

Social network to support women in breastfeeding: integrative review

Rede social de apoio à mulher no aleitamento materno: revisão integrativa

Red social de apoyo a las mujeres en lactancia: revisión integrativa

ABSTRACT

Objective: to identify in the literature how the social networks supporting women in breastfeeding are structured. **Method:** integrative review in the PubMed, VHL, LILACS and Scielo databases, using the descriptors "Breastfeeding", "Social Network" and "Clinical Practice Guide". Articles were included in English, Portuguese and Spanish, published between 2015 and 2020. Reflection articles, editorials, and experience reports were excluded. **Results:** nine studies were analyzed, from which three thematic categories emerged: Structure of the social network, primary and secondary; Types of support, especially emotional and face-to-face support and Importance of the social network for establishing breastfeeding, making the family and health professionals co-responsible. **Conclusion:** the studies revealed that the structure of the social network of breastfeeding women is small, but with strong bonds, consisting mainly of the family nucleus, while the secondary network, consisting of health professionals, proved to be fragile and with interrupted bonds.

Keywords: Breast Feeding; Social Networking; Social Support; Postpartum Period; Maternal Health.

RESUMO

Objetivo: identificar na literatura como são estruturadas as redes sociais de apoio à mulher no aleitamento materno. **Método:** revisão integrativa nas bases de dados PubMed, BVS, LILACS e Scielo, utilizando os descritores "Aleitamento Materno", "Rede Social" e "Guia de Prática Clínica". Foram incluídos artigos em inglês, português e espanhol, publicados entre 2015 e 2020. Excluíram-se artigos de reflexão, editorial e relatos de experiência. **Resultados:** foram analisados nove estudos, onde emergiram três categorias temáticas: Estrutura da rede social, primária e secundária; Tipos de apoio, com destaque para o emocional e presencial e Importância da rede social para estabelecimento do aleitamento materno, corresponsabilizando a família e profissionais de saúde. **Conclusão:** os estudos desvendaram que a estrutura da rede social da mulher que amamenta é pequena, porém com vínculos fortes, constituída principalmente pelo núcleo familiar, enquanto a rede secundária, constituída pelos profissionais de saúde, mostrou-se frágil e com vínculos interrompidos.

Descritores: Aleitamento Materno; Rede Social; Apoio Social; Período Pós-Parto; Saúde Materna.

RESUMEN

Objetivo: identificar en la literatura cómo se estructuran las redes de apoyo social a la mujer en lactancia. **Método:** revisión integrativa, en bases de datos PubMed, BVS, LILACS y Scielo, utilizando los descriptores "Lactancia materna", "Red social" y "Guía de práctica clínica". Se incluyeron artículos en inglés, portugués y español, publicados entre 2015 y 2020. Se excluyeron artículos de reflexión, editoriales y reportajes de experiencia. **Resultados:** se analizaron nueve estudios en los que surgieron tres categorías temáticas: Estructura de la red social, primaria y secundaria; Tipos de apoyo, con énfasis en el apoyo emocional y presencial e Importancia de la red social para el establecimiento de la lactancia materna, haciendo corresponsables a la familia y los profesionales de la salud. **Conclusión:** los estudios revelaron que la estructura de la red social de mujeres que amamantan es pequeña, pero con fuertes lazos, conformada principalmente por el núcleo familiar, mientras que la red secundaria, conformada por profesionales de la salud, resultó frágil y con lazos rotos.

Descritores: Lactancia Materna; Red Social; Apoyo Social; Periodo Posparto; Salud Materna.


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How to cite this article:

Skupien SV, Souza SRRK, Wall ML, et al. Social network to support women in breastfeeding: integrative review. Revista de Enfermagem do Centro-Oeste Mineiro. 2022;12:e4348. [Access ____]; Available in: _____. DOI: <http://doi.org/10.19175/recom.v12i0.4348>

INTRODUCTION

The importance of breastfeeding is singular, as it provides short- and long-term benefits for mother and child, as well as for the family and society. For this reason, the temporal reduction of breastfeeding is a problem to be faced, which emanates the need to think about strategies⁽¹⁾.

In Brazil, the strategies are based on public policies⁽²⁾ to promote, protect, and support breastfeeding, such as Breastfeeding Brazil Network, Friend of the Child Hospital Initiative, Brazilian Network of Human Milk Banks, Legal Protection for Breastfeeding, and Monitoring of Breastfeeding Indicators. Despite this, early weaning is still a reality and is also associated with the support of the breastfeeding woman's social network⁽³⁾.

The social network can be understood as a complex system of interpersonal relationships, being able to offer the individual social support through information exchange and professional intervention⁽⁴⁾. Thus, in the health context, this network is a strategy of support and care, where the person can receive emotional help, material help, information, and from institutions⁽⁵⁾.

When considering breastfeeding as a social phenomenon, it is necessary to understand not only the reasons that lead women to wean their children early, but also the relationships they establish with their partners, family members, friends, or with the health professionals who attend to this demand⁽⁶⁾. The understanding of these relationships points to the structure of the puerperal woman's social network, which can be a strategy against early weaning.

In this context, the social network can be divided into primary and secondary, with the primary network being constituted by the history of individuals, comprising family ties, friends, neighbors, and work. The secondary network, on the other hand, is made up of health professionals, institutions, and organizations. Thus, the structure of the social network is given not only by the members that compose it, but also by the quality of the ties that are established between people and networks, in order to generate bonds⁽⁴⁾.

In the social network structure are evaluated: the amplitude (small, medium or large), which indicates the number of social members with whom the woman will maintain personal contact; density, referred to by the interconnection of the network; intensity, judged by the stability in the relationship between two individuals; proximity; frequency, established by

the bond; duration; functions of the social network; and degree of symmetry, understood by the reciprocity or type of support⁽⁴⁾.

Despite the importance that social networks have for the establishment and maintenance of breastfeeding, there is a lack of identification of the structure of such networks⁽⁷⁾. Given the above, the objective of this study was to identify, in the literature, how the social networks of support for women in breastfeeding are structured.

METHOD

This is an integrative literature review on the structure of social support networks for breastfeeding women, in order to enable a synthesis of studies and generate knowledge on the subject; a type of study that requires methodological rigor in all stages of its development, being a method capable of offering subsidies for health interventions⁽⁸⁻⁹⁾.

The integrative review path followed six distinct steps⁽⁸⁾ as well as the recommendations Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)⁽¹⁰⁾. The first step was the choice of the theme and the delimitation of the research question: What are the existing publications on the structure of the social network for breastfeeding women? In the second stage, the criteria for inclusion and exclusion of studies were established. Inclusion criteria were: articles with abstract, available online in full, free access, in Portuguese, English or Spanish, published between the years 2015 and 2020 and that had as object of study the structure of the social network of support for women and breastfeeding. This temporal delimitation was established aiming at an adequate number of current studies, because a large number of articles could hinder the conduct of the integrative review as well as generate biases in the following steps. And, as exclusion criteria: reflection articles, editorials, letters to the editor, experience reports, and opinions/comments.

The search was conducted through the databases Virtual Health Library (VHL), Latin American and Caribbean Literature on Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) and Publisher Medline (PubMed), in the month of December 2020.

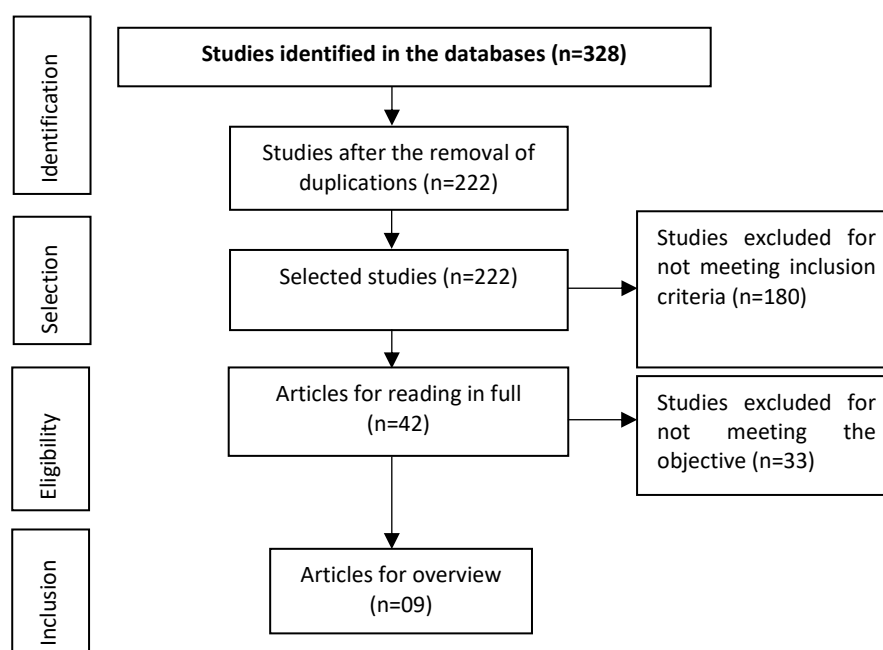
The descriptors in Health Sciences (DeCS) used for the search were "Breastfeeding", "Social Networking" and "Practice Guideline" as well as their corresponding terms in Spanish. The English terms were "Breast Feeding", "Social Networking" and "Practice Guideline", contained in the Medical

Subject Heading (MESH). We also used some key words associated with the theme of the study: "Support Network", "Social Support", "Structuring", "Elaboration", "Construction", and "Formulation". The search strategy was based on the crossing of descriptors and keywords through the Boolean operators AND and OR.

From the data collection, 328 studies were located that were submitted to evaluation by applying the previously defined inclusion and exclusion criteria. Based on the criteria, studies were excluded if they were not in article format, if the article was not available in full, if it was

duplicated, and if it was in a language not included in the research (French). Furthermore, the titles and abstracts of the studies were read, excluding those that were not in accordance with the proposed theme. After the careful selection of studies, 42 articles were read in their entirety to identify those that answered the research question/objective of the study. From this process, nine articles were included in the review. The flow with the details of the selected articles was prepared following the PRISMA recommendation⁽¹⁰⁾, represented in Figure 1.

Figure 1. Flowchart for the selection of articles from the integrative review, prepared according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Curitiba, Paraná, 2021.



Source: Authors.

The third step was the development of an instrument for extracting information, containing: title; country and year of publication; objective; outline and theoretical framework; and main results presented by the study.

The fourth stage was characterized by filling out the instrument and determining the level of evidence⁽¹¹⁾, classified according to the research design (Level 1: meta-analysis of multiple randomized controlled trials; Level 2: experimental studies; Level 3: quasi-experimental studies; Level 4: descriptive or qualitative studies; Level 5: case or experience reports; and Level 6: expert opinions). Also in the fourth stage, from the reading and critical analysis of the studies performed by two researchers, three categories

were listed. The fifth stage was constituted by the interpretation of the results obtained, followed by the sixth stage, with the presentation of the review.

Since this is an integrative literature review and does not involve human beings, the research was not submitted to the Research Ethics Committee. It is noteworthy that the authors' conceptions presented in the analyzed articles were maintained, being cited at all times.

RESULTS AND DISCUSSION

Nine studies were selected and analyzed⁽¹²⁻²⁰⁾ included in this review, as described in Figure 2.

Figure 2 – Characteristics of the selected studies.

Title	Country/ Year of publication	Objective	Design/ Theoretical framework	Main results
Support for women/nursing mothers in World Breastfeeding Week advertisements ⁽¹²⁾	Brazil/ 2017	Unravel the social network supports of women/nursing women in World Breastfeeding Week advertisements.	Descriptive, Qualitative/ Sanicola Social Network Theory	Primary and secondary networks were identified. The main actors of the woman's social network were her partner, grandmother, and brother. Support uncovered included: emotional, face-to-face, instrumental, and self-support.
Social Support Networks for Breastfeeding; an action research ⁽¹³⁾	Brazil/ 2019	To analyze the social networks that support Breastfeeding and develop actions to strengthen them.	Action Research/ Qualitative	Partner/spouse and grandmother (primary network) are the most influential members of the social network. 75% of the nursing mothers cited health professionals as members of the network, indicating a close relationship. Emotional support and information stood out in the study.
Using the behaviour change wheel to explore infant feeding peer support provision; insights from a North West UK evaluation ⁽¹⁴⁾	United Kingdom/ 2019	Provide theoretically informed insights into how peer support can be operationalized to influence women's breastfeeding experiences.	Mixed methods	Network function regarding the types of support: instrumental, social, practical and emotional were found to be highly beneficial in women's breastfeeding experiences.
Breastfeeding support at an Australian Breastfeeding Association drop-in service: a descriptive survey ⁽¹⁵⁾	Australia/ 2020	To examine women's experiences when accessing a peer support service provided by trained volunteer counselors from the Australian Breastfeeding Association.	Descriptive/ Mixed	Low-cost support; free and continuous access; face-to-face practical support and emotional support for breastfeeding women.
Breastfeeding under the aegis of support networks: a facilitating strategy ⁽¹⁶⁾	Brazil/ 2020	To know the aspects related to breastfeeding from the point of view of women from a countryside town in Rio de Janeiro and discuss the family support network built as a facilitating strategy for the woman to breastfeed her child.	Descriptive/ Qualitative	90% of the women interviewed reported obtaining the family support network (primary network). An important element highlighted by the participants was the lack of professional support network during prenatal and puerperium.
Support network for breastfeeding in late prematurity ⁽¹⁷⁾	Brazil/ 2020	Analyze the breastfeeding support network of mothers of late preterm infants.	Descriptive, Qualitative/Sanicola Social Network Theory	Primary and secondary support networks were small and fragile. Professional support for breastfeeding was identified as weak.
Insertion of a virtual social network group to support exclusive breastfeeding of women after hospital discharge ⁽¹⁸⁾	Brazil/ 2020	To unveil the contributions of the insertion of a virtual community in the social network of women's EBF support after hospital discharge.	Qualitative/ Community-Based Participatory Research	Family figure quite expressive. Health professionals associated only with providing adequate orientation. Virtual group inserted in the women's social support network.

(continue)

Title	Country/ Year of publication	Objective	Design/ Theoretical framework	Main results
Strengthening and weakening of breastfeeding from the perspective of the nursing mother and her family ⁽¹⁹⁾	Brazil/ 2020	Describe the strengthening and weakening elements of breastfeeding.	Multiple case study, Qualitative	The social support network of the nursing mother (family, nurses and other health professionals) was identified as empowering when it performed functions of material support and services; cognitive guide and advice; social companionship. Lack of support and absence of guidance from the network weaken the breastfeeding context.
Typologies of postnatal support and breastfeeding at two months in the UK ⁽²⁰⁾	United Kingdom/ 2020	Broaden the focus of breastfeeding support to include family and friends as well as health professionals and examine their associations with breastfeeding outcomes in the UK.	Exploratory- Descriptive, Retrospective	Complexities of family support (primary network) and its potential impact on breastfeeding, as well as the importance of professional support (secondary network).

Source: Authors.

The studies analyzed are published from 2017 to 2020, with the highlight being 2020 with six (66.7%) articles. Brazil had the highest number of publications with six (66.7%) articles, followed by the United Kingdom with two (22.2%) and Australia with one (11.1%) article. Among the published studies, six (66.7%) were written in Portuguese and three (33.3%) in English. As for the areas, four (44.4%) articles corresponded to Nursing, three (33.3%) to Social Sciences and Medicine, and two (22.2%) to Public Health. The nine articles analyzed were published in eight different journals, and the International Breastfeeding Journal had the largest number of articles selected (22.2%).

Regarding the methodological nature, six (66.7%) articles were qualitative, one (11.1%) was quantitative, and two (22.2%) were mixed. As for the study design, five (55.6%) were descriptive or exploratory-descriptive, one (11.1%) was a multiple case study, and three (33.3%) presented other methodological designs. Among the theoretical and methodological references, Sanicola Social Network Theory stands out, adopted in two (22.2%) studies. Regarding the knowledge produced about the level of evidence of the articles analyzed, the nine (100%) were classified as Level 4.

From the results of the selected studies, common themes emerged, organized into three categories: Structure of the breastfeeding woman's social network; Types of social support;

and Importance of the social network for the establishment of breastfeeding.

Structure of the breastfeeding woman's social network

In this category, studies are included^(12-13,16-18,20) which described the structure, that is, the way the network presents itself. For the exploration of the network, from the structural point of view, the articles analyzed contemplated the types of network (primary and secondary) and only some characteristics such as amplitude, density and proximity.

The literature⁽⁴⁾ points out that the network structure should be explored in its magnitude, being necessary to know the types of networks present and their structural characteristics such as amplitude, density, intensity, affective proximity-distance and physical proximity.

Both the primary and secondary networks are characterized by three dimensions, one of them being the structure, conferred by the perceptible links between people and between networks, generating connections. The primary network is formed from family ties, friendships, and work, while the secondary network is formed by health professionals, institutions, and organizations^(4,21).

The studies^(12-13,17-20) the selected studies revealed that breastfeeding women tend to turn to their families first to help them with breastfeeding and newborn care, and the family environment is

represented as the main social network for these women.

The family is the confluence point in the primary network, because it will represent for the woman an almost always effective resource, based on solidarity, reciprocity and trust. The family is also the most important node of the networks, because it remains throughout time and presents itself as the individual's social and human capital^(4,7).

It was noticed in the description of the studies^(12-13,16) that the social network of breastfeeding women is small, but with strong ties, usually composed of the partner (father), mother (grandmother) and mother-in-law. One study⁽¹³⁾ also highlighted the secondary network, in which 75% of puerperae indicated a close relationship established by ties of trust with health professionals.

In addition to the family, the social network includes health professionals and services, expanding the resources available for the assistance to the nursing mother and intensifying the affective bonds. This secondary network aims at health promotion and intervention as well as the development of educational practices, which are essential to support breastfeeding^(3,6).

Regarding the secondary network of the nursing mother, other studies⁽¹⁶⁻¹⁸⁾ analyzed identified as small or nonexistent and with several fragile or interrupted bonds. In the secondary network, the nurse stands out, cited by the women as the social member most involved in the breastfeeding process⁽¹⁹⁾. Nurses are professionals who are usually at the entrance door of health services, therefore, the interaction of these professionals with breastfeeding women provides more effective actions, whether through health education or face-to-face assistance in care⁽⁷⁾.

Research⁽⁶⁾ pointed out that the members of the social network that were closest to the women who breastfeed were the partner, the mother (grandmother), a friend and the primary care nurse. It is noteworthy that the proximity reveals the degree of intimacy or not among the network members, which may favor, or not, breastfeeding.

In this context, the woman is influenced by her social network⁽²²⁾, where cultural aspects and family traditions may prevail over the orientations of health professionals. This influence is characterized by the time of coexistence. A study⁽²³⁾ shows that the family, present in the woman's daily life, interferes in the practice of breastfeeding.

Understanding the relationships established between the breastfeeding woman and the members of the social network reveals a reality beyond the biological aspects involved in the breastfeeding process and orientations given, but in exchange of experiences and feelings, strengthening the structure of the social network^(24,25).

It is worth highlighting, in the articles selected for this integrative review, the fragility of the information presented on the social network of breastfeeding women. Although they point out the importance of the network, they do not explore all its structural, functional, and dynamic characteristics, which make a more detailed comparison with other studies impossible.

Types of social support

The articles^(12-15,19-20) included in this category revealed some types of support offered by the social network, such as emotional, instrumental, informative, face-to-face, and self-support. The presence of social support was related to positive breastfeeding outcomes. The most frequent types of support cited in the studies were emotional support^(12-13,15,19-20), in-person^(12,14-15,19-20) and informative^(12,14-15,19-20).

During the breastfeeding process, the members of the social network can offer support to the woman: emotional support, which refers to positive valuation, with affection, affection and joy; instrumental support, in which the woman receives practical help, either from health professionals during home visits or from family/neighbors sharing the household chores; informative support, through guidance, advice and suggestions; face-to-face support, in which social members can keep her company during breastfeeding; and self-support, when the woman herself remains confident to continue breastfeeding⁽²⁶⁾.

Facing the difficulties that arise in the breastfeeding process, lay or professional support is seen as the main strategy against early weaning. The support of peers⁽¹⁵⁾ community-based mentoring has been shown to be effective in increasing breastfeeding rates, where mother mentors, community health workers, and breastfeeding support counselors are trained by health workers to work in the communities.

Women who experienced breastfeeding, in most of the reports, were supported by family members (primary network), being offered

company, help with the newborn and help with household chores⁽⁶⁾.

Another study⁽²⁶⁾ showed that the types of emotional and face-to-face support are more offered by the partner/father and grandmothers, representing the support closest to the woman. When the members of the social network exert positive influences on breastfeeding and the woman is determined to breastfeed, the process becomes well established and long lasting.

In relation to the support offered by the secondary network, the performance of health professionals and informative support stand out^(12,14-15,19-20), essential for the encouragement of breastfeeding. The provision of guidance necessary for the breastfeeding process and for reducing breast complications, such as fissures and engorgement, are reported by women as an effective aid⁽²⁷⁾.

The performance of health professionals regarding breastfeeding, most of the time, is focused on the technique/management of breastfeeding and benefits to the child's health⁽²⁷⁾. A study⁽²⁸⁾ states that the health professional needs to be inserted in a relationship of trust and bond with the woman and her primary network to, only then, be able to offer other types of support.

Breastfeeding should involve primary and secondary network support, with emphasis on the structural aspects of social networks, as they are relevant and provide opportunities for contact, as well as providing the context in which emotional, informational and instrumental supports are received⁽²⁶⁻²⁸⁾.

Importance of the social network for the establishment of breastfeeding

It was evident in all the studies⁽¹²⁻²⁰⁾ analyzed the importance of the social network for the breastfeeding woman, before, during and after hospital discharge.

Regarding breastfeeding, the literature describes that the lack of a social support network for breastfeeding women is one of the main reasons for early weaning⁽¹⁹⁾.

The support offered during the breastfeeding process by members of the social network was identified in the studies^(12-15,19-20) as an empowering element, being indispensable for the establishment and maintenance of breastfeeding.

For the establishment of breastfeeding, it is necessary to provide effective and integral support to the woman, through a well-structured social

network, with well prepared and connected levels of care⁽²⁹⁾.

The social network is capable of producing and reproducing social ties, with a sense of help or assistance, and is composed of people who will collaborate with the nursing woman in specific moments, demanded by some need^(13,30). In most studies⁽¹²⁻¹⁷⁾ analyzed, the women affirmed that the social network was fundamental in potentiating breastfeeding.

CONCLUSION

The synthesis of the studies examined in this review made it possible to conclude that the structure of the social network of breastfeeding women is small, but with strong bonds, consisting mainly of the family nucleus. The secondary network, constituted by health professionals, proved to be fragile and with interrupted bonds. However, the women reported that health professionals are essential to encourage breastfeeding, highlighting the nurse, who is usually at the gateway of health services.

The studies on the social network of breastfeeding women unveiled the understanding of the interactions between the members of the network, the formation of bonds, the exchanges as well as the constitution of social ties, capable of strengthening the practice of breastfeeding.

By organizing the synthesis of content from a methodological path, this study contributes to the agile and safe access of health professionals on the subject. Additionally, considering the period of intense transformations that we are going through, presenting the synthesis brought in this article is to cooperate to the theoretical framework of health professionals, especially Nursing, in the approach to puerperal women and care focused on aspects of the particular social network of each one.

This study also contributes to foster literature on the structure of the social network of breastfeeding women, bringing subsidies to discuss articulated and resolute interventions against early weaning. In addition, the nurses' knowledge about the structural, functional, and dynamic characteristics of the social network of breastfeeding women provides a better perception of their needs and the improvement of the care provided to this population.

However, further research is needed to explore the social network of breastfeeding women, regarding its structural characteristics, enabling the mapping of social networks, favoring

the organization of care services and the planning of specific public policies.

This study has a limitation, since the articles included do not explore the woman's social network in breastfeeding in all its structural, functional and dynamic characteristics, which makes a more detailed discussion with the other studies impossible.

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Responsible editors:

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Note: This article is the result of a doctoral report entitled "Systematization of a support network for women who breastfeed in the postpartum" by the Graduate Nursing Program of the Federal University of Paraná.

Received in: 20/05/2021**Approved in:** 14/02/2022