

Original article

Reception and challenges in returning to work, after maternity leave in an educational institution*

Acolhimento e desafios no retorno ao trabalho, após a licença-maternidade em uma instituição de ensino

Acogimiento y desafíos en el retorno al trabajo, luego de la licencia maternidad en una institución de enseñanza

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Abstract

Objective: To analyze the feelings and difficulties of mothers in returning from maternity leave and the perception of institutional care. **Method:** A qualitative-quantitative study with 40 working mothers from a public high school, technical and higher education institution who returned to work after the period of leave. An online questionnaire, with descriptive quantitative and qualitative content analysis, was applied. **Results:** From the participants, 42.5% reported difficult feelings (sadness, depression and helplessness), 50% difficulty in routines, 17.5% problems with breastfeeding at a distance and 35% positive points regarding exclusive breastfeeding in remote work. Five categories were found: feelings on returning to work; difficulties in returning and breastfeeding; pandemic and remote work; perceived weaknesses and suggestions for improvement; reflections on your mental health. **Conclusion:** Negative feelings and difficulties prevailed in the mothers' perception, demanding institutional attention for reception when returning from maternity leave.

Descriptors: Breastfeeding; Parental Leave; Workplace; Health education; Women's Health

Resumo

Objetivo: analisar os sentimentos e dificuldades de mães no retorno da licença-maternidade e a percepção do acolhimento institucional. **Método:** estudo quali-quantitativo com 40 mães trabalhadoras de uma instituição de ensino pública de ensino médio, técnico e superior que retornaram ao trabalho

após o período de licença. Foi aplicado um questionário *on-line*, com análise quantitativa descritiva e qualitativa de conteúdo. **Resultados:** das participantes, 42,5% relataram sentimentos difíceis (tristeza, depressão e desamparo), 50% dificuldade nas rotinas, 17,5% problemas para amamentar pela distância e 35% pontos positivos quanto à amamentação exclusiva no trabalho remoto. Cinco categorias foram encontradas: sentimentos no retorno ao trabalho; dificuldades do retorno e amamentação; pandemia e trabalho remoto; fragilidades percebidas e sugestões de melhorias; reflexões quanto à sua saúde mental. **Conclusão:** os sentimentos negativos e as dificuldades prevaleceram na percepção das mães, demandando atenção institucional para acolhimento no retorno da licença-maternidade.

Descritores: Aleitamento Materno; Licença Parental; Local de Trabalho; Educação em Saúde; Saúde da Mulher

Resumen

Objetivo: analizar los sentimientos y dificultades de las madres en el retorno de la licencia maternidad y la percepción de la acogida institucional. **Método:** estudio cuali-cuantitativo con 40 mujeres trabajadoras de una institución de enseñanza pública de nivel medio, técnico y superior que volvieron al trabajo después del período de licencia. Se aplicó un cuestionario en línea, con un análisis de contenido descriptivo cuantitativo y cualitativo. Resultados: de los participantes, el 42,5% relatan sentimientos difíciles (tristeza, depresión y desamparo), el 50% dificultad en las rutinas, el 17,5% problemas para amamantar por la distancia y el 35% puntos positivos en cuanto al amamantamiento exclusivo en el trabajo remoto. Se encontraron cinco categorías: sentimientos en el retorno al trabajo; dificultades del retorno y amamantamiento; pandemia y trabajo remoto; fragilidades percibidas y sugerencias de mejora; reflexiones sobre su salud mental. **Conclusión:** los sentimientos negativos y las dificultades prevalecieron en la percepción de las madres, exigiendo la atención institucional para el acogimiento en el retorno de la licencia maternidad.

Descriptor: Lactancia materna; Permiso parental; Lugar de trabajo; Educación en salud; Salud de la mujer

Introduction

The approach of the end of maternity leave, for many working women, generates feelings of concern, among them the influence on breastfeeding. The return to work has been pointed out as one of the determining factors for its early interruption. The World Health Organization (WHO) and the Brazilian Ministry of Health recommend that breastfeeding should be practiced for two years or more, exclusively until six months. However, according to a national survey, the prevalence at six months is 45.8%, with the median duration of exclusive breastfeeding being 90 days and the total duration of 15 months.

Breastfeeding brings benefits to women and children and constitutes one of the main measures to reduce infant morbidity and mortality. A study states that there is protection through breastfeeding against infectious diseases, a lower risk of dental malocclusion and chronic diseases such as diabetes and overweight, as well as indicating a better performance in intelligence tests.

In Brazil, Exclusive Breastfeeding (EBF) has depended on the insertion of women in the labor market for 6 months, since Brazilian labor legislation guarantees their leave for up to four months. Returning to formal work after maternity leave and maintaining EBF is possible in

some situations, such as when the breastfeeding mother has a support network, and her workplace encourages, supports and protects breastfeeding. However, it is common for women experience non-compliance with the legislation and experience constraints, both in the work environment and at school, without a minimum structure for milk removal and even for the emptying of the breasts. There is still the exhausting activity, long journeys to the company, lack of access to day care and little support from the family for domestic activities. Women who do not have formal work, such as autonomous and informal women, who do not carry out their activities at home return to work even earlier, favoring early weaning, emphasizing the need for new policies and actions to protect the rights of these women.

In 2011, within the Ministry of Health's priority lines of care, the Action for *Working Women Who Breastfeed* was initiated and consists of creating in public and private companies a culture of respect and support for breastfeeding as a way of promoting the health of workers. and her son, bringing direct benefits to the company and society. The aforementioned government agency, together with the National Health Surveillance Agency, published the Technical Note entitled: "Support Room for Breastfeeding in Companies", which was later approved as Ordinance no. 193, on February 23, 2010, which guides the installation and supervision of breastfeeding support rooms in different contexts, with the partnership of local health surveillance. The socio-historical context also interferes in this process, as well as the legislation.

In addition to the importance of observing the current legislation, it is essential to contextualize that, in December 2019, in Wuhan, China, an outbreak of a new respiratory disease occurred in workers at a food market. Subsequently, a virus from the coronavirus family called COVID-19 was identified, with the causative agent Coronavirus 2 of Severe Acute Respiratory Syndrome - SARS-CoV-2. In this sense, considering the Public Health Emergency of National Importance as a result of Human Infection by Coronavirus; and also Normative Instruction #21/ME/SEDGG/SEGES, of March 16, 2020, which establishes guidelines for bodies and entities of the Civil Personnel System of the Federal Public Administration, regarding protection measures to face this pandemic. The pandemic period was happening when the present study was carried out, which aimed to analyze the feelings and difficulties of mothers in returning from maternity leave and the perception of institutional care.

Method

This work refers to a qualitative-quantitative study. It was developed in 12 Units of a Federal Institution of Secondary, Technical and Higher Education in the interior of the State of Rio Grande do Sul (RS). It was chosen to collect data online, due to the state declared by WHO as a pandemic of the SARS-COV-2 virus. The recommendation of the Pan American Health Organization (PAHO) 2020 was to maintain social distance whenever possible, so, based on this pandemic assumption and governmental and international guidelines, it was decided to carry out the research through digital means.

The target population were mothers, the teaching staff and the administrative technicians. The questionnaire was sent to 61 maternity leave registries (population). Forty responses were received from the total number of questionnaires sent, representing an adherence of 65.6%. The access to the participants was through the sector of quality of life at work, which is the workplace of the first author of this study. An email was sent inviting them to participate. As a selection criterion, it was established that, after the end of the maternity leave at the aforementioned institution, they should have been pregnant from 2019 onwards, had a live baby and returned to work from December 2019 onwards. The choice for this time frame was due to the two years prior to the pandemic that would lead to the home office still in the puerperium.

An online form developed by the researchers, inserted in the Google platform, was used as a research instrument. In this one, mothers were asked to answer eleven open and ten closed questions about sociodemographic issues, health history, pregnancy, birth data, breastfeeding, guidelines received on breastfeeding and who performed them, which facilitators and difficulties for continuing breastfeeding after returning to work, and about their mental health. The participants answered about the risks to which they are potentially subjected, according to the classification of the institution itself: none, ergonomic, biological, psychological or accidents. Before the definitive application, a pilot study was carried out with a servant from another federal institution with a similar profile. The appropriate adjustments have been made.

Quantitative data were compiled in Microsoft Excel® spreadsheets and imported into SPSS software, where the descriptive statistical analysis was performed. Qualitative data, on the other hand, were extracted from the answers to the questionnaires and were analyzed according to the content of the analysis. The following phases were carried out: (a) pre-analysis, in which documents were chosen, hypotheses were formulated and objectives for the research;

(b) exploration of the material, in which specific techniques were applied according to the objectives; and (c) treatment of results and interpretations. Excerpts from each narrative that contained the main ideas of the themes explored were selected and, later, the repeated ideas were grouped in the units of analysis, forming thematic categories. Thus, five categories were created: feelings on returning to work; difficulties in returning and breastfeeding; pandemic and remote work; perceived weaknesses and suggestions for improvement; reflections on your mental health. (P n°) was used to refer to the participants according to the order of response.

This study was approved by the Ethics Committee for Research with Human Beings according to opinion No. 4,489,453 on November 24, 2020. The email sent contained an invitation to participate in the research and a link to the questionnaire in which the Term was included. of Free and Informed Consent, in compliance with the Regulatory Guidelines and Norms for Research involving Human Beings (Resolution 466/2012). Partial data from these results were presented to the institution where the research was developed, to support actions aimed at the quality of life of employees who return to work after maternity leave.

Results

The research participants, aged between 29 and 57 years ($M=36;61$; $SD=3.21$), were distributed in 12 Units of the Teaching Institution in the RS state. We highlight the sociodemographic data (Table 1) of women in the same group, regardless of professional category, as recommended by the ethics committee.

Table 1- Frequency and Percentage of Women According to Age Group, Income, Marital Status and Educational Level (n=40).

Variable		f	%
Age (in years)	29 to 39	31	77,5
	40 to 49	8	20
	50 to 59	1	2,5
Monthly average income* (in Santa Maria)	Until 2	1	2,5
	Between 2 and 4	7	17,5
	Between 4 and 10	12	30
	Between 10 and 20	20	50
Marital status	Single	4	10
	Married	29	72,5
	Stable union	7	17,5

Schooling level	Superior	4	10
	Specialization	33	82,5
	Master degree	1	2,5
	Doctor degree	1	2,5
	Post-doctor degree	1	2,5
Length of time working in the institution (in years)	Between 3 and 5	9	22,5
	Between 6 and 9	17	42,5
	10 or more	14	35

*National inimum salary in the year of the study: R\$ 1.100,00

Table 2 shows the frequency and percentage of women according to the number of pregnancies of children and breastfeeding and the duration of breastfeeding.

Table 2- Frequency and Percentage of Women According to the Number of Child Pregnancies, Breastfeeding and Breastfeeding Time

Variable		F	%
Number of Pregnancies	One	23	57,5
	Two	12	30
	Three	2	5
	Four	3	7,5
Number of children	One	24	60
	Two	15	37,5
	Three	1	2,5
Children's ages	Between 0 and 12 months	5	12,5
	Between 1 and 2 years	14	30
	Between 2 and 3 years	16	40
	Between 3 and 4 anos	7	17,5
	More than 4 years (until 20 years)	11	27,5
Breastfeeding	did not breastfeed	2	5
	A son	22	55
	two children	15	37,5
	three children	1	2,5
Time of breastfeeding	did not breastfeed	1	2,5
	is breastfeeding	13	32,5
	One month	2	5

Between 2 and 3 months	1	2,5
Between 4 and 6 months	7	17,5
Between 7 and 9 months	12	30
Between 10 and 12 months (one year)	5	12,5
Between 13 and 24 months (two years)	13	32,5
More than 2 years (up to 4 years)	8	20

* The total exceeds 100% because there are women with more than one child.

The participants also answered about the risks to which they are potentially subjected, according to the institution own classification. Figure 1 shows the frequency in which they classified the risks, in their perception. Among the alternatives, they could mark more than one option.

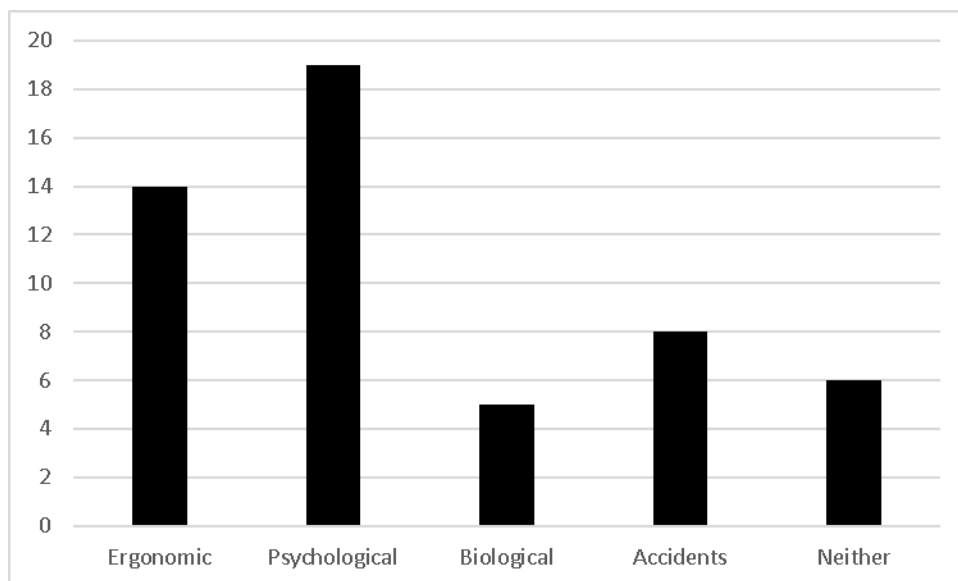


Figure 1– Frequency reported by the participants divided by types of risks existing in the work environment, according to their perception. 2021. (n=40)

Feelings on returning to work

This first category refers to the reports of the participants that brought the emotional aspect. As for feelings on returning to work after the maternity leave, it was considered difficult or bad in some way (42.5%). These experiences were expressed as “unassisted” (P 1), “sad and depressed” (P 9), “anxious, insecure, overwhelmed, guilty, indisposed and tired” (P 20) and “concerned with adapting to the new routine” (P40). In addition to feeling insecure about trusting a stranger with child care (12.5%):

Trusting to leave the child with a stranger is difficult. (P3)

Confidence that everything would be fine, precisely because it is 12 hours outside the city where I live. Apprehension about spending little time with the daughter; use of maternity clothes, having already had the baby; fear of not being able to take care of the house and daughter, in addition to work. (P 13)

Anxious, insecure about leaving my daughter with someone outside the family for more than 10 hours a day. Overwhelmed by having to deal with the demands of the house, the difficult behavior of the daughter because of the lack I felt. Guilty for having to be away all this time and for the little time left to dedicate to the family, to myself. (P 20)

Guilt for leaving my baby with someone else somewhere else and for not having enough time to spend with her as I would ideally. (P 33)

For 27.5%, they considered it good and felt good about their return to work activities and 30% had ambiguous perceptions about it.

Happy to have returned to work and at the same time worried about being able to organize in the best way all the demand for the Home Office, baby and etc. (P 34)

A mixed. It is very good to return to work, however I felt a feeling of abandoning my daughters. (P 12).

Thus, the feelings that predominated were negative, however, in some cases there was some hope among the participating women, and still, ambiguity in this regard.

Return and breastfeeding difficulties

This category concerns the difficulties most reported by the participants and the mishaps to maintain breastfeeding. When answering about such aspects in the face of the return, the answers varied and half reported difficulties in the questions of organization of schedules and routines.

Organization of schedules. (P 6)

Any activity that requires more than working hours, such as working on research, teaching or extension projects. Any activity that you have to take to do at home becomes very difficult. (P 12)

They also reported separation and missing their children (15%) and a difficulty in outsourcing child care:

The biggest difficulty was the separation, leaving my son. (P8)

Trusting to leave the child with a stranger is difficult. (P 29)

Distance from home I live in [...] and work in [neighboring city]. (P 3; P 18)

Separate from the baby and monitor the activities and performance of the sector. (P 9)

The first difficulty was sentimental, being away from my daughter for so long, as she left in the morning and only returned in the late afternoon. Then came the question of dropping her off at a school, a situation that requires the baby and the parents to adapt. These were tense days. (P 30)

Worry about being away from the baby and leaving her in someone else's custody. (P 32)

Division of time between professional and mother. (P 10)

Finding a nursery position towards the end of the year was difficult. I had to reduce my working hours to adjust to school schedules. (P 5)

Difficulty in breastfeeding due to distance or another factor was reported by 17.5% of the participants, with a high demand for breastfeeding even after 1 year.

The difficulty was to maintain free demand in a way that was reconciled with work [...]. (P. 23)

Reconciling the schedule of night classes with breastfeeding on demand. (P 23)

Due to my return to work, I thought it was good to wear, because it would not be easy to get the milk while I would be away", "How am I going to breastfeed?". (P 16)

To reconcile everything, since when I returned to work I was also doing my Master courses. So, I added the novelty of having a baby at home, taking it to and from school, breastfeeding (remembering that I also woke up at dawn twice, but often woke up more often), taking care of the Master course, being productive at work and still taking care of the house. Of course, my husband helped as much as possible, but it was a big challenge". (P 24)

Difficulty leaving the child who was still breastfed. (P 25)

Reconciling work distance with breastfeeding. (P 27)

Insecurity about leaving my son with other people, I would run around during the lunch break to go breastfeed and get back in time to start the afternoon shift. (P 38)

Thus, the category that brought together the unfavorable aspects related to breastfeeding in the face of returning to work focused, above all, on the difficulty in separating from the baby, in addition to routine and logistical issues.

The Pandemic and remote work

This category covers impressions about the COVID-19 pandemic period and the repercussions of being in remote work, since the educational institution that is the focus of this study has adopted this occupational regime:

Contact with other children brought exposure to viruses, resulting in a series of colds that often made me miss work or be late for work, which was a very unpleasant situation. (P 5)

Many participants reported difficulties in adapting their routines at home, reconciling

work and the care for their children:

When I have to go out with him, I'm afraid of the virus. (P15)

By remembering previous actions and especially relearning within remote teaching, listening to the noises of everyday life at home and children and focusing on work. In the current situation, like working from home with two small children. Reconciling motherhood and work in the same space and time. Along with the pandemic, it is difficult to have outside help to take care of the child and there is no possibility of going to school, some schools have not even opened, but we do not feel safe sending him to school due to the virus. (P 22)

The pace and intensity of work has increased with remote work and teaching, as well as working from home (we can no longer rely on restaurants, cleaning services, trips to the supermarket are longer - queues - and laborious - sanitizing all products ...). I feel that we are charged as workers in the same way as when I had no children, the institution does not understand individual difficulties and there is no attention to workers with young children. (P 28)

Reconciling the baby's routine schedules with the schedules of synchronous work meetings during the pandemic. (P 34)

The stress and mental overload of returning at such a challenging time in our lives (P 35)

Still, two participants highlighted alternate feelings, such as:

I returned in remote work format, which was very good for the continuity of breastfeeding, I know that without a doubt. However, maintaining the meeting routine of another era was very challenging and distressing once our meetings invaded my home. (P40)

I'm gradually reducing breastfeeding to try to dedicate myself to remote work activities. (P 12)

From the participants, 35% of them reported that they were still breastfeeding and all of them brought positive points about the time at home being in remote work, resulting in a more peaceful breastfeeding on demand:

As the pandemic occurred and I managed to be at home most of the time, the year 2020 was a lot of chest. She is currently 2 years old, in February, but we still have free demand. (P 3)

I am breastfeeding normally, whenever she wants. If I'm in a meeting, I turn off the camera and give. If you have class, I breastfeed first. Breastfeeding is good and peaceful. She breastfeeds around 5 times a day and 2 times at night. (P 18)

Free demand, breast milk as the main food. (P 23)

Great breastfeeding as this is one of the only good things about remote work. (P 27)

He nurses to sleep in the afternoon and at night. As I'm working remotely, he asks to breastfeed a few times during the day. (P 38)

We are still here, on free demand. (P 40)

All women who are breastfeeding reported using the free demand in their babies and tranquility for its accomplishment. From these, the majority (84.6%) did not experience any

difficulty in breastfeeding due to the pandemic and one (7.7%) mentioned the fear of breastfeeding outside home because of the presence of the virus. Another participant (7.7%) stated that she was afraid to breastfeed when there was a suspicion of COVID-19 infection.

Only two of the participants returned to work in person and consider that there were no conditions in their work places for them to breastfeed. All the others remained in remote work and report that this factor facilitated the maintenance of breastfeeding on demand. Therefore, they also did not present difficulties with their co-workers or with the need to go out to breastfeed once they only turned off the cameras at the time of breastfeeding. Two of them considered being at home and breastfeeding as a positive point when they reported:

[...] no difficulty. It even expanded the capacity and proximity. I always took it on demand. (P 3)

[...] I feel much safer, because I take all the extra vitamins that she can't take, but ends up taking through breastfeeding. (P 9)

Still, there were reports of insecurity in breastfeeding and the importance of guidelines in the face of the pandemic:

I went through a situation of suspicion of Covid, right at the beginning of the pandemic (March / 2020). I was very afraid of breastfeeding and passing the virus to my child, either through milk or through contact. At that time, it was not known for sure whether or not it was possible to pass the virus through breast milk. Fortunately, I received the best guidance through my son's pediatrician and continued breastfeeding, just taking care of hand hygiene and wearing a mask. He had no symptoms (today it is known that transmission via breast milk is not possible, on the contrary, a mother with Covid transmits antibodies to the virus through breast milk). In that period there were no Covid tests for the general population and so I could not confirm whether or not it was Covid-19. (P 28)

Two participants converged in the answers and highlighted the positive aspects, as they managed to do social isolation at home, protecting them from COVID-19 and then breastfeeding was maintained.

Because she was working remotely, the breastfeeding period was extended. (P 35)

If he had been working face-to-face, I believe he would have stopped breastfeeding by now. (P38)

Thus, it was possible to identify the perception of women about remote work, in which the fear of the disease was imperative for this type of activity to be adopted.

Perceived weaknesses and suggestions for improvement

When questioning what conditions in the work environment were provided to her to breastfeed her baby, the servants reported several situations. One of the participants highlighted that in her first pregnancy she had to stop breastfeeding (P 12). Another mentioned that all women should have this opportunity on return, an extra period of remote work of at least 1 year.

I consider it very important for both mother and child. (P 15)

When I returned to work, my son was about 10 months old. I didn't receive any condition to continue breastfeeding during working hours, since the work environment was my own home, no one saw, knew or asked what was going on behind the screens. There were days when I attended meetings all day and, in order to breastfeed, I closed the camera but I remained connected, listening and participating in the meeting. Institutions and society as a whole do not respect/value breastfeeding after six months. The mother who is willing to breastfeed, in addition, needs to "fight" a lot to remain firm in this purpose. And it is an individual struggle, the benefits and importance of prolonged breastfeeding are not recognized collectively. (P 28)

At the moment, remotely, I had plenty of opportunity to continue breastfeeding. I attribute this to the fact that I am breastfeeding until today because I did not have the same opportunity with my first child and had to wean at six months. (P35)

[...] none, as the leave was for six months, I was told that there would be no special hours (short working hours) and also, as the campus is a little far from the city, there was no one to take him there to be breastfed. I just used my lunch break for that, which was pretty busy. (P 38)

This category involves impressions, expectations and suggestions for improvements to be implemented in the institution, upon returning from maternity leave. From the questioning about her experiences, what could be improved in the work environment to welcome the mother who returns from leave. One participant (P 1) highlighted the importance of having a breastfeeding room, an appropriate place to receive the child as well as two others, who also mentioned a suitable place for mothers to be able to extract and store breast milk would also favor the continuity of breastfeeding. (P 4, P 23) Another participant commented on the possibility of a nursery as a dream, an approach to the integration of the servant:

[...] that the demands were forwarded little by little, without much pressure or requests, as we returned at a very different pace from the colleagues who are on active duty. (P 5)

Participant P6 mentioned the importance of understanding on the part of the management so that the return is smooth. Yet, other four participants suggested holding conversation circles in order to share experiences with other fellow mothers. Regarding the

flexibility of the journey, a servant pointed out that the meetings should not be scheduled so early, since the early hours are often intense with the baby. (P 4) In the same way, many participants found the flexibility of working hours pertinent, because in these first months, the focus is on assimilating the separation (P 8, P 11, P 23, P 26, P 27, P 30, P 32, P 33, P 38). In addition, they realize that a conversation with a psychology professional will also help. Also, it was suggested to increase the break time to two hours a day of breastfeeding leave. (P 16) Thus, they highlighted the possibility of increasing the maternity leave. (P 17, P 20, P 23)

There is always a bit of difficulty and adaptation when you take on a work in progress. Another reason is that, when we become mothers, whether for the first, second or third time, our personal lives also demand a reorganization. (P 12)

Another participant reported body changes such as discomfort in the breasts close to breastfeeding time. (P 9) The welcoming guide appears when they emphasize that it is interesting to propose a guide, because possibly the cordiality may be different in other situations or on another campus. (P 12, P 29) Welcoming was seen as an important factor at that moment, as well as kindness, affection and respect are paramount. (P 15) An institutional reception policy that guarantees conditions for the care and breastfeeding of the child was mentioned. (P 28) The campaigns to encourage breastfeeding (P 35), and finally, an emphasis on the importance of the server's support network, and the reception on her return. (P 40) Thus, the women in this study, due to the experience they acquired in returning to work after maternity leave, pointed out important aspects that should be reflected in the management teams.

Reflections on your mental health

This category reflects on the participants' mental health. As for emotional conditions, 21 women (52.5%) reported some type of suffering, sadness and difficulty in performing daily tasks, that is, depressive symptoms. Anxieties can also come in the months before returning to work, as thinking about the future separation causes suffering.

It's very challenging to juggle work, your demands and parenting assignments. Added to the pandemic and the home office situation, I think it's maddening. We end up not exercising motherhood the way it should be. (P 6)
After returning, seeing that our children survive far from us, this anguish goes away and the longing becomes part of our days. (P 8)
I struggle with the anxiety and instability of the moment. I miss the security I felt in general. (P 9)

There were manifestations about sadness, discouragement, fears (P 10, P 11, P 13),

postpartum depression (P 17, P 18, P 32). Psychotherapy was mentioned (P 20) and also appears in this passage:

Due to work overload, sleep deprivation and, often, time for adequate food, I experience difficulties in my work performance. (P 23)

Sadness was related to the pandemic moment (P 27), to other cognitive alterations such as alterations in memory and ability to concentrate (P 28). The lack of knowledge of symptoms related to depression was cited in the following excerpt:

As soon as I had the baby I had a kind of panic syndrome, but at the time I didn't know it, and I was ashamed to say what I felt for fear of judgment. After some time, I was able to speak and everything got better. (P 29)

Twenty-three participants (57.5%) considered that they had or are having difficulties with their mental health at this point in life, expressed in the answers as:

Mental and physical overload from taking care of everything at home in the pandemic leaves me exhausted. (P 13)

Every day is always a struggle for all people right now, and for mothers even more. I've had peaks of stress, dizziness, but today I'm fine and I try to find a moment of leisure and tranquility every day; with games with the little ones, walks, movies, I even danced with the little ones. (P 15)

Yes, stress, extreme tiredness, lack of memory and ability to concentrate. These factors have brought difficulties to the family routine. (P 28)

[...] stress, irritation and insomnia from having to do everything at the same time. Home, work, children, lack of time for productive leisure. (P 33)

There was mention of having already needed to seek psychological help at another time in life. (P 35) and about being in recovery from depression, with controlled medication. (P 40) That said, the emotional implication involved in returning to work is evident, and, therefore, the need to think about interventions to prevent illness and worsen the quality of life.

Discussion

From the results of the present study, it became clear that pregnancy reflects numerous changes in the mother's life, both social and psychological. As for the profile of women, it is observed that most have medium to high income, are married and generally have a single child. These characteristics may have favored a breastfeeding period longer than the Brazilian average, which is 90 days. The data on the perception of occupational risk, in which psychological risk predominated, converges with the national prevalence of mental disorders as the third main cause of concession of social security benefits for workers with formal registration.

As for the feelings on returning to work, it can also be observed that, in puerperal women, they are intense and the current society, with its fast pace, brings problems in the mental health of these women. This is demonstrated by the participants in the sensations of fatigue and physical and mental overload, lack or deprivation of sleep and excessive demands in the work environment. In addition to these, returning to work was considered difficult or bad for most and it was manifested with anxiety, sadness guilt and worry. Such emotions are considered frequent experiences in the pregnancy-puerperal cycle, but when exacerbated they can cause the individual's adaptive failure.

The main adversities encountered in the face of return and regarding breastfeeding occurred in the organization of schedules to be able to breastfeed and in separating from their children at the end of their maternity leave. These reports and the feelings shown on returning to work state that women at the end of maternity leave trigger different types of psychological suffering and that the feeling of loss after this period harms the mental health of the mother and baby.

Most of the women in this research breastfed their babies for more than ten months and in those who have more than one child, breastfeeding and the time dedicated increased from the first to the second child. This is related to the greater dissemination of the benefits of breastfeeding that are extensively described in the literature and to the recommendation from WHO for exclusive breastfeeding for up to six months and supplemented with healthy eating for up to two years.

The support in the workplace is important for the continuity of breastfeeding and for the participants there is a need to have a guide for welcoming and encouraging breastfeeding at the institution. Regarding the considerations in the pandemic and the remote work, many servants reported this period as a relevant factor of their weaknesses and ambiguous feelings, even with fears about the virus, they identified an opportunity through the home office to be closer to their children, facilitating breastfeeding, as well as the affective family bond.

In this sense, the Law #14.151, of May 2021, was enacted, which provides for the removal of pregnant servants from face-to-face work activities during the public health emergency of national importance resulting from the new coronavirus. The servant may remain away under the terms of carrying out activities at her home, through telework, remote work or other form of remote work.

On the other hand, this Law does not extend this leave after maternity leave, and one of

the factors reported by the servants as a favorable factor in this moment of pandemic was the possibility of carrying out their homework while breastfeeding on demand for longer than maternity leave, including why there are no appropriate places for it at work. The flexibility of the workday in the post-puerperal period was considered pertinent and important for them to adapt to the new routines and to be able to adapt to work and the role of mother. The need for an adequate and collective reception is highlighted to ensure sustainability at work and provide all the necessary support to these new mothers.

Social and economic issues interfere with women's mental health when returning to work and in the current situation, external pressures were demonstrated in this and other studies. The overload (home, work, child, husband), which the current society imposes on women and, all these roles played must be a source of fulfillment, causes the most different negative feelings that are reflected in mental illnesses such as depression, anxiety and panic syndrome described by the participants.

The weakness perceived in this study lies in the welcoming relationship of institutions and/or workplaces, widely discussed by PAHO in its recommendations that suggest adequate and sufficient breaks for breastfeeding after returning from maternity leave and attention to reception from an integral perspective.

Corroborating the results of the interviews, the practically exclusive responsibility for caring for women is amplified by relationships with institutions and work relationships and, often, at the end of maternity leave, women trigger different types of suffering. Thus, there is a constant challenge in being a working mother and mother, demonstrated in all the lines of this research. On the other hand, when there is reception, support and adjustments by companies and institutions, despite being complex and going beyond the legislation on the subject, new arrangements can be created that benefit women and their children during this period, facilitating the maternal breastfeeding also evidenced in this research.

It is worth noting the limitations of this study, such as the sample size and the fact that the participants were from a single institution, namely, a Federal Institution of Secondary, Technical and Higher Education in the interior of Rs state. Even though, in the last five years, a total of 375 maternity leaves were requested by the Institution's servants, that is, they perceived a gradual increase: 71 (18.9%) in 2015, 58 (15.4%) in 2016, 75 (20%) in 2018 and 91 in 2019. It is understood that the form of data collection, by form, may have prevented the deepening of

some issues with women. Furthermore, it would be important, in future studies, to follow up longitudinally those mothers whose return to work coincided with the COVID-19 pandemic and so, encourage the continuity of breastfeeding with all the benefits inherent to such an act, serving as a support network and preserving the mental health of these women.

Conclusion

Women experience extensive transformations when becoming a mother, between pregnancy and the puerperium, there are different changes in biological, psychological, emotional, relational and sociocultural aspects that can affect the quality of life and expose vulnerabilities. In this period, breastfeeding needs to be learned so that it occurs continuously and at the appropriate time. Breastfeeding is the best source of nutrition for children in the first two years of life, it favors immunity and brings psychological benefits, and when complementary food is added after 6 months of age, it optimizes development. It is also a form of bonding, affection, protection and nutrition for the child and constitutes an economic and effective intervention to reduce child morbidity and mortality. It allows a direct impact on the promotion of the integral health of the mother/baby couple

The practice of breastfeeding helps to maintain this bond between the mother and her baby, giving a new meaning to the loss of constant contact with the child with the return to work, as a gain, depending on the support offered to the working mother inside and outside work. There is the possibility for women to use their work as a means of generating satisfaction and pleasure, favoring their mental health. In this sense, there is a need to observe that work can be a mediator in the construction of health as a whole, on the other hand, it should not be a source of suffering.

Therefore, a careful look at such issues can positively affect their feelings and relationships with their family members and co-workers. Among the contributions of this research are the confirmation that the support of their families and managers is essential for the setting of this woman in all roles (woman, mother, servant, among others.) and her consequent maintenance of mental health. This support reflects on the duration of maternal breastfeeding and results in the quality of care and their affective relationships with their children.

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