014 with the following inclusion criteria: articles written in Portuguese, English and Spanish, published from 2004 to 2013, available on the Latin American and Caribbean Health Sciences Literature and Medical Literature Analysis and Retrieval System on-line databases, using the "social conditions, social support, breastfeeding and family" descriptors. Twenty-three articles in Portuguese and three in English were found. After analysis, three categories were defined: family support; support from health professionals and social support. In conclusion, partners, grandmothers and female figures (sisters, aunts) were the women's most cited social agents. Health professionals form an important support network for continuing breastfeeding.

**DESCRIPTORS:** Breastfeeding; Social support; Social conditions; Family.

## REDES SOCIAIS QUE APOIAM A MULHER DURANTE A AMAMENTAÇÃO

**RESUMO:** Trata-se de uma revisão integrativa da literatura com objetivo de descrever as redes sociais que apoiam a mulher durante a amamentação. A busca ocorreu no mês de Janeiro de 2014 com os critérios de inclusão: artigos em português, inglês e espanhol, publicadas de 2004 a 2013, disponíveis nas bases Literatura Latino-Americana e do Caribe em Ciências da Saúde e Medical Literature Analysis and Retrieval System on-line, a partir dos descritores "condição social, apoio social, aleitamento materno e família". Encontraram-se 23 artigos em Português e três em Inglês. Após a análise definiu-se três categorias: apoio familiar; apoio dos profissionais de saúde e apoio social. Concluiu-se que o companheiro, as avós e as figuras femininas (irmãs, tias), foram os agentes sociais mais citadas pelas mulheres. Os profissionais de saúde formam uma rede de apoio importante na continuidade da amamentação.

**DESCRIPTORIOS:** Aleitamento materno; Apoio social; Condição social; Família.

## REDES SOCIALES QUE APOYAN LA MUJER DURANTE EL AMAMANTAMIENTO

**RESUMEN:** Esta es una revisión integrativa de la literatura con objetivo de describir las redes sociales que apoyan la mujer durante el amamantamiento. La búsqueda ocurrió en el mes de enero de 2014 con criterios de inclusión: artículos en portugués, inglés y español, publicados de 2004 a 2013, disponibles en las bases Literatura Latinoamericana y del Caribe en Ciencias de la Salud y Medical Literature Analysis and Retrieval System on-line, por medio de los descriptores "condición social, apoyo social, amamantamiento materno y familia". Fueron encontrados 23 artículos en portugués y tres en inglés. Del análisis, resultaron tres categorías: apoyo familiar; apoyo de los profesionales de salud y apoyo social. Se concluye que el compañero, las abuelas y las figuras femeninas (hermanas, tías) fueron los agentes sociales más citados por las mujeres. Los profesionales de salud forman una red de apoyo importante en la continuidad del amamantamiento.

**DESCRIPTORIOS:** Amamantamiento materno; Apoyo social; Condición social; Familia.

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## INTRODUCTION

Exclusive breastfeeding is recommended until the sixth month of life and as a complement up to two years of age or more<sup>(1)</sup>. However, less than 40% of children in developed countries are exclusively breastfed until the sixth month<sup>(2)</sup>. While recognizing all the advantages in the act of breastfeeding, there is still a high rate of early weaning, this shows that in practice breastfeeding is not an instinctive or automatic act, but it is an action that is based on subjectivity and on the experience of nursing mothers, who are influenced by their social network<sup>(3-5)</sup>.

Breastfeeding depends on living and working conditions, the moment experienced by the woman, of past experience, cultural trajectory and an understanding of society and especially support from the family, the social network and healthcare professionals<sup>(6-7)</sup>.

Knowing the social network in which the nursing mother is included is of great importance, so that one can identify the most influential individuals and understand the interaction of these people with the woman in the breastfeeding process. The main influences that may affect women at this stage are from family, friends, neighbors and healthcare professionals, and they may be both positive and negative<sup>(8-11)</sup>.

The nursing mother, amid the changes occurring in the postpartum period, becomes sensitive to external influences in relation to care for the child and breastfeeding<sup>(3,6)</sup>. Family members are responsible for the largest share in the interference in the woman's breastfeeding process, with grandparents, partners and female figures cited as the most supportive in this process<sup>(11-14)</sup>. Family support is considered essential for the beginning and the continuation of the act of breastfeeding<sup>(11)</sup>.

Moreover, the continued support of healthcare professionals, through embracement in health facilities, participation in support groups and home visits (including family members, friends and neighbors) during breastfeeding is very important, because these are determining factors for better adherence of the women<sup>(15-17)</sup>. In relationships among nursing mothers and healthcare professionals, it is possible to observe a degree of empathy and complicity, thus establishing a bond of security and support<sup>(11)</sup>.

Faced with these issues, the aim of this study was to describe the social networks that support women during breastfeeding.

## METHODOLOGY

This was an integrative literature review, guided by the following question: Which social networks support women during breastfeeding? The search in the scientific literature took place in January 2014, and it used the following inclusion criteria: articles written in Portuguese, English and Spanish, published from 2004 to 2013, available on the Latin American and Caribbean Health Sciences Literature (LILACS) and the Medical Literature Analysis and Retrieval System on-line (MEDLINE) databases. Exclusion criteria were: editorials; letters to the editor; monographs; theses and conference or scientific event abstracts, and literature review articles.

To carry out the research, the following Medical Subject Headings (MeSH) were used: "Social conditions", "social support", "breastfeeding" and "family". Due to the large quantity of articles found, we chose to work with the crossing of every two descriptors for the selection of the articles studied. The searches were carried out independently by two researchers. The first study selection was based on the analysis of titles and abstracts, and in case of doubt reading the full text of the publications. It is worth mentioning that, in situations of disagreement, these were resolved by consensus between the two researchers. A total of 957 articles were found in the two databases, and after reading the abstracts and applying the inclusion and exclusion criteria, the sample was made of 26 articles.

## RESULTS

The articles selected are shown in Table 1, according to the year, country, type of study and database. Of the 26 articles, 23 were obtained from the LILACS and three from the MEDLINE database, with 88.46% being written in Portuguese, and 11.53% in English. As regards the year of publication, many of them are recent (65.38%), as they

were published from 2009 onwards, whereas only 34.62% of the articles have a publication date between 2004 and 2008. Most studies (88.46%) were published in Brazil, and as regards the methodological approach, 61.53% were qualitative.

After analyzing the articles studied, three categories were defined for discussion: category I – family support (73.07% of the articles selected); category II – support from healthcare professionals (61.53% of the articles) and category III – social support (34.61% of the articles).

Table 1 – Distribution of articles according to year, country, type of study and database. Vitória-ES-Brazil, 2014

Year	Country	Type of study	Database
2013	Brazil	Sectional study	LILACS
2013	Brazil	Descriptive study with a qualitative approach	LILACS
2013	Brazil	Descriptive study with a qualitative approach	LILACS
2012	Brazil	Descriptive study with a qualitative approach	LILACS
2011	Brazil	Descriptive study with a qualitative approach	LILACS
2011	Brazil	Study with a qualitative approach	LILACS
2011	Brazil	Descriptive study	LILACS
2010	Brazil	Nonrandomized research study	LILACS
2010	Brazil	Qualitative study	LILACS
2010	Brazil	Study with a qualitative approach	LILACS
2009	Brazil	Descriptive exploratory study	LILACS
2009	Brazil	Descriptive study with a qualitative approach.	LILACS
2009	Brazil	Study with a qualitative approach	LILACS
2009	Brazil	Descriptive-exploratory retrospective study	LILACS
2009	Brazil	Descriptive, exploratory and qualitative study.	LILACS
2009	Brazil	Qualitative study	LILACS
2009	Brazil	Descriptive-qualitative study	LILACS
2008	Brazil	Cohort study.	LILACS
2008	Brazil	Qualitative exploratory study	LILACS
2005	Brazil	Qualitative study	LILACS
2005	Brazil	Quantitative and qualitative study	LILACS
2005	France	Prospective clinical trial	MEDLINE
2005	Scotland	Longitudinal Study	MEDLINE
2004	Brazil	Study with a qualitative approach	LILACS
2004	Holland	Prospective clinical trial	MEDLINE
2004	Brazil	Descriptive study with a qualitative approach.	LILACS

## DISCUSSION

### Category I – Family support

In this category, all of the women's relatives who gave support throughout the process of breastfeeding and care of the baby were included. Support was mainly found from the partner, the postpartum woman's mother and female relatives.

The presence of family members is considered

extremely important for women who are experiencing the breastfeeding process, as this demonstrates an act of affection and provides help to the nursing mother. This support makes the woman feel more secure and confident to breastfeed her child<sup>(18-21)</sup>. Greater family support is associated with a bigger chance of exclusive breastfeeding for a longer period<sup>(7)</sup>.

The female figure is cited as the main group that supports and assists the mother during breastfeeding, especially older women that for a

period of their lives also had this experience<sup>(3,19,22)</sup>. Grandmothers, aunts, sisters were the most cited in the studies<sup>(3,13,18-19,23)</sup>.

Maternal grandmothers are considered one of the main support providers to the postpartum mother during the breastfeeding period. Some of them also cite the importance of breast milk as a major reason for their daughters and granddaughters breastfeeding: it protects the child, promotes emotional bond with the mother, and helps the baby's development<sup>(13)</sup>.

Breastfeeding was cited by the women of the families as a very important process due to the various benefits provided for both the baby and the mother, such as: it is a way to prevent diseases, it helps with baby teeth, it reduces the risk of women developing breast cancer<sup>(3)</sup>.

Among the women who most need support, it is noteworthy that adolescent mothers need a lot of support, because they are easily influenced by older people who breastfed or not, and who also end up transmitting various taboos and myths from their time, for example that milk can be "weak" and that it may not be enough to feed the baby, which end up leading to early weaning. In this sense, the adolescents consider: encouragement, insistence, advice, the right information and family support as fundamental to achieve breastfeeding<sup>(16-17)</sup>.

The partners of the postpartum mothers are considered as indispensable<sup>(4,6,24)</sup>. Women report that, with their participation, breastfeeding becomes more enjoyable, especially when they sit next to them at this very special time<sup>(4)</sup>.

Parents who were breastfed as children supported their wives in breastfeeding their children much more, for they knew about the advantages. Those who were not breastfed or never talked to the family about the subject, had stopped breastfeeding their children early<sup>(6)</sup>. Once breastfeeding is initiated, it is important for parents to establish verbal support and praise for the woman, to ensure this experience is positive<sup>(24)</sup>.

The involvement of the husband giving his love, affection, kindness and happiness to the wife is essential in the breastfeeding process. In addition, much is believed that this father care is also concerned with the appreciation of gender equality, having a harmonious relationship with one's partner and being part of an economic

system that allows to support the family<sup>(25)</sup>.

Nursing mothers often mention family support, not only in the act of breastfeeding, but also in helping with the housework, care for the baby, with the other children, in material and financial assistance, and emotional support<sup>(5,10,12,15)</sup>. Some activities that the women mentioned where they needed help were: cleaning the house, bathing the children, taking care of the baby's navel, washing clothes and making food. In addition, they reported the importance of a family member in difficult times of breastfeeding, such as: the appearance of cracks, nipple trauma, mastitis and breast engorgement<sup>(5)</sup>.

Women report that breastfeeding often involves: insecurity, distress, anxiety, tiredness, worry, especially the multiple roles played by them. Some mothers gave up breastfeeding because they needed to get back to work, others due to the lack of support from their families, some felt irritated and annoyed at the time of breastfeeding and could not explain why they had this feeling<sup>(5)</sup>.

The study shows that women in the breastfeeding process need family support, but this is not determinant, since it found that 87% of mothers supported by the family were discharged during exclusive breastfeeding, whereas 75% had no support and also left during exclusive breastfeeding, thus, it means that the breastfeeding process for the woman requires much more than just family support<sup>(14)</sup>.

## **Category II: Support from healthcare professionals**

Healthcare professionals were often cited in support of women in the breastfeeding process, with the most referenced being: physicians, nurses and healthcare agents.

The groups of pregnant women conducted at health units were well accepted by pregnant women because, during the group time, they received professional guidance on breastfeeding, clarified doubts and felt calm, supported and excited during these meetings<sup>(4,26)</sup>.

Support groups encourage nursing mothers to breastfeed and this contributes to the reduction of early weaning<sup>(11,27,20)</sup>. A study conducted in São Paulo found that women who did not

participate in the breastfeeding incentive program had a higher occurrence of early weaning than those who participated<sup>(27)</sup>. Other research also conducted in São Paulo showed the importance of a support group for breastfeeding in the community, created by the residents and the healthcare unit staff. Mothers reported that the group meant support, friendship, companionship, and embracement of health professionals, and that without it many would give up breastfeeding in the first days postpartum<sup>(11)</sup>.

Regarding consultations with physicians, some women decided to breastfeed after the first visit, as they reported not knowing how to breastfeed and the professional taught them and clarified their doubts, thus making them feel capable<sup>(4)</sup>. The postpartum women reported that support from healthcare professionals was essential for the initiation and maintenance of breastfeeding<sup>(17,28)</sup>. In addition, preventive visits to clinics are considered essential by physicians for continued support during breastfeeding<sup>(29)</sup>.

The home visits made by nurses and nursing students were revealed as something that mothers were in need of at that moment so they could breastfeed and the support of professionals in the postpartum period, besides helping in the breastfeeding process, also helped in self-care<sup>(21)</sup>.

Healthcare workers and nurses, according to the adolescents, were the main professionals who helped in the breastfeeding process. These nursing mothers reported having acquired a lot of knowledge from the professionals, such as: benefits of breastfeeding for the prevention of diseases and child growth and development. They cited having acquired this information in prenatal consultations, in lectures and posters displayed at the healthcare unit. Moreover, they reported that, without prenatal consultations, educational and home visits made by community workers, most teenagers would give up breastfeeding<sup>(18)</sup>.

The main support from healthcare professionals cited by the postpartum women was in the form of advice, guidance and information on maternal breastfeeding. The questions most addressed by professionals were related to myths ("breast milk is weak") and that exclusive breastfeeding should be maintained until the child is six months old<sup>(12)</sup>. Some reported the importance of professional support after delivery, help from nurses to breastfeed, to teach them how to massage the

breasts before breastfeeding, and the correct way to hold the baby so that it does not hurt the breasts<sup>(24)</sup>.

The main activities developed by the professionals were: health education and direct assistance in caring for the baby, by helping to correct the way of holding the baby in the first feedings and during routine visits<sup>(17)</sup>.

The first few days of breastfeeding are extremely important to its effectiveness, because it is a period of learning for the mother and the newborn. In addition, it is this time when health professionals, especially nurses and community agents, need to support and encourage the mother to establish breastfeeding, because of the emergence of the great difficulties for success<sup>(18)</sup>.

Problems with nipple pain/cracks, breast enlargement, and inverted and flat nipples are commonly found in the first postpartum days and that is when the mothers reported the need for support from health professionals, who should guide and support nursing mothers so that they can experience breastfeeding effectively and smoothly<sup>(5,18)</sup>.

Postpartum is considered a sensitive time and requires attention and care from the healthcare team<sup>(5,22)</sup>. Some women reported insensibility faced with pain during breastfeeding to the professionals<sup>(5)</sup> and said they felt alone due to low proximity of the professionals who assisted them in healthcare services<sup>(19)</sup>.

Studies have shown the importance of educational activities, carried out by healthcare teams, in the lives of women who are experiencing breastfeeding. The postpartum women reported that education actions helped them to guide, encourage, teach, and clarify their doubts about breastfeeding<sup>(22,26)</sup>. Similarly, the counseling room at the healthcare unit gives the opportunity for guidance, clarification and support<sup>(26)</sup>. In addition, these educational activities should be developed in households, schools, healthcare units and also by the media, such as in soap operas, which should show the importance of breastfeeding.

The study shows that early consultation (two weeks postpartum) with primary care physicians increased the breastfeeding rate and that a short training program to train physicians can contribute to improve breastfeeding results<sup>(29)</sup>. Only one study reported a program that supports breastfeeding and which is not effective, and found that it needed to reassess the professional

categories involved; the number and duration of contacts, especially in the first weeks after birth, and place greater emphasis on health counseling as a means of prevention rather than giving emphasis on breastfeeding problems<sup>(23)</sup>.

### **Category III: Social support**

Included in this category is the support from the people living with the puerperal woman and those who are not family members, such as: friends, neighbors, father of the child who does not live with her, co-workers and others.

Some women mentioned their neighbor as the main support, as the person who helped with the baby during breastfeeding<sup>(19)</sup>. The support that mothers express is not just related to the act of breastfeeding, other reasons that led women to seek help from their friends and neighbors were also revealed, such as: material support, help with housework, and help to take care of the child. Relying on friends and neighbors for these activities was essential so that the women could breastfeed their children at home during the first months postpartum<sup>(7,10)</sup>.

The support of friends and neighbors is essential for the establishment and continuation of breastfeeding; it makes the women feel more secure and confident to care for their child<sup>(5,8)</sup>.

Mothers of pre-term infants feel even more insecure in the care of their babies and reported their self-esteem as being low at that time, therefore the support from the social network becomes more important for these women to not give up on breastfeeding<sup>(8)</sup>.

Postpartum women often do not have family nearby and this causes them to seek help and support through bonds with friends and neighbors. This emphasizes the importance of the social support network in the postpartum period, which, in addition to helping in the breastfeeding process, techniques and complications, also helps women regarding their fears, anxieties and in adapting to their new role of being a mother<sup>(21)</sup>.

The knowledge and maternal experiences of friends and neighbors are passed on as advice and examples, with speeches sometimes in favor sometimes against breastfeeding. This knowledge, which comes from common sense, is permeated with myths and taboos (such as that milk can

be weak and not enough to feed the child, or that breastfeeding makes the woman weaker), which can determine whether to proceed with breastfeeding or not<sup>(22)</sup>.

The support of the social network is also important in maintaining mental health and coping with stressful situations, such as transition phase after the baby's birth. Studies show that one third of the women in the postpartum period may suffer from postpartum depression and that makes breastfeeding an even more difficult act. Some nursing mothers need to stop breastfeeding due to treatment with medication incompatible with breastfeeding<sup>(5)</sup>.

Mothers who worked introduced other milk before six months due to the need to return to their professional activities. These women reported that society does not support women who work and breastfeed, moreover, they feel pressured in the workplace by management hindering their actions for the maintenance of breastfeeding<sup>(25)</sup>.

Religion has also been referred to as support in breastfeeding, nursing mothers reported that they felt more patient, and that it helped in spiritual support (a feeling of lightness). Meetings related to various subjects including breastfeeding and baby care were also held, and it made them more confident and secure. Some mentioned that as a result of the help received by the church, through the missionary, there was also an increase in their milk production<sup>(4)</sup>.

### **CONCLUSION**

As a result of this study, it can be said that family, social and health professional support is essential in the life of nursing mothers during the breastfeeding process.

Partners, grandmothers and female figures (sisters, aunts) were the most cited and main social agents.

Family and social support is also related to help with household chores, in the care of the baby, with other children, the support material, and financial and emotional support. Women who do not have close relatives mainly count on help from neighbors at this very complex time for them, especially the various roles played in this period.

Health professionals should support nursing mothers especially in the first days and weeks

postpartum, as it is during this period that difficulties arise. The results show that health professionals are an important support network in continuing breastfeeding, however, there are still reports of insensitivity to pain and to the difficulties faced by women reflecting on breastfeeding rates.

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