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Original Article

Challenges of breastfeeding when returning to work: perception of employees in a pediatric complex

Desafios do aleitamento materno no retorno ao trabalho: percepção das trabalhadoras de um complexo pediátrico

Retos de la lactancia materna al regresar al trabajo: percepción de los empleados de un complejo pediátrico

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ABSTRACT

Objective: To understand the perceptions of pediatric hospital employees regarding the challenges and facilitators of breastfeeding during the return to work. **Methodology:** This is a qualitative, exploratory, and descriptive study conducted with 12 employees who use the hospital's early childhood education center and who were breastfeeding or had breastfed during their work period. **Results:** The participants' statements highlight that a sensitive and welcoming work environment can be a crucial facilitator for maintaining breastfeeding. **Conclusion:** The study reveals that recognizing the importance of breastfeeding and institutional support contribute significantly to overcoming the challenges of returning to work, promoting continued breastfeeding and employee well-being.

DESCRIPTORS:
Mental Health; Postpartum Period; Postpartum Depression; Breastfeeding; Work.

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RESUMO
Objetivo: Compreender as percepções das colaboradoras de um hospital pediátrico sobre os desafios e facilitadores do aleitamento materno durante o retorno ao trabalho. **Metodologia:** Trata-se de uma pesquisa qualitativa, exploratória e descritiva, realizada com 12 colaboradoras que utilizam o centro de educação infantil do hospital, que estavam amamentando ou haviam amamentado durante a jornada de trabalho, o período de coleta foi entre fevereiro e março de 2025, e ocorreu por meio de entrevistas semiestruturadas que foram realizadas após a assinatura do Termo de Consentimento Livre e Esclarecido. Para análise de dados foi utilizada a análise temática de conteúdo de Maria Cecília de Souza Minayo. **Resultados:** As falas das participantes ressaltam que o ambiente de trabalho, quando sensível e acolhedor, pode ser um facilitador crucial para a manutenção do aleitamento materno. **Conclusão**: O estudo revela que o reconhecimento da importância da amamentação e o suporte institucional contribuem significativamente para a superação dos desafios do retorno ao trabalho, favorecendo a permanência do aleitamento materno e o bem-estar das colaboradoras.

DESCRITORES:
Saúde Mental; Período Pós-Parto; Depressão Pós-Parto; Amamentação; Trabalho.

RESUMEN
Objetivo: Comprender las percepciones de los empleados de hospitales pediátricos con respecto a los desafíos y facilitadores de la lactancia materna durante el regreso al trabajo. **Métodos:** Este es un estudio cualitativo, exploratorio y descriptivo realizado con 12 empleados que utilizan el centro de educación infantil temprana del hospital y que estaban amamantando o habían amamantado durante su período de trabajo. **Resultados:** Las declaraciones de los participantes resaltan que un entorno de trabajo sensible y acogedor puede ser un facilitador crucial para mantener la lactancia materna. **Conclusión:** El estudio revela que reconocer la importancia de la lactancia materna y el apoyo institucional contribuye significativamente a superar los desafíos del regreso al trabajo, promoviendo la lactancia materna continua y el bienestar de los empleados.

DESCRIPTORES:
Salud Mental; Periodo Posparto; Depresión Posparto; Lactancia Materna; Trabajo.

INTRODUCTION

Breastfeeding plays a fundamental role in the development of the baby. The World Health Organization (WHO) recommends exclusive breastfeeding until six months of life and its continuity, associated with complementary feeding, up to two years or more. However, the return to work may anticipate the use of feeding bottles and artificial beaks, favoring early weaning[1].

In Brazil, the Consolidation of Labor Laws (CLT) ensures maternity leave between 120 and 180 days, being 180 days mandatory in public service and optional in the private sector, from the eighth month of pregnancy. The legislation also guarantees the working mother two 30-minute breaks during the breastfeeding day[1].

Despite these guarantees, reconciling work and breastfeeding is still a challenge. Many women do not have a support network that facilitates care, especially in tired mornings, which compromises their stay at work and may contribute to the emergence or worsening of depressive symptoms, with lasting repercussions[1-2]. It is estimated that about 25% of women develop postpartum depression, a condition that affects the mother-baby bond and may be related to lack of preparation or difficulties in breastfeeding.

Poor grip, nipple pain, cracks and abrasions make the process stressful and can lead to abandonment or reduction of breastfeeding[2].

Researchers also highlight that, in the gestational and puerperal period, other common disorders may occur: postpartum dysphoria, marked by mild depressive symptoms; "maternal sadness" usually occurs in the first days after birth; and puerperal psychosis, characterized by delusions and hallucinations[3].

According to the WHO, one in five women has some mental health disorder during pregnancy or after childbirth[4]. In Brazil, during the COVID-19 pandemic, the prevalence of postpartum depression reached 26.3% in 2022, with approximately 10% in the Southern region. Social isolation, contact restriction and the absence of a more consolidated support network were factors that directly impacted the mother-baby binomial[5].

This scenario justifies the present study, given the need to understand the factors that interfere with the mental health of the postpartum woman in the period of breastfeeding, especially after returning to work. In addition, we seek the need for institutional policies that favor the permanence of these mothers in the institution, and that they feel welcomed in this period so delicate and essential to the development of the baby.

For the construction of the study, only studies carried out in Brazil were included, considering that the intention is to understand phenomena inserted in the Brazilian legislative and sociocultural context.

Thus, the guiding question defined was: "What are the challenges faced by employees who breastfeed their children after returning to work?"

OBJECTIVE

To understand the perception of the collaborators of a pediatric complex regarding the challenges of breastfeeding after returning to work.

METHODOLOGY

Type of study

This is a qualitative, exploratory and descriptive study conducted through field research. The qualitative study aims to understand situations without assigning values, seeking in-depth information based on reality. Exploratory research is linked to the construction of hypotheses and the contextualization of explanations, such as through bibliographic reviews or interviews with specific groups. The descriptive research uses standardized instruments for data collection, allowing the exposure of the studied reality[6].

The interviews were conducted exclusively by the researcher, Resident Nurse in Child and Adolescent Health, during the months of February and March 2025. The interviewer was female and had previous experience in educational activities. Before the collection, all participants were informed about

the objectives of the research, its benefits, limitations, potential biases inherent to the investigation and the presence of the researcher.

Study scenario

The research was developed at the Center for Early Childhood Education (CEI) of a pediatric complex located in Curitiba-PR, an institution that serves children of hospital employees. It is physically located in the vicinity of the hospital complex, in an area accessible to mothers during their working hours.

Participants

The participants were 12 collaborating mothers of the pediatric complex who used or had used the CEI of the institution. The inclusion criteria were: to be 18 years old or older, to be breastfeeding or have breastfed during the working day and to be professionally linked to the complex at the time of collection. There were no exclusion criteria.

The recruitment was initially carried out by the CEI Coordination, which issued a call for research to the collaborators. Then, the researcher made contact with the mothers via WhatsApp, email or in person, according to individual preference. Some mothers refused to participate due to unavailability or because they did not breastfeed with human milk, about 4 mothers did not respond to the contact. No interview was repeated.

Data collection and organization

The data collection took place through semi-structured interviews, with questions aimed at the sociodemographic characterization of the participants and the approach to the central themes of the study. They were carried out after the signing of the Informed Consent Form (ICF), in a private and interference-free environment.

The questionnaire used in this study included the following questions: Question 1 - What is your occupation/profession within the hospital? ; Question 2 - What is the importance of breastfeeding for you? ; Question 3 - How did you feel about returning to work after maternity leave? ; Question 4 - What is your opinion about the time you have to breastfeed your child during their working day? ; Question 5 - What is your opinion about the place where you breastfeed your child during his working day? ; Question 6 - How do you feel when you cannot breastfeed your child during your working day? ; Question 7 - What would be your suggestions for breastfeeding during the working day to happen in the best possible way?.

The printed script of the questions was made available to participants. The answers were recorded by the interviewer through audio recording on smartphone, which ranged from 3 to 13 minutes in length. Subsequently, all interviews were digitally transcribed to file in Word. No pilot test was conducted and there was no data saturation, due to the reduced number of participants and availability limitations. No structured field notes were used.

Data analysis

For analysis of the information, thematic content analysis[7] was used, which is based on qualitative research, that is, a Research Cycle, as the author usually calls it, which is related to a language directed to hypotheses, methods, propositions and techniques. It begins with a question, and interrogations answered, and again back to the beginning, so it is called cycle. With this, it is divided into three stages, the pre-analysis, exploration of the material and treatment of the results obtained[8].

The pre-analysis is divided into two moments: completeness, where the material shows all aspects raised in the script and representativeness, leaving its essential characteristics of the universe exposed, since the analyzed documents were adequate to give results to the objectives proposed by the work. Soon after, it is determined the key word and general theoretical concepts to assist in the analysis of information[7]. In the exploration of the material there is a classification operation that aims to reach the main focus of the comprehension of the text. First, it is necessary to investigate the words that caused the greatest impact during the interview with meaningful expressions, aiming at shortening the text, keeping it rich and dense. Finally, the treatment of the results obtained and interpretation is the third and last stage of the technique of Minayo[8], bringing the results obtained and allowing the information reached to be highlighted among other information.

There was no use of qualitative analysis software. Some participants provided spontaneous feedback after the interview, stating that they considered the topic relevant and little discussed in the work environment; however, this feedback did not set up a formal process to validate the findings. Not all speeches were included in the results, with priority being given to those that best represented the thematic categories.

Ethical aspects

This study was carried out in accordance with Resolution no 466 of 2012 and Resolution n. 510 of 2016 of the National Health Council. It was approved by the Research Ethics Committee (CEP) under opinion n. 7,297,529, on December 16, 2024. All were voluntarily involved, and fully informed about the objectives of the study, being able to withdraw at any time. The participants were invited and then informed about the objectives of the research, as well as those who had accepted, signed the ICF and received a copy signed by the researcher.

The risks of this research are inherent in the loss of anonymity, invasion of privacy and loss of confidentiality of participants' information. To minimize risks, it was ensured that at no time the identity of the participants would be revealed, since the data were used for academic purposes and, the only ones who will have access to these data will be those responsible for the development of the research that will keep the necessary confidentiality. The participants were identified with codes (P1, P2, P3 etc.) and the recordings of the interviews will be stored for five years in a device with password, held by the researcher.

All interviews were conducted in private and free of interference.

RESULTS

Following the steps of the thematic content analysis proposed by Minayo, the following Registration Units (RUs) emerged from the responses of the participating mothers: (1) Positive experiences and knowledge about breastfeeding in the context of returning to work; (2) Weaknesses in the breastfeeding process during return to work and (3) Family, professional and community support as a pillar in the continuity of breastfeeding[9].

The participants involved are: nursing technicians, nurses, engineer, teacher, pharmacist, psychologists and administrative sectors.

Positive experiences and knowledge regarding breastfeeding in the context of returning to work

The appreciation of breastfeeding, both from the perspective of health and child development, as well as in the symbolic and affective dimension of the bond established with the baby, was evidenced by the participants of the research, breastfeeding being described as an essential and desired act, loaded with expectations, symbolism and meanings built throughout the pregnancy.

> I was breastfed up to two and a half years, so I always grew up with my mother talking about how good it was for both my health, and how good times were. So, also, before getting pregnant I was already very interested in the subject of pregnancy, puerperium, because I always wanted to get pregnant. (P1)

> So, see the importance. If you check that a baby who is breastfed gets much less sick, understood? The mother misses much less, understood? The mother can devote better to work, understood? Why? Because she's not worried at home that the baby is sick with someone else, you understand? So, if you are going to put it on the tip of my pencil, it is very worth encouraging. I had no fault, practically. (P2)

> For me it is very important even for the development of the child and for me as a mother too. So, it is a very great closeness that we develop with the child. And I had two pregnancies, so in both I tried to breastfeed until it worked for him, for her and for me. (P7)

These statements reveal a positive social representation about the practice of breastfeeding, associated with personal fulfillment, fulfilling the maternal role and promoting the child's well-being. This understanding is aligned with the discourse that inserts breastfeeding as an ideal of care and delivery, which reinforces the cultural construction of motherhood as a mission and female responsibility.

Weaknesses in the breastfeeding process during the return to work

The return to work after maternity leave proved a challenging moment for the participants, especially given the need to reconcile labor demands with the maintenance of breastfeeding. The early separation of mother and infant, due to the absence of vacancies in institutional kindergartens, implied

strategies such as milking and storage of breast milk, a practice that although effective, required planning and constant effort.

> In my first week, when I came back, it was very bad, because the breast filled and had no one to provide milk. And then I could go there in the lactarium to be able to take, but the feeling is strange, it's as if you have failed a task that was yours. (P5)

> But the most difficult decision was to put my daughter in a school, a day care, and not have someone from my family to be with her. "In the maternity, I did not have any kind of guidance, in the maternity that I earned, it was a maternity by the plan. And I did not have a nursing visit, nothing, absolutely nothing. It was instinctive, but the instinctive does not exist, no. So, hurt me a little, right? She didn't have a straight grip because of the tongue, so the first week was quite complicated. (P4)

Some mothers reported frustration when faced with the impossibility of sending breast milk to the nursery. They also pointed out that the difficulties were aggravated by internal policies that restricted the number of times a mother could leave to breastfeed, which, during the exclusive breastfeeding phase, was insufficient to meet the nutritional and affective needs of the child:

> I think there's a lack of incentive. Encouragement. I think there's a lack of incentive. Because, putting in check, that is a pediatric hospital, which knows the importance of breastfeeding, understood. (P2)

> Look, my suggestion would be if they could let the mothers breastfeed twice at least in the morning and twice in the afternoon, okay? Even if it is half an hour, let's say one hour in the morning and one hour in the afternoon would be good too. (P10)

Emergency situations in the hospital environment also interfered with breastfeeding routine, causing physical pain due to milk retention and emotional discomfort. The lack of support and incentive network were also factors that hindered this process, as reported below:

> It's a mix of emotion, right? A mix of thoughts, because it was few minutes past 11 o'clock when I received a message from the nursery and I could not go down because the employee was in the lunch time, others went to training and then the nurse took over. Then I had to wait for the others come back and I got a message again- "Will you be able to come? Because she is crying. And she did not eat anything, and there is no way that this child can stay without eating, without breastfeeding." Then, like this, passes a lot of thought in my head, like you are there feeding the other babies and yours is there. (P12)

> And we have no family here, so there is no support network, I had no one to leave. So, I was very worried at the time. "When something happened, I was really nervous. It was a feeling of guilt, despair that took over. Then I called running, asking them to provide bottle to replace. But so, the feeling of guilt was what dominated. (P6)

> So, I have no support network here, right? I have no father, mother, nobody here in Curitiba, then it's me, my husband, anyway, is us. (P8)

Finally, although inserted in a hospital context focused on pediatrics, some participants pointed out subjective barriers, such as the lack of awareness by management about the importance of breastfeeding and the right of nursing mothers.

Family, professional, and community support as a cornerstone in the continuation of breastfeeding

On the other hand, some participants reported the presence of an institutional support network, which plays a crucial role in the success of breastfeeding during return to work. Mothers, reported that the availability of places in nurseries linked to the workplace and the welcoming attitude of school teams were important facilitators for the continuity of breastfeeding. The relevance of managers' sensitivity to maternal demands stands out, as reported in the following:

> And my manager always made it clear. If you need, you can go. You can go breastfeed. I brought my pump to exhaust, so... She spoke, you can go. My people, here is not a specific place for this, but we have rooms where I could lock the door, I felt quiet to exhaust. Could store there right, right? But I know that's a privilege of my sector. Today I am in a very privileged place here inside the hospital. I have a super quiet manager here. (P4)

> I hope everyone has a manager as good as mine, who is there supporting, asking if you are okay, asking how your son is, wondering if I need to leave early, my son is at the doctor, all right, go there. So if I had more people like my manager, it would be very good. (P5)

> I worked at the UHS (Unified Health System) emergency reception, on duty night 12 by 36, then she spent the night without me, in my duty scale, it was difficult for her too and does not give breastfeeding itself, but the bond, do not give a primary breastfeeding, but we managed with a lot of help at home and the hospital, we were able to get around. (P9)

This embracement also extended to educational institutions, as reported:

> Here in the nursery, yes. So they have a small room. Where we are exclusive. So, it has armchairs, has a sink for you to be able to do hygiene if you want. So, I found quite quiet. It is a very suitable place. So much so that sometimes I would go there to see how she was. This beginning to be able to breastfeed. The teachers were always very solicitous. Never imposed me schedule. (P4)

Moreover, the external support network through consultancies was also a factor that enabled better adherence to breastfeeding:

> But I always had people who guided me super well, so they left me quiet, both in the part of tutors also breastfeeding, so I was always quiet in this part. (P3)

> But so, complementing, my youngest son, who today is four years old, he was born, had to stay in the ICU (Intensive Care Unit), stayed twelve days in the ICU, all the difficulty arose in breastfeeding, even so, I managed a while later, because I picked up a nurse, expert, a breastfeeding consultant, she helped me a lot. (P11)

These elements reflect the positive impact of institutional environments promoting breastfeeding, in line with the guidelines of the World Health Organization and the Ministry of Health, which recommend work practices compatible with reproductive rights and the health of children and women.

DISCUSSION

The lactating woman feels strengthened in her capacity by feeding her child through breastfeeding[10]. It is a relational process for the mother and child binomial, in which interaction is related by factors such as: individual characteristics of the woman and the child, and influences of the family, social and cultural environment. The effectiveness of the supply of breast milk to the newborn is the combination of these elements, which contribute to the realization of benefits. It should be noted that the act of breastfeeding goes beyond the nutritional function and is surrounded by biological, psychological, cultural, social, economic and political dimensions, which impact its experience and continuity[11].

The influence of women of previous generations, especially mothers and maternal grandmothers, was important in the construction of meanings and behaviors adopted by infants in relation to breastfeeding[12]. The interviewees attributed high importance to family support and encouragement, with emphasis on the maternal figure as a facilitating element in the establishment and maintenance of breastfeeding.

Some studies that explore the interface between family and breastfeeding show that the experience of generations contributes significantly to the maternal-infant teaching-learning process. The transmission of knowledge supports values, norms and beliefs that promote cultural continuity and the breastfeeding process through generational knowledge[12].

However, the literature shows that maternal self-confidence is one of the main determinants for maintaining exclusive breastfeeding up to six months of life. In this sense, it is important that the Health Education Programs promote the appreciation of exclusive breastfeeding. Such strategies should stimulate the development of a positive perception of one's ability to breastfeed, contribute to the strengthening of maternal self-confidence and to the adherence and continuity of this process[13].

The analysis of some studies showed that puerperal women reported breast discomfort near the usual feeding time, and negative sensations related to return to work. Among the main reports, we highlight the fast pace of routine, the feeling of tiredness and physical and mental overload, sleep deprivation and excessive demands in the professional environment. For some, returning to work was a difficult experience, accompanied by emotional manifestations such as self-criticism, distress and insecurity[14].

Regardless of the family's social origin, trust is an axis in the relationship between daycare, child and guardians. By delegating the care of their children to an institution, those responsible experience a displacement from personal and family function to an institutional context, which requires the gradual

construction of links of credibility and security[15]. Given this scenario, it is essential to establish collaborative actions between managers and employers in order to implement effective strategies that reconcile women's reproductive rights with the improvement of indicators of decent, productive and sustainable work[14].

It can be said that the success of breastfeeding is related to the presence and quality of the support network. The emotional, physical, cultural, social, professional and intellectual needs of women are aspects in which this network can act decisively, with integral support to the infant. Since, in the postpartum period, hormonal changes impact on women's lives, which intensify a state of greater emotional vulnerability. Emotions such as anxiety, stress, fear, instability and exhaustion are common, especially in the face of adaptation to the new routine and demands related to care for the newborn. Social support networks have a significant influence, positive or negative, on the experience of the postpartum woman, and it is essential to understand the determinants and health conditions that involve her, as well as the psychosocial factors that affect this delicate period[16].

The individuals who make up this network, such as family members, health professionals and especially the partner, play a key role in the continuity of a healthy and satisfactory breastfeeding for mother and baby. It is also important to note that each woman experiences puerperium in a unique way, and the support received at this time is crucial[16]. The data presented in this study indicate that women who manage to breastfeed with fewer difficulties are, for the most part, those who have consistent support from the family, health team and spouse. Those who did not have a support network had a suffering from the beginning of breastfeeding, which brought individual consequences.

Most participants reported having the support of family members to maintain breastfeeding after returning to work[1]. Several studies explain the importance of the family nucleus, especially the figure of the companion, as the main source of support, which offers emotional and practical support. Thus, the family support network is essential for the continuity and success of breastfeeding in the context of maternal work. The active participation of the partner is a protective factor in the breastfeeding process. Parental involvement, combined with prior knowledge about the benefits of breastfeeding, exerts a positive influence by providing emotional support, understanding and co-responsibility in maternal decision-making. Such support contributes significantly to the success of breast milk supply, which increases the self-confidence of the infant and favors the continuity of breastfeeding[13].

Initiatives aimed at supporting breastfeeding in the workplace, such as offering adequate spaces for the extraction and storage of human milk, encouragement by colleagues and supervisors, educational actions directed to the mother and her partner, are associated with the longer duration of breastfeeding among women in the labor market. Breast milk is a natural, renewable and easily accessible food, which makes it free of negative environmental impacts related to its production and distribution. In addition, the

existence of breastfeeding support rooms contributes to reducing the use of infant formula, which emphasizes the health benefits, environmental and economic gains of this practice[14].

Nevertheless, during the working day, especially in the period of adaptation of the baby to daycare, mothers report feelings of insecurity and the perception that they are not fully fulfilling their maternal role. Such experiences are accompanied by anguish, frustration and intense internal conflict. This reality highlights the challenges faced when trying to reconcile professional demands with the affective and nutritional needs of their children, even when inserted in institutions that provide support, such as kindergartens linked to the workplace.

Proper breastfeeding practices have a significant impact on children's nutrition, food safety and healthy development, as well as providing proven benefits to maternal health. In this context, the importance of institutional support, especially from companies, for the recognition and guarantee of women's right to breastfeeding is highlighted. The International Labor Organization (ILO) encourages the adoption of policies that promote, protect and support breastfeeding. Measures such as implementing breastfeeding support rooms are effective not only to increase breastfeeding rates, but also to reduce absenteeism, improve professional performance, strengthen the commitment of workers and promote the retention of the workforce. Such initiatives are essential for women to be able to reconcile their professional responsibilities with breastfeeding, which reduces physical and emotional discomfort and maintains their productivity[17].

Educational health interventions can be emphasized, which are important tools to support women and provide subsidies for the adoption of more appropriate breastfeeding practices. Such interventions contribute to the promotion of breastfeeding and to the reduction of infant mortality. In this context, access to information is a key strategic resource for obtaining positive results regarding breastfeeding[11].

Regarding the performance of nursing professionals, as mentioned by the participants, when they resorted to help during the process, technical knowledge on the management of breastfeeding is essential for the development of effective strategies of guidance to mothers[18]. Health education, in this scenario, is a strategy of empowerment of women in the puerperium, which favors the adoption of beneficial behaviors to maternal and child health. Nursing care in the obstetric context should be understood as a privileged space for the shared construction of knowledge, based on educational practices. This perspective is in line with the guidelines of several public health policies, such as the National Humanization Policy and the National Comprehensive Care for Women's Health[11].

Study Limitations

A limitation of this study concerns the small number of participants, which restricts the generalization of results to other institutional contexts. Furthermore, since it is a qualitative research carried out on a single pediatric complex, the perceptions of the collaborators reflect specific experiences

of this environment and may differ from realities present in other workplaces.

Contributions to the Fields of Nursing, Health, or Public Policy

This study contributes to the area of nursing by highlighting the importance of institutional support and reception by management teams in the breastfeeding process during return to work. It contributes to professional practice by strengthening the role of nurses in promoting, protecting and supporting breastfeeding, as well as in sensitive listening to the emotional needs and practices of nursing women.

In the field of health and public policies, the study reinforces the need to strengthen institutional policies aimed at creating working environments favorable to breastfeeding, such as support rooms and flexible schedules, in line with the recommendations of the World Health Organization and the guidelines of the Ministry of Health. The findings also support managers and policy makers in implementing actions that reconcile professional practice with reproductive rights, contributing to improving the quality of maternal and child life.

FINAL THOUGHTS

The results of this study show that, although breastfeeding when returning to work is a challenge, it can be made possible through institutional support, the existence of an adequate structure and strategies developed by mothers themselves. The presence of the Center for Early Childhood Education in the institution, was a relevant differential, which allowed many collaborators to maintain breastfeeding during the working day, and was a facilitator, both for the reception of children and for the physical proximity that enables direct breastfeeding during working hours.

The support of the leadership, flexible schedules and empathy of the team contribute directly to the continuity of breastfeeding, on the other hand, emergencies in the hospital context, lack of incentive and emotional overload can compromise this process. Feelings of guilt, frustration and insecurity were expressed by the mothers, which reveals the need for actions that contemplate not only the physical aspect, but also the emotional one of the infant.

However, it is concluded that the participants of this study had the experience that it is possible to reconcile professional practice with maternal care, provided that there are effective institutional policies, appropriate structures and a welcoming organizational culture. Thus, it is reaffirmed the importance of strengthening institutional strategies that favor breastfeeding in the work environment, not only as a legal right, but as an ethical and human commitment to childhood and motherhood.

REFERENCES

1. Lourdes Maria Nunes A et al. A influência do retorno ao trabalho no aleitamento materno de trabalhadoras da enfermagem. Esc Anna Nery [Internet]. 2022 [citado 2024 nov 4];26:1–10. Disponível em: https://doi.org/10.1590/2177-9465-EAN-2021-0183

2. Fundação Oswaldo Cruz. Depressão pós-parto acomete mais de 25% das mães no Brasil [Internet]. 2022 [citado 2024 nov 4]. Disponível em: https://portal.fiocruz.br/noticia/depressao-pos-parto-acomete-mais-de-25-das-maes-no-brasil

3. Carvalho EC, Astrês MF, Rodrigues FI. Percepção materna sobre transtornos psiquiátricos no puerpério: implicações na relação mãe-filho. Rev Bras Enferm [Internet]. 2011 [citado 2024 nov 4];64(3). Disponível em: https://doi.org/10.1590/S0034-71672011000300006

4. World Health Organization. Saúde mental [Internet]. 2022 [citado 2024 nov 4]. Disponível em: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

5. Ribeiro NP et al. Saúde mental de puérperas durante a pandemia covid-19: revisão integrativa. Aquichan [Internet]. 2022 [citado 2024 nov 4];22(2). Disponível em: https://doi.org/10.5294/aqui.2022.22.2.7

6. Gerhardt TE, Silveira DT. Métodos de pesquisa [Internet]. 1ª ed. Porto Alegre: UFRGS Editora; 2009 [citado 2024 ago 2]. Disponível em: https://www.ufrgs.br/cursopgdr/downloadsSerie/derad005.pdf

7. Engel T, Tolfo D. Métodos de Pesquisa. 1ª ed. Porto Alegre: UFRGS Editora; 2009.

8. Minayo MCS. Pesquisa social: teoria, método e criatividade. 18ª ed. Rio de Janeiro: Vozes; 2001.

9. Minayo MCS, Ferreira SD, Romeu G. Pesquisa social: teoria, método e criatividade. 26ª ed. Rio de Janeiro: Vozes; 2007.

10. Gonzalez A et al. Influência da orientação sobre aleitamento materno no comportamento das usuárias de um hospital universitário. Rev CEFAC [Internet]. 2013 [citado 2024 nov 4];15(6):509–514. Disponível em: https://doi.org/10.1590/S1516-18462013000600020

11. Lima ELSB, Bispo GSB, Martins RB. Amamentação: os desafios apresentados pelas puérperas e as contribuições da enfermagem. Rev JRG Est Acad [Internet]. 2023 [citado 2024 nov 4];6(13):1892–1905. Disponível em: https://doi.org/10.55892/jrg.v6i13.780

12. Mendonça FT et al. Influência das avós no aleitamento materno exclusivo: estudo descritivo transversal. Einstein (São Paulo) [Internet]. 2018 [citado 2024 nov 4];16(4). Disponível em: https://doi.org/10.31744/einstein_journal/2018AO4293

13. Ferreira AS, Simões AF, Silva AM, Souza FS, Oliveira MN. Conhecimento de mães e gestantes sobre

o aleitamento materno. Braz J Dev [Internet]. 2023 [citado 28 maio 2025];8(7):16284–16301. Disponível em: https://doi.org/10.34117/bjdv9n5-120

14. Lemes DR et al. Aspectos que influenciam a amamentação entre mulheres trabalhadoras: revisão bibliográfica. Rev Interdiscip Saúde Educ [Internet]. 2023 [citado 2024 nov 4];4(2):121–129. Disponível em: https://doi.org/10.56344/2675-4827.v4n2a2023.7

15.Cláudia MB et al. Cuidados oferecidos pelas creches: percepções de mães e educadoras. Rev Nutr [Internet]. 2007 [citado 2024 nov 4];20(5). Disponível em: https://doi.org/10.1590/S1415-52732007000500006

16. Barros MF et al. Impactos da rede de apoio à amamentação para mães de recém-nascidos pré-termos: uma revisão integrativa. Rev FT Ciênc Saúde [Internet]. 2024 [citado 2024 nov 4];28. Disponível em: https://doi.org/10.69849/revistaft/cl10202410311235

17. Belomo C et al. Promoção, proteção e apoio ao aleitamento materno no trabalho e o alcance do desenvolvimento sustentável: uma scoping review. Ciênc Saúde Coletiva [Internet]. 2023 [citado 2024 nov 4];28(4):1059–1072. Disponível em: https://doi.org/10.1590/1413-81232023284.14242022

18. Carmo SEF, Almeida PA, Kakuda SAK. Effect of a breastfeeding educational intervention: a randomized controlled trial. Rev Latino-Am Enferm [Internet]. 2020 [citado 2024 nov 4];28:1–8. Disponível em: https://doi.org/10.1590/1518-8345.3081.3335

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