SOCIAL REPRESENTATIONS OF BREASTFEEDING AMONG PREGNANT AND POSTPARTUM WOMEN IN PRIMARY HEALTH CARE

REPRESENTAÇÕES SOCIAIS DO ALEITAMENTO MATERNO POR GESTANTES E PUÉRPERAS NA ATENÇÃO PRIMÁRIA À SAÚDE

REPRESENTACIONES SOCIALES DE LA LACTANCIA MATERNA EN GESTANTES Y PUÉRPERAS EN LA ATENCIÓN PRIMARIA DE SALUD

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ABSTRACT

The gestational period is a time filled with uncertainties, particularly for first-time mothers, leading to frequent doubts regarding breastfeeding due to the many myths that have been passed down through generations. This study aimed to assess the social representations of breastfeeding among pregnant and postpartum women receiving care in Primary Health Care services in the municipalities of Pancas-ES and Colatina-ES, Brazil. This is an observational, descriptive, cross-sectional study with a qualitative approach. The research participants were pregnant women receiving prenatal care at Basic Health Units (BHUs) in the aforementioned municipalities, as well as postpartum women. For data collection, recorded interviews were conducted using a semi-structured questionnaire as a guide. For data analysis, the qualitative information was processed after the recorded interviews were completed, digitized, and transcribed for semantic analysis, with evocations extracted and examined using the software openEVOC 0.92. This tool was used to identify the probable central nucleus and peripheral system of the social representations held by the study participants. The results revealed that the central terms "love," "fear," and "health" reflect an ambivalent perception of breastfeeding—viewed as an act of affection and care, yet accompanied by feelings of insecurity and anxiety. The study highlights the need to strengthen educational initiatives

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within Primary Health Care, emphasizing the role of nurses and the multidisciplinary team in order to enhance follow-up care, provide continuous support, and demystify beliefs that undermine breastfeeding practices.

Keywords: Social Representation. Breastfeeding. Basic Health Unit. Nursing.

RESUMO
O período gestacional é um momento repleto de dúvidas, principalmente em primigestas, com isso se torna frequente o surgimento de incertezas quanto ao aleitamento materno devido a tantos mitos que existem e são passados por gerações. Esse estudo teve como objetivo avaliar as representações sociais do aleitamento materno por gestantes e puérperas na Atenção Primária à Saúde dos municípios de Pancas-ES e Colatina-ES. Trata-se de um estudo observacional, descritivo, transversal, de abordagem qualitativa, o qual as participantes de pesquisa foram gestantes que realizam pré-natal em Unidade Básica de Saúde (UBS) dos municípios supra citados, e também puérperas. Para coleta de dados, foram realizadas entrevistas gravadas utilizando como roteiro um formulário semiestruturado. Para análise dos resultados, os dados qualitativos foram tratados após a aplicação das entrevistas gravadas, sendo estas digitalizadas, transcritas para análises semânticas das informações e extraídas as evocações, as quais foram elucidadas por meio do software openEVOC 0.92, processando o provável núcleo central e sistema periférico da representação social do grupo participante da pesquisa. Os resultados evidenciaram que os termos centrais "amor", "medo" e "saúde" refletem uma percepção ambivalente sobre a amamentação, vista como um ato de afeto e cuidado, mas sendo permeado por inseguranças e angústias. Destacou-se a necessidade de intensificação das ações educativas na Atenção Primária à Saúde, com ênfase no papel do enfermeiro e da equipe multiprofissional, visando qualificar o acompanhamento, oferecer apoio contínuo e desmistificar crenças que fragilizam a prática.

Palavras-chave: Representação Social. Amamentação. Unidade Básica de Saúde. Enfermagem.

RESUMEN
El período gestacional es una etapa llena de dudas, especialmente en mujeres primigestas, lo que hace frecuente la aparición de incertidumbres respecto a la lactancia materna debido a la gran cantidad de mitos que existen y se transmiten de generación en generación. Este estudio tuvo como objetivo evaluar las representaciones sociales de la lactancia materna entre gestantes y puérperas en la Atención Primaria de Salud de los municipios de Pancas-ES y Colatina-ES. Se trata de un estudio observacional, descriptivo, transversal, con enfoque cualitativo, en el cual las participantes fueron gestantes que realizaban el control prenatal en Unidades Básicas de Salud (UBS) de los municipios antes mencionados, así como también puérperas. Para la recolección de datos, se realizaron entrevistas grabadas utilizando como guía un formulario semiestructurado. En cuanto al análisis de los resultados, los datos cualitativos fueron tratados después de la aplicación de las entrevistas grabadas, las cuales fueron digitalizadas y transcritas para su análisis semántico. A partir de ello, se extrajeron las evocaciones, que fueron procesadas mediante el software openEVOC 0.92, identificando el probable núcleo central y el sistema periférico de la representación social del grupo participante en la investigación. Los resultados evidenciaron que los términos centrales "amor", "miedo" y "salud" reflejan una percepción ambivalente sobre la lactancia materna, concebida como un acto de afecto y cuidado, pero atravesada por inseguridades y angustias. Se destacó la necesidad de intensificar las acciones educativas en la Atención Primaria de Salud, con énfasis en el papel del enfermero y del equipo multiprofesional, con el propósito de cualificar el acompañamiento, ofrecer apoyo continuo y desmistificar creencias que debilitan la práctica.

Palabras clave: Representación Social. Lactancia Materna. Unidad Básica de Salud. Enfermería.

1 INTRODUCTION

The act of breastfeeding is a central practice in the promotion of the health of the mother-child binomial, transcending the nutritional, immunological and affective function. This process intertwines biological, emotional and social aspects, configuring a unique experience that strengthens the mother-child bond and reflects values, meanings and representations that profoundly shape the maternal experience (Kummer *et al*, 2000; Marques; Cotta; Araújo, 2009).

Breast milk (LM) is widely considered the ideal food for the child, capable of meeting all its nutritional and water needs exclusively in the first six months of life. In addition to nurturing, breastfeeding strengthens the bond between mother and child, involving comfort, closeness, and affection (Kummer *et al*, 2000; Takushi *et al*, 2008).

For women, the benefits are equally wide-ranging, including protection against breast and ovarian cancer, reduced risks of postpartum hemorrhage, and aiding in the process of uterine contraction. Breastfeeding also reduces a woman's chances of developing hypertension, type 2 diabetes, and high cholesterol (Ministry of Health, 2024). In addition, it stands out for being a sustainable, environmentally safe, non-polluting practice, and that directly contributes to the child's food and nutritional security. Thus, the promotion and support of breastfeeding represent essential pillars in primary health care actions, given their ability to generate multifaceted positive impacts on individual and collective health.

According to the Ministry of Health (Brasil, 2025), breastfeeding can be maintained even after the introduction of other foods or liquids. On the other hand, Exclusive Breastfeeding (EBF) is characterized by offering only breast milk, either directly from the breast or previously extracted, without the administration of other liquids or solids, except for supplements, vitamins, minerals or prescribed medications.

The World Health Organization (WHO) and the Ministry of Health recommend that EBF be maintained until six months of life. After this period, breastfeeding should continue in a complementary way, associated with the gradual introduction of solid foods, ideally being prolonged until two years of age or more, according to the desire and conditions of the mother and child (WHO, 2017; Brazil, 2024).

However, despite the numerous benefits of breastfeeding, EBF rates remain below established targets. According to the United Nations Children's Fund (2019), only 44% of children under six months are exclusively breastfed. In Brazil, this rate is 45.8%, varying according to the region and population group (ENANI, 2019).

Breastfeeding is a complex phenomenon, influenced by the historical context and by social and cultural determinants, in addition to involving physiological, psychological

and volitional variables. Therefore, it is not just an instinctive and biologically natural act (Leite *et al*, 2016, p.2).

In this scenario, early weaning represents a challenge for maternal and child health at a global level, predisposing to preventable diseases such as malnutrition, diarrhea and childhood obesity, in addition to increasing mortality. These problems have a direct impact on public health indicators and reinforce the need for strategic actions to promote, protect and support breastfeeding (Frota *et al*, 2009).

Early weaning is also a central theme in public health policies, being a multifactorial phenomenon, influenced by social, economic, political and cultural determinants, which transform breastfeeding into an act conditioned by social norms and values (De Souza; Asunción; Guimarães, 2023; Natarelli *et al*, 2025). In this context, pregnant or postpartum women attribute different meanings to breastfeeding, constructed from beliefs, cultural representations and personal experiences, influenced by the social context in which the woman is inserted (Marques; Cotta; Araújo, 2009; Leite *et al*, 2016).

It is in this context that Primary Health Care (PHC) plays a strategic role in the promotion, protection and support of breastfeeding (Brasil, 2025). As a gateway to the health system, PHC is responsible for implementing educational actions, carrying out prenatal and postpartum care, offering individualized guidance, and promoting support groups aimed at strengthening breastfeeding practices. In addition, it enables the early identification of risks, encourages healthy eating practices and supports breastfeeding (Faria; Silva; Passberg, 2023).

However, adherence to exclusive breastfeeding does not always depend only on access to health services or technical guidance. Breastfeeding practices are influenced by symbolic values, personal and collective experiences, and social and cultural beliefs that impact maternal decisions (Fujimori *et al*, 2010; Moraes *et al*, 2020).

According to Moscovici (1978), the concept of social representations refers to cognitive processes by which individuals construct meanings based on their relationship with certain objects, internalizing and reinterpreting them. This phenomenon, influenced by sociocultural and linguistic factors, shapes the way subjects perceive and understand reality (Morera *et al*, 2015). In the case of breastfeeding, understanding these representations allows us to identify perceptions, values and feelings that directly affect maternal decisions.

In view of this, the following study aims to evaluate the social representations of breastfeeding by pregnant and puerperal women in Primary Health Care in the municipalities of Pancas-ES and Colatina-ES, in order to understand how symbolic, cultural and social aspects influence the practice of breastfeeding, in addition to proposing strategies to

promote, protect and support breastfeeding.

2 METHODOLOGY

The methodology of an article outlines the procedures employed to conduct the research, including the type of study, sample selection, methods of data collection and analysis, ethical considerations, and limitations of the study. Its detailed and transparent description is essential to ensure the replicability and reliability of the results, in addition to providing a solid basis for the interpretation and generalization of the findings.

This is an observational, cross-sectional and descriptive study, with a qualitative approach. It took place in 12 Basic Health Units (UBS), ten in the municipality of Colatina and two in the city of Pancas, both in Espírito Santo – Brazil.

The sample consisted of 52 pregnant women and 8 postpartum women assisted at the UBS, totaling 60 participants. These were selected according to the following inclusion criteria: age equal to or greater than 18 years, being pregnant or in the puerperal period and voluntarily agreeing to participate in the research by signing the Informed Consent Form (ICF). Those under 18 years of age and who did not accept to participate were excluded.

The data collection process was carried out through interviews conducted in person and recorded by the research team, using a printed questionnaire divided into two parts as a script. At first, data on the personal and sociodemographic profile of the participants were sought, along with obstetric information. In the second part, the technique of free evocation of words was implemented from an inducing term, which is "breastfeeding". The interviews took place in a reserved place at the Basic Health Unit (UBS), ensuring privacy and comfort for the participants. All of them previously received the necessary clarifications about the objectives of the research, with the reading and explanation of the ICF, and by signing them, each participant took possession of a copy of the document.

In order to ensure anonymity, the research participants were named "pregnant woman (01), puerperal (02)" and so on, according to the number of pregnant and puerperal women who agreed to participate in the research. The entire process strictly followed the principles of ethics in research with human beings, as established by Resolutions No. 466/2012 and No. 510/2016 of the National Health Council, as well as with the guidelines of the General Law for the Protection of Personal Data (Law No. 13,709/2018).

For the analysis of the results, the qualitative data were treated after the application of the recorded interviews, which were digitized, transcribed for semantic analysis of the information and the evocations were extracted, which were elucidated using the openEVOC 0.92 software. This allows the performance of statistical calculations, establishing matrices

of co-occurrences, which serve as a basis for the construction of the four-house framework, processing the probable central nucleus and peripheral system of the social representation of each group of research participants.

The study was previously submitted to and approved by the Human Research Ethics Committee of the University Center of Espírito Santo – UNESC, with the number of the consolidated opinion 7.558.903, dated May 9, 2025, meeting the criteria established by the National Research Ethics Commission (CONEP). All participants signed the Informed Consent Form (ICF) and were guaranteed the right to privacy, confidentiality of the information provided, and the right to withdraw from participation at any time, without prejudice to their attendance.

Serge Moscovici's Theory of Social Representations understands common sense knowledge as a collective construction that influences social behaviors and practices (Moscovici, 1978). In this context, the social representations of breastfeeding are understood as symbolic constructions shared by pregnant and puerperal women, shaped by cultural, social, affective and institutional factors. In addition, Jean-Claude Abric's Central Core Theory was used, which proposes that every social representation has a structure composed of a central core, formed by stable, consensual and culturally shared elements, and a peripheral system, which incorporates contextual and subjective aspects to individual experiences (Abric, 2003).

3 RESULTS

The research was carried out in the cities of Pancas-ES and Colatina-ES in 12 different Basic Health Units (UBS), totaling 60 participants (n=60), among them 52 pregnant women (86.7%) and 8 puerperal women (13.3%). Data on personal characteristics were collected, including age, marital status, education and self-reported skin color (Table 1); sociodemographic profile data, including occupation, per capita income, and religion (Table 2); and data on the obstetric profile, involving parity, pregnancy planning, number of prenatal consultations performed, and type of expected/performed delivery (Table 3).

Regarding personal characteristics, detailed in Table 1, 24 women (40%) were in the age group of 18 to 24 years, 25 (41.7%) were between 25 and 32 years old, and only 11 (18.3%) were over 33 years old. Regarding the data collected regarding marital status, 26 women (43.3%) interviewed were single, 19 (31.7%) married, 14 (23.3%) declared a stable union and only 1 (1.7%) was a widow. Regarding education, 9 people (15%) had incomplete primary education, 9 (15%) had completed primary education, 9 (15%) had incomplete secondary education, 24 (40%) had completed secondary education, 5 (8.3%) had

incomplete higher education and 4 (6.7%) had completed higher education. Finally, 13 women (21.7%) declared themselves white, 38 (63.3%) brown, 8 (13.3%) declared themselves black, and only 1 (1.7%) indigenous.

Table 1

Personal characteristics of pregnant and postpartum women assisted by the UBS of Pancas – ES and Colatina – ES. 2025 (n=60)

Individual variables		Blows (n=10)		Colatina (n=50)		Total (n=60)	
		n	(%)	N	(%)	N	(%)
Age	From 18 to 24 years old	4	40,0	20	40,0	24	40,0
	From 25 to 32 years old	4	40,0	21	42,0	25	41,7
	Over 33 years old	2	20,0	9	18,0	11	18,3
Marital Status	Single	2	20,0	24	48,0	26	43,3
	Married	4	40,0	15	30,0	19	31,7
	Stable Union	3	30,0	11	22,0	14	23,3
	Widow	1	10,0	0	0,0	1	1,7
Education	E.F.I	0	0,0	9	18,0	9	15,0
	E.F.C	0	0,0	9	18,0	9	15,0
	E.M.I	2	20,0	7	14,0	9	15,0
	E.M.C	5	50,0	19	38,0	24	40,0
	E.S.I	1	10,0	4	8,0	5	8,3
	E.S.C	2	20,0	2	4,0	4	6,7
Color	White	3	30,0	10	20,0	13	21,7
	Brown	5	50,0	33	66,0	38	63,3
	Black	2	20,0	6	12,0	8	13,3
	Indigenous	0	0,0	1	2,0	1	1,7
Total		**10**	**100,0**	**50**	**100,0**	**60**	**100,0**

Source: Study Data, 2025.

Regarding the occupation of the interviewees, in the sociodemographic profile (Table 2), 26 women (43.3%) were in paid work, 30 women (50%) self-declared themselves housewives and only 4 (6.7%) were self-employed. The per capita income of 52 people (86.7%) ranged up to 1 minimum wage, 7 (11.7%) lived on 2 to 3 minimum wages, and only 1 woman (1.6%) reported receiving more than 3 minimum wages. Regarding religion, there were 14 women (23.3%) Catholics, 28 (46.7%) Protestants and 18 (30%) declared to have no religion.

Table 2

Sociodemographic profile of pregnant and postpartum women assisted by the UBS of Pancas – ES and Colatina – ES. 2025 (n=60)

Individual variables		Pregnant and Postpartum Women					
		Blows (n=10)		Colatina (n=50)		Total (n=60)	
		n	(%)	N	(%)	N	(%)
Occupation	Paid Work	2	20,0	24	48,0	26	43,3
	From Home	7	70,0	23	46,0	30	50,0
	Stand-alone	1	10,0	3	6,0	4	6,7
Per capita income	Up to 1 salary m.	8	80,0	44	88,0	52	86,7
	2 to 3 m.	1	10,0	6	12,0	7	11,7
	+3 salaries m.	1	10,0	0	0,0	1	1,6
Religion	Catholic	2	20,0	12	24,0	14	23,3
	Protestant	6	60,0	22	44,0	28	46,7
	No religion	2	20,0	16	32,0	18	30,0
Total		10	100,0	50	100,0	60	100,0

Source: Study Data, 2025.

The results collected in the research on the obstetric profile (Table 3) showed that 18 women (30%) were primiparous, that is, first pregnancy/delivery, and 42 women (70%) were multiparous, having had 1 or more pregnancies/deliveries previously. When asked about the planning of the pregnancy, 21 interviewees (35%) confirmed the idealization of the pregnancy, while 39 (65%) would not have planned it. Regarding the number of prenatal consultations, 32 women (53.3%) had up to 6 consultations until the day of the interview and 28 women (46.7%) had a number higher than 6 during pregnancy. Finally, the type of delivery applied to the expectations of the pregnant women or to what was performed by the puerperal women, with 35 (58.4%) normal delivery, 23 (38.3%) cesarean section and only 2 people (3.3%) still had no defined response due to the recent beginning of pregnancy.

Table 3

Obstetric profile of pregnant and puerperal women assisted by the UBS of Pancas – ES and Colatina – ES. 2025 (n=60)

Individual variables		Pregnant women				Postpartum women				Total	
		Blows (n=9)		Colatina (n=43)		Blows (n=1)		Colatina (n=7)		Total (n=60)	
		n	(%)	N	(%)	n	(%)	N	(%)	N	(%)
Parity	Primiparous	4	44,4	12	27,9	0	0	2	28,6	18	30
	Multiparous women	5	55,6	31	72,1	1	100	5	71,4	42	70
Planned pregnancy	Yes	5	55,6	14	32,6	0	0	2	28,6	21	35
	No	4	44,4	29	67,4	1	100	5	71,4	39	65
Number of Consultations of Prenatal Care	£6	4	44,4	27	62,8	0	0	1	14,3	32	53,3
	>6	5	55,6	16	37,2	1	100	6	85,7	28	46,7
Type of Delivery	Normal	7	77,8	25	58,1	0	0	3	42,9	35	58,4
	Cesarean section	2	22,2	16	37,2	1	100	4	57,1	23	38,3
	Undefined	0	0	2	4,7	0	0	0	0	2	3,3
Total		9	100	43	100	1	100	7	100	60	100

Source: Study Data, 2025.

The technique of free evocations of words, based on the inducing term "breastfeeding", made it possible to identify the structure of the social representation of the group investigated. A total of 252 evocations were obtained, of which 75 were distinct, with variation in frequency and in the Mean Order of Evocation (OME). The organization of the data by the openEVOC 0.92 software allowed the construction of the four-box tableau, revealing the central and peripheral elements of the representation.

The Central Core, characterized by high frequency (>5) and low OME (<3), was formed by the terms "love", "fear" and "health". These elements indicate that breastfeeding is perceived in an ambivalent way: on the one hand, as an act loaded with affection and health benefits; on the other, associated with insecurities and fears. In the First Periphery (high frequency and high OME), the terms "pain", "difficult" and "anxiety" stood out, which reinforce concomitant negative experiences during the practice of breastfeeding.

The Contrast Zone (low frequency and low OME) included evocations such as "care",

"desire" and "important", suggesting subgroups that attribute to breastfeeding a meaning strongly linked to the intention and relevance of the mother-infant connection. Finally, the Second Periphery (low frequency and high OME) brought together terms such as "unique", "challenge" and "concern", which represent more particular and contextual experiences, linked to the conditions of the breastfeeding process.

Table 4

Picture of four houses formed by the elements that make up the central nucleus and the peripheries of a representation about breastfeeding by pregnant and puerperal women

Frequency > 5 / Average Order of Evocations < 3		Frequency > 5 / Average Order of Evocations ≥ 3	
Term	OME	Term	OME
Love	2.05	Pain	3.13
Fear	2.57	Difficult	4.13
Health	1.75	Anxiety	4.29
Good	2.73	Affection	3.83
Connection	1.83		
Frequency ≤ 5 / Average Order of Evocations < 3		**Frequency ≤ 5 / Average Order of Evocations ≥ 3**	
Term	OME	Term	OME
Caution	2.80	Unique	3.40
Happiness	2.40	Challenge	3.25
Important	1.40	Milk	3.25
Immunity	2.80	Concern	3.25
Bond	2.40	Tiredness	4.67
Alimentação_Completa	2.75	Special	3.67
I wish	1.50	Expectation	3.33
Affection	1.67	Pleasurable	3.67
Beautiful	2.67	Joy	3.00
Required	2.33	Complementation	5.00
Peito_Empedra	2.67	Trust	3.00
Crack	1.67	Experience	3.50
Satisfaction	2.67	Hunger	3.00
Sensação_Boa	2.67	Frustrating	4.00

Source: Study Data, 2025.

4 DISCUSSION

From the use of the Central Nucleus Theory and the technique of free evocation of words, it was observed that the terms "love", "fear", "health", "good" and "connection" were evoked more frequently and without hesitation, with an average order of evocations <3, composing the Central Nucleus of the social representation of breastfeeding among pregnant and puerperal women. These results show the ambivalence of this representation, to the extent that, at the same time that the affective and health benefits of breastfeeding for the mother-child binomial are recognized, feelings of insecurity and fear in relation to the breastfeeding process also emerge. This duality reveals the multifaceted character of

breastfeeding, socially valued and recommended, but still crossed by singular, symbolic and contextual experiences that directly impact its experience.

In relation to the first periphery, the words "pain", "difficult", "anxiety" and "affection" were present, demonstrating that these feelings, despite having been evoked at a high frequency, do not have such a significant importance for the interviewees as those who make up the central nucleus. Thus, it shows that the desire to breastfeed on the part of these women overcomes the challenges during the process.

Meanwhile, the Contrast Zone was composed of the terms: "care", "happiness", "important", "immunity", "bond", "complete feeding", "desire", "affection", "beautiful", "necessary", "stoned chest", "crack", "satisfaction" and "good feeling". In the Second Periphery, the following evocations are present: "unique", "challenge", "milk", "concern", "tiredness", "special", "expectation", "pleasurable", "joy", "complementation", "confidence", "experience", "hunger" and "frustrating". However, these elements have a reduced value in the interpretation of the Social Representation of breastfeeding for society, since some of them are synonymous with others that are more evoked or are based on individual experiences of each woman, not being a common opinion of the vast majority.

In the analysis, the term "love" presented a higher frequency and lower average order of evocations, reflecting the historical and cultural context of the maternal-child bond. This bond has been widely studied, especially by John Bowlby, creator of the Attachment Theory, who highlights its importance for the survival of the species and the emotional development of the child. The interaction with the caregiver provides the child with experiences of trust, security and well-being, strengthening the affective bond. Thus, it is essential that this bond is, whenever possible, stable and harmonious, preventing weaknesses in the construction of maternal-child attachment. The newborn responds in a particular way to the attention, protection, and stimuli received, consolidating emotional bonding (Da Silva, 2019; Bowlby, 1984).

> That thing there, when you take it, is wonderful. I love being a mother, so much so that I have many (G33).
> This one will breastfeed until she is two years old, I think the most beautiful thing there is breastfeeding (G29).

According to Cunha *et al.* (2012), breastfeeding is configured as an act of affection and care, allowing moments of exchange of glances, skin-to-skin contact and caresses, which strengthens the bond between mother and baby. In addition, it is recognized as one of the first ways in which human beings begin to build emotional relationships.

Evocations such as "good" and "connection" are also related to the mother-child binomial, since the experience and expectations of breastfeeding involve affective and sensorial dimensions that are unique to each woman. This process allows the mother to recognize herself in a relationship of physical and emotional closeness with the baby. Some pregnant women reported breastfeeding because they considered the act "pleasant" or "beautiful", thus evidencing the expression of autonomy, comfort and well-being in the mother's experience (Takushi *et al*, 2008).

In addition, a prevalence of the evocation of the term "fear" was observed, both among primiparous and multiparous pregnant women. Among primiparous women, this feeling seems to be associated with uncertainty in the face of the unknown, idealization of the breastfeeding process, poorly founded previous knowledge, often constructed from informal narratives, cultural beliefs or shared experiences in the family and social spheres, and doubts related to one's own ability to care for the newborn. In the case of multiparous women, fear is generally related to previous negative experiences, some of them marked by painful experiences, such as nipple fissures, inflammatory processes, episodes of hypogalactia in previous pregnancies, among other reported situations.

> It scares me, because it's new [...], I saw what my sister suffered to breastfeed, how much it hurt, it gives me trauma (G08).
> I only remember my (chest) cracking and hurting a lot, it's a fear of it happening again (G18).
> I'm afraid of hurting my breast and not being able to breastfeed because of that [...], even though I've never been a mother, I want to breastfeed (G41).
> I had an experience with the first child that was not very good, but I think it is something necessary, important and that creates a bond with the baby (G09).

In addition, the prevalence of the term "fear" was often associated with narratives of pain, cravings, inflammation and fear of "sucking and cracking". These reports show that real or anticipated physical suffering acts as a factor of insecurity that permeates the breastfeeding experience. This perception is fed both by their own experiences, especially among multiparous women who have already faced difficulties in previous pregnancies, and by subjective experiences shared in the social and family circle. This collective construction of fear, rooted in painful memories or transmitted discourses, reinforces social representations that can weaken maternal self-confidence in the breastfeeding process. In addition, difficulty with the breasts due to the presence of inverted nipples appeared in the reports of some of the women as an unfavorable reason for breastfeeding.

If I tell you that I never breastfed, because the nipple of my breast is inverted. In the other two pregnancies I couldn't breastfeed [...], in this one I wanted to try, but I don't know if I'll be able to (G46).

Another relevant data of the study was the finding that 76.7% of the participants did not receive guidance on breastfeeding during prenatal consultations, and 36.7% stated that they did not feel prepared and confident to start breastfeeding. This finding shows a significant gap in care, since prenatal care is a privileged space for the development of educational actions, acceptance of doubts and strengthening of the autonomy of pregnant women.

In this context, Primary Health Care (PHC) emerges as a strategic axis in the management of difficulties related to breastfeeding, by offering longitudinal follow-up, qualified listening and educational interventions that go beyond the mere transmission of technical information, strengthening the bond between professional and patient. Guidance on cleft prevention and management, breast care, appropriate positions for correct latching, and demystification of negative beliefs are fundamental practices to reduce fear, promote safety, and favor breastfeeding adherence. However, the findings of this study indicate that such actions are still insufficient, since most pregnant and puerperal women reported not having received adequate information in the prenatal period and did not feel prepared to breastfeed. These data reveal a worrying gap in care, suggesting weaknesses in both the attribution and qualification of health professionals, who often do not incorporate the theme of breastfeeding in a systematic way during consultations.

Established by Ordinance GM/MS No. 1,459, of June 24, 2011, the Stork Network is configured as a federal government strategy aimed at promoting comprehensive and humanized care for women's and children's health. Its scope ranges from reproductive planning to the monitoring of child development in the first two years of life, including pregnancy, childbirth and puerperium, and already provides for specific actions to encourage, protect and support breastfeeding.

Complementing these actions, Federal Law No. 13,435, of April 12, 2017, instituted Golden August as a national campaign aimed at raising awareness in society about the benefits of breastfeeding, reinforcing the importance of public policies that encourage this practice. The initiative seeks to promote awareness strategies at different levels of health care, in line with recommendations such as the "golden hour", the immediate moment after delivery when contact between mother and baby strengthens the maternal bond and helps the newborn adapt to the external environment (Brasil, 2023). In the first days after delivery, colostrum, the initial milk, stands out for being a substance rich in protein and

immunoglobulins, essential for the baby's immunity. After colostrum, the milk becomes denser, rich in fats and carbohydrates, aiming at the baby's weight gain, being known as transition milk. Finally, mature milk maintains its composition, with the addition of essential nutrients for the growth and strengthening of the child (Brasil, 2022). However, the effectiveness of these policies depends directly on the performance of PHC, whose professionals need to be properly trained to integrate technical knowledge and reception to maternal needs, assuming the role of health educators.

Given this scenario, investing in the continuous training of PHC multiprofessional teams, doctors, nurses, nutritionists, and community health agents, becomes essential to ensure that breastfeeding guidelines are clear, accessible, and based on scientific evidence. At the same time, the creation of educational groups, conversation circles and home visits enables spaces for dialogue where technical knowledge is articulated with the subjective experiences of women, promoting humanized and participatory care.

Therefore, the results of this study reinforce the need to expand the performance of PHC not only in the care dimension, but also in the educational, preventive and community aspects, ensuring continuous support to the mother and the family. The articulation between local health practices, government campaigns and professional training is essential to transform breastfeeding into a positive experience, strengthening the mother-baby bond and contributing to better public health indicators.

5 CONCLUSION

The experiences about breastfeeding revealed central elements that translate the way this phenomenon is perceived and experienced. The terms that made up the Central Nucleus, "love", "fear" and "health", show an ambivalent perception, in which breastfeeding is understood simultaneously as an act of affection and health promotion, but also permeated by uncertainties and fears.

Breastfeeding was represented as a gesture of affection and care, reaffirming the mother-child binomial. On the other hand, the marked presence of the term fear expresses the dimension of insecurity that accompanies the practice. For primiparous women, fear was associated with the unknown; for multiparous women, to previous negative experiences. Reports of pain, fissures and inflammation were frequently mentioned, reinforcing social representations that associate breastfeeding with physical suffering.

Despite these ambivalences, valuing health as a benefit of breastfeeding reinforces the traditional knowledge of its importance for child development and the strengthening of bonding. However, there is a worrying gap in care: 76.7% of the participants did not receive

specific guidance on breastfeeding in prenatal care, and 36.7% did not feel prepared or confident to start the process. This context reveals the permanence of popular knowledge that supports the desire to breastfeed, but without the formal support expected in health services.

In addition, the Basic Health Unit is a fundamental environment to support and promote breastfeeding. The lack of adequate guidance reveals the need to intensify the actions developed, especially by nurses and the multiprofessional team, who should expand educational initiatives, offer qualified prenatal and puerperal care, provide individualized guidance, form support groups and demystify negative beliefs that weaken the practice. In this context, the continuous training of professionals and the integration of local practices with public policies become essential to transform breastfeeding into a more positive experience, reducing fears and strengthening maternal love and trust. In this way, PHC reaffirms itself as a pillar in strengthening the mother-baby bond and in the consolidation of breastfeeding as a pleasurable and healthy practice.

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