# Agencies of women who breastfeed: reflecting on breastfeeding, motherhood, and the internet in Brazil

Agenciamentos de mulheres que amamentam: refletindo sobre amamentação, maternidade e internet no Brasil (resumo: p. 17)

Agenciamientos de mujeres que amamantan: reflexión sobre amamantamiento, maternidad e internet en Brasil (resumen: p. 17)

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The article presents the results of a research on breastfeeding, motherhood and the internet in Brazil carried out between 2020 and 2022. The research started with the analysis of content available on a digital platform aimed at pregnant women and mothers and sought to question how the experience of breastfeeding today is permeated by the information available online and the interactions that result from it. The material was complemented with interviews with some users of the platform and in dialogue with other works on motherhood, feminism and the internet. The aim was to reflect, on the one hand, on the current model of communication about breastfeeding and motherhood in Brazil and, on the other, about the ambivalences surrounding the experiences of mothers in taking care of their children while interacting with the digital environment.

Keywords: Breastfeeding. Internet. Motherhood.

## Introduction

The production of online content made for women and by women about motherhood has become more evident in the digital environment[1,2]. Since the early 2000s, the production of online content for mothers has grown, and the material produced about breastfeeding follows the same path. This phenomenon interferes with relations of authority on the topic, in which "the arrangement among mothers, media, and specialists still prevails, but seems to be reconfigured by new media and new possibilities of interaction"[2] (p. 164). In this sense, this reflection seeks to investigate these new arrangements, considering the critical assumption that most studies on breastfeeding usually start from a medical and public health perspective, with few analyses of experiences that go beyond these statements.

A critical review of the literature on breastfeeding and the internet that mapped articles on the topic in the last ten years[1] concludes that there is a constant concern that the material available online should be as rigorous as possible in terms of information based on scientific evidence. Although such concern is legitimate, we are interested in demonstrating how such questioning cannot be dissociated from the importance of the internet as a means not only of access to reliable information but also of central crossing in contemporary experiences and conceptions of motherhood[3-5].

The objective is to immerse in the experiences and discourses of women who breastfeed[c], seeking to understand what they reveal about models of breastfeeding and motherhood in Brazil today. It is understood that the digital environment offers interesting clues for a "listening attitude"[6] concerning what Brazilian women say, think, and do about breastfeeding, shedding light not only on the different inequalities they face but also on what we understand as their "agencies" in the face of such phenomena, in which the individuals who move also build the world they live in, while also developing themselves[7].

## Research Field

The starting point of the research[d] was an online portal on pregnancy and babies called Baby Center, which was chosen because of its strong popularity in Brazil. Baby Center is an international company, based in the United States, created as a portal in 1997 by Stanford University students and sold in a venture capital fund, after which it was quickly structured as an arm of an e-commerce[e] of baby products. In 2001, Johnson & Johnson bought it, it underwent an expansion plan, left e-commerce, and started operating with "digital marketing solutions"[f]. Finally, in 2020, it was purchased by a digital media company, Everyday Health, Inc. Today it stated that it is "the most accessed portal on the topic worldwide" and is available in nine languages[g].

[c] Although we recognize that not only cisgender women, but also trans men can breastfeed, the research did not find any interlocutor identified as a trans person.

[d] The research that gave rise to this article was conducted during a postdoctoral internship carried out by Natália Fazzioni at the Graduate Program in Health Information and Communication (ICICT/Fiocruz), supervised by Prof. Kátia Lerner, and financed by the Inova/Fiocruz Program.

[e] Website for online purchases.

[f] Process by which users' personal data may be used to formulate targeted marketing strategies.

[g] Access link to Baby Center Brasil: https://brasil.babycenter.com/ (Accessed on 10/18/2022).

**Figure 1.** Initial interface of the Baby Center Portal.
(Print obtained on 10/18/2022)

The Baby Center in Brazil began its activities in 2008 with an editorial office responsible for adapting the content for the Brazilian public. At that time, the portal already contemplated the communities that allow users to engage in or create groups and topics, and make instant exchanges, adhering to the characteristics of a platform, although it continues to exist as a portal[h]. Another resource made available at that time was the monitoring of pregnancy and baby development week by week through newsletters emailed to registered users. With this tool, an important feature was inaugurated in the portal that would later be improved in the Baby Center mobile application, which are body self-monitoring technologies[i].

The trajectory of the portal is representative of the web transformation process in recent decades. In the 1990s, portals followed the standard corporate media format on the web[9], while ordinary individuals published pages on services such as blogs – the most popular among them. Since that period, the issue of motherhood has already populated the web in portals focused on the topic or in blogs created by mothers that were beginning to become popular in Brazil. From the 2000s, the so-called web 2.0[10] becomes popular with the advent of platforms. Such a process of web platformization has been widely debated and problematized over the last decade[11-14].

Braga's work[15] on the Mothern blog was one of the first on the topic and deals with the period of the emergence of blogs, which inaugurated a new way of interacting in new media, making it possible to share questions and experiences of Brazilian mothers, which is made "from mother to mother." Such spaces expanded over the following decade, and with the platforms, they have gained new layers, with a greater level of interactivity and fluidity in the production of content originated by the users themselves.

The Baby Center's trajectory demonstrates that the portal initially survives all these transformations, as it also adapts to them, approaching the model of the platforms and enabling, for example, the interaction with social networks and the creation of self-monitoring applications. Although the objective of this article is not to analyze the

[h] Information obtained in greater detail in the interview conducted in November 2020 with the Brazilian publishers of the Baby Center Fernanda Ravagnani and Carolina Schwartz.

[i] According to Lupton[8], self-monitoring consists of a set of practices in which people intentionally and purposely collect information about themselves, to analyze it and consider it in their lives.

business model of the Baby Center itself, it was considered important to problematize its operation, given the relevance of the topic platforms in technologically mediated societies today. In this article, however, we will start from an analysis of the material obtained in the communities of the portal posted by the users themselves to then take a more careful look at the content extracted from the interviews conducted with them. The research methodology used in both stages will be described below. The project was approved by the Ethics Committee and registered under number CAAE 30185120.4.0000.5241.

## The Users and the Baby Center Community

A demographic survey carried out by the Brazilian publishing team with 1500 users pointed out that women's age was up to 29 years old, and family income between two and three minimum wages are predominant in the platform[j]. The questionnaire prepared for this research, and which resulted in 144 responses showed a predominance of white women, with an income of up to four minimum wages and an average age of thirty years old. Despite this, the heterogeneity of audiences accessing the platform draws attention, revealing a greater democratization of access to digital resources in the country[k].

The mapping of the content available in the Baby Center Community was divided into two existing categories within the portal itself: groups and topics (which are the topics of debate or questions created within the groups). Given the volume of information available, we decided to use the word "milk" in the portal's search engines and, from there, map the existing groups and topics. The use of this word is justified by the different meanings and experiences attributed to this liquid, which can be both breast milk and other types of milk, so it is possible to diversify experiences and possibly include unsuccessful breastfeeding and the need to introduce other types of milk.

[j] The Baby Center did not publicly disclose the research, but rather shared exclusively with the researchers to be used in this investigation.

[k] As demonstrated by the last survey of Information and Communication Technologies (ICT) Households in 2021, 12 million households in Brazil (17%) do not have access to the internet and 55% of them do not have computers, especially in social classes with lower family income (available at https://cetic.br/pesquisa/domicilios/ Accessed on 10/19/2022).



**Figure 2.** Community interface and access to groups.
(Print obtained on 10/18/2022)

**Figure 3.** Community interface and access to groups.
(Print obtained on 10/18/2022)

"Tracking milk"(l) has led us to the main posts, both in the groups and in the topics, referring to two themes: breast milk production and ways of administering infant formula and other milks and foods. Usually, the posting occurs after a medical consultation and begins with sentences such as: "The doctor said that [...], but [...]." Usually, then, other opinions or a validation of that conduct are sought, as if there was more confidence in the experiences of other mothers than in that of specialists. This movement simultaneously demonstrates a novelty and a continuity of a phenomenon already observed in contemporary maternity hospitals since the 1980s, especially in the middle class, in which family members and specialists more traditionally linked to pregnancy and maternity (such as obstetricians and pediatricians) lose their position of authority in the face of peer groups and "new specialists" (psychologists and, more recently, breastfeeding consultants, doulas, etc.)[16,17].

The material found on milk draws attention to the fact that there is an official communication model adopted by specialists and campaigns on breastfeeding, focusing on ideal breastfeeding models, which crosses the experience of mothers in a deterministic way and offers some listening occasions and visibility to what women do when they cannot breastfeed.

This official model would be based mainly on the relevance of exclusive breastfeeding with breast milk up to six months and prolonged breastfeeding up to two years old. The World Health Organization and the Ministry of Health recommend both guidelines. From these official recommendations and this idea of breastfeeding, questions arise among the groups: those that escape medical scrutiny and official recommendations from health agencies but are part of the daily lives of mothers who care for their children. We found out

(l) This is inspired by Bruno Latour's proposals[18] for understanding networks where human and non-human dots connect, understanding milk here as a fluid originated from, but separated from the human body, as a central mediator in the relationships established among the users of the Baby Center. Following the clues of the keyword milk, these relationships become evident in the research.

that there is a hierarchy in the ways of feeding a baby: the use of breast milk, followed by baby formula, are considered ideal ways, while the use of cow's milk, dairy compounds, among others, are not ideal. For the latter group, the consent or advice from other users regarding the use or administration of milk is requested on the platform.

When analyzing materials produced by the Brazilian Ministry of Health to promote and guide breastfeeding, Irene Kalil[6] recognizes the existence of a certain objectification of women and their moral and biological "duty" to breastfeed, reinforcing the paradigm of the "good mother"[19]. The author reveals that naturalistic and romanticized conceptions regarding the maternal figure – which have been part of representations about motherhood since the beginning of the last century, in what became known as the hygienist prescription[20,21] – still remain, albeit differently, in more recent campaigns.

This model has been reinforced, although with criticism, with the movement originating in the Brazilian urban middle classes focused on the defense of a more "natural" and "humanized" maternity. The criticism is aimed at hospital births, understood as an interventionist practice. This criticism also spreads to other practices such as ways of breastfeeding, carrying, and sleeping with children, evoking a certain idea of "maternal instinct," already approached by other authors[22-24].

Although the material revealed the intersections of these old and new ideals in women who use the Baby Center forums, the objective of the interviews was to better qualify how these experiences occur between them, considering several social markers of difference and how they produce meanings from different places of belonging and experiences of motherhood.

## Methodology

In total, 15 Baby Center users were interviewed for the research. The first part of the interviews consisted of a registration form for volunteers that were part of the Baby Center community itself. The questionnaire obtained 144 answers. From this list, thirty women were selected considering variations in age, income, race, and place of residence. Despite the high number of volunteers, among the thirty women contacted, only ten were actually available for the interviews, as the others did not respond to the invitation or did not attend the meeting on the date scheduled for the interview. The second part (n=5) was carried out based on an active search among the researcher's contacts, following the same criteria used in the first stage: women with children up to six months old, who breastfed or had tried to breastfeed and were users of the Baby Center. A snowball sampling was used.

Finally, the data analysis in this article will focus on five of the fifteen interviews, which were selected because they were women who were able to breastfeed despite the difficulties and represented well the diversity found among the participants, considering criteria of income, race/color, and number of children. In regional terms, the final variability was not significant, especially because of the use of the snowball approach in the second stage. The interviews were conducted on Zoom, recorded and transcribed.

The research sought to cover a small but heterogeneous group of women, as shown in the following table. Fictitious names were used, preserving the participants' anonymity. The profile of the five women interviewed was described based on predefined criteria during the selection of the interviewees: age, city of origin, race/color, income, and number of children. The names of the participants were changed to code names, in order to preserve the anonymity of the interviewees.

**Frame 1.** Table with description of the profile of the interviewees.

| Name | Age | City | Race/color | Income | Occupation | Other children/ age |
|------|-----|------|------------|--------|------------|---------------------|
| Silvia | 24 | Cachoeiro do Itapemirim, ES | Black | Up to two minimum wages | Supermarket cashier | No |
| Ilana | 38 | Rio de Janeiro (zona sul), RJ | White | From five to ten minimum wages | Biology teacher | Yes, 11 years old |
| Júlia | 37 | São Paulo (zona sul), SP | White | More than ten minimum wages | Manager | No |
| Paula | 33 | Nova Iguaçu/RJ | Black | Up to a minimum wage | Unemployed, "housewife" | Yes, 7 years old |
| Joana | 30 | São Paulo (zona leste), SP | White | Between five and ten minimum wages | Unemployed tour agent, working with handicrafts | Yes, 5 years old |

## Search

In common, the five participants state the difficulty to start breastfeeding in the first months of the baby's life, when the issue of searching for information seems to become central in their trajectories. We noticed that such a search could be within the community or family, based on their networks of relationships, or even based on other sources, such as books and magazines. However, the main mediator of this process in all reports is the internet.

In this sense, some narratives reveal the search for information before childbirth, but claiming that these were insufficient or excessively focused on childbirth, and not on other elements. They even mention that everything they have read was not useful, as they did not know what would happen once they had the babies in their hands. As Silvia, a young, lower-class black woman, reports:

> I had all the information, I researched a lot, I read a lot, however, insecurity came first. When you have the baby in your arms, although you are the mother, you feel insecure. (Silvia)

Joana, from eastern São Paulo, white and middle class, already had a first child and said she felt safer after the second birth. Even so, she came home with many questions and difficulties with breastfeeding. That is when she started searching for information. Paula, a lower-class black woman from Nova Iguaçu, even though she was in her second pregnancy, mentioned how desperate she was when she got home after giving birth:

> My nipples were cracked, they did not heal, and I suffered a lot. Both nipples were really cracked, and I cried. (Paula)

In the three cases of women who already had older children, the temporal difference between both experiences is marked by the processes of transformation in society, among them, the relationship with information technologies. Ilana, an upper-middle-class white woman from Rio de Janeiro, says:

> At that time [of the first child], there was no such thing, 11 years ago there was no WhatsApp, we didn't use a cell phone like we use today, it's an extension of your body, you do everything on your cell phone. (Ilana)

Paula, despite not participating in any specific group, emphasizes the importance of YouTube and Google in her childcare agencies, which she reveals when commenting on how she had access to an ointment to help with nipple cracks:

> I don't know what the purpose of hospitals is if you have Google. You just type and there are even some little parts there that you can talk to someone, sometimes there is a doctor who says yeah [...] I was like, man, I will leave the house, face a line-up when I get there, and the doctor will say the same thing that I saw on Google? (Paula)

The Baby Center also appeared in most reports, even when they were not specifically asked about it. On this topic, Silvia stated:

> The internet has a lot of information, sometimes they are mismatched, so I was looking for more reliable sources. The Baby Center was a reliable source [...]. The groups are very important because it is an exchange of real information of what really happens, although there are some popular information with guesses and beliefs, but we can filter those. (Silvia)

Julia, a white upper-class woman living in the capital of São Paulo, also criticized this, but formulated her speech in another way, using a vocabulary specific to the medical environment, when linking the insecurity of online information to the absence of "scientific evidence":

> I arrived at the Baby Center because I downloaded the app at the time I was pregnant. I followed it during pregnancy and joined the group of babies from my month, which were the September babies. But I didn't participate much in the discussion forums because most of them were not based on scientific evidence. (Julia)

The notion of "scientific evidence" is strong in Júlia's discourse and appears several times, including when she refers to the way she uses Instagram and the network of professionals she accesses. She states:

> I pull from Instagram 98% of the information I get, usually from profiles that the healthcare providers suggest, the pediatrician, or the speech therapist, doctors and qualified people. I do not seek anything that is not based on scientific evidence. (Julia)

Although this reference to reliable information from a scientific perspective appears in all speeches in different ways, the interviewees did not always say they did only what they understood to be most appropriate from the possibly "scientific" point of view. As Joana states:

> I tried several things to improve breastfeeding, silicone nipple, those aniline ointments... but what solved my problem was the breast shell. Then it started to improve, even though I knew that its use was not recommended. (Joana)

Curiously, they are concerned about justifying their choices in relation to the official recommendations. This also occurred when they justified other practices that were not necessarily contraindicated but to which they had resorted and understood that they had been beneficial for the success of breastfeeding. Two of them mentioned that their mothers gave them canjica (degermed corn kernels cooked with sugar and milk), to increase the production of breast milk, a food traditionally associated with such an increase. One also added: "Scientifically speaking, I don't know if it helped, but I think from the perspective of affection, it did."

The relationship with the notion of scientific evidence is two-fold and seems to reveal important elements. On the one hand, women seek to justify themselves by saying that they believe in the effectiveness of something they understand has no "scientific evidence," such as eating canjica, a dish prepared by their mothers. On the other hand, they reveal that they seek information online, precisely because they do not feel confident, or because it would add to the information they receive or will receive from healthcare providers (supposedly also with scientific evidence).

Thus, as already pointed out by other authors, contemporary models of motherhood are based on a complex logic that confronts "traditional" medicine, in a certain "anti-medicine" posture, at the same time that the mothers call for a scientific legitimation of their practices[23]. In this movement, both the search for validation of "peer groups," such as those found in internet forums, and the aforementioned "new specialists"[16] are central to maternal care trajectories, although they are not equally present in the lives of all of them, as we will reveal below.

## Connections

Julia is the woman with the greatest purchasing power among the interviewees and the one who reported having hired the services of the largest number of providers specialized in the subject: in addition to the pediatrician and the nurses of the milk bank of the private maternity unit where the baby was born, she and her partner hired the services of a breastfeeding consultant and a speech therapist. In this case, access to online information is crossed and informed by contact with specialists and an important network of relationships that help them. Her connections with breastfeeding information start on the internet but end up in interactions with healthcare providers. She was also the only woman who did not reveal that she had less family support during the pandemic, since her mother and mother-in-law could be with her on different occasions.

Ilana also mentioned that she was assisted by a breastfeeding consultant[m] after an unsuccessful attempt to access a public milk bank. But, according to her experience, the search for information connects her less to a network of providers and more to a network of women, through WhatsApp groups[n], which, despite being in a virtual environment, are part of her experience during this period. She states:

> In this [group of mothers] that I am part of, there are 101 pregnant women with babies from all over Brazil and the world [...] this also makes many things possible. (Ilana)

The other three women – Paula, Joana, and Silvia – mentioned the support they received in the maternity ward and during prenatal care. Positively, Paula commented on the nurse at the health center that performed her prenatal care, and Joana mentioned the breastfeeding team at the public hospital where her first child was born, which, according to her, had a more "humanized" character. The other care experiences were considered not to have had a positive effect on breastfeeding. The discrepancy between these experiences is fundamental to reveal how access to information and the exchange of online information do not always allow broader connections in daily life, to facilitate care provision, even though they are an important element in the experience of motherhood. Thus, the care of their children continues to be crossed by inequalities that constitute the lives of these mothers, despite having equal access to information and being connected to the Baby Center and Instagram, for example.

As Sílvia, a supermarket cashier, reports, the company she works for only revealed on the day before that her maternity leave would end on the next day, leaving her distressed about the care of her daughter and the possibility of having to stop breastfeeding:

> I got back very abruptly; I didn't know I was going to get back to work and be informed the day before. I was afraid of the nipple confusion, of her not letting go of breastfeeding, because breastfeeding was my focus [...]. To avoid early weaning, she drinks bottled milk, I milk the milk and leave it in the freezer, my sister-in-law thaws it and gives it to her in the bottle with a dosing spoon, so as not to have a nipple confusion. It is exclusive breastfeeding. (Sílvia)

[m] On the role of consultants and the impressive growth of this occupation in recent years, see Nucci et al.[17].

[n] Extremely popular text messaging service application in Brazil today.

There is a great effort to maintain breastfeeding after returning to work, despite little support and the short leave period[(o)]. The participant uses a specific discourse and technical expressions, such as "nipple confusion" and "exclusive breastfeeding," to justify her desire to continue breastfeeding even after returning to work. Her sister-in-law, as well as her husband, are an important source of support at this moment, while she reports a fight with her mother due to her desire to breastfeed.

This generational conflict, already discussed by Kuschnir[25], marks a generational interval in which women who became mothers between the 1950s and 1990s were instructed to breastfeed for a shorter time, based on the value attributed to artificial milk during this period. Since the 1990s, there has been a change in this perspective from a medical point of view and from certain segments of middle class, as already mentioned. Breastfeeding, in this case, plays a key role, considering that "the traditional values of love and dedication to children are re-signified by the inclusion of breastfeeding as a desired practice"[22] (page 100). However, as the author states, the cost of this rupture is not simple, often implying the rejection of a central support, from the mother or mother-in-law, at a time of intense physical and emotional distress, such as that of postpartum women.

In other reports, the same difficulty in maintaining a support network appears as an obstacle to maintaining the care of children as desired, especially in the narratives of lower-income women. The difficulties in organizing possible care and managing it with breastfeeding permeate the reports of the five women interviewed, whether for labor, family, or financial reasons. Undoubtedly, such possibilities are manifested as more precarious in the case of women more exposed to socioeconomic inequalities, such as Paula and Silvia.

## Engagement

The last aspect analyzed in the interviews was how much these women also produce knowledge and information based on their own experiences. Although all interviewees reported sharing the information they receive on the topic of breastfeeding with friends through groups or the Baby Center, there seems to be an important difference in the ways in which this occurs. In Paula and Silvia's experience, race and social class also represent a desire to monetize the relations with the production of information around motherhood. Their engagements with information about better care for their children also create a window of opportunities for them to have better living conditions. As Paula states:

> I'm eager to have my [YouTube] channel. I haven't created it yet because I don't know how to edit the videos, because I think I'll be able to [...] my husband is checking how to edit because I don't know these things. (Paula)

[(o)] The paradox in Brazil is evident because, although six months of exclusive breastfeeding are recommended, standard maternity leave only lasts four months.

Silvia says:

> I always share a lot of things on my Instagram, motherhood gave me this opportunity to be more targeted on Instagram, so I always post something about it, I like to post about my daily routine. (Silvia)

Unlike other women, who seem to live this period in a more circumscribed way, in these two cases, the ideal of motherhood to be pursued is also incorporated in a greater desire for a standard of living to be achieved.

Thus, we observed that, in their agencies around motherhood and breastfeeding, these women not only seek information for a specific purpose, but also constitute themselves, their bodies and the way they raise their children in the process from such a search. They are also those who share the knowledge incorporated into their subjectivities, feeding back a process of construction of a maternity model that seems to be, at the same time, reinforced and rebuilt from such agencies.

## Conscious, exhausted and connected

In Brazil, a series of investigations point to the deepening of gender inequalities in health services, in which the place of the family in its traditional model is reinforced, based on the nuclear family, the idea of women as reproducers and responsible for the health of the family, emphasizing gender stereotypes[24-26]. When seeking support in the digital environment, we observed that these women also seek to deal with and find support for the burden they often carry by themselves.

The task and responsibility of taking care of children have historically been attributed almost exclusively to mothers in contemporary societies, configuring a process that Dagmar Meyer called[26,27] the "politicization of motherhood", in which generating and taking care of children, which must be "balanced and healthy", becomes the "individual responsibility of each woman who becomes a mother, regardless of their social conditions"[26] (p. 37). Although such a process is not new, according to the author, contemporaneously, such politicization is "incorporated and disseminated by State policies, guides, magazines, newspapers, television, cinema, and advertising. And the model of the caring mother – who takes care of the other and herself – triumphs and, at the same time, democratizes"[27] (p. 82).

In recent years, we have tried to argue that this same politicization spreads on the media and, more recently, on the internet. The experience of motherhood is marked not only by the effects of the media as a vehicle to disclose information but also by the process of mediatization, as a constituent environment of a form of life, forming a "media bios," as Sodré states[28].

At the same time, when such women start to make a more autonomous production of the content available online effective, they begin to have more space for reflection on motherhood as a whole. According to Rosamaria Carneiro[29], "conscious" or "reflexive" motherhood is the process in which mothers in contemporary urban centers seek a

certain type of information and practices that would allow better care for their children, while politically engaging in a debate about the limitations of motherhood, originating in white middle-class feminism, with the internet as the central means. From a specific case, the author analyzes how such engagement has revealed women who question the limits of this "conscious motherhood" and that start to criticize it. They are women who feel overwhelmed, who have no time for themselves, who are tired and/ or exhausted with the many responsibilities they already have, and who, even so, feel the need to always be aware and engaged.

From this "conscious" but exhausting maternity, we observe the paradox that we sought to elucidate from the research material presented. If, on the one hand, networks allow women to be within this process of politicizing motherhood and no longer be mere recipients of information – but also producers –, on the other hand, such a movement seems to add a greater burden regarding childcare. They are the ones who read, research, inform themselves and generate content. They are the ones who feel guilty when they think they have not informed themselves well enough, they are not providing the best care for their children – a care that must be individualized, must follow a current model and at the same time have scientific evidence, as shown.

We suggest that such a process adds another indispensable adjective to the contemporary urban model of motherhood: conscious, exhausted, and connected. Although this is a process common to all of them, there are many differences in how each of them experiences it, as we also observed, revealing the relevance of income conditions in the inequalities involved in their possibilities and perspectives of motherhood.

## Final Considerations

Based on an investigation in the digital environment, we sought to reveal the challenges faced by women who breastfeed in the process of taking care of their children and the standards they believe they have to follow to succeed in this task – reinforced to some extent by the rules they find in the world and on the internet.

In this context, the Baby Center seems to represent this ambiguity in the relationship between the internet and Brazilian mothers. On the one hand, from the access to information, the model of the caring mother and main responsible for the family is perpetuated, within a logic of standardization of behaviors and from the content and tools of the platform, by the information and ideals of motherhood that are shared there by women. In the stories shown, the excess of information about what should be done does not always mobilize professional and informal support networks and a path of less burden for women. On the contrary, this can generate more anxieties and models to be followed that are incompatible with their possibilities. On the other hand, with this community, this space presents a possibility of escaping this plastered model, since they can connect and seek support, solutions to their problems, or relief for their choices, guilt, and anguish.

We conclude this article by suggesting that new models of motherhood are produced in contemporary political agencies also developed by the mothers, with a strong centrality to online interactions. Thus, on the one hand, the idea of the "good mother" seems to be redeveloped in contemporary societies marked by socio-technical mediations, having different impacts on women's lives depending on their social positions. However, on the other hand, the material shows that women seem to be disputing such models when they also occupy the space of information production and are able to create bonds between them, have voices in public spaces and, potentially, establish new models of motherhood.

## Conflicts of Interest

The authors have no conflict of interest to declare.

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O artigo apresenta resultados de uma pesquisa sobre amamentação, maternidade e internet no Brasil realizada entre os anos de 2020 e 2022. A investigação teve como ponto de partida a análise de conteúdos disponíveis em uma plataforma digital voltada para gestantes e mães a partir da qual procurou-se indagar de que maneira a experiência da amamentação hoje é atravessada pelas informações disponíveis on-line e pelas interações que delas decorrem. O material foi complementado por entrevistas realizadas com as usuárias da plataforma e em diálogo com outros trabalhos sobre maternidade, feminismo e internet. Procurou-se refletir, por um lado, sobre um modelo comunicacional vigente sobre amamentação e maternidade e, por outro, sobre as ambivalências que cercam as experiências das mães com o cuidado de seus filhos em interação com o ambiente digital.

**Palavras-chave:** Amamentação. Internet. Maternidade.

El artículo presenta los resultados de un estudio sobre amamantamiento, maternidad e internet en Brasil, realizada entre los años 2020 y 2022. La investigación tuvo como punto de partida el análisis de contenidos disponibles en una plataforma digital enfocada para embarazadas y madres a partir de la cual se buscó indagar de qué manera la experiencia del amamantamiento está atravesada por las informaciones disponibles online y por las interacciones provenientes de ellas. El material fue complementado con entrevistas realizadas con las usuarias de la plataforma y en diálogo con otros trabajos sobre maternidad, feminismo e internet, buscándose reflexionar, por un lado, sobre un modelo comunicacional en vigor sobre amamantamiento y maternidad y, por el otro, sobre las ambivalencias que cercan las experiencias de las madres con el cuidado de sus hijos en interacción con el ambiente digital.

**Palabras clave:** Amamantamiento. Internet. Maternidad.