ORIGINAL ARTICLE

REVISTA ENFERMAGEM ATUAL IN DERME

PERCEPTIONS OF PRIMARY CARE PROFESSIONALS ON THE PRACTICE OF BREASFEEDING: A QUALITATIVE STUDY

PERCEPÇÕES DE PROFISSIONAIS DA ATENÇÃO PRIMÁRIA SOBRE A PRÁTICA DA AMAMENTAÇÃO: ESTUDO QUALITATIVO

PERCEPCIONES DE LOS PROFESIONALES DE ATENCIÓN PRIMARIA SOBRE LA PRÁCTICA DE LA LACTANCIA MATERNA: UN ESTUDIO CUALITATIVO

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ABSTRACT
Objective: To identify the perceptions of primary health care professionals regarding the maternal biopsychosocial aspects that influence breastfeeding practices. Methods: This is a descriptive, exploratory study with a qualitative approach, conducted with health professionals from 19 Basic Health Units in a city in the Northwest region of Paraná. Data were collected between May and July 2021 through semi-structured, audio-recorded interviews, which were then subjected to content analysis. Results: It was found that professionals recognize that exclusive breastfeeding still presents significant challenges and is influenced by personal factors (age, previous experience, return to work), psychological factors (depression), interpersonal factors (family), and sociocultural factors. Final considerations: By recognizing the factors influencing breastfeeding in their daily work, health professionals can assist in implementing effective actions to promote breastfeeding. Implementing public policies on this topic and providing continuous professional training can contribute to improving care for the mother-baby dyad.
Keywords: Breastfeeding, Primary Health Care, Health Promotion.

RESUMO
Objetivo: Identificar as percepções dos profissionais de saúde da atenção básica sobre os aspectos biopsicossociais maternos que influenciam a prática do aleitamento materno. Métodos: Trata-se de um estudo descritivo e exploratório, com abordagem qualitativa, realizado com profissionais da área da saúde de 19 Unidades Básicas de Saúde de uma cidade localizada na região Noroeste do Paraná. Os dados foram coletados entre maio e julho de 2021, por meio de entrevistas semiestruturadas e audiogravadas, as quais foram submetidos a análise de conteúdo. Resultados: Foi possível identificar que os profissionais reconhecem que a prática do aleitamento materno exclusivo ainda apresenta importantes desafios, e sofre influências pessoais (idade, experiência anterior, retorno ao trabalho), psicológicas (depressão), interpessoais (familiares) e socioculturais. Considerações finais: Ao reconhecerem em seu cotidiano de trabalho os fatores que influenciam a amamentação, os profissionais de saúde podem auxiliar na implementação de ações eficazes para promover o aleitamento materno. Implementar políticas públicas sobre essa temática, e a capacitação contínua dos profissionais, pode contribuir para melhorias assistências ao binômio mãe-bebê.
Palavras-chave: Aleitamento Materno, Atenção Primária à Saúde, Promoção da Saúde.

RESUMEN
Objetivo: Identificar las percepciones de los profesionales de atención primaria de salud sobre los aspectos biopsicosociales maternos que influyen en las prácticas de lactancia materna. Métodos: Se trata de un estudio descriptivo y exploratorio, con abordaje cualitativo, realizado con profesionales de salud que actúan en 19 Unidades Básicas de Salud de un municipio de la región Noroeste de Paraná. Los datos fueron recolectados entre mayo y julio de 2021, mediante entrevistas semiestructuradas y audiograbadas, las cuales fueron sometidas a análisis de contenido. Resultados: Fue posible identificar que los profesionales reconocen que la práctica de la lactancia materna exclusiva aún presenta desafíos importantes, y es influenciada por factores personales (edad, experiencia previa, retorno al trabajo), psicológicos (depresión), interpersonales (familia) y socioculturales. Consideraciones finales: Al reconocer los factores que influyen en la lactancia materna en su trabajo diario, los profesionales de la salud pueden ayudar a implementar acciones efectivas para promover la lactancia materna. La implementación de políticas públicas en esta temática, y la formación continua de profesionales, pueden contribuir a mejorar la asistencia al binomio madre-bebé.
Palabras clave: Lactancia Materna, Atención Primaria de Salud, Promoción de la Salud.

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INTRODUCTION

Breastfeeding (BF) is associated with improved child survival and significant benefits for maternal and child health[1]. Therefore, promoting and supporting early initiation, duration and exclusivity of BF represent a public health issue[2]. However, BF rates in Brazil are below global recommendations.

Therefore, actions that encourage and promote breastfeeding are essential for promoting maternal and child health. In this context, the relationship between health professionals and mothers is of great value, since the guidance provided by professionals can reduce the occurrence of difficulties with breastfeeding during this period, and consequently, reduce the chances of early weaning3. Therefore, professionals' awareness of the intrinsic factors associated with early interruption of breastfeeding and modifiable risk factors are essential in planning care[4-5].

Health promotion is a fundamental approach to improving quality of life, encompassing interventions that aim not only to prevent diseases, but also to strengthen individual and collective health. In this context, the Theoretical Health Promotion Model (MTPS) stands out as an essential tool for health professionals, as it guides the understanding of the different dimensions that affect health behaviors. By focusing on biopsychosocial factors, the model provides a holistic approach, allowing for a more effective and personalized intervention[6].

From this perspective, the MTPS allows health professionals to understand the factors that can influence health behaviors. By highlighting the biopsychosocial factors of the MTPS, it is possible to take a holistic approach to the individual's health behaviors, and thus develop actions aimed at promoting healthy lifestyles, in addition to supporting the creation of goals and care plans[6].

Considering this reference, the perception of health professionals about the practice of BF among mothers attended at the Basic Health Unit (UBS) where they work, as well as the identification of barriers that can be intervened, favors the implementation of support actions, in addition to more effective action with pregnant women and nursing mothers. Therefore, this study aims to identify the perceptions of primary care health professionals about the biopsychosocial and sociocultural aspects that influence the practice of breastfeeding.

METHODS

This is a descriptive, exploratory study with a qualitative approach, conducted in a municipality in the northwestern region of the state of Paraná, Brazil. It is grounded in the first component of the MTPS - "individual characteristics and experiences" which is subdivided into two aspects: prior behavior and personal factors (encompassing biological, psychological, and sociocultural factors).

Data were collected between May and July 2021 through semi-structured interviews,

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conducted either online or in person with professionals working in the municipality's 19 Basic Health Units (UBS). The established inclusion criteria were: providing care to pregnant women, postpartum women, or children under two years of age, and having worked in the service for at least six months. A total of 71 professionals were deemed eligible to participate; 18 were excluded for failing to meet the pre-established criteria.

Initial contact with participants was made by telephone. The formal invitation to participate in the study was sent by the researcher via email or WhatsApp. Upon agreeing to participate, individuals were instructed to complete a data collection form using Google Forms®, which included the Informed Consent Form. Access to the form was granted only after the participant registered their consent to take part in the study.

Subsequently, interviews were scheduled and conducted via Google Meet®. With the participant's authorization, the interview was recorded using Open Broadcaster Software® (OBS Studio). This data collection technique was adopted due to the COVID-19 pandemic, aiming to avoid direct contact between the researcher and health professionals. However, the majority of participants did not comply with this request, necessitating in-person interviews.

The interviews took place in a private room within the Basic Health Unit; they were audio-recorded following participant consent and lasted an average of 25 minutes. All interviews were conducted by the first author, who had no prior relationship with the study participants. Following full transcription, the interviews underwent thematic analysis as proposed by Minayo[7]. Initially, the transcribed material was read with the study's objectives in mind; subsequently, the information was categorized through grouping and association. Finally, the data were organized and interpreted.

All prevailing ethical guidelines were observed throughout the study. The project was approved by the Research Ethics Committee of the signatory institution (Opinion No. 4.611.345/2021). All participants signed and/or expressed their agreement with the Informed Consent Form. To ensure anonymity, excerpts from their statements are identified by the abbreviation of their professional category, followed by an Arabic numeral indicating the order in which the interview was conducted.

RESULTS

Of the 53 professionals participating in the study (one obstetrician, three pediatricians, three general practitioners, 16 nurses, and 30 nursing technicians), 26 reported never having taken a course on breastfeeding. Two categories emerged from the analysis of the interviews, as described below.

Professionals' perceptions regarding the dietary practices of children receiving care at the Basic Health Unit (UBS)

Several professionals reported observing that breast milk is the primary food offered to babies, especially during the first months of life.

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> Around here, most are actually breastfed receiving breast milk; it's the majority only the occasional one comes in using a bottle. (Nursing Tech-1)

> At least with the recent pregnant women (now nursing mothers) I've been seeing, it's been exclusive breastfeeding. We do end up establishing breastfeeding. There is weight loss noted at the first appointment, but there hasn't been any mixed feeding at least not with the last few I recall. (Nurse-8)

Other professionals, however, reported that the use of infant formula and even carton milk is very common, including among children under six months of age.

> Oh, unfortunately, it's still formula. It has decreased a bit compared to cow's milk because before, the amount of cow's milk being used before six months of age was just outrageous. (Pediatrician-2)

> Formula right from the very beginning. And in my area, it's often cow's milk actual milk, the kind in cartons, you know? They don't have the money to buy formula, so they just give them carton milk. (Nurse-1)

Personal factors influencing breastfeeding practices

Certain personal characteristics require greater attention and support regarding breastfeeding. In this regard, first-time mothers stood out:

> There are mothers first-time moms, you know whose milk hasn't come in yet... they're desperate; we have to take extra care with them. (Nurse-9)

> With their first child, they're a bit lost... if it's their first time, I provide a lot more guidance [...] (Nursing Tech-30)

Furthermore, adolescent girls especially those from low socioeconomic backgrounds were also mentioned:

> Yeah, teenage mothers very young. There are mothers here who are 13, 14, 15... (TecEnf-23)

Other characteristics were also mentioned, as noted in the pediatrician's remarks:

> For mothers who show more difficulties such as first-time mothers, mothers of premature babies, very young or older mothers, or those who had children a long time ago we devote more time; I ask them to breastfeed in front of me to assess the latch and positioning [...] (Pediatrician 1)

Professionals even realize that this level of attention is not necessary in cases of previous positive experiences.

> We have mothers who have four children and breastfed all of them until they were one or two years old... With a mother like that, we feel more at ease [...] (Nurse-9)

> [...] and when she already has a child, I ask, "Did you breastfeed your child?" and she says, "Oh yes, I did; I always have plenty of milk" [...] you give guidance, but you don't worry as much, you know. (Nursing Tech-30)

The professionals also referred to the physiology of lactation, given that a delay in lactogenesis II (the onset of copious milk secretion) can trigger insecurity regarding the ability to breastfeed.

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> I notice that some of them [...] have trouble with breastfeeding the physiological aspect [...] and end up introducing complementary foods; but the vast majority manage to succeed; after the first few days, they get the hang of it, and the baby gets used to it too. (Nursing Technician 9)

> It takes a while for the milk to come in; they get nervous, and the psychological aspect plays a role [...] the milk doesn't flow properly at first; it really starts coming in well around ten days postpartum. (Gynecologist 1)

The psychological aspect, particularly regarding the experience of motherhood, is another perceived personal factor that can positively or negatively influence the breastfeeding process:

> Postpartum depression. And then there's the family grandmothers, for instance weighing in with their opinions, which makes breastfeeding difficult. (Gynecologist 1)

> It's an emotional issue. They get very nervous and anxious, and there are all sorts of surrounding problems social issues that can sometimes cause their milk supply to drop. It keeps decreasing until, eventually, they really lose interest in continuing. (Nurse 1)

In this regard, with the aim of encouraging the continuation of breastfeeding, professionals emphasize the need to demonstrate to the woman who has recently given birth that breastfeeding is effective:

> [...] I always make a point of praising the child's weight gain and the benefits involved; I show it on the chart [...] to encourage them because it needs to be something they can actually see for it to have a better effect, right? (Pediatrician-1)

Sociocultural factors, such as acculturation and socioeconomic status, have also been identified as influencing breastfeeding. The need for the mother to return to work is the primary reason for the discontinuation of exclusive breastfeeding (EBF) and even breastfeeding itself before the age of six months.

> It's a hardworking population, so they really try—but only up to four or five months, at most... once the four-month mark hits, they have to go back to work. They combine breastfeeding with formula or store expressed milk [...] (Nurse-8)

> They are very young mothers, and life goes on; they need to earn a living and have to leave very early for work. There was one young mother here who left her baby when the child was just 40 days old and went back to work in recycling. Many work as day laborers, others in companies, and some in waste collection or recycling. So, there is that whole socioeconomic factor involved. (Nursing Tech-23)

In this regard, they acknowledge certain work-related issues that hinder breastfeeding practices, such as the distance from the nursing mothers' homes and the lack of daycare centers near the workplace.

> [...] she can breastfeed in the morning, and if she comes home for lunch, she can do so then as well. They are entitled to half an hour in the morning and half an hour in the afternoon time they can deduct from their daily work hours to get home earlier but they often don't use this because the commute is sometimes long, making it difficult. (Clinician-1)

> We advise them that they can express milk and feed it to the baby using a

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> small cup. For those who return to work early, we explain that they have the right to come home during that time; however, many use daycare centers that are far away, which makes it harder, so we encourage breastfeeding during lunch breaks and in the evening. (Nurse-9)

However, when women reside in rural areas, the professionals' perception changes:

> Since this is a district a rural area people here have a very rural lifestyle [...] I believe the people living on these small farms take the culture of breastfeeding more seriously; most of the mothers here are homemakers they rarely work outside the home. So, they tend to breastfeed quite a lot. (Nurse-2)

In turn, they highlighted the influence of cultural factors on a woman's decision to want to breastfeed and even be able to do so.

> They don't want to breastfeed because they say their breasts will sag that they'll become flabby. (TecEnf-15)

> Some don't want to breastfeed because they say their breasts will sag! They're just young girls; they think their breasts will end up sagging and won't look good. (TecEnf-24)

And the belief that the milk is weak and not sustaining the child.

> "The milk is weak" everyone agrees on that, right? (laughs) "Oh no, he's nursing all the time; my milk is weak." It's like a stock phrase. (Pediatrician-2)

> It's that culture of "Oh, your milk is weak," or "Just give him cow's milk my kids grew up on it, so why wouldn't the grandchild?" (Nurse-15)

Participants' accounts demonstrate that various factors can influence the practice of breastfeeding. Mothers' past experiences, as well as economic, cultural, and even emotional issues, have a significant impact on breastfeeding, hindering adherence to exclusive breastfeeding and the continuation of breastfeeding, especially during the first months of life.

DISCUSSION

Participants perceive that, in their field of practice, the practice of breastfeeding during the first months of life is influenced by economic, cultural, and biological/physiological factors, as well as by personal or family experiences with breastfeeding. According to the MTPS, individuals possess unique characteristics and experiences that affect subsequent decisions[7]. Thus, past behavior indirectly influences health-promoting behavior, whether through individual perceptions of self-efficacy, barriers, or benefits.

These findings corroborate those described by Peres et al.[8], who identified from the perspective of primary care professionals the influence of biopsychosociocultural factors on breastfeeding. In this way, the present study highlights, based on professionals' accounts, how maternal characteristics, past experiences, working conditions, cultural beliefs, and emotional aspects are perceived in the daily routine of Basic Health Units (UBS), while also revealing weaknesses related to training and the organization of work processes.

In this regard, women with positive experiences have a greater chance of success in subsequent pregnancies[9], and multiparous women tend to breastfeed exclusively for longer

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periods compared to primiparous women[10]. Also regarding biological factors, participants perceive that maternal age and the anatomical-physiological changes associated with the pregnancy and postpartum periods lead to difficulties in the breastfeeding process, particularly at the beginning. A study conducted in Spain with primary care midwives indicated that breast problems can cause discomfort such as pain and irritation which discourages the continuation of breastfeeding[11].

Another important factor concerns maternal age, as professionals perceive that young age negatively influences breastfeeding. A study on factors contributing to the continuation of breastfeeding up to 12 months identified that older women tend to breastfeed for longer periods; this may be related to greater emotional stability and experience with other children[12]. Despite this, adolescent mothers participating in a study conducted in Acre reported receiving little or no guidance regarding breastfeeding practices and/or the potential problems they might encounter. The difficulties they reported experiencing incorrect latch, nipple fissures, pain during breastfeeding, and the baby's rejection of the breast underscore the need for educational initiatives and the importance of support from healthcare professionals when caring for adolescent mothers[13].

Regarding psychological aspects, and in line with the proposed framework, participants acknowledge that given the woman's vulnerability during the postpartum period, family pressure to breastfeed without considering the difficulties experienced at this time can be discouraging[9], compromise her emotional state, and consequently diminish her desire to breastfeed.

It is worth noting that many women encounter difficulties with breastfeeding, particularly because it is a complex process influenced by numerous factors and especially in the early stages can be a painful and challenging experience. In this context, a study conducted in Indonesia highlights the importance and psychological benefits of maternal satisfaction with the breastfeeding experience[14].

Within the MTPS framework, health promotion is characterized as a behavior stemming from the desire to improve health status[6]. Accordingly, some professionals reported using concrete incentives to promote breastfeeding, such as demonstrating its benefits for the infant, particularly regarding adequate weight gain.

However, it is known that predominantly theoretical and informational interventions can lead to frustration for women during breastfeeding. Therefore, professionals should employ strategies that foster and maintain high levels of maternal self-efficacy, thereby boosting postpartum self-confidence and reducing the risk of early weaning[15]. Furthermore, they need to find ways to make information more accessible and engaging. One possible alternative is participating in and managing breastfeeding support groups on Facebook[16].

The results of this study regarding professionals' perceptions of limitations in the

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support provided to breastfeeding women align with literature highlighting weaknesses in professionals' theoretical and practical knowledge, as well as gaps in training, skills, and the organization of work processes related to breastfeeding support[17]. Thus, even when women receive guidance on breastfeeding during prenatal care, such advice may not sufficiently address the needs they experience particularly regarding proper breastfeeding management as questions about the practice often persist[18-19].

These results reinforce the idea that an effective health promotion model must go beyond one-off or purely informational guidance. It is necessary to invest in continuous educational practices that foster dialogue and are adapted to women's sociocultural contexts, acknowledging individual differences and the social determinants that shape the breastfeeding experience. Professional practice must be grounded in bonds of trust and active listening, elements essential for ensuring women feel supported and secure when facing the challenges of breastfeeding. In this regard, health promotion, integrated with the longitudinal nature of primary care, should be viewed as a central pillar for strengthening breastfeeding and delivering comprehensive, humanized, and sustainable care.

Regarding sociocultural factors, a mother's return to work was identified as the primary reason for the discontinuation of exclusive breastfeeding before the six-month mark. This perception among professionals mirrors findings from a study conducted with primary care staff in a municipality in western Paraná. Population-based studies also identify the return to work as a factor associated with the cessation of breastfeeding in Rio Grande do Sul[20]. These results highlight the need for primary care professionals especially those working in underserved areas to pay closer attention to women in these communities; low socioeconomic status may correlate with lower levels of formal education and knowledge, which, combined with the need to return to work early, tends to hinder breastfeeding practices.

Current labor laws in the country grant women 120 days of maternity leave, as well as breaks during the workday to breastfeed their children[21]. However, professionals acknowledge the existence of barriers preventing mothers from exercising these rights, such as the distance between home and the workplace, the lack of daycare centers and appropriate spaces for expressing milk at companies, long work shifts, and difficulty obtaining permission to breastfeed.

Furthermore, professionals working in rural areas observe that, unlike mothers living in urban centers, rural women breastfeed exclusively for longer periods. It is possible that not engaging in work outside the home allows them to dedicate more time to the baby's care and feeding. Additionally, the environment is perceived as more supportive, and breastfeeding is viewed as a natural and customary way to feed the baby[10].

This study identifies that beliefs regarding milk quality and bodily changesspecifically concerning the breasts are

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negatively associated with breastfeeding, particularly among younger women. This perception was also found among nurses and midwives participating in a study conducted in Ghana, where they reported being influenced primarily by comments from people close to them and from social media[22].

According to the MTPS, the sociocultural context in which an individual lives can directly influence health promotion efforts[6]. Thus, guidance provided during prenatal care and the postpartum period can foster maternal self-efficacy and minimize common breastfeeding challenges[14].

However, the need to train health professionals cannot be overlooked; they must be able to perform their duties while taking into account the multiple biopsychosocial factors that affect breastfeeding practices whether through their initial professional education or via training programs provided by management. Study limitations include the exclusion of community health agents as participants, given their more direct contact with the population. Nevertheless, the data remain valid, as they provide greater insight into how professionals perceive this practice in their daily work.

CONSIDERATIONS

Healthcare professionals recognize that the practice of exclusive breastfeeding (EBF) still presents significant challenges, influenced by personal, psychological, interpersonal, and sociocultural factors. The MTPS emerges as a key strategy for identifying breastfeeding-related practices, enabling a situational assessment and the development of concrete strategies to promote breastfeeding.

In this regard, the importance of training primary healthcare professionals on breastfeeding is underscored, ensuring they can promote the practice more effectively. Meanwhile, professionals can use the MTPS as a tool to develop shared care plans that actively involve the mother in the process.

Based on this study, future research is recommended to include the perspectives of the women themselves particularly in rural areas and vulnerable urban settings in order to identify more effective support strategies.

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