

## PROMOTION OF BREASTFEEDING IN PRENATAL CARE: THE DISCOURSE OF PREGNANT WOMEN AND HEALTH PROFESSIONALS

PROMOÇÃO DO ALEITAMENTO MATERNO NO PRÉ-NATAL: DISCURSO DAS GESTANTES E DOS PROFISSIONAIS DE SAÚDE

PROMOCIÓN DE LA LACTANCIA MATERNA EN LA ATENCIÓN PRENATAL: DISCURSO DE LAS MUJERES EMBARAZADAS Y DE LOS PROFESIONALES DE LA SALUD

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### ABSTRACT

**Objective:** to analyze the discourse of pregnant women and health professionals about the guidelines to promote breastfeeding provided during prenatal care in the primary health care network. **Method:** qualitative, exploratory-descriptive research. Data were collection from March to July 2015 through semi-structured interviews with eleven pregnant women and eight health professionals from the city of Florianópolis – Santa Catarina. The data were analyzed based on the Discourse of the Collective Subject. **Results:** The analysis of the data gave rise to three collective discourses: Promotion of breastfeeding in prenatal care, guidelines on breastfeeding only in the puerperium, and other sources of information on breastfeeding. Among the guidelines provided during prenatal care are those related to breastfeeding, the advantages of breastfeeding and the importance of exclusive breastfeeding until the sixth month of life. **Conclusion:** The absence of guidelines on management of breastfeeding was noticeable. The pregnant women said they used digital media and support networks to search for Information. Strategies with active methodologies and use of social networks during prenatal care are needed to promote breastfeeding, ensure maternal safety, and increase prevalence rates for breastfeeding in the municipality. **Keywords:** Breast Feeding; Prenatal Care; Health Personnel; Pregnant Women.

### RESUMO

**Objetivo:** analisar o discurso de gestantes e profissionais de saúde sobre as orientações acerca do aleitamento materno fornecidas durante o pré-natal na rede básica de saúde. **Método:** pesquisa qualitativa, exploratório-descritiva. A coleta de dados foi realizada de março a julho de 2015, por meio de entrevistas semiestruturada com 11 gestantes e oito profissionais de saúde do município de Florianópolis – Santa Catarina. Os dados foram analisados a partir do discurso do sujeito coletivo. **Resultados:** a análise dos dados deu origem a três discursos coletivos: promoção do aleitamento materno no pré-natal, orientações sobre aleitamento materno somente no puerpério e outras fontes de informação sobre aleitamento materno. Entre as orientações fornecidas durante o pré-natal destacam-se aquelas relativas ao preparo das mamas, vantagens da amamentação e importância do aleitamento materno exclusivo até o sexto mês de vida. **Conclusão:** percebeu-se a ausência de orientações sobre manejo da amamentação. As gestantes indicam a busca por informações na mídia digital e nas redes de apoio. São necessárias estratégias com metodologias ativas e uso de redes sociais durante o pré-natal a fim de fomentar a promoção do aleitamento materno, garantir a segurança materna e alavancar as taxas prevalência de aleitamento materno no município. **Palavras-chave:** Aleitamento Materno; Cuidado Pré-Natal; Pessoal de Saúde; Gestantes.

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## RESUMEN

**Objetivo:** analizar el discurso de mujeres embarazadas y de profesionales de la salud sobre las orientaciones acerca de la lactancia materna en la atención prenatal del sistema básico de salud. **Método:** investigación cualitativa, exploratoria-descriptiva. La recogida de datos fue llevada a cabo de marzo a julio de 2015, a través de entrevistas semi estructuradas a once mujeres embarazadas y ocho profesionales de la salud del municipio de Florianópolis – Santa Catarina. Los datos fueron analizados por el discurso del sujeto colectivo. **Resultados:** el análisis de datos dio lugar a tres discursos colectivos: promoción de la lactancia materna en la atención prenatal, orientaciones sobre la lactancia materna sólo en el puerperio y otras fuentes de información sobre la lactancia materna. Entre las orientaciones en el prenatal se destacan aquellas relativas a la preparación de las mamas, a los beneficios de la lactancia y a la importancia de la lactancia materna exclusiva hasta el sexto mes de vida. **Conclusión:** Se percibió la ausencia de orientaciones sobre el manejo de la lactancia. Las mujeres embarazadas apuntan a la búsqueda de información en los medios digitales y en las redes de apoyo. Se necesitan estrategias con metodologías activas y el uso de las redes sociales en la atención prenatal para fomentar la promoción de la lactancia materna, garantizar la seguridad materna y aumentar las tasas de prevalencia de dicha lactancia en el municipio. **Palabras clave:** Lactancia Materna; Atención Prenatal; Personal de Salud; Mujeres Embarazadas.

## INTRODUCTION

Breastfeeding is a practice that brings innumerable advantages to mothers and their newborns, with a high impact in the reduction of infant morbimortality. Breast milk is able to supply all the nutritional needs of children during the first six months of life and acts as an important mechanism of protection against various types of infections and the emergence of allergic diseases. In later stages of life, the practice of breastfeeding also brings benefits, acting as a protective factor against the risk of developing cardiovascular diseases and obesity.<sup>1</sup>

In Brazil, initiatives to encourage and support breastfeeding have had positive effects, with a considerable increase in prevalence rates and duration of breastfeeding. However, despite these advances, the observed values are still considered low, especially the rate of exclusive breastfeeding which remains below that expected in most Brazilian municipalities.<sup>2,3</sup>

Health professionals play a key role in modifying this reality by providing information since prenatal care as well as emotional support and guidance from a practical point of view, enabling women to develop self-confidence in their ability to breastfeed, learn how to overcome difficulties and experience success with breastfeeding in the immediate postpartum period.<sup>4</sup>

Guidelines on breastfeeding require a differentiated approach in the case primiparous women. They need information about the breastfeeding process because the different feelings experienced during pregnancy may interfere with the challenge of exclusive breastfeeding. Another aspect, primiparous women do not have positive or negative experiences regarding breastfeeding. Therefore, the information received during prenatal care may profoundly influence their desire to breastfeed.<sup>5</sup>

In this sense, a longitudinal study on the practice of exclusive breastfeeding and the reasons for weaning performed with 87 mother-infant dyads, showed the association between the low prevalence of exclusive breastfeeding and high rates of early weaning with the lack of breastfeeding guidelines during gestational period and difficulties to breastfeed manifested by the mothers.<sup>6</sup>

Another cross-sectional study carried out with 504 children under two years old and their mothers living in two municipalities in the Northeast region of Brazil, showed the importance and positive effects of prenatal care on the maintenance and duration of lactation by mothers who received this care during pregnancy, especially those who started prenatal care early and had six or more visits.<sup>7</sup>

An exploratory, descriptive, cross-sectional study with 60 pregnant women awaiting prenatal care in the health services of Cuiabá – MT showed that they were aware of the importance of breastfeeding and the main advantages of this practice, but with regard to the problems associated to breastfeeding and their treatment and prevention, most respondents were not able to answer correctly.<sup>8</sup>

In the context of primary care, prenatal care is a unique moment to stimulate breastfeeding. Professionals need not only technical skills to provide guidelines on the importance, management and possible interferences during breastfeeding but also an expanded view of the pregnant women's socio-cultural, emotional and family context, helping them to overcome their insecurities/difficulties and recognizing them as the main agents in the lactation process.<sup>2,9</sup>

Considering the importance of promoting breastfeeding during gestation and the importance of prenatal care as a tool to consolidate this practice, it was decided to develop an investigation in the primary health care network of the city of Florianópolis. The reason is that the authors noticed, at some moments, flaws in relation to educational activities focused on breastfeeding, especially during prenatal care. Difficulties experienced by the women during the beginning of the lactation process were also perceived in the moments of interaction with the puerperal in the rooming-in, in the maternities of the municipality investigated. The main doubts and difficulties revolved around the initial management of the breastfeeding process, leading to a reflection on possible gaps in prenatal care.

Thus, the present study aims to analyze the discourse of pregnant women and health professionals about the guidelines

on breastfeeding provided during prenatal care in the primary health network.

## METHOD

A qualitative, exploratory, descriptive study was carried out with 11 pregnant women attended in the obstetric screening of a public hospital and with 8 health professionals working in the primary care of the city of Florianópolis. The city has four sanitary districts (Center, Continent, North and South) and 50 basic health units located in the continental and insular regions of the municipality that make up the basic health care network in Florianópolis. It is also worth noting that in the municipality, basic health care works in accordance with the Family Health Strategy (FHS) model, with family health teams responsible for monitoring and coordinating the care of the population of their territories. The network has its own protocol for prenatal care based on Brazilian ministerial guidelines. During the prenatal period, medical and nursing professionals share the care of the women during pregnancy, alternating the responsibility for the consultations, which are guided by the principles of the humanization of care.<sup>10</sup> It is not common to organize groups of pregnant women in the health units of the municipality in question. The choice of the hospital was due to the emphasis this hospital gives to humanized care for women and newborns, and because it was understood that women seeking screening were usually already at the end of gestation, what indicates that they had already received the guidelines regarding breastfeeding.

Criteria for inclusion of pregnant women were: to be in the third trimester of pregnancy, to have performed at least six prenatal consultations in the primary health care network of Florianópolis and to be a primiparous woman, in order to avoid bias of previous experiences. Women under the age of 18 years, those who had some contraindication to breastfeeding and those who needed urgent care (according to risk classification) were excluded from the study. Health professionals were selected from the four basic health units, where a greater number of women participating in the study were followed up during pregnancy. Professionals who were working for at least six months in the unit were included and those who were on vacation or on leave in the period of data collection were excluded.

Data collection was carried out during the months of March to July 2015 through individual semi-structured interviews. Individual interviews with the pregnant women were performed in a reserved room in the maternity ward, respecting their conditions and their labor period. It should be noted that not all women were in labor, no interviewee was in the active phase of labor, and there was no negative effects in the interviews caused by the progress of labor. Two women refused to participate in the study due to discomfort caused by the

labor process. A previously prepared script was used in the interviews, containing in the initial part data related to the socioeconomic profile/characterization of the pregnant women and in the second part questions to identify the guidelines on breastfeeding that they had received during prenatal care.

The interviews with professionals were carried out in the health units, in the free intervals between the agendas of the professionals, trying not to interfere in their work routine. These interviews followed a previously established script also containing information for characterization of the participants and questions addressing guidelines provided to pregnant women about breastfeeding.

Interviews lasted from 5 to 15 minutes. The criterion that guided the selection of the sample was data saturation. Data collected were recorded with the consent of the informants and later transcribed verbatim. For the purposes of identification of participants and guarantee of anonymity, they were identified by acronyms followed by a number that corresponded to the order of the interviews, such as: W1, W2, W3 (...) for pregnant women and P1, P2, P3 (...) for health professionals.

Data analysis was based on the method of Discourse of the Collective Subject (DCS), consisting of key expressions (KEs), central ideas (CI) and anchoring, with the purpose of clarifying a social representation and building a synthesis discourse that represented the collective thinking.<sup>11</sup>

Data obtained in the interviews with pregnant women and professionals were transcribed by the researchers and a quick reading was first carried out, searching for the main fragments that characterized the discourses of the subjects. Then, a three-column frame was constructed, the first one containing the raw data (the transcription of the speeches of the research subjects in their entirety) and the underlined KEs; the second had the synthesis of CIs contained in the KEs; and finally, in the third column, the anchors formed from the like CIs. The DCSs of the pregnant women and health professionals were built upon the set of CIs and their respective KEs. Then, data were compared to each other and a critical and reflexive analysis of the results was carried out with the support of the literature.

The research respected the formal requirements contained in national and international regulations for research involving human beings; the participants signed the Informed Consent Term. Project approved in the Ethics Committee under C.A.E.40470314.3.0000.0114 and opinion nº. 975.830.

## RESULTS

### CHARACTERIZATION OF PARTICIPANTS

The 11 pregnant women participating in the study were aged between 19 and 36 years. All were primiparous women,

were in the third trimester of gestation, and had attended between six and 12 prenatal consultations. With respect to marital status, three of them were married, four were common-law married, and four were single. Regarding the educational level, three had complete higher education, one had incomplete higher education, six had complete secondary education, and one had complete primary education. As for profession, the answers were diversified, and only one of the women was unemployed. All the participants affirmed that they did not attend groups of pregnant women.

As for the health professionals interviewed, five were nurses and three physicians, all female. Ages ranged from 28 to 58 years. The time working in the unit ranged from six months to six years, and there was one professional who had been working in the city's public network for a longer period (totaling eight years). All professionals affirmed that they had received information about breastfeeding during undergraduate training and five of them reported having participated in some training on the topic; four participated sporadically in groups of pregnant women developed by other professionals of the unit, by members of the community and by higher education institutions with headquarters in the municipality (outreach projects); and five professionals had performed only prenatal consultations. All reported providing guidance on breastfeeding during prenatal care, but three professionals stated that they provide only part of the guidelines, since guidelines on breastfeeding management are provided only during the puerperium.

The anchoring that gave rise to the DCS of pregnant women and professionals were: guidelines provided by nurses about breastfeeding during prenatal care; guidelines on breastfeeding only in the puerperium; other sources of information on breastfeeding.

### GUIDELINES PROVIDED BY NURSES ABOUT BREASTFEEDING DURING PRENATAL CARE

In the discourse of the pregnant women, it was possible to identify that six (54.5%) had received guidelines on breastfeeding during prenatal care, and five (45.5%) had not. However, it was noticed in the discourse of these women who claimed to have received the information that, when addressing specific issues such as positions, latch onto the breast, manual milking and continuous provision, they did not know how to answer. Nurses are the professionals who pass more information about breastfeeding to women in prenatal care.

DCS Pregnant women:

*I received it during routine consultations. The group of pregnant women, I did not go. Since the beginning, she [the health professional] explained everything to me. How*

*the breast had to be prepared for this: sunbathing, the bra type, avoiding sponges. They asked if I intended to breast-feed and they talked about the benefits: that for the baby is good, because it will acquire antibodies; for the mother's recovery is also good, the uterus returns to the place more quickly; it brings my baby closer to me and I will have more self-esteem; the practicality too, because milk supplies all the needs of the baby. It is not advised to give other foods or other milk until six months. I found it important to know that up to six months breast milk is all he needs, but that breastfeeding can continue up to two years of age; it is still good for the baby. I feel more confident to breastfeed (W1, W2, W4, W6, W11).*

DCS Professionals:

*Since the first consultation we already work with the preparation of breasts. We make the breast examination and guide on the care of the breast throughout pregnancy, what it should and should not be done: we tell her to expose the breast to the sun, to strengthen the nipple and to prevent cracks; to avoid passing other product; and to seek care if she notices any changes. And then, in the consultations of the last trimester, we reinforce the importance and advantages of breastfeeding for both mother and baby. The question of uterine involution when there is early breastfeeding; breast cancer itself, the issue of prevention through breastfeeding; the cost issue, which is much more economical; the issue of hygiene, because she will not have to wash the bottle, the breast is portable; the issue of mother and baby bonding through breastfeeding; and how breast milk is rich in antibodies and nutrients for the baby, who will have less predisposition to have diseases in the future, especially overweight; and that it is not necessary to give anything but breast milk in the first six months. And then we always ask if she has any further questions, always first listening to them and then guiding on the questions they bring (P1, P2, P3, P4, P5, P6, P7, P8).*

### GUIDELINES ON BREASTFEEDING ONLY IN THE PUERPERIUM

The discourse of some pregnant women revealed that prenatal consultations are directed to routine procedures to evaluate the progress of pregnancy, without addressing breastfeeding and its importance for newborns and for women. Pregnant women expect this information to come from health professionals and they do not ask about the preparation of the breasts, the handling, positions, and advantages of breastfeeding.

DCS Pregnant women:

*In prenatal care, nothing was said about breastfeeding. I'd just come in and had the consultation. They measured the baby's heart beats, pressure and I would go away; they did not say anything else. The physician in the unit is a little more objective; he only does routine exams, but he does not speak much. But the nurses who attended me even talked to me, but in this part of breastfeeding they did not. It may also be a mistake on my part because I have not asked so much, right? But I wish they had the initiative, more than me. Everyone knows it is important, but what breastfeeding really is, we do not have a notion, much more because this is my first baby. I think all information is welcome, about the milking, the handle, the positions, a little information about every topic, I think it would help, to know how to handle. I have no experience in anything. So I get a lot insecure with everything, right? When to give the breast, how to do it. Now we feel it would be very important; in the end you have this concern. And by the prenatal guidelines, I do not feel prepared. **If it depended on the prenatal guidance** [emphasis is ours], I think I would not even breastfeed. But after I have the baby, I imagine that they will give me some guidance (W1, W2, W3, W5, W7, W8, W9, W10).*

In their speeches, the professionals emphasize that they have the habit to approach breastfeeding in the puerperium because in this period the women are with the newborn, and it is possible to observe the feeding. Their speeches reveal a superficial guidance about breastfeeding during the gestation by some professionals, prioritizing the guidance in puerperal consultations.

DCS Professionals:

*Nowadays it's more in the puerperium. Usually it's more related to what they ask. And general doubts come up in the first postpartum consultation. That is the part that they have more doubts, they need more guidance. About latching and handling, we even give a little guidance, like this, but it does not work because it lacks the practice. In the puerperium, the baby is present in the consultation, we already evaluate the latch, we already teach manual milking, we guide everything there; it's easier. And the guidelines end up more in the nurses' hands (P3, P7, P8).*

## OTHER SOURCES OF INFORMATION ON BREASTFEEDING

An important finding in the discourse was the report of search for knowledge about breastfeeding in other sources of information beyond the guidelines addressed during prenatal care in primary health care services, especially in the case

of pregnant women who perceive the lack guidelines during prenatal care.

DCS Pregnant women:

*We see because we search. I went after information, I read, I went seeking information. Most of the things I researched on the internet, I went to see some videos. I watch some TV shows. We also learn with our mother-in-law, mother, friends who have experience and who tell us. It was very useful, but if a professional passed these guidelines, it would be better (W1, W2, W3, W7, W8, W10).*

DCS Professionals:

*We sometimes forget this aspect. We think we're the only source of information. Although they are already looking for it, they already come with the information. Nowadays with the internet they search for several things there. So, I like to emphasize the most important points during the consultation, and then, if they bring me this demand, I will discuss it, I ask them what they have read, to know if it is coherent or not. I also give some material for them to read, and also incentive them to talk with other mothers who are breastfeeding, with the professionals of the unit or maternity. But it is not a very common practice, we end up trying to clarify right here in consultation (P1, P2, P3, P4, P5, P6, P7, P8).*

## DISCUSSION

The discourses of the pregnant women and health professionals showed that the breastfeeding guidelines are part of prenatal care in the primary health care network of Florianópolis. All the interviewed professionals mentioned in their statements the provision of such information. However, some pregnant women claimed that they had received no guidance on breastfeeding, and others although believing that they had received guidance on the subject, gave incorrect answers regarding the understanding of certain information during prenatal care, especially those related to the management of breastfeeding.

A study carried out with 50 mothers hospitalized in a maternity hospital in the city of Rio de Janeiro obtained a similar result regarding the perception of the women about the receipt of guidelines during the prenatal period regarding the practice of breastfeeding. In the mentioned study, 42% of the interviewees considered having received the guidelines during the gestational follow-up, while 58% denied receiving such information, and among the latter, the majority missed the guidelines not provided during prenatal care when they encountered doubts and difficulties regarding postnatal breastfeeding.<sup>12</sup>

Research shows that prenatal care is the most opportune moment for the development of educative actions for pregnant women aimed at the promotion of breastfeeding and the success of this practice. The choice of the woman to breastfeed occurs, most of the times, even during gestation. In this sense, guidelines and encouragement for breastfeeding during prenatal care contribute positively to the mother's decision to initiate and maintain breastfeeding.<sup>13,14</sup> Early prenatal care, a high number of consultations and provision of breastfeeding guidelines have positive influences on the duration and exclusivity of breastfeeding.<sup>15</sup> This assumption was also confirmed in an investigation of the factors related to early weaning performed with mothers and newborns of one the city of Spain, where prenatal education was highlighted as an important protective factor for breastfeeding.<sup>16</sup>

The discourses of pregnant women and professionals are similar in terms of content covered during prenatal consultations that include guidelines on: preparing and evaluating the breasts, advantages of breastfeeding, and the importance of its exclusivity. This may confirm the assimilation by pregnant women of the information transmitted by health professionals. However, in these discourses, the absence of some essential breastfeeding guidelines, including management, is considered of extreme importance in the prevention of possible breast complications and guarantee of the success of such practice.

Although there have currently been many campaigns and studies on breastfeeding, the fragility of involving professionals in this essential care for human growth and development is still evident. In general, women feel helpless and lonely during gestation. The lack of support and embracement in the health service to meet the anxieties and fears of pregnant women highlights the need to reflect and rebuild the way of assisting women in this phase of life, starting this process from the training of health professionals.<sup>5</sup>

It is emphasized in the speeches that the provision of guidelines on breastfeeding during prenatal care occurred predominantly during gestational follow-up visits. Many pregnant women said not having participated in health education groups during pregnancy, the great majority of them due to the lack of time because their employment.

A cross-sectional study with 1,029 mothers of infants less than six months old in basic units in Rio de Janeiro found that the participation of these women in the breastfeeding support groups offered by basic health services increased the prevalence of breastfeeding by 14%, and that the provision of individual guidelines in consultations was not associated with positive results of prevalence of exclusive breastfeeding.<sup>17</sup>

Considering the high rates of early weaning found in Brazil, and in contrast to the evident importance of breastfeeding not only for the mother-child binomial, but also for the family, society and the state, more studies are needed to explain this in-

adequate situation in the different realities of the country and that can contribute with the urgent changes.

The findings of this study highlight the need for new strategies to be developed in the context of prenatal care in Florianópolis, in order to achieve better prevalence rates of breastfeeding in the municipality. As an example of successful experiences, we can mention group educational activities with use of active methodologies and the use of social networks.

Based on the analysis of the speeches presented, health professionals perceived the desire to breastfeed on part of the pregnant women, besides their doubts and previous knowledge on the subject, being taken into consideration and used as starting point for the guidelines. In this sense, it is important to highlight the role of health professionals, especially nursing professionals, in support, encouragement and guidance on breastfeeding, considering that this professional category is involved in prenatal, childbirth and puerperium actions.<sup>18</sup>

Effective support for breastfeeding and humanized prenatal care calls for dialogue and an attempt to understand the maternal desire to breastfeed, without impositions and judgments. In this sense, assistance practices to encourage breastfeeding should allow women to express their expectations and desires, considering it as the core of the breastfeeding process and an autonomous individual before her body and her desire.<sup>13</sup>

This "embracement" of the maternal desire and the valorization of their autonomy can bring to the women a feeling of confidence and self-capacity in the role of being women, mothers and milk producers. This could be observed in the discourse of the majority of the pregnant women, who despite the absence of some guidelines, including management of breastfeeding, were motivated for the beginning of the practice of breastfeeding.

Some pregnant women did not receive guidelines on breastfeeding during prenatal consultations which was in line with the discourses of professionals who suggest that breastfeeding should be addressed in the puerperium. Studies have revealed that the pregnant women did not receive prenatal breastfeeding guidelines, with a variable percentage between 42.4 and 53%.<sup>19-21</sup> The promotion of breastfeeding started in prenatal care allows pregnant women to feel secure and confident to breastfeed.<sup>21</sup>

Another strategy promoting breastfeeding is educational activities in group. In this line, guidelines need to be linked to the reality of pregnant women and puerperal women, valuing the knowledge of the participants and using methodological approaches that stimulate autonomy, protagonism and co-responsibility for health care.<sup>9</sup>

As reported in the discourse of the pregnant women, the internet is a strong influence as a means of searching for information about breastfeeding. The opinions of other women who have passed through the experience of breastfeeding and

who are the network of support of the pregnant women were also sources of information and reference on the subject.

The act of breastfeeding is influenced by cultural and family aspects. It is a teaching and learning process between generations, supported by mothers, mothers-in-law, grandmothers and sisters who have experienced breastfeeding and are seen as motivating examples in the experience of this process.<sup>22,23</sup> Thus, promotion of breastfeeding must take place in an expanded way, if possible involving the women's support network since the beginning of the prenatal period, recognizing and valuing the knowledge that women acquired through their interactions with relatives/friends, establishing a dialogical relationship that allows the reflection and expansion of this knowledge and the strengthening of this support network for the postpartum period.

Another issue concerns the fact that through the internet, women easily acquire diverse sets of information, acting as an important means for promoting health and breastfeeding.<sup>25</sup> The internet is currently one of the main sources of health information; however, it is important to pay attention to the truthfulness of the information found there, thus avoiding risks and possible damages to users who consult health information by this means.<sup>26</sup>

Health professionals providing prenatal care, in order to promote the practice of breastfeeding, should include the offer of safe sources of information about the subject, without, however, exempting themselves from their other duties in the promotion of breastfeeding.

However, when health professionals are questioned about seeking advice on breastfeeding in other sources of information, it is noted in the full speech that this is not a very frequent practice. They themselves acknowledge the influence of the Internet on the knowledge about breastfeeding that pregnant women bring to prenatal consultations, but they prefer to guide and clarify the doubts of pregnant women during their consultations or to indicate that they seek other professionals of their own health unit or maternity unit.

Based on this discussion about the use of digital media as a source of information on breastfeeding by pregnant women, and in view of the technological era in which society lives, it is up to health professionals to be attentive to the information gathered by these women, so as to detect access to erroneous and misleading information on the subject. Moreover, it is necessary to point safe sources of knowledge to this population, ensuring quality prenatal care that promotes the practice of breastfeeding.

## CONCLUSION

When we analyze the discourse of pregnant women and health professionals, we can infer that there was coherence regarding breastfeeding guidelines during prenatal care. Among the main guidelines provided during prenatal care are prepara-

tions of breasts, and the advantages and importance of exclusive breastfeeding. In contrast, we noted the absence of some important guidelines to be addressed during pregnancy, especially those related to breastfeeding management.

Therefore, despite the innumerable initiatives, programs and research created in support of breastfeeding, there are still gaps that need to be filled by health professionals during prenatal care in the basic health care network of Florianópolis and also on the part of managers when it comes to the formulation of continuing education policies that stimulate the transformation of the existing practices in order to improve the prevalence rates of breastfeeding and exclusive breastfeeding in the municipality.

It is important to emphasize that health professionals recognize the importance of inserting pregnant women's support networks in prenatal care and that they continue during the puerperium. Professionals must also provide guidance on safe sources of information, given the digital times in which we live and the influence that the media can have on the practice of breastfeeding. Groups of pregnant women can be health education strategies to help building the support network and strengthening the information received during prenatal care. However, this space needs to be dialogic, reflective and participatory, including not only the pregnant women, but also their companions.

As limitations of this study, the rate of exclusive breastfeeding and/or early weaning of children of women who did not receive prenatal guidance were not assessed, neither was possible to generalize the results of this investigation because data represents a local reality.

We suggest that new studies be conducted aiming to identify the difficulties encountered by professionals to exchange knowledge about breastfeeding during prenatal care. We hope that this research contribute to foster prenatal health promotion actions based on the needs of pregnant women, and also that this research collaborate with the protection, promotion and support of breastfeeding and generate positive impacts on the prevalence of breastfeeding in the city of Florianópolis and, perhaps, in the country.

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