

SOCIAL REPRESENTATIONS OF PSYCHOLOGICAL ASPECTS IN THE PUERPERIUM AND THEIR IMPLICATIONS ON BREASTFEEDING

Debora Garozze Linhalis

Medical Student - UNESC

Julia Lima Marino

Medical Student - UNESC

Larissa Martelele Tiussi

Medical Student - UNESC

Laura Belei Reali

Medical Student - UNESC

Eduarda Portugal Lira

Nursing Student - UNESC

Adriene de Freitas Moreno Rodrigues

Master in Integrated Territorial Management,
Professor at UNESC

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Abstract: Breastfeeding, planned for two years or more and exclusive for the first six months, ensures an emotional bond between the mother and the fetus, in addition to numerous benefits such as nutrition and protection for the newborn. However, there are biological, psychosocial, and cultural barriers that interfere with this process. For this reason, the Ministry of Health adopts methods to advance care for women in the pregnancy-puerperal cycle, since this period is marked by intense transformations. This study aimed to identify the social representations of the psychological aspects of the puerperium and their implications for breastfeeding. This was a qualitative observational, descriptive, cross-sectional study. The sample consisted of mothers assisted at a teaching maternity hospital in Colatina, state of Espírito Santo. Data were collected through a semi-structured interview form that was fully recorded and later transcribed. The results were treated using semantic analysis of the information and the evocations were extracted, which were elucidated through the openEVOC 0.92 software. Later, the discussion of the social representations obtained based on the central core theory. In this sense, according to the Average Order of Evocation, the central core, the zone with the greatest statistical significance, was marked by the words “love” and “pain”. There may be impediments in breastfeeding due to challenges arising from the puerperium and the new changes in the mother’s life during this period of intense renunciations and learning. Within this context, the team of health professionals who provide humanized care needs to be attentive and vigilant to the possible implications in the pregnancy-puerperal period, in addition to having the understanding in this area, capable of positively impacting the lives of women.

Keywords: Breastfeeding, Puerperium, Psychological Factors, Mental Health, Breast Milk.

INTRODUCTION

In motherhood, the puerperium symbolizes a personal experience lived by each woman in a unique and memorable way. This represents the moment that begins after birth, with the expulsion of the placenta and lasting up to 42 days after delivery, also called the postpartum period. It is a condition in which the woman undergoes anatomical and physiological transformations, which can cause several vulnerabilities that compromise her emotional, mental, and physical well-being (RIBEIRO *et al.*, 2021).

Thus, social representations are dynamic conditions that aim to understand the social and instrumental scenario in which we live, enabling communication to establish a shared reality. These phenomena gain space in psychosocial interactions, being mobilized in different transdisciplinary settings, ensuring welcoming and non-interventionist behaviors in the puerperal cycle. Hospitals are increasingly embracing this perspective in their practices (SPINK, 1993).

With the mark of this period of adaptation as a mother, there is a need for reorganization and adaptation to a new role. The woman has a sudden increase in responsibilities as she becomes a reference for a defenseless person, suffering from sleep deprivation and social isolation. In addition, she goes through a process of restructuring her body image and feminine identity. Added to the hormonal imbalance and the difficulties faced in the postpartum period that affect maternal mental health. Adapting to these intense changes causes the woman to become sensitive, confused, and anxious, associated with emotional instability, and can also trigger postpartum depression. Therefore, it is necessary to demystify the popular belief that the postpartum period is an exclusive time of happiness and satisfaction (CANTILHO *et al.*, 2023; GIARRETTA AND FAGUNDEZ, 2015).

Linked to this subject, it is important to highlight the implications of the decision to breastfeed. This is a complex process and is directly influenced by the changes that occur in the postpartum period, the mother's desire and motivation, the positive personal experiences of individuals close to her, her knowledge about breastfeeding, and the support she receives from family, friends, and health professionals. Breastfeeding is not just about the beneficial and protective biological aspect; it also contributes to an important process in strengthening the bond and interaction between mother and baby. The first days of the postpartum period are crucial for the future of breastfeeding, and factors such as fear of not being able to breastfeed, feelings of depression, pain, and especially anxiety can lead to the abandonment of breastfeeding or the introduction of supplementary feeding (CAPUCHO *et al.*, 2017).

Therefore, in the care process, management in humanized care in health services provides the binomial with a more dynamic and beneficial experience, transferring greater safety, reliability, and strengthening ties, in addition to overcoming technical attention, thus contributing to the recovery of women's health after childbirth and avoiding morbidity and mortality (BARATIERI AND NATAL, 2019).

Considering the assumption that breastfeeding is a unique moment in a woman's life, we expect to identify the psychological factors influencing this practice, and the positive or negative social attitudes of puerperal women who go through this process, contributing to the improvement and implementation of strategies to promote breastfeeding. Therefore, the study aimed to evaluate the social representations of the psychological aspects during puerperium and their implications in the breastfeeding process.

MATERIAL AND METHODS

This article was a qualitative., observational, descriptive, cross-sectional study. The sample consisted of 62 mothers assisted in a reference maternity hospital in the northwest region of the state of Espírito Santo, from April 29 to June 28, 2024.

The inclusion criteria were defined as mothers over 18 years of age, and the exclusion criteria were mothers under 18 years of age, postpartum women who for some reason were not with the newborn and who did not want to participate in the research. Each participant received clarifications about the research and guidance on the need to sign the Informed Consent (IC).

The first part of the research consisted of data collection through interviews using a semi-structured electronic form, which was completed by the research team and applied in a specific software. The information was collected through the signing of the informed consent by the participants, and each received a printed copy of the terms. Subsequently, the information was recorded and the statements were extracted in their entirety to collect the evocations and develop the social representations.

The tabulated data were analyzed following the application of the recorded interviews, which were digitized, and transcribed for semantic analysis of the information and the evocations extracted. Using the openEVOC 0.92 software, the evocations were elucidated, stipulating the central and peripheral components of the representation based on a structured list of independent evocations composing the central core theory (SANT'ANNA, 2012).

In order to maintain privacy, the research participants were named "mother (01), mother (02)", and so on. All participation was voluntary and followed all guidelines for human research ethics presented by

Resolutions 466/2012 and 510/20116, of the National Health Council, in addition to special attention to the protection of data of research participants following the General Data Protection Law (Law 13.709/2018).

This research was submitted to the Research Ethics Committee of the University Center of Espírito Santo (UNESC), meeting the criteria designed by the National Research Ethics Committee (CONEP).

RESULTS

As a starting point, the sociodemographic profile of the 62 participating mothers was characterized. These data are listed in Table 01.

Variable analyzed	N	%
Married	36	58.1
Stable relationship	12	19.4
Single	09	14.5
Divorced	05	8.1
Urban area	41	66.1
Rural area	21	33.9
Incomplete elementary education	9	14.5
Complete elementary education	6	9.7
Incomplete high school	11	17.7
Complete high school	29	46.8
Incomplete higher education	3	4.8
Complete higher education	4	6.5
Brown	35	56.5
Black	15	24.2
White	10	16.1
Yellow	1	1.6
Other ethnicities	1	1.6
Roman Catholic	27	43.5
Protestant	3	4.8
Other religions	20	32.3
No religion	12	19.4

Table 01: Sociodemographic profile of mothers assisted in a reference maternity hospital in the northwest region of the state of Espírito Santo, Brazil, 2024.

Source: Research data.

The analysis of the participants' marital status included the following results: 58.1% were married, 19.4% were in a stable relationship, 14.5% were single, and 8.1% were divorced. Regarding residence, 66.1% lived in urban areas, and 33.9% in rural areas. Regarding the level of education, 14.5% of the mothers had incomplete elementary education, 9.7% had completed elementary education, 17.7% had incomplete high school, 46.8% had completed high school, 4.8% had incomplete higher education, and 6.5% had completed higher education.

Regarding ethnicity, 56.5% declared themselves to be brown, 24.2% black, 16.1% white, 1.6% yellow, and 1.6% other. Furthermore, regarding religion, there was a predominance of Catholicism, with 43.5% of participants. As a result, there are also 4.8% corresponding to Protestantism, 32.3% to other religions, and 19.4% to no religion.

When asked about breastfeeding, 82.3% of participants reported a desire and motivation to breastfeed and demonstrated an understanding of its benefits, in addition to 80.6% demonstrating knowledge about the appropriate duration of breastfeeding and 38.7% having previous experience. However, 46.8% indicated the presence of reasons for concern regarding this physiological process. Still, 67.7% of participants received guidance on breastfeeding after birth and 72.6% felt confident to do so after hospital discharge.

In this sense, postpartum women must have a support network to help them during this period. When asked, 87.1% of mothers said they had this support. However, only 8.1% of participants received guidance on mental health care after childbirth. Thus, 43.5% of participants indicated that they feel or have felt like stopping breastfeeding, and 53.2% indicated a loss of femininity after motherhood.

From the results of the free association concerning the first thoughts about breastfeeding, the word “love” appeared with the greatest number of evocations, followed by the word “pain”.

After the evocations were organized by the openEVOC software, a four-square box was produced, formed by the elements that make up the central core and the periphery of a representation. This is described in Box 1.

DISCUSSION

Breastfeeding provides health to the mother-baby binomial by guaranteeing nutritional, immunological, and psychological protection to the newborn, in addition to ensuring the emotional bond between the two parties involved (SOUZA *et al.*, 2021). In this study, 82.3% of the participants had a desire and motivation to breastfeed, in addition to understanding its benefits, and 80.6% demonstrated knowledge about the adequate duration of breastfeeding. Thus, the importance of breastfeeding for two years or more is reiterated, being exclusive in the first six months to guarantee its positive impacts, which are the reduction of infant mortality and the risk of allergies, hypertension, dyslipidemia, diabetes, and obesity, in addition to preventing diarrhea and respiratory infections and ensuring better development of the oral cavity and cognitive function (BRASIL, 2015).

Although the benefits are recognized by postpartum women, there are still biological, psychosocial, and cultural barriers that interfere with breastfeeding. In this sense, 46.8% of mothers reported concerns associated with breastfeeding. This can be explained by maternal insecurity regarding the appropriate technique, the time to return to work, which involves storing milk and its administration, and also by the consequent injuries involving the postpartum breast (GONÇALVES, DE

BRITO AND NUNES, 2023). In addition to the fears inherent to breastfeeding, the hospitalization process, which can be marked by feelings of sadness, frustration, and denial, is also a factor related to worry in postpartum women. However, even with complications, pain, and discomfort, the legitimization of female existence through maternal love still influences the realization of this act (LIMA *et al.*, 2018).

As a result, 87.1% of the interviewees rely on a support network. In addition to health professionals, this pillar also includes family members and individuals from the community. Thus, the context in which the puerperal woman is inserted should be recognized, since these subjects can be decisive in the adherence to and maintenance of breastfeeding. Numerous pieces of information about breastfeeding permeate the social sphere and this can clash with the scientific knowledge acquired in health services. Thus, health professionals must address these cultural values to resolve the puerperal woman's doubts and anxieties so that breastfeeding can be carried out effectively (PRATES, SCHMALFUSS AND LIPINKS, 2015).

Therefore, the health team's role is to discuss the importance of breastfeeding and encourage it, in addition to monitoring the growth and development of the newborn and ensuring the needs of postpartum women. This should be done to guarantee the expected results of breastfeeding and reduce its abandonment (SANTOS *et al.*, 2022). However, only 67.7% of the participants received guidance on breastfeeding after childbirth. This may have contributed to 43.5% of the participants feeling like stopping breastfeeding and 53.2% losing their femininity after motherhood.

The Theory of Social Representations shows the perception of a given group about an established instrument, and the

Frequency > = 1 / Order of evocation < 2	Frequency > = 1 / Order of evocation > = 2
Love	Health
Pain	Affection
Good	Power
Important	Care
Affection	Breast
Food	Fear
Unique	Food
Bond	Disappointment
Connection	Responsibility
Good experience	Delightful
	Learning
	Difficulty
	Welcoming
	Well-being
	Affect
	Immunity
	Milk
Frequency > = 1 / Order of evocation < 2	Frequency > = 1 / Order of evocation > = 2
Expectation	Sadness
Special	Exhausting
Ability	Protection
Happy	Overcoming
Fundamental	Joy
Life	Commitment
Essential	Cheerful
Pain	Contented
Necessary	Relax
Discomfort	Suffering
Fissure	Frustration
Wonderful	Irreplaceable

Box 01: Squares formed by the elements that make up the central core and the periphery of the social representation regarding the psychological aspects in the puerperium and their implications for breastfeeding identified in a reference maternity hospital in the northwest region of the state of Espírito Santo.

Source: Analysis corpus processed by openEVOC 0.92 software.

same understanding is not possible for individuals with different socioeconomic situations. Therefore, as changes occur in the real scenario, common sense also changes (NOGUEIRA AND DI GRILLO, 2020).

According to the Average Order of Evocation, the upper left quadrant represents the central core, that is, the elements that are most readily evoked and cited with high frequency by the subjects, an area in which the words “love”, “pain”, “good”, “important”,

“affection”, “food”, “unique”, “bond”, “connection” and “good experience” are found. The other quadrants represent the peripheral locations, the upper right quadrant, which corresponds to the first periphery, contains the elements that obtained a high frequency, but that were cited in the last positions, such as “health”, “affection”, “power”, “care”, “breast”, “fear”, “food”, “disappointment”, “responsibility”, “delightful”, “learning”, “difficulty”, “welcoming”, “well-being”, “affect”,

“immunity” and “milk”. The contrast zone, which consists of the lower left quadrant, the contrasting elements, those mentioned less frequently, constitute the words “expectation”, “special”, “ability”, “happy”, “fundamental”, “life”, “essential”, “pain”, “necessary”, “discomfort”, “fissure” and “wonderful”. And finally, the second periphery, which is equivalent to the lower right quadrant, elements less mentioned and less evoked first-hand by the participants, which make up the words “sadness”, “exhausting”, “protection”, “overcoming”, “joy”, “commitment”, “cheerful”, “contented”, “relax”, “suffering”, “frustration” and “irreplaceable”.

The first item in the central core is the word “love”, probably due to the formation of an emotional bond that is provided by breastfeeding and helps in the maternal emotional well-being in the long term, reducing the risk of postpartum depression, which is very common during this period, as well as providing comfort and protection for the baby (ANDRADE *et al.*, 2023). In addition, the skin contact promoted by breastfeeding helps in the development of maternal identity, in the construction and polishing of the feeling of love, and in the sensation and duty of protecting the child, in the same way, it fosters the mother-child touch and gaze (SILVA *et al.*, 2022). Thus, encouraging breastfeeding corroborates a harmonious family life and portrays a renewing moment that goes beyond feeding, symbolizing a set of interconnected benefits throughout life (MODAK, RONGHE AND GOMASE, 2023).

“[...] I felt more like a mother every day, more like a woman and more mature.” (Postpartum Woman 02)

“[...] I felt changed, more like a mother, more caring and responsible.” (Postpartum woman 49)

After the word love in the central core, we have the element “pain” that correlates with the difficulties faced during breastfeeding, such as

incorrect latch, which results in breast pain, nipple fissures, and bleeding. Furthermore, these factors promote maternal anxiety regarding the baby’s nutrition and satiety and lead to early weaning from breastfeeding and the introduction of other foods (MARINHO *et al.*, 2022). Therefore, it is worth highlighting that guidance should be provided from the prenatal period and established habits broken about breastfeeding, in addition to maintaining constant assistance after the baby’s birth for successful breastfeeding (SANTOS *et al.*, 2024).

“[...] Difficulties related to breast wounds, nipple fissures. As I had no knowledge about this, I was desperate.” (Postpartum Woman 01)

“[...] My breasts hurt a lot.” (Postpartum Woman 13)

Still, within this quadrant, we have the word “good” which is associated with the maternal and newborn benefits that breastfeeding provides. The maternal benefits encompass the release of hormones such as oxytocin, which helps prevent puerperal hemorrhages and protect against diabetes mellitus, breast cancer, and other diseases (ANDRADE *et al.*, 2024). As well as for the baby, helping in the development of its immunity and ensuring the nutrients necessary for its health (SANTOS AND PEREIRA, 2022). Given this, it is extremely important to promote support by the family through the sharing of experiences to overcome adversities and the support of the partner to make this moment enjoyable (SILVA *et al.*, 2023).

“[...] To prevent diseases and grow well.” (Postpartum Woman 53)

“[...] For the antibodies and benefits for the baby.” (Postpartum woman 06)

According to Ribeiro *et al.* (2021), among the most prominent components belonging to the first periphery, the first item is the word

“health”, which delves into the complexity of aspects that directly influence the quality of life related to the health of postpartum women resulting from the intense transformations that occur in the pregnancy-puerperal cycle. Therefore, there is a requirement for professionals in the area to be willing to commit to a thorough assessment during the care provided to the mother, child, and family, ensuring quality care in the face of the challenges during this period.

“[...] I think it’s the responsibility for the child, we forget about ourselves.” (Postpartum Woman 25)

“[...] At the beginning, it was a very intense adaptation phase, with many sleepless nights.” (Postpartum Woman 65)

Added to the upper right quadrant, the word “care” highlights the lack of knowledge of effective interventions for the treatment of puerperal psychological and mental disorders. With emphasis on postpartum depression, the lack of recognition and ideal management in this situation can make it difficult for the puerperal woman to exercise motherhood healthily and all the needs linked to it. These are important obstacles to effective care in the hospital environment (BRITO *et al.*, 2022).

“[...] I still haven’t been able to adapt to the changes.” (Postpartum Woman 09)

“[...] It was really complicated because the mother has to deprive herself of a lot of things.” (Postpartum Woman 31)

Finally, in the first periphery, the word “fear” reflects the series of anxieties and new sensations that arise with the arrival of the newborn. Thus, there is also the birth of a new maternal identity, requiring the acquisition of numerous duties, changes in routine, and insecurities, which often occur with the fear and distress of feeling insufficient to fulfill these responsibilities (CAMPOS AND FÉRES-CARNEIRO, 2021).

“[...] Fear with the baby.” (Postpartum Woman 34)

“[...] Leaving home, worrying about who will take care of the baby.” (Postpartum Woman 14)

In the lower right quadrant, the words “sadness” and “exhausting” are aligned, being the most prominent constituents of the second periphery. Breastfeeding represents a natural, instinctive behavior and socially we see the entire breastfeeding process closely linked to the female sphere, and consequently, psychological and hormonal changes are part of the process. The woman, when dealing with her bodily autonomy and the desire to breastfeed or not, manifests unexpected feelings during this process. Sadness, tiredness and physical and mental exhaustion resulting from the new phase and hormonal changes cause the woman to lose bodily autonomy, encouraging her to give up what triggered the process and leading to giving up breastfeeding (Giordani *et al.*, 2018).

CONCLUSION

It remains to be admitted that it is possible to understand that the psychological aspects of the puerperium and their implications for breastfeeding play an extremely important role in supporting exclusive breastfeeding for the first six months of the baby’s life. Additionally, this understanding is essential in preparing the mother both psychologically and physically to perform this function.

Because of this, women have an increased demand for personal responsibilities after the birth of a child, which directly impacts their routine. The hormonal changes triggered physiologically by breastfeeding/ puerperium, social beliefs, and cultural context, modify behavior and self-understanding, experiencing various feelings that influence social representations of the moment, evoking feelings such as love and pain.

The above ideals confirm the value of professionals involved in providing full assistance to these women both in the preconception period, providing guidance on the psychological and physiological changes that occur during this phase, and pregnancy

and childbirth. This way, they can address their insecurities and resolve any doubts they may have, thus ensuring better conditions for humanized care and positively impacting the lives of these patients.

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