

Knowledge about breastfeeding among women who participate in virtual groups hosted on Facebook*

Conhecimento das mulheres que participam dos grupos virtuais hospedados no *Facebook* sobre o aleitamento materno

Conocimiento de las mujeres que participan en grupos virtuales alojados en Facebook sobre la lactancia materna

Melissa Hartmann^I , Juliane Portella Ribeiro^{II} 

^I Clinical Hospital of Porto Alegre, Porto Alegre, Rio Grande do Sul, Brazil

^{II} School of Nursing of the Federal University of Pelotas, Pelotas, Rio Grande do Sul, Brazil

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Abstract

Objective: to identify the knowledge about breastfeeding of women who participate in virtual groups hosted on Facebook. **Method:** qualitative research, with an exploratory and descriptive nature, conducted from September to November 2020, with 15 women who participate in groups registered on Facebook that address the theme of breastfeeding. Data were collected using Google Forms and, subsequently, submitted to content analysis. **Results:** the participants demonstrated knowledge about the benefits of breastfeeding, latching and the correct positioning at the breast. They understand the concept of exclusive breastfeeding and free demand. The recurrent speech as a motivator for participating in the virtual groups is based on the search for knowledge. **Conclusion:** health education has its importance reaffirmed by the participants when they pointed out that the information on breastfeeding was predominantly obtained through health services and strategies, such as courses/pregnant women's groups.

Descriptors: Breast Feeding; Milk, Human; Online Social Networking; Maternal-Child Health Services; Nursing

Resumo

Objetivo: identificar o conhecimento das mulheres que participam de grupos virtuais hospedados no *Facebook* sobre o aleitamento materno. **Método:** pesquisa qualitativa de caráter exploratório e descritivo, realizada no período de setembro a novembro de 2020, com 15 mulheres que participam de grupos inscritos no *Facebook* que abordam a temática aleitamento materno. Os dados foram coletados

por meio do Google *Forms* e, posteriormente, submetidos à análise de conteúdo. **Resultados:** as participantes demonstraram conhecimento sobre os benefícios do aleitamento materno, a pega e o posicionamento correto ao seio. Elas compreendem o conceito de aleitamento materno exclusivo e livre demanda. O discurso recorrente como motivador para participação dos grupos virtuais baseia-se na busca de conhecimento. **Conclusão:** a educação em saúde tem sua importância reafirmada pelas participantes ao apontarem que as informações sobre o aleitamento materno foram obtidas predominantemente por meio dos serviços de saúde e estratégias, como curso/grupo de gestantes.

Descritores: Aleitamento Materno; Leite Humano; Redes Sociais Online; Serviços de Saúde Materno-Infantil; Enfermagem

Resumen

Objetivo: identificar los conocimientos de las mujeres que participan en grupos virtuales alojados en Facebook sobre la lactancia materna. **Método:** investigación cualitativa de naturaleza exploratoria y descriptiva, realizada en el período de septiembre a noviembre de 2020, con 15 mujeres que participan en grupos inscritos en Facebook que abordan el tema de la lactancia materna. Los datos se recopilieron mediante Google Forms y, posteriormente, se sometieron a un análisis de contenido. **Resultados:** las participantes demostraron conocimiento sobre los beneficios de la lactancia materna, la captura y la posición correcta del pecho. Comprenden el concepto de lactancia materna exclusiva y la libre demanda. El discurso recurrente como motivador de la participación en los grupos virtuales se basa en la búsqueda del conocimiento. **Conclusión:** la educación en salud tiene su importancia reafirmada por las participantes cuando admiten que las informaciones sobre la lactancia materna fueron obtenidas predominantemente por medio de los servicios de salud y estrategias, como curso/grupo de embarazadas.

Descriptores: Lactancia Materna; Leche Humana; Redes Sociales en Línea; Servicios de Salud Materno-Infantil; Enfermería

Introduction

Social networks are spaces for interaction and collaboration among people who share similar interests and experiences, forming groups with common goals.¹ These groups can be found on the various social networks, such as Facebook, Instagram, Blogs and WhatsApp, organized as public or private, single-direction or shared.²⁻³

The groups that deal with the maternal and child theme, specifically breastfeeding, are constituted by several health professionals: nurses, physicians, nutritionists and speech therapists. There is also an expressive participation of women who experience or have experienced motherhood and who seek to disseminate scientific information and promote the benefits of breastfeeding and the autonomy of mothers.²

A study conducted in a private Facebook social network group sought to unveil the contributions of the insertion of a virtual community in the social network of support for exclusive breastfeeding of women after hospital discharge. This research pointed out that the group became an instrument to promote conversation and interaction among the

participants, thus expanding the relationships and bringing together those who had similar experiences. In addition, one of the main contributions of the virtual space was the provision of appropriate guidance. The management of the group by health professionals added credibility and confidence about the shared information.⁴

Researchers point out the potential of virtual groups, as an educational tool, in the sense of transforming and empowering women, since these spaces promote breastfeeding, share information and help in moments of doubt and conflict. Based on the educational actions, the support of the virtual group constituted a facilitating tool for interpersonal relationships, experience sharing and collective learning.⁵

Complementing the above, a research conducted in Florianópolis, Santa Catarina (SC), which assessed the guidance received by pregnant women during prenatal care in primary health care, highlighted the demand for information in virtual groups, mainly due to the fragility of the guidance received during prenatal care. Accordingly, it exposes the influence of social networks in society and their representativeness as a tool to search for information, which can have an impact on breastfeeding support, especially on breastfeeding promotion.⁶

A critical review of the scientific literature, which synthesized the searches conducted on breastfeeding on the Internet, showed that the entrance of pregnant and postpartum women into virtual groups is related to the search for belonging and identification. Furthermore, virtual groups allow the exchange of experiences among participants, providing the empowerment of women in the theme, especially in groups mediated by health professionals, who provide truthful content in line with those conveyed by the Brazilian Ministry of Health (MS, as per its Portuguese acronym) and the World Health Organization (WHO).²

For this reason, virtual social networks can be considered an important point to be explored by health professionals – who are able and better prepared – to present information that allows the consolidation of breastfeeding and humanized care practices.³⁻⁴ However, there is a gap in knowledge regarding research that investigates virtual social networks as breastfeeding support strategies, which makes it imperative to promote studies in this scenario.⁴ The current study has the objective of identifying the knowledge about breastfeeding among women who participate in virtual groups hosted on Facebook.

Method

This is a qualitative research, with an exploratory and descriptive nature, developed in the virtual social network called Facebook. A total of 15 women participated in the study, selected according to the following inclusion criteria: being over 18 years old; and having posted on a virtual Facebook group that addressed the theme of breastfeeding.

Women who were characterized as administrators of the groups were excluded. Accordingly, it was obtained a convenience sample, a type of non-probability sample that uses an approach to a specific group to succeed the research and that is immediately available.⁷

Data collection took place from September to November 2020, totaling 60 days, and was carried out in two stages. In the first stage, national groups were identified, which could be public or private, that addressed the issue of breastfeeding, with the highest number of posts in the last 30 days.

Two groups were selected, both national and private, which together totaled 40 publications in the last 30 days. After being granted participation in these groups, the researcher proceeded to the second stage of the research, identifying the potential participants of the research, according to the established inclusion criteria.

After identifying the potential participants, the main researcher, through her personal account, sent messages in the chat of the platform itself, sending an invitation and a link to participate in the research to 47 women. The link was accessed and 15 women participated in the research, allowing the data to be obtained and saturated, i.e., when the information is repeated and does not add relevant elements to the research.⁸

As an instrument for data collection, a tool provided by Google Drive was used, specifically the Google Forms application, where a form with 20 questions was developed, with 12 closed questions that explored the sociodemographic profile and 9 open questions that investigated: What do you know about breastfeeding? What do you know about exclusive breastfeeding? What you know about the breastfeeding technique (positioning and latching)? What do you know about the free supply of breast milk? How did you obtain this knowledge? What are your reasons for joining virtual groups on Facebook that talk about breastfeeding? What do you think about infant formulas? If you are pregnant, do you intend to breastfeed your child? Why?

Subsequently, the collected data were submitted to content analysis, following the

following steps: pre-analysis; exploration of the material; classification by categories that help in the interpretation of the accessed information and inference. In the pre-analysis, a floating reading of the collected material was carried out, elaborating hypotheses and complying with the objectives of the study. In the exploration of the material, the categories that were used in the analysis were delimited, according to coding and clipping of the records. Finally, the similar and different categories were grouped and assimilated, which subsidized the interpretation of the data.⁹

The Free and Informed Consent Form (FICF) was applied to the study participants, through the Google Forms application, being available on the first page. The research was continued only after their acceptance. There were no negative responses to the informed consent. The anonymity of the women was maintained through the M code and questionnaire number.

This study complied with Resolution 466/2012 of the National Health Council of the Brazilian Ministry of Health, which deals with research involving human beings. It was approved by Opinion N° 4.239.450 and Certificate of Presentation for Ethical Appreciation N° 35995320.1.0000.5316, on August 26, 2020.

Results

A total of 15 women, aged between 18 and 35 years, participated in the research. Of these, 10 (66.7%) have children between 2 months and 10 years old, four (26.7%) are in their first pregnancy and one (6.7%) has no children. The majority had a complete high school education (n=9; 60%), declared themselves white (n=11; 73.3%) and married (n=10; 66.7%). Five (33.3%) had a paid job with a formal contract, according to the Consolidation of Labor Laws (CLT, as per its Portuguese acronym) and five (33.3%) were self-employed (n=10; 66.6%).

The participants revealed that the knowledge about breastfeeding was obtained through several sources of information concomitantly, such as health services (n=11; 73.3%), course or group for pregnant women (n=7; 46.7%), family (n=6; 40%), friends (n=3; 20%), virtual groups (n=3; 20%) and internet searches (n=3; 20%). Pregnant women signaled that they intend to breastfeed, even those who have had previous negative experience with pain, fatigue, incorrect latching, inverted nipple and low milk production.

It was painful at first, but it was the best feeling to see my little one suckling

and growing only through breast milk. (M4)

It was not as expected, because I didn't have much milk. I breastfed for a short time, two months. (M9)

At first, it is painful, now it is okay. I breastfed very little because my nipples are inverted. When it was time to express milk, I could even see stars because my breasts were so painful. (M12)

It is not easy, because you often feel tired and exhausted. Nonetheless, the reward comes when you see your child in good health and with good immunity. (M14)

In this study, the main reason supporting the intention to breastfeed are the benefits of breastfeeding for the baby and the mother, such as the formation of bonds, the ability of breast milk to meet nutritional needs up to six months of life, promote immunity and health of the child, as well as the feeling of maternal comfort and satisfaction.

It's healthy, good for his immunity. (M8)

Mother's milk is complete. I think breastfeeding is extremely important for both mother and baby, knowing that mother's milk has everything the baby needs. (M5)

Through breastfeeding, there is the exchange of affection and I also have a healthier and more resistant baby. (M9)

It is important for the baby's development, because breast milk contains all the nutrients necessary for the baby's development. (M14)

Breastfeeding is fundamental for babies, especially to create a bond between mother and baby. (M1)

The participants of this research, when asked about exclusive breastfeeding (EBF), expressed knowledge, pointing to breast milk as the only source of nutrition for children up to six months of age, without the need to introduce water or other foods or milk formula. In addition, they indicate EBF as practical, alluding to the fact that it does not require a bottle, heating or sanitizing devices.

I know that the baby needs nothing more than milk, which nourishes him until he is six months old. (M7)

I know that milk is perfect for the child and changes according to the development of the baby; therefore, it is sufficient to sustain the child up to six months of age, and it is not even necessary to give water to the baby. (M4)

Breast milk alone has all the nutrients that the baby needs, and not only that, it is affection, love, warmth, protection, and the mother and baby moment. (M6)

It's more practical. (M11)

With regard to free demand, the study participants demonstrated conceptual knowledge by explaining that it refers to offering breast milk when the baby requests it or is showing signs of hunger, without limitations on the number of feeds.

Offer breast milk when the baby requests it, it is not necessary to take care about feeding intervals. (M13)

For me, free demand is to give whenever the baby asks, that's all, I give without schedules. (M7)

Cause the baby can suck as many times as he wants and for as long as he wants. (M8)

Every time the baby wants to suck, mom offers the breast. No restrictions. (M15)

They also indicated that they knew the relationship between free demand and the production of breast milk according to the baby's needs.

Cause it's good for the baby, so the breast produces enough milk to keep the baby healthy. (M4)

The more the baby sucks, the more milk is produced. (M1)

Milk is produced as the baby demands it. The mother is a factory; therefore, as long as the baby wants it, he can continue to suck. Free demand stimulates the production of more milk. (M3)

Regarding the breastfeeding technique, women indicated knowledge about the correct latching and positioning, as well as the benefits from a proper execution. The participants pointed out that, for a correct positioning, it is necessary to bring the baby closer to the breast so that his/her belly meets the mother's belly. He/she should grab the areola, with his/her lips flexed outward, his/her chin should touch the breast and his/her nose should remain free. In addition, the women describe that the positioning and the latching are correct when the child does not make clicks with the mouth, the areola is not very exposed and the mother does not feel pain.

Baby's tummy needs to be leaning against the mother's belly. The child's head must rest on the forearm. The child's mouth must grab the entire areola of the breast. (M1)

The baby has to be belly to belly with his mother, he can't only grab the nipple, the correct latching is to take the whole nipple and the chin always touching the breast, and we must always observe so that he does not touch his nose and suffocate. (M6)

The breast should be taken with the hand in a "C" shape and offered to the baby, who should have his lip turned outwards and should not make any noise, and the mother should not feel any pain. (M8)

The baby should grab practically the whole areola, like a fish mouth. (M13)

It is noteworthy that, as a consequence of the proper positioning and latching, the participants expressed as benefits the absence or reduction of flatulence and abdominal pain in the baby, increased production of breast milk and avoidance of breast fissures and pain.

Cause it's indispensable, the right latching prevents cracks in the breast, gas in the baby, increases milk production, among others. (M4)

I learned that the right position, the most common belly-to-belly position, helps to avoid colic after feeding. (M7)

As for the techniques, I know that there are several for the baby to suck in the best way and also for the mother not to suffer so much. (M5)

It is noteworthy that there were participants who mentioned difficulties in the beginning of breastfeeding, raising more clarification on the topic, in order to break with the naturalization of inappropriate practices that culminate in the suffering of women and that are supported by myths such as "breastfeeding is a natural and innate process for the woman and the baby".

I had difficulty in the beginning, but, after that, it's natural. The baby gets it and the mother feels calmer and knows how to do it. (M10)

It's not something easy at first. It's something that is a little painful in the beginning. (M14)

When asked about the use of milk formulas, a group of women recognize that these are recommended when, for various reasons, breastfeeding does not happen, and should be reserved for cases of extreme necessity.

It's a necessary complement when breastfeeding does not happen. (M14)

I think the use should be only when extremely necessary. (M5)

I think that many mothers, due to lack of knowledge, end up giving formulas because they think they are not supporting the baby, which is often a mistake.

On the other hand, there are cases that really need this complementation, being something important. Therefore, the need for medical follow-up. (M3)

The women highlight that the search for knowledge and learning about breastfeeding was what instigated their participation in the virtual groups.

To learn more about the topic. (M2)

Precisely to seek knowledge. (M13)

I joined out of curiosity and ended up solving some doubts. (M4)

To learn more and more, to know that I am not the only one who has gone through difficulties. (M15)

Always learn something new, see other experiences. (M7)

Always seek more information. (M5)

I like to hear about other women's experiences and help with my knowledge. (M3)

I like this topic and, as a mother, I always try to find out about everything that can help me and other mothers. Knowledge is never too much. (M8)

Besides knowledge, the virtual group also enables the exchange of experiences, because it is an opportunity to share and help other women.

Discussion

A similar profile to that of the participants was observed in a study conducted in a private hospital in Cascavel, Paraná (PR), which analyzed the knowledge of hospitalized puerperal women regarding breastfeeding, indicating that most were married (38.3%) and had completed high school (48.3%).¹⁰ Another research conducted in a public hospital in Mexico, with the objective of exploring the experiences and beliefs about exclusive breastfeeding of mothers who seek a public hospital, highlighted that the average age of these mothers was 22 years old, most of them were multiparous and had completed high school, which is in line with the findings of this study.¹¹

The participants of this study indicated that, despite having had negative experiences, they intend to breastfeed during the current pregnancy. In line with this finding, a study with the objective of exploring the experiences of nursing mothers in the accomplishment of exclusive breastfeeding highlighted that they considered pain a negative aspect, but that it was necessary to endure it to ensure the child's nutrition.¹² About this, researchers clarify that, in the first weeks after birth, it is normal for the breast to present some sensitivity; however, it should not be configured as pain, generate fissures or other complications.¹³⁻¹⁴

In this research, the main reason supporting the intention to breastfeed is the benefits of breastfeeding for the baby and the mother. In this sense, the importance of the educational actions carried out by health professionals, especially during prenatal care, guiding about the benefits of breastfeeding, should be emphasized.¹⁵⁻¹⁶

A research conducted in primary health care units of Pacatuba, Ceará (CE), which analyzed the association of the mean scores of the Breastfeeding Self-efficacy Scale of women in the prenatal and postpartum periods with the type of breastfeeding, found the importance of personal confidence for breastfeeding continuity. This indicates that the greater the mastery of practices and encouragement, the greater the prevalence of EBF and complementation.¹⁵

Women expressed knowledge about EBF and its benefits. Corroborating these findings, a study that assessed the knowledge, attitudes and practices of women regarding EBF revealed that, for most respondents, breast milk ensures benefits for the baby, such as favorable growth and development, increased immunity and intelligence, as well as

strengthening the bond between mother and baby. In addition, they recognize that EBF helps to reduce postpartum bleeding, anemia and maternal death. However, even though the women have knowledge about the benefits, they are not able to apply what they know in practice.¹⁷

When asked about free demand, the participants demonstrated conceptual knowledge. Consistent with this finding, a study that assessed the knowledge of 60 puerperal women hospitalized in a hospital in Paraná pointed out that most of them (78.3%) intended to breastfeed on demand, knowing the benefits of this practice.¹⁰

In this research, the participants also demonstrated knowledge regarding the correct latching and positioning, as well as the benefits from an adequate performance, findings similar to those of other studies.^{10;18} In this sense, a research developed in the rooming-in setting of a municipal hospital in Rio das Ostras, Rio de Janeiro (RJ), which investigated the teaching-learning process related to breastfeeding of puerperal nursing mothers, indicated that the nurses' performance, especially in the hospital context, is important when it comes to baby positioning, latching and nipple care.¹²

One should consider that there are several possible positions for breastfeeding; thus, it is up to the woman and the baby to find the ideal position, which is comfortable to remain for long periods without physical harm. Early adjustments in latching help mother and child to form a bond and experience breastfeeding more safely and calmly.¹⁹

On the other hand, the inappropriate position can lead to several complications, such as insufficient emptying of the breasts, leading to low milk production, breast trauma, baby crying and agitation, as well as loss of maternal self-confidence. This scenario appears as an opening for the dissemination of myths that permeate breastfeeding.²⁰

As for the use of milk formulas, the participants recognize their use as a substitute for breast milk in extreme cases to maintain the baby's life. Nonetheless, it is emphasized that the need to use them is extremely low, being recommended in cases of hypoglycemia that do not respond to breastfeeding, weight loss exceeding 10% of birth weight, severe dehydration, glandular insufficiency and maternal infection by the human immunodeficiency virus (HIV). Still in these cases, there is individual and careful evaluation, considering the possibility of consumption of human milk from certified milk banks.²¹

During the first days of a newborn's life, the mother produces colostrum, which is

responsible for meeting all nutritional needs, in addition to other benefits such as intestinal maturation and immune protection. Nevertheless, in many cases, milk formulas are mistakenly introduced as supplementation for the baby. This event leaves many mothers unmotivated and discouraged, who, for lack of information, tend to believe that their milk is insufficient for their child.²²

With regard to the source of information on breastfeeding, it was found that the participants' knowledge comes from health services, courses or groups for pregnant women, family, friends, virtual groups and internet searches. A study carried out in the rooming-in setting of a municipal hospital revealed that the participants seek help and information on breastfeeding from their families, mainly from other women, their mothers, grandmothers, sisters, among others. As for the health professional, predominantly, they cited the work of nurses, followed by speech therapists, physical therapists and pediatricians. As for the search for information on the internet, the content accessed came mainly from channels managed by health professionals.²³

Another research conducted in the city of Soledad de Graciano Sánchez, Mexico, which explored the experiences and beliefs about exclusive breastfeeding of mothers who seek a public hospital for nutritional consultation, revealed that the exchange of experiences with their mothers and grandmothers provides greater comfort during the breastfeeding process. Moreover, although the interviewed women pointed out that the health professional provides information during the consultations, it is not enough to support the daily practice, solve the doubts that arise during breastfeeding, and relieve anxiety when faced with new situations.¹¹

This medium allows women, in addition to expressing their feelings and feeling that they belong to a group, to help other women, forming a self-sustaining support network. Nevertheless, there are situations in which false posts or advertisements of formulas that substitute breast milk are found, which generates divergent reactions, including criticism of the lack of moderation by administrators and discussions about the self-construction of virtual groups as a democratic space.¹⁻²

Filling this gap, virtual groups also emerge as an alternative to the search for knowledge by many pregnant and puerperal women or women who are interested in the theme. However, the use of only one social network for data collection is pointed out as a

limitation of the study, since exploring other networks would allow us to reach a larger and heterogeneous audience in relation to the theme.

Given these findings, the importance of health professionals interacting and participating in virtual groups to contribute to the knowledge of women emerges. By exploring this space for exchange and experience, they will be able to act politically, guiding breastfeeding women about their rights, as well as discussing the values and truths created from food industry advertisements, empirical knowledge and campaigns about breastfeeding.

Conclusion

The women participating in the virtual groups demonstrated knowledge about breastfeeding by conceptualizing EBF and talking about free demand, positioning and the correct latching, as well as the benefits of breast milk. It is noteworthy that, even after negative experiences, the main reason that supports the intention to breastfeed is the recognition of the benefits of this practice for the baby and the mother.

These findings point to the need for nursing and health professionals to act early in the identification and management of breastfeeding-related problems, whether during the puerperal or childcare consultations, in order to overcome them and ensure that breastfeeding becomes a moment of positive exchanges for mother and child.

Health education has its importance reaffirmed by the participants when they pointed out that the information on breastfeeding was obtained predominantly through health services and strategies such as courses/pregnancy groups, followed by family, friends, virtual groups and internet searches.

Additionally, the women mentioned the potential of virtual groups hosted on Facebook for the promotion and protection of breastfeeding, since their participation was in search of knowledge and learning about the theme. Furthermore, the exchange of experiences and positive feelings favors the engagement and development of this practice.

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Authorship contributions

1 – Melissa Hartmann

Corresponding author

Nurse, Resident in Nursing – E-mail: hmelissahartmann@gmail.com

Conception and/or development of the research and/or writing of the manuscript, review and approval of the final version.

2 – Juliane Portella Ribeiro

Nurse, PhD in Nursing – E-mail: ju_ribeiro1985@hotmail.com

Conception and/or development of the research and/or writing of the manuscript, review and approval of the final version.

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