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RESEARCH

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ADAPTATION OF NURSING PRACTITIONERS FOR MAINTENANCE OF BREASTFEEDING AFTER MATERNITY LEAVE

*Enfrentamento de profissionais de enfermagem na manutenção da amamentação pós-licença maternidade
Hacer frente a los profesionales de enfermería en el mantenimiento de la lactancia materna después de la licencia de maternidad*

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ABSTRACT

Objective: to analyze the adaptation of nursing practitioners who experienced breastfeeding after the end of maternity leave. **Method:** descriptive study with a qualitative approach, through semi-structured interviews with 8 nursing professionals from a maternal and child hospital and the data were submitted to thematic content analysis. The study was approved under the Certificate of Presentation for Ethical Appreciation (CAAE) 97323218.4.0000.5196, opinion 3.038. 871. **Results:** the average duration of breastfeeding among the interviewees was 3.6 months and four thematic categories emerged: the breastfeeding mother's return to work; Difficulties faced with returning to work; influence of prior knowledge and counseling on breastfeeding and feelings expressed related to breastfeeding. **Conclusion:** even with knowledge and strategies about breastfeeding, nursing practitioners are subject to the same difficulties as other women in relation to breastfeeding.

DESCRIPTORS: Breast feeding; Nurse practitioners; Employment.

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RESUMO

Objetivo: analisar os enfrentamentos das profissionais de enfermagem que vivenciaram a amamentação após o fim da licença maternidade. **Método:** estudo descritivo, de abordagem qualitativa. Os dados foram coletados através de entrevista junto a profissionais de enfermagem em um hospital da região e foram submetidos a análise de conteúdo. **Resultados:** emergiram quatro categorias temáticas, e o tempo médio de aleitamento materno entre as entrevistadas foi de 3,6 meses, apenas 12,5% manteve o aleitamento materno exclusivo por seis meses, 75% aleitamento complementado e 12,5% aleitamento inexistente após o retorno ao trabalho. **Conclusão:** mesmo dispondo de conhecimentos e estratégias sobre a amamentação, as profissionais de enfermagem estão sujeitas as mesmas dificuldades que as demais mulheres em relação ao aleitamento. Evidenciando a necessidade de apoio de profissionais, família e sociedade para o êxito da amamentação.

DESCRITORES: Aleitamento materno; Profissionais de enfermagem; Emprego.

RESUMEN

Objetivo: analizar los enfrentamientos de las enfermeras practicantes que vivieron la lactancia materna luego después de la baja maternidade. **Método:** estudio descriptivo con abordaje cualitativa. Los datos fueron recolectados a través de entrevistas con enfermeras practicantes em um hospital de la región y fueron sometidos a análisis de contenido. **Resultados:** surgieron cuatro categorías temáticas, y el tempo promedio de lactancia materna entre las entrevistadas fue de 3,6 meses, solo el 12,5 % mantuvo la lactancia materna exclusiva durante seis meses, el 75% lactancia materna suplementada y el 12,5% no lactancia luego de su reincorporación laboral. **Conclusión:** incluso teniendo conocimientos y estrategias sobre lactancia materna, las enfermeras practicantes están sujetas a las mismas dificultades que otras mujeres. Evidenciando la necesidad de apovo de los profesionales, la familia y sociedade para uma lactância exitosa.

DESCRIPTORES: Lactancia materna; Enfermeras practicantes; Empleo.

INTRODUCTION

Women have been entering the labor market ever since the industrial revolution. Such growth has guaranteed them the attainment of labor rights, among them, the conquest of maternity leave.¹ In Brazil, it has an average period of 120 days and is essential for the construction of the family nucleus of working women, as it ensures the construction of emotional bonds with the newborn, besides allowing breastfeeding with the security of employment during this period.²⁻³

From this point of view, the Brazilian Institute of Geography and Statistics (IBGE) brings data that in 2021, the rate of women's occupation in the labor market had its fifth year of increase, starting in 2012.⁴ This highlights the female presence in various areas and working classes, especially in some professions such as nursing, in which female participation can be even more expressive. Since in Brazil, about 84.6% of the nursing staff is formed by women.⁵

Even though contemporary society encourages the insertion of women in the labor market, the historical patriarchal fragments demand that this role be linked to the performance of domestic, social, and family tasks. During maternity, the performance of these multiple roles can become even more difficult, since the disparity in domestic activities at home, between men and women, added to the lack of equity in labor laws, and the work environment not favorable to breastfeeding can lead to two main outcomes: job loss or early weaning, the latter being the most common destination in the literature.⁶

Breastfeeding cessation is considered a public health problem and nursing has an important intervention role, and should

be trained to provide guidance to the mother from prenatal to puerperium, because it is understood that breastfeeding is the best and most economical way to provide nutrients for the healthy development of the child, reducing infant morbidity and mortality, and bringing numerous short – and long-term benefits for the mother-child binomial.⁷

In order to reverse the high rates of infant morbidity and mortality in the 1990s, the World Health Organization (WHO), in partnership with the United Nations Children's Fund (UNICEF), created the Baby Friendly Hospital Initiative (BFHI), with the objective of protecting, promoting, and supporting breastfeeding. These organizations have outlined policies that emphasize the importance of initiating breastfeeding within the first 60 minutes of life, exclusive breastfeeding (EBF) until 6 months of age, and complementary breastfeeding until 24 months.⁸ However, despite strategies and policies that address this issue, breastfeeding rates in the country remain below recommended levels and their causes encompass social, cultural, school, and dysfunctional support networks factors, among others.⁹ Furthermore, the literature points to maternal work as a relevant factor that can interfere in the maintenance of breastfeeding, since the type of occupation, workload, and the protection of labor laws can determine the average duration of breastfeeding.¹⁰

Thus, knowing the importance of breastfeeding and the knowledge that nursing professionals have on this subject, not to mention the long daily workload of the nursing team – more than one employment relationship, more than 12-hour shifts, and shifts. The study sought to analyze, in the face of these challenges, the maintenance of breastfeeding by professionals in this category parallel to their work or employment, with the purpose

of answering the following question: what are the challenges faced by nursing professionals who have experienced or are experiencing breastfeeding on a daily basis, after maternity leave?

In order to discuss the influence of returning to work on the breastfeeding routine, describe the strategies adopted by the professionals and identify the facilitating or aggravating factors for the maintenance of breastfeeding after the end of the maternity leave. This study aims to analyze the challenges faced by nursing professionals who experienced breastfeeding after the end of their maternity leave. From this, it will be possible to expand the reflection on the theme, generating the possibility of strategies to benefit the working mother, in the social, academic, and health services spheres, based on scientific and theoretical knowledge.

METHOD

This is a descriptive study with a qualitative approach. It was conducted in a hospital in the Northeastern Sertão, a reference for the Vale do São Francisco sub-medium in maternal and child care, intentionally selected to be the locus of the study for having a significant team of female professionals, and who already perform their functions in that hospital in a feasible time interval to meet the eligibility criteria of the study.

The study subjects were nursing professionals who had experienced or are experiencing breastfeeding after maternity leave, and the inclusion criteria were: having become pregnant and given birth while a formal worker in the last four years and being a nursing professional (nursing technician or nurse). Professionals who did not belong to the staff of the study institution, such as *ferista* or *horista*, were not included in the study.

Data collection was carried out through interviews between the months of December and February 2019, in a private place of the hospital, through a semi-structured script, with objective questions and guiding questions, in which the interviewee had the freedom to express their opinions and feelings before the experience, having reached data saturation with eight interviews. The statements were recorded in MP3 format, and later transcribed in full to support data analysis.

Every source of qualitative data collected was examined by applying the thematic content analysis method, in the thematic modality proposed by Bardin, classified into three distinct phases: (1) Pre-analysis – choosing the speeches and trying to exhaust their conciseness; (2) exploration of the speeches based on the proposed objectives; (3) treatment of the results and interpretations⁸. After the analysis, it became possible the emergence of four categories, named: The return to work of the breastfeeding mother; Difficulties faced with the return to work; Influence of prior knowledge and counseling on breastfeeding; Feelings expressed related to breastfeeding.

All the interviewees signed the Informed Consent Form, and received a copy of it. In order to preserve the participants' anonymity we used the codename "Interviewee" followed by the order of occurrence of the interviews. The research was

conducted according to the required ethical standards, approved on November 26, 2018, by the Research Ethics Committee of the Fundação Universidade Federal do Vale do São Francisco, under opinion 3.038.871 and CAAE: 97323218.4.0000.5196.

RESULTS

Eight women between 25 and 37 years old, mean age 30.4 years, participated in the research. Among them, seven were primiparous (87.5%), one multiparous (12.5%). All expressed the desire to breastfeed, ranging from 6 months to 2 years, with a mean of 1 year. However, despite the intention to provide breastfeeding for a significant time, the average time of exclusive breastfeeding was 3.6 months. Exclusive breastfeeding lasted a minimum of 3 months and a maximum of 6 months, only 12.5% maintained exclusive breastfeeding for 6 full months, 75% had complementary breastfeeding, and 12.5% had none after returning from maternity leave.

Regarding the level of education, four of them had complete high school education (four nursing technicians), being college students (nursing), and the other four had postgraduate degrees in their area of training (nursing).

As for marital status, five of them were married, one was in a stable union, and two were single. The average weekly workload was 48.2 hours, besides dedicating around 45 hours/week to housework, and about 3 hours to studies.

The breastfeeding mother's return to work

The first category emerged in order to describe how health professionals behaved with the end of maternity leave, and the imminent return to the labor market regarding the diet of their children:

I introduced the complement (milk formula) in the third month, because at the end of the fourth month I would already have to go back to work. I was already getting her used to the nipple, the bottle, because I would be out all day. (Interviewee 8)

I included some foods, some little foods, to see if she was adapting (Interviewee 5)

As from five months, she already had to start introducing fruit, and I would complement it with my milk, and if I ran out of fruit, as a last resort she would go to formula, it was very difficult. (Interviewee 4)

There were strategies involving milking, and success stories with maintaining exclusive breastfeeding (EBF):

I started storing milk in the freezer and I would leave the complement (milk formula) in case the (breast) milk was missing. I started with 15 days, because they say it has to be with 15 days, but in no time my stock ran out. (Interviewee 4)

I chose the time to be able to milk, but due to stress, the milk production decreased. (Interviewee 3)

I prepared myself two months before returning to work; in relation to the stock of breast milk, with BIAMA's guidance I started the storage process, prepared the containers, sterilized, milked and brought them for pasteurization, then froze, it was very tiring. (Interviewee 5)

Difficulties faced when returning to work

Combining work and breastfeeding is an experience that must be thought over between the mother and the health professional, taking into consideration all the individual particularities, and thus overcome some difficulties with the return to work:

I think that what bothers and affects us the most is the distance. The worry about who to leave with, how it is at home. It is more worry, of moving away so recently, only 4 months. (Interviewee 1)

As a matter of wanting to breastfeed I managed, but to say that it crossed my mind several times, to stop. Because it is very tiring, besides the work day, the day at home and also a small baby. (Interviewee 4)

Psychologically I was not prepared. It was very difficult, the first three days I cried a lot on duty; but, I had to adapt, because it was a situation that could not change, and unfortunately I had to work even to sustain her, so I could not give up my job, to be able to stay with her, which was what I wanted most. Four months is very little. (Interviewee 5)

The Ministry of Health recommends that we have to breastfeed for six months, but the company we work for does not provide six months of maternity leave, that's when the first problem starts. The second obstacle is the workload, as we who are nurses work six hours, in my case I had two jobs. It was very heavy, leaving me with four months, every day for twelve hours, but luckily in one of the companies I was removed to the office, and I didn't have to give complementary work. I only gave two weekends, it was very complicated having two jobs. (Interviewee 8)

Influence of prior knowledge and counseling on breastfeeding

When asked if they received guidance from professionals on how to proceed with feeding the child with the end of maternity leave and the imminent return to work, the interviewees cited some sources of guidance and advice:

During pregnancy, in prenatal care, in the maternity hospital, mainly about exclusive breastfeeding up to six months and the correct latch. (Interviewee 6)

In the prenatal consultations, they said you had to breastfeed up to six months, no water. (Interviewee 3)

Before I started working again when he was three months old, I took him to the nutritionist. She was the one who oriented me. Not to give him pasta, but to start giving him juice, scraping the fruit, so that he could get used to it. (Interviewee 7).

The information received also focuses on the importance of a diet consisting exclusively of breast milk in the first six months of life, as it is a food that is easily digestible for the baby, an unsurpassable source of beneficial properties to the infant when compared to any other food.

Even though they have their own knowledge or received guidance in consultations, there is a resistance to the information, so that they assume the risks for their child's health, as mentioned in the following statement:

The pediatrician advised that it should be exclusive, six months to milk, remove and store ..., but I soon put mucilon, I put mucilon, and until today, thank God, he hasn't felt anything. (Interviewee 7)

Expressed feelings related to breastfeeding

This category sought to identify in the speeches feelings related to the act of breastfeeding, and breastfeeding after maternity leave:

It's a good feeling, it's something that doesn't give you any work, you take the breast, it's already done, not to mention the benefits, it's much easier than introducing artificial milk. (Interviewee 8)

I liked breastfeeding, especially when I got home, he would go crazy, looking at me, it was a joy. (Interviewee 7)

Among the speeches, feelings of guilt about returning to work also stand out:

I felt guilty for having to leave my baby, I cried a lot to go back to work, because you come to take care of other people's children and end up leaving your own so small, precocious..., but we feel, as if we were, as it were, negligent with our own child, for such a short interval, the 4 months. (Interviewee 4)

It was frustrating, because he was very restless, very tearful because he was very used to me, I was with him all the time; and the first month was very difficult, the adaptation. (Interviewee 1)

DISCUSSION

From the results it was possible to reinforce the subjective experience of maternity, in which mothers, regardless of their professional occupation, face common difficulties and unique difficulties, arising from the sociocultural reality faced by each one.

In the category "Return to work for the nursing mother", even with the 120-day maternity leave, when analyzing the speeches,

it was possible to observe the early introduction of some type of food to the child's diet, which is a way found by the mother to ensure the feeding of her child while she is at work. On the other hand, it is necessary to point out that there are other ways to maintain exclusive breastfeeding, even after the end of the leave, such as milking, flexible schedules, or release for breastfeeding during the workday.

The maintenance of breastfeeding after the end of maternity leave is often influenced by factors related to maternal work, since the presence of feelings regarding productivity, pressure at work, and the support received interfere both with milk production and the feasibility of continuing breastfeeding.¹¹

Being able to maintain exclusive breastfeeding for six months involves the knowledge and implementation of several mechanisms that highlight the importance of milking, good management of milk storage, and not letting the supply exceed storage. The hospital where the interview with the nursing professionals was conducted has a breast milk bank that, besides having a stock of milk for premature children born in the hospital, also provides guidance to mothers on the correct latch, maintenance, and storage that can help mothers during this process.

The second category, "Difficulties encountered when returning to work", showed that the end of the leave became a problem for mothers, mainly due to the sudden change in the routine they had with their children and the performance of multiple tasks at home and at work. The reason for this is that the inclusion of women in the labor market, in the reality of most homes, is not seen as an equal rights achievement, but as one more of their duties: wage-earner, mother, and caretaker of the household chores. All these activities together demand a superhuman effort from women, both physically and mentally.

Such difficulty could be presented as a reason for women to quit their jobs, but studies show that paid work provides meaning to life, personal fulfillment, and improved self-esteem, among other benefits that tend to make women stay at work and use other means to maintain the care of the baby.¹²

The short maternity leave period of 4 months in most services goes against what is recommended in the strategies to encourage breastfeeding. Such divergence between theory and reality seems to assign to the mother most of the responsibility for the success of breastfeeding, without considering the obstacles of returning to work. It is essential to seek ways to raise the awareness of companies, discuss working conditions, legislations, and policies in force in Brazil, because the best investment in maternity leave can bring positive impacts for the health of women and children, in addition to the country's economy.¹³

In the analysis of the statements from the category "Influence of previous knowledge and counseling on breastfeeding" it was observed that prenatal consultations, the Bank for the Encouragement and Support of Breastfeeding (BIAMA), nutritionists, and pediatricians act as a source of guidance for proceeding with the child's feeding and the imminent return to work.

BIAMA is the only milk bank in the region and provides an important service in supporting breastfeeding and processing milk donations. It was mentioned mainly by the interviewees who performed the milking of breast milk. This procedure requires a lot of preparation and effort from the mother; for this reason, having the support of a milk bank is essential, as it has trained professionals who know the techniques of each processing phase, ensuring the quality of the milk offered.

The influence of previous knowledge on the theme among the nursing professionals was not configured as a determining factor for prevention of early introduction of food, because most of the participants started with some type of food before six months of age, showing that the period of maternity leave ends up being shorter than the breastfeeding period recommended by the WHO. Thus, the short leave becomes the biggest obstacle to the practice of breastfeeding among working mothers, because even those who have prior knowledge on the subject and have a greater number of mechanisms for maintaining breastfeeding, are forced to ignore what is recommended as the best diet for their child, in an attempt to reconcile family, domestic, and professional duties.

Thus, it is important that the policies in favor of breastfeeding develop strategies that allow women to breastfeed without the obligation to return to work while the child is still on EBF or at the beginning of the introduction of food, based on listening to the experiences and expectations of women in the most diverse realities that are going through or have gone through this phase, because the success of breastfeeding is not only the mother's responsibility, but also her support network and the actions of society in general.¹⁴

At first, in the category "Feelings related to breastfeeding", all the interviewees saw the act of breastfeeding as a good experience and enjoyed this moment with their babies. During the speeches, at the end of the leave, feelings of fear, vulnerability, and guilt show the emotional state of these mothers facing the separation generated by returning to work.

In this sense, guilt is one of the main feelings that affect the participants, especially because they work in a service that is a reference in maternal and neonatal intensive care, considering that the daily contact with other babies during the workday and the duty of care, provide assistance, listen to the cries and comfort them, referred to the maternal moments experienced. In such a way that it became a dilemma to "abandon" her child who still needed care to "take care of the child of others", thus the guilt was added to the fear of the losses that could be generated in the mother-child relationship during the time of separation.

Thus, it is important to consider the relationship with work as a mediator in the construction of health strategies, not only related to exclusive breastfeeding, but also to the health of the mother-child binomial as a whole, emphasizing the mental health of the working mother and the emotional impact of the moment of separation between the two.¹⁵

CONCLUSION

When analyzing the coping of nursing professionals who experienced breastfeeding, it was possible to find among the main findings, the change in the breastfeeding routine. This is because, even the interviewee who managed to continue with EBF, needed more planning and discipline that the milking strategy requires, changing her routine. The other interviewees, in addition to not having continued the breastfeeding routine, also had to seek alternatives to meet the dietary needs of the infant, generating changes in the dynamics of feeding.

As for the influence of returning to work on the breastfeeding routine, the end of the leave of absence was configured as a decisive and aggravating factor for the end of EBF. Thus, it is suggested that nursing professionals are subject to the same difficulties as other women, and knowing the benefits of breastfeeding is not a facilitator for post-maternity leave breastfeeding if it is not combined with a system that facilitates, in practice, EBF for working mothers.

Thus, health educational actions on the topic are beneficial, but they need to be coupled with strategies that actually enable the maintenance of breastfeeding among women who need to return to work, through improvements in the legislation on the issues related to maternity leave and the awareness by society that the overload assigned to women does not make them the female example to be followed; on the contrary, it causes physical, moral, and emotional damage to them.

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