

Social support networks for Breastfeeding: an action-research

As redes sociais de apoio para o Aleitamento Materno: uma pesquisa-ação

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ABSTRACT Social networks can be regarded as webs of relationships established between people, and their consequences, in individual and collective behaviors. Studies on support networks contribute to unravel the understanding of social interactions, the formation of bonds, exchanges and reciprocities, which circulate the symbolic goods and materials essential to the constitution of social bonds, capable of strengthen everyday practices. The objective of this article was to analyze the social support networks for Breastfeeding stimulation and to develop actions to strengthen them. This is an action research developed in four phases: exploratory, planning, action and evaluation. Data were collected by interviews, field diary and focal group. They were analyzed by thematic content analysis technique. The results, interpreted from sociological contributions of the theory of social networks and the theory of gift, revealed that the nuclear family has a very strong relationship with the nursing mothers, highlighting the partner and the mother as the most influential members in the network social of these. The educational actions performed were constituted of three types of activities, that were complemented: the home visits, the conversations wheels and the interaction of a virtual group. The conclusions affirm the importance of the support network for the practice of Breastfeeding, involving relationships of positive reciprocities, generating feelings of recognition, solidarity and satisfaction.

KEYWORDS Family health. Breastfeeding. Social networking.

RESUMO *As redes sociais podem ser consideradas teias de relações estabelecidas entre as pessoas, e suas consequências, nos comportamentos individuais e coletivos. Os estudos sobre redes de apoio contribuem para desvendar a compreensão sobre as interações sociais, a formação de vínculos, as trocas e as reciprocidades, que fazem circular os bens simbólicos e materiais essenciais à constituição de laços sociais, capazes de fortalecer as práticas cotidianas. O presente artigo teve como objetivo analisar as redes sociais de apoio ao Aleitamento Materno e desenvolver ações para seu fortalecimento. Trata-se de uma pesquisa-ação desenvolvida em quatro fases: exploratória, de planejamento, de ação e de avaliação. Os dados foram coletados por entrevistas, diário de campo e grupo focal. Foram examinados pela técnica de análise temática de conteúdo. Os resultados, interpretados a partir de aportes sociológicos da teoria das redes sociais e da teoria da dádiva, revelaram que a família nuclear possui uma relação muito forte com as nutrizes, destacando o parceiro e a mãe como integrantes mais influentes na rede*

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social destas. As ações educativas realizadas constituíram três tipos de atividades, que se complementaram: as visitas domiciliares, as rodas de conversa e a interação de um grupo virtual. As conclusões afirmam a importância da rede de apoio para a prática do Aleitamento Materno, envolvendo relações de reciprocidades positivas, gerando sentimentos de reconhecimento, solidariedade e satisfação.

PALAVRAS-CHAVE Saúde da família. Aleitamento Materno. Rede social.

Introduction

The term ‘network’ is used in several fields of knowledge and has the most varied interpretations. Networks can be understood as a system of exchanges and reciprocities, involving the person, through actions of agreement/disagreement or alliance/conflict¹.

The people who make up the networks may, in certain situations, take positions to support some kind of problem or need in the said network. For this reason, they are recognized as social support networks, whose interpersonal bonds cause feelings of friendship, trust and solidarity among the members of the groups^{2,3}.

In this direction, social networks emerge as a set of relations and exchanges between individuals, groups or organizations that share common interests, and can also be defined as strategies used by society to share information and knowledge through relationships (work, friendship, leisure, etc.) among the actors (people, groups, organizations, communities, etc.) that constitute them⁴.

Thus, the image of web, of connection, of intertwined wires is always associated with some denominations, such as: political network, social network, service network, internet network, etc., regardless of the perceptions attributed to them, in face-to-face or virtual spaces⁵.

For Fontes⁶, the intensity of social bonds can be classified in terms of the time spent

in relationships and also the magnitude, familiarity and reciprocity of services within these relationships. Consequently, a dichotomy between strong social bonds and weak social bonds can be observed, deducing that proximity or distance between actors may be able to influence the quality of the relations of solidarity, as well as the bonds that sustain the social tie.

Strong bonds maintain the usual tasks, affective support and support for the reproduction of family life. However, nets containing only this type of tie have a predisposition to withdraw into themselves, because the rituals are more perennial and stable, tending to a greater freezing, by the mutual influences and more repetitive affectivities. In turn, weak bonds increase people’s social capital because they multiply relationships and allow access to new information and to different social groups/resources. In the social scheme, an ideal configuration should encompass a bricolage, in a balanced way, between both bonds, for a better social resilience⁷.

Breastfeeding (BF) provides nourishment, bonding, affection and protection for the child. Breastfeeding is a complex practice that encompasses behavioral, cultural, social and historical dimensions. In this way, the BF has different meanings, permeated by ideologies, beliefs and myths. It still receives influences from the time and environment where it is inserted, by the context of those who experience the act of breastfeeding⁸.

In the history of breastfeeding, men have

been instigated to establish alternatives to the demand of women who, for whatever reason, started early weaning. From the time of the wet nurse to the present, strengthened by the marketing of manufacturers of modified milk, infant feeding has served purposes that are not limited exclusively to health issues, denoting, in many situations, modulation of social behavior and the opportunity to make profits of all kinds⁹.

In the last decades, the Ministry of Health has been developing initiatives to qualify the actions of promotion and support to the BF, through the improvement of the skills and abilities of the health professionals who work in the primary care network of the Unified Health System (SUS)¹¹, such as: the Brazilian National Breastfeeding Program; the Baby-Friendly Hospital Initiative (BFHI); the Human Milk Bank; the Kangaroo Method of Humanized Attention to the Low-Weight Newborn; and the Breastfeeding-Friendly Primary Care Initiative (IUBAAM). In addition to these, there was also the implantation of Brazilian Breastfeeding Network in 2011, and the National Strategy for the Promotion of Breastfeeding and Healthy Complementary Feeding in the Unified Health System – the Brazilian Breastfeeding and Feeding Strategy (EAAB) in 2012, and strategies for social mobilization through the World Breastfeeding Week and the National Human Milk Donation Day, among others¹⁰. It is worth mentioning, furthermore, the Stork Network (SN), a strategy instituted in the SUS by the Ministry of Health/Cabinet of the Minister nº 1,459/2011, which consists of a network of care that assures women the right to reproductive planning and humanized care during pregnancy, childbirth and the puerperium.

It is recommended, therefore, that, during prenatal care, the health professionals involved should direct women and their families to the BF at different educational moments. This way, the health team must identify the knowledge,

practical experience, beliefs and social and family life of the pregnant woman, in order to promote health education for the BF, as well as to ensure vigilance and effectiveness during the care to the postpartum nursing mothers¹².

Even with all the incentives and campaigns to promote BF, artificial breastfeeding is still very much present, raising the coefficient of infant mortality in the first year of age. This early weaning poses serious problems for the health of the child, therefore, it is important to know the causes and consequences of this practice, emphasizing the influences of social changes, urbanization and lifestyle in this process¹³.

This article addresses the theme of social networks related to ‘breastfeeding’, highlighting the importance of an expanded understanding of those that influence the practice of breastfeeding in the search for and achievement of trust, bonding, respect and esteem, as a transforming praxis. The interest in the effective insertion of the support to the BF arises from the concern about the deleterious effects of the precocious weaning, a situation frequently observed by the practice in the Family Health Strategy (FHS)¹⁴.

It is worth noting that breastfeeding is not totally instinctive for the human being. Such an act requires learning to continue successfully and requires constant effort and support. In the interactions in the group, the knowledge is shared with stories of difficulties and successes of breastfeeding. People linked to women, in their daily lives, such as neighbors and the extended family (uncles, cousins, friends), can influence them, with their customs, values, habits and beliefs, as they interfere with the woman’s decision about the act of nursing and continuing the BF¹⁵.

Thus, the practice in the FHS has raised some questions, which guided the investigation, such as: ‘How important are social networks to support BF? How to strengthen educational actions in these networks? How to strengthen your wires through communication

technologies?'. In order to answer the proposed questions, the main objective of the study was to analyze the social networks to support the stimulation and maintenance of the BF and develop actions with a view to strengthening it. Its specific objectives were: to map social networks to support women in the puerperal pregnancy cycle; to develop educational actions to stimulate the BF, involving social support networks; and to analyze the results of educational actions, according to the view of the participants.

Methods

This is an action research with a qualitative approach. The study was developed in the context of the FHS in the area of coverage of a Family Health Unit (FHU) of a municipality in the metropolitan area of Natal (RN), where two health teams assist a total population of approximately 7 thousand inhabitants.

The research participants were eight mothers of children with one month old, in the phase of breastfeeding. The inclusion criteria were: having undergone prenatal care at FHU; being in the puerperium and with Exclusive Breastfeeding (AME); and be with the child linked to the Human Growth and Development Program (CD).

The action research was developed fulfilling a methodological itinerary divided into four phases: exploratory; of planning; of action; and evaluation.

The exploratory phase was targeted at the selection of the participating women and the collection of information. In this phase, the data were collected between October and December 2015, through semi-structured interviews, aimed at identifying the profiles of the participants, mapping the social networks of support of each one of them and raising the initial educational demands on the BF. The mapping of support social networks was made from the elaboration of individual eco-map.

The planning phase was designed to

elaborate the proposal of educational actions, based on identified needs.

The action phase comprised the execution of the planned actions, being directed to the educational meetings (conversation wheels), the Home Visits (HV) and the use of communication technology via instant messaging application.

The evaluation phase consisted of a focus group with a script composed of five guiding questions for the collective evaluation of educational actions, according to the participants' view.

The conversations were recorded on audio, and the speeches, were transcribed. A field diary was also used to record relevant observations. The data were analyzed using the thematic content analysis technique¹⁶, in the phases of: pre-analysis; exploitation of the material and treatment of the results obtained; and interpretation. The interpretation of the results was made from the interrelationships with sociological contributions on social networks.

Regarding the ethical aspects, the research was approved by the Research Ethics Committee (REC) of the University Hospital Onofre Lopes (Huol), Federal University of Rio Grande do Norte (UFRN), in opinion n° 1251502 (Presentation Certificate for Ethical Assessment n° 4846215900005282), following the determinations of Resolution n° 466/12 of the National Health Council (NHC). For the preservation of the anonymity of the subjects, the identities of the speeches are represented by the names of flowers initiated by the vowel 'A', as a reverence to the following expressions: support, friendship and love.

Results and discussion

In the exploratory phase of the research a survey was carried out about the profile of the participating mothers and a mapping of their social networks in order to identify the people who could exert influence over them, in relation to the act of breastfeeding.

The mothers profile and the mapping of their networks

It was found that all participants were young mothers, in the age group of 23 to 30 years, most were married, with a schooling level between four and eight years of school attendance, thus, predominating, elementary education. Half of the group consisted of primiparous. As for the occupation, only three mothers worked outside the home – a sales promoter, a trader, and a cashier – and the rest took over household functions. As for the

pregnancy period, all of them attended low-risk prenatal care. It was possible to detect that two participants gave birth through vaginal delivery and six had a cesarean section. All infants were full term, with three males and five females.

The mapping of the social networks of each mother resulted in the design of eight eco-maps, which identified their affinities and family/social connections. *Chart 1* presents a synthesis of this, highlighting the relationship levels with family members, friends and health professionals.

Chart 1. Social networks of the research participants, 2018

Code name	Primary Network: 'Strong Relationship'	Primary Network: 'Weak relationship'	Secondary Network: 'Strong Relationship'	Secondary Network: 'Weak relationship'
White Acacia	Partner, Mother-in-law	Mother, Sister	Working girlfriends, Health professional	Neighbors
Amaryllis	Partner, Mother-in-law, Sister-in-law, Sister	Mother	Health professional	Working girl friends
Anthurium	Partner, Mother	Sister	Health professional	Neighbors
Yellow Acacia	Mother, Sister	Aunt	Health professional	Friends
Angelic	Mother, Aunt	Sister	Health professional	Friends
Anemone	Partner, Mother	-	-	Neighbors
Alstroemeria	Partner, Sister	Mother	Health professional	-
Allium	Mother, Sister	Partner	-	-

Source: Own elaboration, 2018.

Regarding the representation of the family as a social support, Prates et al.¹⁷ emphasize that breast-feeding women tend to seek, mainly, as a social support network to resolve questions about breastfeeding, family members who have already breastfed (mothers, mothers, sister-in-law and sisters), leaving the professionals less participative in this process.

A study carried out by Fontes¹⁸ notes the importance of the support of health professionals for the early establishment of the mother/child tie, aiming at maintaining the continuous

process of breastfeeding. The professional plays a fundamental role in encouraging and guiding the BF, from gestation to postpartum. This is made possible through the contribution of a dialogical education, to the construction of women's awareness of the importance of breastfeeding, both for the development of their child and for their own benefit.

It was observed that the nuclear family had a very strong relationship with the mothers, emphasizing the partner (father) and the mother (grandmother) as the most influential members in the social network, possibly

acting, as supporters or not, in the practice of breastfeeding. It was identified, as well, that 75% of the nursing mothers cited health professionals as members of the network, indicating a close relationship. Nursing mothers are considered to be knowledgeable individuals, who are primarily focused on their life experiences. Thus, mothers guide daughters or less experienced women about the BF care practices that were previously validated by them and which, within their social contexts, are socially accepted, valued, and respected.

In another study, Linhares et al.¹⁹ show that many women have sought knowledge and practices experienced by other people, as integral parts of this process, and professionals have been losing their credibility. Popular knowledge, habits, cultures, customs and beliefs, more and more, have positively or not favored their own continuity, which generates the need for the elaboration of strategies to promote breastfeeding, in their individuality and in the community. Thus, the social support network, added to the vulnerability in which the woman is, can directly influence the BF. The following records reinforce this argument:

My nipple got hurt [...] my mother told me to put a banana peel. And my aunt told me to give her tea for better sleeping. (Angelic).

I was giving my son another milk and I went to the medical post. And she [the health professional] convinced me to give only my milk until six months. (Alstroemeria).

Considering that health education is related to learning and is designed to achieve a better understanding of certain themes and problems, with changes in practices, the needs of the nursing mothers and their support network were considered according to their reality. For Soares et al.²⁰, the objective of health education is not to inform health, but to transform existing knowledge. The educational practice, in this perspective, aims at the development of the autonomy and the responsibility of the

individuals in the care with the health, but no longer by the imposition of a technical-scientific knowledge held by the health professional, but by the understanding directed to an emancipatory action.

The educational actions carried out

During the planning phase, three types of educational activities were included, which were complemented and considered as constituents of the research action phase: the HV, the conversation wheels and the virtual group interaction.

The HV was a fundamental intervention instrument in the health of the family and in the continuity of any form of care and/or home health care²¹. Considered as a learning space, the residence also allowed to know in a broader way the way of life of the nursing women, with their customs and habits, as well as to provide their needs. In this way, they clarified their doubts, intensifying the support to the BF.

Thus, some myths and beliefs within the context of BF, mainly by relatives, were detected during HV. Among them: the 'weak milk'; the 'insufficient milk'; 'my baby didn't want to latch on my breast'; 'it doesn't quench the baby's thirst'; and the use of the banana peel to heal the nipple fissures. It was also stressed the pressure of the family for the mothers to breastfeed their children, making them responsible for this practice. Based on this context, the myth that 'good mother is the one who breastfeeds' has emerged.

The conversation wheel was known as one of the ways to share experiences, which allows for a deeper dialogue, based on the knowledge and information that each person has on the subject. Each member has the opportunity to speak or express what she thinks. Therefore, a method based on the construction of creativity and social commitment with freedom, being a device of a democratic praxis²².

During the conversation wheels, some manifestations of circulation of blessings were identified, emerging as a loving form of reciprocal recognition, capable of generating

trust and belonging, towards the development of bonds of solidarity and mutual help. A sense of well-being and joy was evident, as a result of the symbolic exchanges of affection, love, attention, companionship and friendship. Tomaél and Marteleto²³ find that individuals integrate social networks as spaces of collective exchanges that qualify experiences, which reinvigorate forms of sociability and communication, during interactions that are constantly redesigned.

Endowment or gift are synonyms, and represent the obligation to give, receive, reciprocate symbolic and material goods continuously, through social relations²⁴. They are terms used in the social sciences to designate the value of use of objects or actions as opposed to the market economy, which is based on the exchange value.

In the field of health, the social system of gift can allow simultaneous movements of individual displacements and group formations, while in bureaucratic and mercantile relationships individuals are often seen as strangers. In social relationships, the giving-receiving-retributing tripod, as a human action, has bonds of sociability, whether family, friendship or community, building, therefore, personal analogies. This way, in the revaluation of the other, a need arises for the conception of a clinic based on the gift of care system, which considers material goods for healing and symbolic goods (attention, listening, care, advice) on the same level as foundations equally relevant to health²⁵.

In this sense, the gift is inserted in relations of reciprocity, in which each one puts solidarity into circulation, whether material and/or symbolic, of interest and ambiguity. Thus, the meaning of the gift should not be associated with charity. On the contrary, it involves a set of complex and intertwined facts that integrate the various dimensions of social life. The universality of the gift is manifested in a more understandable way when you observe the exchanges which are processed on a daily basis and are organized through the gift of

sharing (or sharing). It is in this type of gift, with more horizontal relations, that one can understand where social support is inserted and, consequently, support networks²⁶.

The virtual group, called the 'support group for BF', was formed with the agreement of all the participants, who agreed on their objectives: to exchange experiences, clarify doubts and circulate updates about BF. The chosen application was WhatsApp, for its popularity, ease of use and fast communication. Care was implicated in this group with possibilities and limitations, considering different cultures, knowledge, ideas and involving the relationship of caring for each other. The dialogue highlighted below expresses this sense:

Guys, how do I get more milk? I think I have too little milk. (Allium).

Be calm, the more he suckles, the more you will produce milk. And remember that his stomach is tiny. Check if you're holding him right, and focus on breastfeeding as a practice of much love. (Mediator).

A speech of support and guidance, of the virtual network, sounded at the exact moment of need and, with this, a strengthening was observed in maintaining breastfeeding. Many questions arose and, over time, the group was interacting with more confidence, so that the yearnings were emerging. The desire to respond to the desires of the group's component provided support, which was presented as a trigger in the circulation of the gift and as a motivator of its performance, making visible the practice of reciprocity:

I don't know, but I think that my milk is weak. I'm going to schedule a CD at the medical center, to see if she has gained weight. (Alstroemeria).

I nursed my first child and had the same thought. Check if he is suckling until the breast dries up, because the strong milk, the fattening one, comes last. (Anemone).

It has to be considered that influence in the social network can favor or hamper the act of breastfeeding, because when someone transmits their experience, they also transmit their beliefs, myths and traditions rooted in the context in which they live, which, many times, have no scientific evidence and differ from current recommendations. Therefore, in some dialogues, it is necessary to emphasize the concern about breastfeeding, which, if it does not appear during pregnancy, can be devalued and lead to an early weaning:

In the maternity hospital, I used to say that my nipple was injured and there was no one to help me. The baby spent many hours without eating, because there was no way I could give him milk. Lucky me there was this woman, in the room I was in, and she gave my baby some milk. (Angelic).

My mother told me to eat candy, that I would give lots of milk. (Yellow Acacia).

Many of the needs were observed through the dialogues in the virtual group, and were, also, taken to the conversation wheels and, even, in more particular cases, for a second HV.

Bonds are more important than the donated goods, since they usually involve experiences of positive emotions, during interpersonal relationships, capable of producing and reproducing social bonds through support networks, which are those shaped by a sense of help or assistance, and which are composed of people who collaborate in specific moments, required by some necessity^{18,24}.

The evaluation of actions taken

In the evaluation phase, it was possible to listen and discuss with the mothers the effects of the support network and the educational actions developed in this network for breastfeeding. From the thematic analysis of the contents of the participants' speeches, two categories emerged: 'evaluating the

educational actions' and 'the importance of the support network for the BF'.

On the evaluation of educational actions, health education activities were well received and helped, in many aspects, in the maintenance and continuity of breastfeeding. In the discussion of the focus group, some references highlighted the exchange of experiences, reciprocity, bonding and mutual learning.

Regarding HV, the group mentioned that this was a moment of closer contact with the health professional, in the place where most of the problems happen. The group also highlighted the importance of individual meetings to clarify doubts, and expressed the sense of recognition of the sense of being:

With the visit, I felt important, because we think that after we have the baby, nobody will worry. But no, there was the visit, which guided me how to take care of the child. (Yellow Acacia).

For me, the visit was good, because my nipple was injured and could show it. I was having difficulty breastfeeding, because it was hurting. Then we talked, and I began to take care, and I got better. (Angelic).

The success of health practices depends not only on the technical component, but also on other technologies based on the approximation, dialogue and linkage between professionals, users and services. According to Andrade et al.²⁷, HV is characterized by using a light technology, as mentioned by the mothers in the present research, allowing health care in a more humane and welcoming way. It establishes bonds of trust between professionals and users, as well as between the family and the community, increasing the population's access to health care in one of the points of their care network: the home.

On the conversation wheels, the group emphasized that they were moments of exchange of experiences, sharing of emotions and knowledge, strengthening of friendships and solidarity:

Conversation wheels also helped in breastfeeding. I got more aware of things. One person helps another, and it is more and more knowledge. (White Acacia).

The group helped me a lot. If it were for the advice of my mother-in-law, I would have given a nursing bottle. What I consider most important is that I thought that if the others are succeeding, then, I'm going to do so. (Alstroemeria).

For Melo et al.²⁸, the conversation wheels allow to rescue democratic spaces, favoring the awareness of the people as protagonists and, at the same time, make possible the apprehension of the experiential wisdoms of the individuals that interact, through shared interpretations and understandings, by means of consideration that all are able to contribute, with their potential, to the realization of useful and productive actions.

Regarding the virtual group, the participants reported that they felt a great support of the whole group. They emphasized its usefulness in the availability of support at the exact moment of the emergence of the problem situation, as well as its capacity to represent a link of continuity of the face-to-face group. It was as if the conversation wheel continued at other times. The virtual group further has strengthened the bond and the feelings of friendship, solidarity and reciprocity already cultivated in other activities:

For me, the WhatsApp group was the best. Do you know why? At the time of the discomfort, those people from the family come and say: 'The milk is weak, give a food supplement!' The neighbor listens to the baby crying and says: 'Milk is not enough, give a supplement'. So, thank God, in the nick of time WhatsApp helped me and I did not give the supplement. (Anthurium).

Emphasis should be placed on the importance of valuing the contexts in which mothers are inserted, since they are going to have, throughout the lactation process, the

influence of the individuals that will compose their social support network, that will have innumerable knowledge about breastfeeding and care with the newborn. And such knowledge will be confronted, constantly, with the scientific knowledge acquired in the health services, which may lead to doubts and anxieties for the woman.

Regarding the use of the WhatsApp communication application as a teaching/learning strategy, some authors note that this online interaction tool allows learning to be stimulated, as it happens in a virtual environment, and it is also a means of communication that allows a more spontaneous involvement on people's daily lives. Setting up an adequate space for intersubjective dialogue, in which a virtual dialogue takes place, can be an aid tool to solve doubts, with the participation of a mediator. Because it is through communication, exchanging messages and reflecting in a group – even virtual – that education can be transformed with the new technologies that are present in the contemporary context²⁹.

Therefore, the use of a virtual group had importance as a technology that acted in three senses: as an educational tool, as a means to strengthen the bonds and as a virtual space for the circularity of the gift, since the incentive to breastfeeding, with the sharing of information, assisted the mothers in times of doubt and conflict. The gift is imbricated in the speeches of the individuals, in a complex relation with the social network of support for the BF.

Finally, in relation to the importance of the support network for the BF, all the individuals have recognized and valued the pertinence of stronger bonds for the success of this type of breastfeeding, contributing to individual and collective empowerment, with health benefits for the baby and the mother. This aspect was evidenced by the mothers. Lacerda and Martins²⁴ declare that social support is a kind of sharing gift that reveals the importance of social relations in the health-disease-care process, indicating that individuals and groups need each other to face the limits and

difficulties, in the of life. Research has shown that the network has circulated forms of emotional and informational support:

What I learned again was not giving up on breastfeeding. I learned to continue and I succeeded. The support network was of great importance. In it, I held on to. (Anthurium).

In the beginning, I was depressed, and the network helped me to get better; not give up on breastfeeding, not give up life. (Angelic).

If I had not had the support of the network, I think I would have given a nursing bottle, made porridge and given it to my daughter. I received lots of incentives and learned a lot from the net. (Amaryllis).

Another point observed was that, even if there was a mediation role, there was a horizontal relation between the group, with exchange of knowledge in the conversation wheel and in the virtual group. The dialogues were established with respect and credibility with each other. The actors in the support networks were constantly moving between the positions of donor and donate, so that the dynamic circulation of gifts meant that established relationships, despite their inherent asymmetry, did not crystallize into hierarchy and power²⁴.

The voices emitted declared that the support of the network was fundamental to potentiate the practice of the BF, since it involved relations of exchange and personalities, in which positive gifts were circulated capable of generating feelings of recognition, affection, solidarity and satisfaction during the experience.

Final considerations

This study allowed to recognize the importance of the social network of support to the BF, imputing educational actions permeated

by the gift. Furthermore, it has emphasized the virtual network as a powerful tool for the success of this endeavor.

In this way, the support is reflected in the connection of wires coming from the networks, in which the gift transits in a perennial way, collaborating for the development of autonomy and for the accountability of the subjects in relation to their self-care. Considering the routine nodes that appear in this tangle of threads, it was found that they are untied due to the sharing of knowledge and experiences.

Faced with educational actions, the support of the virtual group has represented an instrument that facilitated interpersonal relations, exchange of experience and collective learning. And, as a light technology, it produced a bond, developing 'humanness', social commitment and autonomy.

It is important to emphasize the importance of the health professionals to know the local social networks to support the BF during the prenatal period, so as to stimulate and value the participation of this network in programs and actions to encourage breastfeeding, strengthening its process. The support of the nuclear family, friends, neighbors and health professionals during the breastfeeding period is essential, and can be a determinant factor of adhesion and maintenance of breastfeeding.

It was observed, during the study, the valorization of the contexts in which the nursing mothers were inserted, in a way that the knowledge was valued and shared in a safe way, avoiding generating doubts and uncertainties in the practice of the BF. All mothers involved in action research were able to complete the child's exclusive breastfeeding period in the first six months of life.

Along this path, the study shows that the health professional, approaching the user, strengthens the social bonds between both, giving rise to, in the exchange of gifts, the necessary force to sustain the conscious and enlightened practice of BF in the context of FHS.

Collaborators

Nóbrega VCF (0000-0002-6566-3599)* contributed to the design, planning, analysis and interpretation of data; critical review of content; and approval of the final version of the manuscript. Melo RHV (0000-0003-0595-6020)* contributed to the design, planning, analysis and interpretation of data; critical

review of content; and approval of the final version of the manuscript. Diniz ALTM (0000-0002-8976-5338)* contributed to the critical review of content; and approval of the final version of the manuscript. Vilar RLA (0000-0002-8393-2561)* contributed to the critical review of content; and approval of the final version of the manuscript. ■

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