

**ORIGINAL ARTICLE**

## LACTATION CARE BY NURSE CONSULTANTS: It Just Hit Me, There's a Field There

Letícia Oliveira Damitz<sup>1</sup>, Fernanda Beheregaray Cabral<sup>2</sup>,  
Tassiane Ferreira Langendorf<sup>3</sup>, Juliana Portela de Oliveira<sup>4</sup>,  
Andressa da Silveira<sup>5</sup>

**Highlights:**

- (1) Lactation consulting emerges as an entrepreneurial professional field in nursing.
- (2) Lactation assistance contributes to increasing breastfeeding rates.
- (3) The work of nurse consultants favors better lactation practices.

**ABSTRACT**

The objective of this study is to describe lactation care through consulting provided by nurses. This is an exploratory-descriptive study with a qualitative approach. Twenty lactation consultant nurses participated. Semi-structured interviews were conducted via Google Meet, recorded and transcribed. The data were analyzed in the thematic modality. Lactation consulting arises from personal experiences and the desire to undertake in this area. However, the topics of breastfeeding and entrepreneurship are superficial in nursing training for qualified practice. It is provided in online and in-person modalities, occurring mainly in the puerperium and at the clients' homes. As it is aimed at mother-baby-family and the extended network if possible, its actions include general guidance, baby care and clinical management in lactation. Consulting promotes maternal empowerment and self-confidence to breastfeed, allows for autonomous work by the nurses, but also involves overload, lack of a fixed salary and demand for successful breastfeeding outcomes. We conclude that lactation consultancy is an emerging entrepreneurial professional field in nursing. The expansion of this powerful strategy in public and private health services may contribute to increasing breastfeeding rates. The role of the nurse consultants favors best practices in lactation that positively imply the promotion, protection and support of breastfeeding and child health.

**Keywords:** consultants; breastfeeding; lactation; nursing; maternal and child nursing; entrepreneurship.

<sup>1</sup> Federal University of Santa Maria (UFSM). Palmeira das Missões/RS, Brazil. <https://orcid.org/0000-0002-1469-8599>

<sup>2</sup> Federal University of Santa Maria (UFSM). Palmeira das Missões/RS, Brazil. <https://orcid.org/0000-0002-4809-278X>

<sup>3</sup> Federal University of Santa Maria (UFSM). Santa Maria/RS, Brazil. <https://orcid.org/0000-0002-5902-7449>

<sup>4</sup> Federal University of Santa Maria (UFSM). Palmeira das Missões/RS, Brazil. <https://orcid.org/0000-0003-1131-8631>

<sup>5</sup> Federal University of Santa Maria (UFSM). Palmeira das Missões/RS, Brazil. <https://orcid.org/0000-0002-4182-4714>

## INTRODUCTION

The National Policy for the Promotion, Protection and Support of Breastfeeding contributes to food and nutritional security and guarantee, focusing on children in situations of individual and social vulnerability, and encourages adherence to breastfeeding and access to quality human milk. It also aims to increase the prevalence of exclusive breastfeeding in the first six months of life and breastfeeding for two years of life or more<sup>1</sup>.

Despite the efforts undertaken by the Policy, there is a high incidence of early weaning. The National Study on Child Food and Nutrition indicated a prevalence of exclusive breastfeeding in children under 4 months of age (59.7%) and in those under 6 months of age (45.8%), while the prevalence of continued breastfeeding in the first year of life was (43.6%)<sup>2</sup>. This scenario justifies actions to encourage breastfeeding for the effectiveness of this Policy, with a positive impact on increasing breastfeeding rates in the country and reducing early weaning. Thus, there is a need for professionals committed to promoting, protecting and supporting breastfeeding, which is what lactation consulting is all about.

Lactation consultants work in a variety of settings, such as clinics, offices, home and/or hospital care, neonatal intensive care units, milk banks and outpatient clinics, through clinical lactation management practices and educational actions to encourage and support breastfeeding based on evidence<sup>3</sup>. In the international scenario, it is worth noting that lactation consultants are certified by the International Board of Lactation Consultant Examiners (IBLCE), approved in an exam offered annually in several countries, and whose title must be revalidated every five years<sup>3</sup>. This reality differs from the Brazilian reality, where such certification is not required. However, the importance of this title for greater qualification, respectability and visibility of this professional is highlighted.

At an international level, Dutch research<sup>4</sup>, as well as systematic reviews<sup>5-6</sup>, have verified the effectiveness of the consultant's work with a positive impact on the rates and duration of exclusive breastfeeding, on the maintenance of breastfeeding and on preventing early weaning. Brazilian research<sup>7</sup> carried out in 2018, in Fortaleza/Ceará, which deals with the perception of ten nursing mothers who received consultancy, highlights the importance of professional updating to offer guidance and support for the practice of breastfeeding so that they feel safe and self-confident in this process.

In the context of nursing in Brazil, in 2016, opinion number 18/2016/CTAS/Cofen was approved, which deals with the activity of consultancy in breastfeeding and puerperium, establishes the monitoring and evaluation of breastfeeding, resolves doubts, guides general health care, corrects errors in positioning during breastfeeding, deconstructs myths regarding this practice and provides assistance to mother, baby and family. In addition to supporting maternal self-confidence in the breastfeeding process, the consultant prevents breastfeeding problems and helps to solve those that have already been established, providing support for its promotion<sup>8</sup>.

Based on these considerations, this study is justified by its relevance to the maternal-child area, since lactation assistance emerges as an enterprising professional field in nursing, which contributes positively to the care and attention to the health of women, the mother-child binomial, and to the increase in breastfeeding rates.

In view of this, the question arises: how does lactation assistance by consulting nurses occur? Based on these considerations, the interest in understanding how lactation assistance by consulting nurses is justified. The study aims to describe lactation assistance through consulting nurses.

## METHOD

This study is classified as exploratory-descriptive, with a qualitative approach<sup>9</sup>. Participants were accessed through contact with a key informant, a reference in lactation consulting who has a public page on digital social networks and is part of a WhatsApp group called Nurses of Brazil, made up of approximately 97 consultants. During this contact, the objective of the study was presented and this informant was asked to share a post in this WhatsApp group with the objective of the research, an invitation to nurses interested in participating and the contact of the author responsible for this communication.

First, two nurses responded expressing interest in participating in the research. Subsequently, they indicated other nurse consultants as possible participants in the study and, so on, as recommended by the snowball technique<sup>10</sup>. It is noteworthy that among the possible participants indicated, there were no refusals to participate in the study.

The inclusion criteria were: being a nurse with training in lactation consulting, regardless of IBLCE certification, and having worked as a consultant in the last 6 months. Nurses who were not working as consultants in the area at the time of the research were excluded.

Data were collected from January to March 2023, through semi-structured interviews consisting of questions about the care provided by lactation consultant nurses. A pilot test was carried out to improve the interview script, which was not included in the analytical corpus. The interviews were scheduled in advance and took place virtually, through the Google Meet platform, recorded with the consent of the participants and lasted approximately forty minutes each, which were later transcribed by the author of the study. These interviews were closed according to the criterion of theoretical saturation of the data through the scope, diversity and depth of the empirical material reached in the 20<sup>th</sup> interview<sup>11</sup>. In order to preserve the identity of the participants, the letter "N" was used, indicating Nurse, followed by a number from one to twenty. The transcripts of the interviews were sent to all participants for validation.

The data produced were subjected to thematic content analysis<sup>9</sup>, which was carried out in three stages: in the pre-analysis of the material produced, an exhaustive and comprehensive reading of this set took place, with systematization of the initial ideas. In the exploration of the material produced, the data were classified and categorized in order to allow inferences about them. In the interpretation, an interpretative synthesis convergent with the research objective was prepared, discussed with contextual comparison references<sup>9</sup>.

The research was approved by the Research Ethics Committee, under opinion 5,768,130. All participants signed the Free and Informed Consent Form (FICF) in two copies, one copy remaining with the interviewee and the other being returned to the researcher in charge via e-mail.. The research followed the ethical guidelines of Resolution number 466/2012 of the National Health Council (NHC)<sup>12</sup>. Furthermore, the Consolidated Criteria for Reporting Qualitative Studies (Coreq) were respected in conducting this research<sup>13</sup>.

## RESULTS

### Characterization of lactation consultant nurses

Twenty lactation consultants from all regions of Brazil participated in the study. Of these, nine were from the South, five from the Southeast, four from the Northeast, one from the Midwest and one from the North of the country. The interviewees' ages ranged from 26 to 67 years old, of which: five were between 26 and 35 years old, ten between 36 and 44 years old and five between 45 and 67

years old. Regarding the year of graduation in Nursing, this ranged from 1979 to 2021, with a mean of 18 years since graduation. Furthermore, 11 consultants had specialist degrees and eight had master's degrees, two of those who already had specialization were studying for a master's degree and one had a PhD. The time working as consultants ranged from 1 to 30 years, with the majority having more than five years of experience. All of them worked as freelance consultants, only one also worked as a consultant in the public health service, and most of them had other employment relationships in nursing.

The thematic category "lactation care by consultant nurses" emerged from the analysis, consisting of the following themes: Lactation care: It just hit me, there is a field there; Lactation consultancy: from operationalization to care provided; Facilities and difficulties of working as a lactation consultant.

### Lactation assistance: It just hit me, there's a field there

For many participants, working as a lactation consultant resulted from challenging personal experiences related to breastfeeding. Although they are nurses, their training in breastfeeding was considered superficial during their undergraduate studies, as indicated by their testimonies that portray difficulties in the process of breastfeeding their children.

Because I've always loved helping women, and in fact, it's a personal thing too, I have personal experience in the field (...) that's what I want to do for the rest of my life, I want to help women so they don't have to go through what I went through (N1).

The need came from my story, because unlike most women, I didn't have any difficulties starting the breastfeeding journey, but I had a lot of difficulty maintaining it, since I worked outside the home (N5).

I didn't even know exactly what the world of breastfeeding was. In college, we learn very superficially about breastfeeding. I became a mother and said, I'm ready, it's going to be wonderful. It was a catastrophe. I had two cases of mastitis, fissures, my breastfeeding process was very complex, it was a shock for me (N6).

Other interviewees entered lactation consulting because they wanted to become professionals and to undertake this field. The need for additional investments in both entrepreneurship and breastfeeding was also highlighted, since the undergraduate course did not cover these training aspects.

I hadn't considered the area of entrepreneurship, I really like breastfeeding, I can work with that, we think that breastfeeding is just holding the mother, the baby, positioning it and it's on the breast (N4).

I thought about starting something for myself, like being an entrepreneur in the nursing area, I saw that there was that possibility (N13).

It just hit me, there's a field there, I like breastfeeding, I'm going to work in that area. I started looking for ways to do that, because in college, we don't have this training to be a self-employed nurse, I took courses and started working as a breastfeeding consultant (N15).

I saw in this the opportunity to really create a company that I could help these mothers, (...) I started taking consulting courses, I designed my entire company, (...) so, consulting came about both from the professional need to help, as well as to supplement my income (N19).

From these reports, it can be seen that the combination of personal needs, the desire to help other women and the desire to undertake in the area of Nursing were factors that encouraged these nurses to enter the professional field of consulting.

## Lactation consulting: from operationalization to care provided

The interviewees reported that lactation consulting is generally accessed by clients through referrals from other clients and recommendations from other health professionals. Currently, this occurs mainly through social media.

[Clients find out about the service through] advertising on Instagram, but it's mostly from mothers who have had care with me, or from professionals: pediatricians, obstetricians, speech therapists, physiotherapists (N2).

Some people find my business through Google, Instagram, Facebook, but most of it is through word of mouth [recommendations from other people who know the service] (N10).

Most of them through Instagram, but I get a lot of referrals (...) there are a lot of friends, neighbors, office colleagues who go to the same physician for prenatal care and then they recommend me (N14).

Consulting is provided both online and in person. According to the participants, these services take place in hospitals, clinics and, mainly, at the clients' homes.

I provide home care and I also have an office, where I provide less care because they prefer to provide home care (N7).

I provide online and in-person care. I prefer in-person care because I need to assess the context in which the mother and baby live. They prefer me to come to their home (N11).

I provide home care or hospital care. I think that breastfeeding should be handled by us (N17).

I provide both in-person and online care. I treat patients from outside Brazil. I do gradual weaning entirely online (N20).

Consultants are still hired more often during the postpartum period, when problems with lactation have already occurred. Some consultants have noticed changes in this regard, as there are situations in which this search already takes place during prenatal care to prevent possible difficulties in this process.

Many people who have already had a baby come, like 80%, I confess that I have already seen a change, but they still seek care when there is already a problem (N5).

After giving birth, there is still the great myth that breastfeeding is intuitive, that it is just one breast and one mouth (N6).

The number of people seeking prenatal care has increased, but it is even greater when there is a problem, when there is a fissure, it is painful, bleeding, or engorged (N15).

Half of them seek help during pregnancy, these are the cautious ones and there are those who think everything will be fine, and only call when things aren't going well, in desperation (N17).

The consultation begins with the client filling out a form to learn about their personal and family situation. During the consultations, guidance is provided covering general care for the baby and techniques for managing breastfeeding, with specific actions depending on the specific needs of the family being treated. In complex situations, some interviewees use laser therapy and referrals to other professionals if necessary. The consultation is interrupted when the mother feels confident enough to continue the breastfeeding process alone.

I send an online medical history form, the mother responds, and that's how I find out about the situation. I try to go into the mother's house already informed about the case (N7).

I teach milking techniques, how to get the baby to latch on properly, depending on the woman's situation. I always like to do a complete physical exam with the baby (N10).

Care for the baby, guidance on breastfeeding, I do laser when there is a fissure or a lesion in the breast, and I have also used it to help with the healing process after a cesarean section (N11).

When the mother's complaints start to decrease, the child starts to gain weight, she no longer has pain, she is happy with breastfeeding, she says: I'm fine now, that's basically it (N7).

There was a consensus among the interviewees that the assistance is intended for mother, baby and family. However, whenever possible, the extended support network is included in the service, as per the following statements:

The actions are for the mother and the baby. I ask the partner to be together, sometimes there is a nanny. They start to realize that they can take part in breastfeeding, that it is not just a woman's thing (N3).

The mother and the baby, trying to involve the family, when there is a family member along it is much better to reinforce the guidance later, it has to be this group, you can't isolate yourself, just see the breast or just the baby (N16).

In the scenario studied, the way people access the services provided by consultants varies between social media posts, client referrals and recommendations from health professionals. Consulting can be provided in person or remotely, at any stage of the pregnancy-postpartum cycle, although it is predominantly contracted during the postpartum period. Furthermore, in addition to providing assistance to the mother-child pair, whenever possible, consultants value the inclusion of the family, covering the expanded support network in these opportunities.

### Facilities and difficulties of working as a lactation consultant

Regarding the facilities found in the consultancy work, most of the interviewees pointed out the good communication, the family support and the mother who wants and is committed to breastfeeding. The use of technology as a support resource in this work was also mentioned.

It's easy to see how welcoming the family is. When you arrive, they welcome you, listen to you, and value your work. Communication makes things much easier (N2).

Women are very willing to do whatever they can at that moment [to breastfeed], so that also makes our work much easier (N8).

Sometimes, she sends a photo, or I say, look: there's a reel, take a look here. So, I think technology helps a lot. It ends up facilitating the work process (N17).

Some consultants also highlighted the fact that autonomous work is a facilitator, with more freedom in terms of schedules and timetables, but it also generates an overload of work and a certain demand for "success" in terms of breastfeeding outcomes. In addition, they emphasized that the personal and professional feedback from the consultancy is rewarding because it contributes to the mother's self-confidence in breastfeeding and to the baby's health.

It was liberating, because I am a mother. When I started working in this field, I had to work many shifts, a very busy life, and spent 14 hours away from home with a small child. [Today] I can manage my own schedule (N4).

It is the best part of the profession. In addition to the fulfillment of seeing the baby and the family well, I realize my autonomy as a nurse, as I am a reference in what I do. I do not depend on others to do my job (N13).

You provide information that will empower this woman, will make her feel capable of caring for and providing food for her baby. This is very rewarding (N2).

It is a feeling of pleasure, but sometimes you get into a routine where you need to take breaks. I miss that because I do not work under the CLT (Consolidation of Labor Laws. Working with a signed contract), when you have vacations. I feel like I am in a phase of mental overload (N16).

It's a job that makes me happy and satisfied, but it's also a duality, it depends a lot on the mother, on the family, my care is 40%, some mothers are more resistant, we get frustrated for trying and not having it work out (N19).

Regarding the difficulties encountered in working as lactation consultants, most of the interviewees highlighted issues related to clients' personal and family cultural beliefs. These include baby care, lack of self-confidence or even the desire to breastfeed, and myths regarding breast surgeries as impediments to breastfeeding.

Mainly the weaning culture that we have, that formula is better than breast milk, that the baby should only stay in the crib, that being held is addictive (N6).

Difficulties in breaking some beliefs, especially with the family around, with the grandmother, sometimes the father or mother themselves have beliefs that hinder some guidance (N13).

When the woman calls, sometimes it is even the father who calls, then I go and clearly realize that she does not want to breastfeed, but she is breastfeeding because of an environment that wants her to breastfeed (N3).

Mothers who already have that mentality, I think it won't work, because I have silicone implants; oh, I had breast tissue reduction (N20).

The excessive amount of information made available on social media, which is not always qualified, was also mentioned, and this often clashes with the guidance provided in the consultation, along with the difficulties clients have in following the prescribed recommendations. These are highlighted as negative aspects that interfere with the results of the consultation and the outcome of breastfeeding, which generates professional frustration.

Today, the excess of information on the internet is something that has been very damaging, because people are very confrontational. They say, "But I saw it on this person's Instagram," so this has been a very disruptive factor (N12).

The biggest difficulty is understanding that it is not about what we want, it is very complicated, maybe we are going to pass on information to that family and they will not choose it, and dealing with the frustration when things do not happen as imagined, understanding that this is not our fault, it is not something we did wrong (N5).

Financial issues were also highlighted as problems that negatively impact lactation consulting. According to one interviewee, the fact that her contract is private limits access to clients. Another difficulty highlighted refers to working as a freelance professional without a fixed income.

The difficulty is really access, because it is a private consultation, there is a cost, so I see that many patients sometimes seek it, but end up giving up because of the cost, despite the benefit being very great (N9).

Difficulty in managing schedules and everything else, because when we don't have a record, you don't work linked to a company like CLT [Consolidation of Labor Laws], you don't have a fixed salary, so it is a challenge to plan, to organize yourself every month in relation to this (N6).

In addition to the aforementioned elements, most consultants highlighted interprofessional problems caused by their superficial training in lactation management and the lack of recognition of consultancy as a service. Also, the recommendation of the use of milk formulas while still in the maternity ward and encouragement of weaning were highlights.

The difficulty is the other professionals who, sometimes, are part of the process and do not have deeper knowledge and management of breastfeeding, they have only the knowledge most superficial (N12).

Difficulty for others, for physicians, to understand the need for your work, the pediatrician is the main one who should indicate, and indicates a supplement already in the maternity ward, or discourages the woman from breastfeeding (N15).

Difficulty, oh, the pediatricians, (...) like, because how am I going to explain it to you? You give a whole explanation, you do everything, but the easiest thing is the bottle, the formula, and they indicate it (N18).

In addition to the lactating mother's desire to breastfeed, the lactation consultant's autonomous role, due to greater freedom in managing her work, was also highlighted as a facilitator. However, beliefs and myths, an excess of information, which is not always adequate, financial issues that limit access to and acquisition of this consultancy, the fact that the consultant works as a freelance professional without a fixed income and the challenges in the interprofessional relationship are all common difficulties faced by consultants in lactation care.

## DISCUSSION

Entrepreneurship in nursing is a field to be explored<sup>14</sup>. Among the areas in which one can undertake, lactation consultancy stands out. This emerges in this innovative scenario<sup>15</sup>, with social visibility through new professional niches beyond the traditional ones such as public and private health services, evidenced by the lack of studies on this topic.

An international study<sup>16</sup>, conducted through interviews with Iranian entrepreneurial nurses, also points to entrepreneurship in nursing as a strategy for innovation and autonomous management of the profession. Furthermore, this represents an opportunity to achieve satisfaction, visibility, appreciation and personal and professional recognition<sup>17</sup>. To this end, personal and professional characteristics such as management skills, autonomy, independence, flexibility, innovation, proactivity, self-confidence and responsibility make up this profile<sup>18</sup>.

In this study, entrepreneurship was rewarding, generated autonomy and flexibility in care, in addition to being overburdened by the lack of a fixed salary income, demand for "success", and a gap in entrepreneurial training. Studies<sup>18-19</sup> also indicate little encouragement for an entrepreneurial culture in the educational spaces for undergraduate nursing courses. In this sense, a review study<sup>20</sup> about the knowledge produced on business entrepreneurship in Nursing points out that errors in business management may result from the nurse's lack of preparation for business management, which corroborates the lack of encouragement during the undergraduate course for entrepreneurial activity. Regarding a certain demand for "success" in the positive outcome of the breastfeeding consultancy mentioned by the participants, no support was found in the literature to strengthen this discussion.

All participants in this study have some type of training in lactation consultancy, but most are not certified by the IBLCE<sup>3</sup>. Research<sup>21</sup> about teaching about breastfeeding in undergraduate health courses points to curricular limitations, with a lack of workload for its approach given the complexity of the topic. The need for greater encouragement for the development of skills and abilities to train self-confident professionals in care practice in favor of the promotion, protection and support of breastfeeding was also highlighted.

Lactation consulting was accessed through referrals from clients and health professionals, whose landscape has been changing due to the broad reach of social media. This occurred both in person at hospitals, clinics or at the clients' homes, and remotely via technology. Remote interactive methods for supporting breastfeeding facilitate the acquisition of new clients, reduce geographical barriers, eliminate travel, enable more frequent interaction with mothers and simultaneous support for several clients. The use of information technologies via the internet, when qualified, as a resource to support nursing mothers, in addition to being a facilitator for consulting, has the potential to positively impact breastfeeding results<sup>22</sup>.

However, face-to-face care favors careful observation, physical touch, better assessment of the mother and baby, and the accuracy of interventions when necessary. Thus, a hybrid method, when feasible, can be a more effective and fruitful strategy. In addition to technology being a support resource in the work of the consultancy, in this research it was mentioned that excessive information, when unqualified, can clash with the guidance provided in the consultancy. In this sense, the study points out that the digital age and the democratization of the internet favor the expansion of access to health content given its didactic and pedagogical potential for educational actions such as the promotion of breastfeeding. Furthermore, they indicate that, ideally, people should be guided to seek qualified information in places that have technical support, such as legal publications from the Ministry of Health.

Lactation consulting still predominates in the postpartum period due to difficulties in breastfeeding, but there are changes with the search for consulting even in the prenatal period with a view to preventing possible difficulties in this process. However, as the first days of the baby's life are decisive for the success of breastfeeding, it is during this period that maternal concerns and difficulties with the beginning of breastfeeding become material, justifying this being the period of greatest demand for lactation consulting<sup>25</sup>.

However, research carried out in a lactation consulting clinic in a tertiary maternity and pediatric hospital in Ankara, Türkiye, reinforces the importance of educational actions in favor of breastfeeding in the prenatal period, followed by postnatal care mediated by professionals who support breastfeeding, which contribute to the increase in exclusive breastfeeding<sup>26</sup>. In the same vein, a study with postpartum women assisted by a breastfeeding support group from a public health service located in the northern region of Itapicurú, Bahia, highlighted the need for pro-breastfeeding actions in primary health care during prenatal care, and maintained during postpartum monitoring and childcare<sup>27</sup>.

To plan lactation care, consultants adopt instruments for anamnesis and identification of mother-baby demands in their family context, complemented by assessment at the first appointment. In addition to guidance covering general care for the baby and clinical management techniques for breastfeeding, whose actions are specific to each family served. A review study<sup>28</sup> carried out in 2020 highlights the importance of anamnesis and physical examination in nursing care for breastfeeding, whose information collected allows for understanding the needs and contexts for the unique and qualified planning of this care.

A strong bond with the nursing mother and her family are important aspects that favor lactation care. Clinical management of breastfeeding involves counseling and good communication to build maternal self-confidence in this process, in addition to support and assertive interventions in situations of difficulties and complications during lactation<sup>7</sup>.

Studies<sup>23,29-31</sup> point to situations that contribute to early weaning, such as lack of encouragement, fatigue, emotional states, inadequate emptying of the breasts, pain when breastfeeding, ineffective suction, incorrect latch and positioning, nipple confusion, breast engorgement, cracked nipples, and mastitis. These are common complaints among nursing mothers that justify and reinforce the importance of guidance, support, and assistance from a consultant in the clinical management of lactation, as mentioned by the interviewees.

Still regarding more complex cases during lactation, some consultants mentioned the use of laser therapy or referrals to other professionals when necessary. Low-frequency laser treatment is a form of phototherapy that uses low-power monochromatic light to promote tissue repair and healing of fissures in nipple trauma, among other types of injuries<sup>31-32</sup>.

In addition to the mother-baby dyad, lactation assistance, when possible, also includes the partner, the extended family and/or the expanded support network, which are fundamental in this

process. Studies<sup>7,28, 30-31</sup> highlight that family support is essential for a positive outcome at this stage, as the partner's support and family understanding of the benefits of exclusive breastfeeding have a positive effect on maternal self-confidence and self-efficacy for breastfeeding.

A review study<sup>33</sup> on the influence of self-efficacy on breastfeeding outcomes indicates that positive previous experience, self-confidence, encouragement, persistence, support received from the partner and help from the mother and/or mother-in-law are elements that constitute sources of self-efficacy in breastfeeding. On the other hand, when there is a lack of family empathy, negative personal and family experiences in relation to breastfeeding, beliefs such as 'weak milk', inappropriate practices such as the use of pacifiers and teas, are negative elements of this support network that can encourage early weaning<sup>34,23,25</sup>. In addition to conflicting with the guidelines of lactation consultancy, as in the present research. Thus, family inclusion in lactation assistance favors the exchange of information and the clarification of doubts and myths, constituting a fruitful strategy for supporting breastfeeding.

Interprofessional difficulties were mentioned by the consultants in this research, which covered formative aspects in the inadequate management of lactation and early indication of the use of milk formulas while still in the maternity ward, which encourage weaning. Research found high rates of prescription and free distribution of infant formulas to infants (< 6 months), indicating that their early introduction makes it difficult to resume exclusive breastfeeding and, therefore, their complementary use should be carefully evaluated<sup>35</sup>.

Despite the relevance of interprofessional action for the longitudinality, comprehensiveness and qualification of health care beyond the pregnancy-postpartum cycle, a study<sup>23</sup> highlights relational and intercommunicational difficulties in relation to breastfeeding as intervening factors in the work of lactation consultants. In this regard, a study<sup>27</sup> highlights issues related to insufficient professional technical qualification for guidance and adequate management in lactation.

The findings of this study advance knowledge about lactation care by nurse consultants and highlight the need for undergraduate nursing courses to revisit their curricula to encourage more entrepreneurial work in the maternal-child and qualified breastfeeding area, and direct new research in this professional field.

A limitation of this study is the difficulty in accessing a greater number of nurse consultants from all regions of the country. Another limiting factor was the lack of research that relates lactation care as an emerging professional field in the entrepreneurial work of nurses.

## FINAL CONSIDERATIONS

Lactation care through consulting provided by nurses enables the adoption of best practices in breastfeeding, based on scientific evidence, with a view to promoting, protecting and supporting breastfeeding, with positive repercussions on child health. It is noteworthy that the work of this emerging entrepreneurial professional field in nursing should be expanded within the scope of public and private health services to increase breastfeeding rates and implement pro-breastfeeding public policies.

In addition to the desire to breastfeed, having a strong family support network and qualified professional support through consulting is opportune for the implementation of successful breastfeeding practices.

It is concluded that lactation care provided by consulting nurses constitutes a powerful strategy for increasing the prevalence of exclusive breastfeeding and continued breastfeeding until the second year of life, helping to prevent and reduce early weaning and, consequently, improving child health indicators.

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<b>Authors' contributions</b>	
<b>Letícia Oliveira Damitz:</b>	Conceptualization, Formal analysis, Investigation, Methodology, Validation, Visualization, Writing – original draft, Writing – review & editing.
<b>Fernanda Beheregaray Cabral:</b>	Conceptualization, Formal analysis, Methodology, Project administration, Supervision, Visualization, Writing – review & editing.
<b>Tassiane Ferreira Langendorf:</b>	Writing – review & editing.
<b>Juliana Portela de Oliveira:</b>	Writing – review & editing.
<b>Andressa da Silveira:</b>	Writing – review & editing.
<b>All authors approved the final version of the text.</b>	
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<b>Corresponding author:</b>	Letícia Oliveira Damitz Federal University of Santa Maria (UFSM) Av. Independência, nº 3751, Bairro Vista Alegre – CEP: 98300-000 Palmeira das Missões/RS, Brazil ledamitz@gmail.com
<b>Editor-in-chief:</b>	Adriane Cristina Bernat Kolankiewicz. PhD

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