

Meanings of breastfeeding for nursing mothers during and after social isolation in the Covid-19 pandemic

Significados da amamentação por nutrizes durante e após o isolamento social na pandemia da Covid-19

Significados de la lactancia materna para las madres que amamantaron durante y después del aislamiento social en la pandemia de Covid-19

Rebeca Paes Barreto Ponce de Leão Vasconcelos Amorim¹ ; Camila Fernandes da Silva Carvalho¹ 
Diego Augusto Lopes Oliveira¹ ; Cleide Maria Pontes¹ 

¹Universidade Federal de Pernambuco. Recife, PE, Brazil

ABSTRACT

Objective: to understand the meanings of the breastfeeding experience of nursing mothers during and after social isolation in the Covid-19 pandemic. **Method:** qualitative study, approved by the Research Ethics Committee, carried out between August and November 2021, through semi-structured interviews in a virtual environment, with 14 women who were breastfeeding or who breastfed during the Covid-19 pandemic. The content of the recorded data was processed using Iramuteq® software and discussed in the light of Social Representation Theory and Social Network Theory. **Results:** the meanings attributed by the participants to breastfeeding referred to its protective, nutritional and affective value. The experience of breastfeeding has been influenced by the pandemic, but the mothers expressed the benefits of a closer mother-child relationship. **Conclusion:** breastfeeding is affected by historical, social, cultural and psycho-emotional contexts, which have been influenced by the Covid-19 pandemic. This knowledge helps nurses to plan care and health education.

Descriptors: Nursing; Breast Feeding; COVID-19; Social Representation; Social Networking.

RESUMO

Objetivo: compreender os significados da vivência da amamentação de nutrizes durante e após o isolamento social na pandemia da Covid-19. **Método:** estudo qualitativo, aprovado pelo Comitê de Ética em Pesquisa, realizado entre agosto e novembro de 2021, por meio de entrevistas semiestruturadas em ambiente virtual, com 14 mulheres que estavam amamentando ou que amamentaram no curso pandêmico da Covid-19. O conteúdo dos dados gravados foi processado pelo software Iramuteq® e discutido à luz da Teoria das Representações Sociais e da Teoria das Redes Sociais. **Resultados:** os significados atribuídos pelas participantes sobre o aleitamento materno remeteram ao valor protetivo, nutritivo e afetivo. A vivência da amamentação sofreu influência da pandemia, porém as nutrizes expressaram benefícios frente ao estreitamento na relação mãe-filho. **Conclusão:** a amamentação é transpassada por contextos histórico, social, cultural e psicoemocional, que foram influenciados pela pandemia da Covid-19. Esse conhecimento fornece subsídios ao enfermeiro quanto ao planejamento do cuidado e educação em saúde.

Descritores: Enfermagem; Aleitamento Materno; COVID-19; Representação Social; Rede Social.

RESUMEN

Objetivo: comprender los significados de la experiencia de lactancia materna de las madres que amamantaron durante y después del aislamiento social en la pandemia de Covid-19. **Método:** estudio cualitativo, aprobado por el Comité de Ética en Investigación, entre agosto y noviembre de 2021, mediante entrevistas semiestructuradas en ambiente virtual, a 14 mujeres, con datos registrados procesados por el software Iramuteq® y discutido según la Teoría de las Representaciones Sociales y la Teoría de las Redes Sociales. **Resultados:** los significados se referían al valor protector, nutricional y afectivo. la experiencia de la lactancia materna se vio afectada por la pandemia, pero las madres que amamantaban manifestaron que fue beneficiosa porque fomentó que la relación entre madre e hijo fuera más estrecha. **Conclusión:** la lactancia materna está permeada por los contextos histórico, social, cultural y psicoemocional, que se vieron afectados por la pandemia de Covid-19. Este conocimiento contribuye para que los enfermeros planifiquen la atención y la educación para la salud.

Descriptores: Enfermería; Lactancia Materna; COVID-19; Representación Social; Red Social.

INTRODUCTION

Breastfeeding is a complex phenomenon due to the biological, psychological, emotional, economic, social and cultural factors involved in the daily lives of women and their social networks, with numerous benefits for the health and well-being of the mother, the infant, the family and society^{1,2}.

Social networks, made up of interpersonal relationships and trust between mothers, can positively influence the initiation and establishment of breastfeeding by meeting their specific needs through supportive practices. These networks are capable of offering emotional support (care through emotional bonds), instrumental support (concrete and objective actions), informational support (exchange of knowledge and information), in-person support (the act of being present) and self-support (supporting oneself). Thus, effective social networks help to prolong the supply of breastfeeding in the various scenarios that may arise during its development^{2,3}.

The phenomenon of breastfeeding and the dynamics of the social networks experienced by the mother can be threatened by interference from health crisis scenarios. In 2020, the disease caused by coronavirus type 2 (Covid-19) spread around the world and, within a few months, was declared a global public health emergency by the World Health Organization. In this context, there was a fear of breastfeeding the child so as not to transmit the new virus to the infant⁴.

The recommendation of international organizations was to maintain breastfeeding and skin-to-skin contact between the newborn and the mother, even in suspected or confirmed cases of contamination by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). However, it is important to note that it must be a woman's choice to breastfeed her child, but she also needs to have favorable clinical conditions and use preventive measures, such as wearing a mask and hand hygiene before breastfeeding⁴⁻⁶.

As a result of social distancing measures to reduce the transmission rate of the new coronavirus, there have been changes in the population's lifestyle, especially in relation to social interactions. Many mothers had little contact with their family, friends, neighbors (primary social network) and health professionals (secondary social network), which may have caused difficulties during breastfeeding^{3,7}.

Given these transformations, it is clear that understanding the experiences of nursing mothers with breastfeeding during the Covid-19 pandemic can help professional action in establishing practices guided by scientific evidence and that enable adherence to the practice of breastfeeding and the strengthening of the mother's relationship with her child. Thus, we asked ourselves: what are the meanings attributed by women and/or nursing mothers to breastfeeding experienced during and after social isolation in the Covid-19 pandemic?

The aim of this study was to understand the meanings of the breastfeeding experience of women/nursing mothers during and after social isolation during the Covid-19 pandemic.

METHOD

A descriptive and qualitative study, anchored in the constructs of Social Network Theory³ and Social Representation Theory, which allows us to study the representation that a person has of a certain object in their reality. From this relationship, articulating it with social experiences, meanings emerge for this object⁸.

The participants were 14 nursing mothers from Pernambuco and Minas Gerais. The inclusion criteria were, as follows: being over 18; having easy internet access; breastfeeding or having breastfed during the lockdown period of the Covid-19 pandemic, regardless of the age of the child. Women with suspected and/or confirmed SARS-CoV-2 infection were excluded, as were those who were prevented from breastfeeding due to their own illness and/or that of their children.

The women were recruited using non-probabilistic, convenience, snowball sampling, where the first woman was nominated by one of the members of the research group in which the researchers were taking part⁹. Nominations were made from two participants (seeds): the first participant, a member of the research group of which the researchers are members, and the second, a volunteer who came forward by publicizing the research on the researchers' Instagram® social media. From these seeds, the other indications were made. There were no refusals or losses of participants during the course of the sampling technique.

Data collection took place between August and November 2021, through individual interviews, using the Google Meet® platform, guided by a semi-structured instrument divided into two parts. The first was made up of the following sociodemographic variables: age, marital status, number of children, family income, education, function/occupation, current employment activity (yes/no), obstetric data (number of prenatal consultations, breastfeeding in the first hour of the child's life, perinatal period that received guidance on breastfeeding and which professional carried out the guidance) and data on breastfeeding (type of current breastfeeding, whether breastfeeding was exclusive until the infant was six months old, intention to continue breastfeeding, social network during this period and types of support received). The second part dealt with the guiding question: "What does/has it meant to you to breastfeed your child during the novel coronavirus pandemic?".

Initially, the women were invited by telephone or WhatsApp® to learn about the research, ask for their consent to take part in the study and schedule an interview, and all the nursing mothers approached accepted the invitation. On the agreed day, the participant was informed about the recording of the meeting and provided with the Informed Consent Form, which was read individually by the interviewee or with the support of the interviewer. After the audiovisual consent was recorded, the interview took place in the presence of the participant and one of the authors, an undergraduate nursing student on a scientific initiation scholarship who received prior training and conducted all the interviews in the study.

The interviews lasted a mean of 20 to 30 minutes, were recorded and their content was transcribed in full on the same day as they took place, and then forwarded to the participant's personal e-mail address to validate the veracity of what they said. Initially, a pilot test was carried out with three interviewees, who helped improve the instrument and were not included in the study due to adjustments made to the researchers' approach during the interview. Data saturation¹⁰ was the criterion used to conclude data collection, which was identified after the 13th interview. As a way of confirming the saturation point of the reports, a subsequent interview was carried out which confirmed the finding. All 14 interviews were considered for data analysis.

The participants' characterization was subjected to descriptive statistical analysis, presented by absolute frequency. The data from the interviews was processed in the *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaire* (IRAMUTEQ®) in order to construct the thematic axes. IRAMUTEQ is free software that produces text analyses based on lemmatization, through which words are searched and related by their root, ignoring their verb tense, gender, plural, among other particularities of the words¹¹. For the purposes of this study, we opted for Descending Hierarchical Classification (DHC) and similarity analysis. To this end, the material transcribed from the interviews was prepared and made up the textual *corpus*. The text segments (TS) were classified according to their respective vocabularies, and all of them were broken down based on the frequency of reduced forms (words that have already been lemmatized)¹².

For the analysis, we considered the words that were statistically significant in the initial *corpus* analysis, using the dendrogram and its word classes, as well as the word axes of the similarity tree. After this stage, the TSs in each class were read and their respective themes identified, which were then discussed in the light of the constructs of Social Representation Theory⁸ and Social Network Theory³.

The study was approved by the Research Ethics Committee and complied with all the precepts of Resolution 466/2012 and Official Letter 02/2021 of the National Health Council.

RESULTS

The participants were between 20 and 38 years old, and the majority were married/stable (n=8), had one child (n=9), a family income of <1 minimum wage (n=5; considering the minimum wage to be equal to R\$1,100.00 in 2021), with education ranging from incomplete high school (n=2) to postgraduate studies (n=4). In terms of job/occupation, four were students, two worked informally, five reported various occupations (nursing, physiotherapy, civil engineering, financial consultancy, design) and three were housewives. At the time of the interview, eight were not in employment.

Among the participants, 12 had at least six prenatal consultations and 11 experienced breastfeeding in the first hour of their child's life. In relation to guidance on breastfeeding, 12 said they had received it, of which five received it during prenatal and postnatal care, six only during postnatal care and one only during prenatal care, predominantly from nurses.

At the time of the interview, eight women were complementary breastfeeding their children, three were exclusively breastfeeding, one was mixed breastfeeding and two had already weaned. Among them, 11 breastfed exclusively until the baby was six months old and all those who were still breastfeeding showed that they intended to continue breastfeeding.

The social network of the women interviewed is made up of their mother, father, partner, aunt/uncle, mother-in-law or first-born. One participant who experienced the start of breastfeeding in lockdown relied on the support of friends, family and groups of pregnant women, using cell phone applications (Whatsapp® and Instagram®). Social networks helped 11 of them through emotional, in-person, instrumental and informational support during the breastfeeding period.

The general *corpus* consisted of 14 texts from the interviews, separated into 81 text segments (TS), with 72 TSs (88.89%) being used. 3,389 occurrences emerged (words, forms or terms), 978 of which were distinct words and 582 with a single occurrence. From the DHC dendrogram, it was possible to visualize the words that obtained the highest

percentage in terms of mean frequency between each other and different between them. By using the chi-square test, this dictionary of words enabled the analysis of words with a value greater than 3.84 and $p < 0.0001$.

The *corpus* generated five classes which were divided into two sub-*corpora*: the first consisting of class 5, with 17 TS (22.1%); and the second which was subdivided into two branches, the first consisting of classes 3, with 11 TS (14.7%), and 2, with 19 TS (26.5%), followed by the second, consisting of classes 1, with 13 TS (19.1%), and 4, with 12 TS (17.6%) (Figure 1).

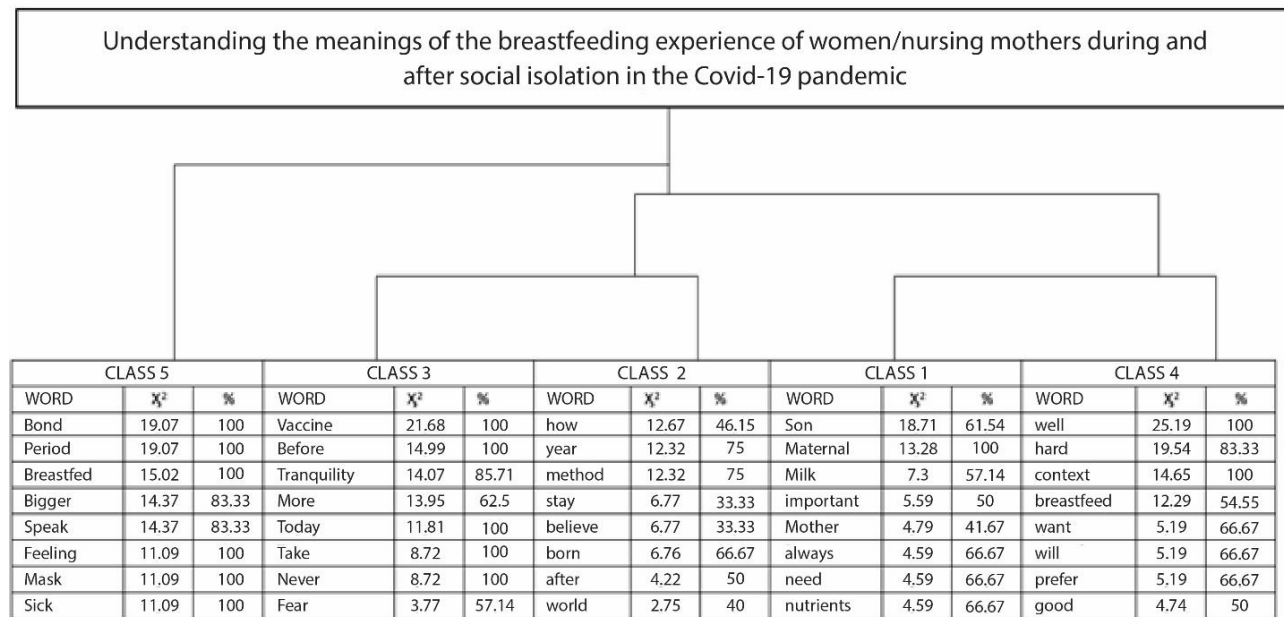


Figure 1: Alternative dendrogram of the classes that emerged from the study interviews. Recife, PE, Brazil, 2021.

By considering the word axes through the similarity tree, the characteristics that allowed an understanding of the relationship that the words had with each other within the *corpus* were observed (Figure 2).

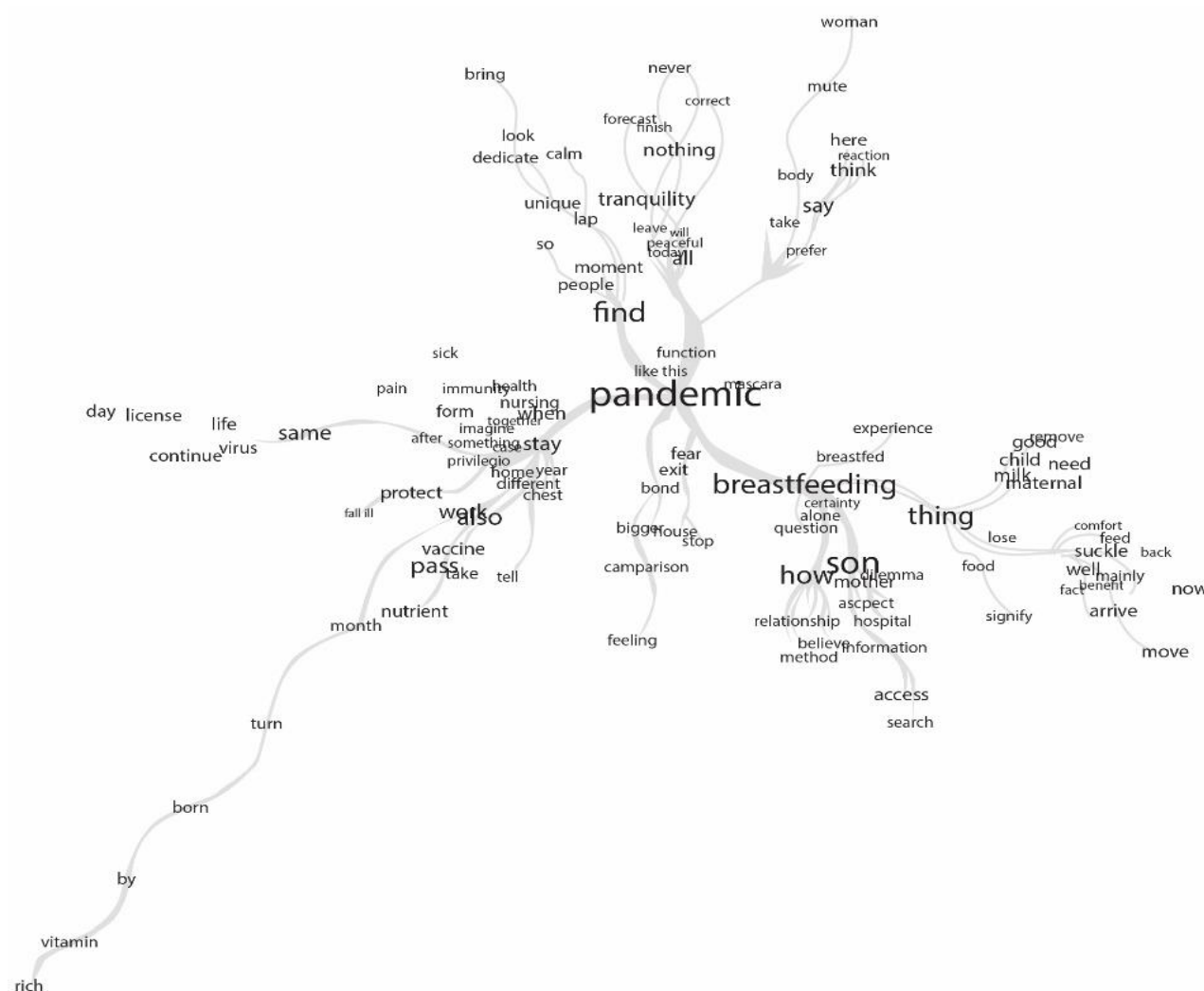


Figure 2: Similarity tree of the interviews in the study. Recife, PE, Brazil, 2021.

The words from the classes in the dendrogram and the axes in the similarity tree were the basis for finding the nuclei of meaning in the speeches, by identifying the connection between the words, helping to identify the representation structure, which culminated in identifying the themes in each class and organizing them into three thematic blocks: Breastfeeding strengthens the child's immunity, including against Covid-19 (classes 3 and 2); Ambiguous meanings about breastfeeding in the pandemic context (classes 1 and 4); and Breastfeeding: nutrition, tranquility, affection and emotion between mother and child (class 5) (Figure 3).

Thematic blocks	Classes	Topics
Breastfeeding as a bond between mother and child during the pandemic	Class 5	<ul style="list-style-type: none"> • Pandemic as a reason to continue breastfeeding. • The pandemic has allowed the mother to dedicate herself exclusively to her child. • Breastfeeding during the pandemic is a huge undertaking, complicated and very difficult. • The pandemic, despite its harmful effects, provided the privilege of more time between mother and child, thus promoting breastfeeding. • Breastfeeding experiences are different in the pandemic context. • Perceptions about breastfeeding are independent of the pandemic context.
Breastfeeding: nutrients and immunization in defense of your child	Classes 3 and 2	<ul style="list-style-type: none"> • Breast milk promotes the strengthening of the infant's immune system through nutrition and immunization. • Breastfeeding is about nourishing and moisturizing the baby. • Breastfeeding is important for the transmission of antibodies against Covid-19. • It means contributing to their child's immunity and, consequently, protecting them. • Breastfeeding ensures the life of both mother and child, but especially the child, due to the many benefits, such as the immunity it provides.
The importance of breastfeeding for mother and child beyond nutrition	Classes 1 and 4	<ul style="list-style-type: none"> • Breastfeeding goes beyond nutrition, it promotes the affective and emotional development of the baby. • Maintaining breastfeeding means peace of mind and comfort for the mother. • It means cultivating positive feelings between mother and baby. • The benefits of breastfeeding are for both mother and child. • Breastfeeding promotes the exchange of affection between mother and child, transmits love and therefore has psychological benefits.

Figure 3: Thematic blocks and class themes, Recife, PE, Brazil, 2021.

Breastfeeding as a bond between mother and child during the pandemic

During the pandemic, the bond and feelings between mother and child were strengthened through breastfeeding. Mothers had more time to devote to their children due to lockdown, social isolation and the suspension of face-to-face activities.

The bond was greater because of breastfeeding, right? Who already has that attachment. And with this pandemic, when we were stuck together, it seems that the bond of affection, love and feeling was even greater. No comparison! (Lactating mother 13)

Because I stayed at home, I was able to breastfeed him for as long as he wanted [...] I didn't have to go to work on the front line... so I had the privilege of being with my son. (Lactating mother 7)

I didn't have to go back to work, so I had exclusive time for my baby. And that made my life a lot easier because I was able to dedicate myself to him for a year, at least the whole past year, solely and exclusively to him. (Lactating mother 9)

Their experiences were changed by the use of masks and the fear of getting sick or transmitting the disease to their children, and the difficulties involved in breastfeeding were exacerbated during the pandemic. On the other hand, some participants pointed out that their representations of breastfeeding had not changed:

It's a very big commitment, because we're going through a lot... maybe if we weren't living through a pandemic, it would be different [...] the way we would experience it [...] the experiences are different because of the context we're in, so I think it's very difficult and I wouldn't judge myself if I couldn't do it and I don't judge those who can't, because it really is quite complicated at the moment we're living in. (Lactating mother 11)

This pandemic has affected everyone... I was scared too, but I faced it. (Lactating mother 12)

Breastfeeding, at least for me, didn't interfere that much, I breastfed just as much. (Nutriz 9)

I didn't see any difference in breastfeeding [...] breastfeeding during the Covid period, just like during my previous daughter's breastfeeding period, there wasn't much difference. (Lactating mother 10)

I noticed a difference when I had to breastfeed my daughter in a mask because I was afraid she'd get flu-like symptoms, so I don't think I had a problem. (Lactating mother 1)

Breastfeeding: nutrients and immunization in defense of your child

Breastfeeding was an act of protection for the child against contamination by the coronavirus, especially by strengthening immunity and nutrition. Mothers who had been vaccinated said they were less afraid and considered that breastfeeding made them feel more at ease because the antibodies in their mother's milk protected their child from Covid-19:

She (her daughter) is in very good health and I'm sure that a lot comes from this, from breastfeeding, which is constant, so she's protected. (Lactating mother 3)

Her health is different, she doesn't get sick... her immunity is higher, even because of the vitamins that the breast has for the child. (Lactating mother 13)

It's the most nutritious food in the world... it has everything she needs to put on weight and stay hydrated. (Lactating mother 5)

It means ensuring our lives, especially his [...] I took the Covid vaccine [...] I was already sending everything to him too... it means saving. (Lactating mother 4)

Milk is good, it strengthens immunity [...] it certainly helps to strengthen immunity. (Nurturer 8)

Because of the pandemic, I was afraid and preferred to keep breastfeeding for longer [...] my discomfort in weaning now is more the fear of her getting sick... because of the pandemic itself [...] because there is no vaccination forecast for her (daughter). (Lactating mother 1)

The importance of breastfeeding for mother and child beyond nutrition

The meanings of breastfeeding are related to the mother's understanding of the importance of this practice as a source of nutrients for the infant. On the other hand, the participants faced difficulties related to the pandemic context in particular, which prevented them from experiencing breastfeeding more calmly. However, they consider that the act of breastfeeding was able to positively influence the psycho-emotional aspects between mother and child during the pandemic.

For us it's very comfortable, very peaceful [...] to be with her breastfeeding and tranquility. (Lactating mother 1)

Breastfeeding for me will help both me psychologically and my daughter... Passing on nutrients to her, seeing that she's happy, seeing her smile at me while I'm breastfeeding. We talk, we interact... and we're very stuck at home, so this is very important, you have a baby in your arms, suckling, looking at you, smiling, with a mouth full of milk. (Lactating mother 6)

Breastfeeding is very beneficial for him, and it's something he can both nurture and be close to. So, if it benefits him, I'll do it. (Lactating mother 7)

It's very important for the bond between mother and baby. It's not just a question of nutrition [...] I know the nutritional importance of breastfeeding, the emotional importance of breastfeeding, the emotional intelligence of my baby, which will interfere with breastfeeding, right? Because it's comfort, because it's also a remedy, because when he cries, when he feels pain, the milk calms him down, the milk relieves the pain [...] And comfort and home. (Lactating mother 9)

That contact, that exchange of glances that a baby transmits to us, that calm, the fact that they're there on our arms, we're feeding them and that look that is so pure, so unique that they give us is very comforting. (Lactating mother 14)

The most difficult thing was not breastfeeding during the pandemic, but the whole context of the pandemic, which made pregnancy and breastfeeding difficult. (Lactating mother 11)

DISCUSSION

This study sought to understand, through the words of nursing mothers, the meanings of breastfeeding during and after social isolation in the Covid-19 pandemic. The interviewees' sociodemographic data confirmed the understanding in the scientific literature that education and family income are important determinants in starting and maintaining exclusive breastfeeding¹³. The knowledge about the benefits of breastfeeding received through guidance from health professionals, as indicated by most of the women, may have influenced the development of meanings about breastfeeding¹⁴. It is understood that the secondary social network played an important role in the mother's learning

by meeting her need for knowledge about breastfeeding in the context of health, also contributing to the social representation of the phenomenon^{3,15}

The meanings attributed by the participants to breastfeeding referred to its protective, nutritional and affective value, and these characteristics were responsible for the continuity of breastfeeding in the context of the pandemic. These social representations of breastfeeding are strongly anchored by sociocultural discourses, such as values and beliefs, coming mainly from other female figures in their primary social network^{8,15}. However, the social, economic, political and health consequences caused by the Covid-19 pandemic have been responsible for resignifying breastfeeding, changing behaviors, discourses and interpersonal relationships of nursing mothers^{8,16,17}. In this context, their experience culminated in adaptations to the social representation of breastfeeding, due to the abrupt changes in daily life caused by the pandemic.

The social representation of security through the child's nutrition was revealed in the participants' speeches, but the meaning of protection through the infants' immunization, through their mothers' antibodies, was more evident during this period¹⁷. This representation may have been influenced by scientific reports proving the presence of antibodies against SARS-CoV-2 in breast milk¹⁸.

Official vaccination recommendations for pregnant and postpartum women against Covid-19 have been modified and updated over time, generating hesitations and fears that have compromised adherence to immunization in this population¹⁹. However, it doesn't seem to have affected the participants in this study, who were convinced to adhere to the vaccination campaign, not only for their own protection, but mainly to guarantee that of their children. The tendency to offer breast milk for a prolonged period of time to maintain immunity has also increased during the pandemic¹⁷.

The practice of breastfeeding is not simply an instinctive act, it needs to be learned and is capable of changing the routine of the woman and her family. For this reason, the nursing mother needs the support of her primary social network, made up of family, friends, neighbors and co-workers, as well as her secondary social network, represented by health institutions, schools, governmental and non-governmental bodies³.

This study showed an effective primary social network that, even virtually, offered emotional, instrumental and informational support to meet the demands inherent in the puerperal period and the consequences of the pandemic situation. With the physical distance from their social network, self-support was also perceived during the breastfeeding mothers' speeches, which empowered the women to maintain the practice of breastfeeding³.

The predominance among the interviewees of an effective primary social network, during and after social isolation, differs from the findings of another study, which found that the pandemic scenario interfered with social interactions, given the health measures of confinement, quarantine and reduction of non-essential activities⁷.

The absence of contact with members of primary social networks can lead to loneliness and a feeling of lack of support during a challenging period in a woman's reproductive life. However, one study found that social distancing during the pandemic was positive in terms of avoiding unwanted visits, loss of privacy and judgments about motherhood¹⁷. In addition, the remoteness of these networks provided security against contamination, given the population's difficulties in adopting protective measures against the virus, including resistance to wearing masks, respiratory etiquette, hand hygiene and asepsis²⁰.

Faced with fragile social interactions, breastfeeding strengthened the social representation of the bond between mother and child, as a strategy to mitigate the negative effects of the new context. It is emphasized that the social isolation of women at home has intensified breastfeeding, attachment and closeness between mother and child¹⁷. Positive feelings such as care, affection and love stood out in the participants' speeches about the act of breastfeeding in times of pandemic.

The nurse, as a member of the secondary social network, needed to observe these (re)meanings of the breastfeeding phenomenon, understand the bonds developed and the density of the connection between the mother and her family, in order to direct care to their needs, paying attention to protective care against Covid-19^{3,21}. However, it is worth noting that health measures have interfered with the bond between professionals and families, by reducing close contact and "being together", as well as offering guidance on breastfeeding.

In this context, in order to mitigate the damage caused by social distancing, meet the demands of women and ensure safety in prenatal care, childbirth, puerperium and childcare, nurses have used digital technologies to mediate their care, as well as keeping up to date with the constant production of new knowledge on prevention, treatment and rehabilitation related to Covid-19^{21,22}.

Study limitations

The study's limitations were related to the fact that data was collected virtually, so only participants with access to electronic devices and quality internet made up the sample. Another aspect related to the collection was the absence of non-verbal expressions, which could complement the findings of the qualitative analysis.

CONCLUSION

The meanings of the breastfeeding experience of mothers during the Covid-19 pandemic were expressed by the perception of immunological and nutritional protection of the child and the strengthening of the bond between mother and child. Some of the mothers gave new meanings to breastfeeding in the face of the risks arising from the pandemic, but in general, breastfeeding was pleasurable and generated positive feelings, such as affection and love.

The results show that breastfeeding crosses several contexts (historical, social, cultural, psycho-emotional) and is influenced by them, as happened during the Covid-19 pandemic. The analysis of these meanings made it possible to understand the subjectivity intrinsic to breastfeeding and to reflect on health actions with a view to professional support in this process, through an integral and contextualized view of this phenomenon. This knowledge enables nurses to plan educational activities and develop actions based on the exchange of support from the social network (primary and secondary) through measures that make breastfeeding a pleasant experience during a pandemic.

The study contributes to the understanding of the pandemic phenomenon in relation to the relationship between the nursing mother, her child and her social network, providing a basis for the development of a systematization in the nursing work process that meets her needs. The nurse, as a member of the secondary social network, can provide care centered on the specific needs of the woman and the newborn and thus support the maintenance of breastfeeding in adverse health contexts.

REFERENCES

1. Rech RS, Chávez BA, Fernandez PB, Fridman CG, Faustino-Silva DD, Hilgert JB, et al. Factors associated with the initiation of breastfeeding in a maternity hospital in Lima, Peru. *Codas*. 2021 [cited 2023 Jul 08]; 33(6):e20200173. DOI: <https://doi.org/10.1590/2317-1782/20202020173>.
2. Skupien SV, Souza SRRK, Wall ML, Trigueiro TH, Prandini NR, Ferreira CB. Social network to support women in breastfeeding: integrative review. *R. Enferm. Cent. O. Min.* 2022 [cited 2023 Sep 13]; 12:4348. DOI: <http://doi.org/10.19175/recom.v12i0.4348>.
3. Sanicola L. *As dinâmicas de rede e o trabalho social*. 2.ed. ampliada. São Paulo: Veras Editora; 2015.
4. Koç E, Dilli D. How does Covid-19 affect maternal and neonatal outcomes? *J Perinat Med*. 2023 [cited 2023 Jul 08]; 51(2):277–83. DOI: <https://doi.org/10.1515/jpm-2022-0509>.
5. El-Gilany AH. Covid-19 and breastfeeding. *Asp Biomed Clin Case Rep*. 2020 [cited 2020 Sep 21]; 3(2):102-5. DOI: <https://doi.org/10.36502/2020/ASJBCCR.6194>.
6. Ministério da Saúde (BR). Nota técnica nº 9/2020-COSMU/CGCIVI/DAPES/SAPS/MS. Brasília (DF): Ministério da Saúde; 2020 [cited 2020 Sep 21]. Available from: https://portaldeboaspraticas.iff.fiocruz.br/wp-content/uploads/2020/04/SEI_MS-0014382931-Nota-Tecnica_9.4.2020_parto.pdf.
7. Santos MF, Rodrigues JFS. Covid-19 and psychological repercussions during quarantine and social isolation: an integrative review. *Nursing*. 2020 [cited 2020 Sep 13]; 23(265):4095-100. DOI: <https://doi.org/10.36489/nursing.2020v23i265p4095-4106>.
8. Moscovici S. *Representações Sociais: investigações em psicologia social*. 5ª ed. Petrópolis (RJ): Vozes; 2009.
9. Kirchherr J, Charles K. Enhancing the sample diversity of snowball samples: recommendations from a research project on antidam movements in Southeast Asia. *PLoS ONE*. 2018 [cited 2024 Apr 20]; 13(8):e0201710. DOI: <https://doi.org/10.1371/journal.pone.0201710>.
10. Moura CO, Silva ÍR, Silva TP, Santos KA, Crespo MCA, Silva MM. Methodological path to reach the degree of saturation in qualitative research: grounded theory. *Rev Bras Enferm*. 2022 [cited 2023 Sep 19]; 75(2):e20201379. DOI: <https://doi.org/10.1590/0034-7167-2020-1379>.
11. Acauan LV, Abrantes CV, Stipp MAC, Trotte LAC, Paes GO, Queiroz ABA. Utilização do software Iramuteq® para análise de dados qualitativos na enfermagem: um ensaio reflexivo. *REME Rev Min Enferm*. 2020 [cited 2024 Apr 22]; 24(1). DOI: <https://periodicos.ufmg.br/index.php/reme/article/view/49987>.
12. Camargo BV, Justo AM. Tutorial para uso do software IRAMUTEQ. Florianópolis: Laboratório de Psicologia Social da Comunicação e Cognição, UFSC; 2021 [cited 2024 Apr 22]. Available from: http://www.iramuteq.org/documentation/fichiers/Tutorial%20IRaMuTeQ%20em%20portugues_17.03.2016.pdf.
13. Silva ALB, Ferreira CRS, Santos PG, Oliveira ERA, Miotto MHMB. Determinantes em saúde associados ao aleitamento materno exclusivo: uma revisão de escopo. *Rev CEFAC*. 2023 [cited 2024 Apr 21]; 25(5):e6822. DOI: <https://doi.org/10.1590/1982-0216/20232556822s>.

14. Peixoto LO, Azevedo DV, Britto LF. “Leite materno é importante”: o que pensam as nutrizes de Fortaleza sobre amamentação. *Rev Bras.Saúde Mater Infant.* 2019 [cited 2024 Apr 21]; 19(1):165-72. DOI: <http://dx.doi.org/10.1590/1806-93042019000100009>.
15. Genero IK, Santos KR. Vivências de mulheres sobre o processo de parturição e pós-parto em um hospital escola. *Rev Psicol, Divers Saúde.* 2020 [cited 2024 Jul 12]; 9(3):261-79. DOI: <https://doi.org/10.17267/2317-3394rps.v9i3.2915>.
16. Mahagamage Y, Marasinghe K. The socio-economic effects of Covid-19. *Saúde Soc.* 2023 [cited 2023 Jul 09]; 32(1):e200961en. DOI: <https://doi.org/10.1590/S0104-12902022200961en>.
17. Cohen M, Botz C. Lactation in quarantine: the (in)visibility of human milk feeding during the Covid-19 pandemic in the United States. *Int Breastfeed J.* 2022 [cited 2023 Jul 09]; 17(1):22. DOI: <https://doi.org/10.1186/s13006-022-00451-2>.
18. Fox A, Marino J, Amanat F, Krammer F, Hahn-Holbrook J, Zolla-Pazner S, et al. Robust and specific secretory IgA against Sars-cov-2 detected in human milk. *iScience.* 2020 [cited 2021 Oct 03]; 23(11):101735. DOI: <https://doi.org/10.1016/j.isci.2020.101735>.
19. Hui LL, Yeung KHT, Chow KM, Poon LC, Ip PLS, Nelson EAS. Breastfeeding challenges and opportunities during Covid-19 in Hong Kong. *J Paediatr Child Health.* 2023 [cited 2023 Jul 09]; 59(4):609-12. DOI: <https://doi.org/10.1111/jpc.16238>.
20. Goulart LS, Graça BC, Rodrigues VCR, Gasque KCS, Docusse IRX, Oliveira IA, et al. Covid-19 na Estratégia Saúde da Família: uma análise de como a população percebe e adota as medidas de prevenção. *Rev. APS.* 2021 [cited 2023 Jul 10]; 24(Supl 1):26-39. DOI: <https://doi.org/10.34019/1809-8363.2021.v24.35166>.
21. Paixão GPN, Campos LM, Carneiro JB, Fraga CDS. Maternal solitude before the new guidelines in SARS-COV-2 times: a Brazilian cutting. *Rev. Gaúcha Enferm.* 2021 [cited 2023 Jul 13]; 42(spe):e20200165. DOI: <https://doi.org/10.1590/1983-1447.2021.20200165>.
22. Chu H, Gresh A, Bolanos V, Reynolds N. Content analysis of the Global Alliance for Nursing and Midwifery discussion forum: an online community of practice. *Rev Lat Am Enfermagem.* 2021 [cited 2023 Jul 13]; 29:e3431. DOI: <https://doi.org/10.1590/1518-8345.4878.3431>.

Author's contributions

Conceptualization, C.F.S.C., D.A.L.O. and C.M.P.; methodology, C.F.S.C., D.A.L.O. and C.M.P.; software, C.F.S.C., D.A.L.O. and C.M.P.; validation, C.F.S.C., D.A.L.O. and C.M.P.; formal analysis, R.P.B.P.L.V.A., C.F.S.C. and C.M.P.; investigation, R.P.B.P.L.V.A., C.F.S.C., D.A.L.O. and C.M.P.; resources, C.M.P.; data curation, R.P.B.P.L.V.A., C.F.S.C., D.A.L.O. and C.M.P.; manuscript writing, R.P.B.P.L.V.A.; writing – review and editing, C.F.S.C., D.A.L.O. and C.M.P.; visualization, R.P.B.P.L.V.A., C.F.S.C., D.A.L.O. and C.M.P.; supervision, C.M.P.; project administration, C.M.P.; funding acquisition, C.M.P. All authors read and agreed with the published version of the manuscript.