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Profile of tutors in the Working Woman who Breastfeeds action in the state of Paraná: a cross-sectional study

Perfil dos tutores da ação Mulher Trabalhadora que Amamenta no estado do Paraná: um estudo transversal

Abstract

Introduction: The Working Woman who Breastfeeds (WWB) action seeks to support the continuity of breastfeeding at work, with the WWB action Tutor being responsible for implementing and monitoring the strategy. **Objective:** To analyze the profile and perceptions of the performance of tutors in the WWB action, in the state of Paraná. **Methods:** A cross-sectional study with a quantitative and qualitative approach was conducted with tutors of the WWB action. Data were collected through a semi-structured questionnaire on Google Forms. **Results:** The sample consisted of 19 tutors, of whom 52.5% were nurses and 15.7% were nutritionists. Among the participants, 52.6% reported feeling little confidence in carrying out the activities expected of WWB action tutors. The main difficulties mentioned were: 1) Lack of time and workload; 2) Lack of experience; 3) Lack of government incentive and coordination; and 4) Lack of interest from companies. The identified strengths were: 1) Accessibility and resources for support; 2) Interest and recognition of the topic's importance; and 3) Institutional support network. **Conclusion:** The research highlights the importance of strengthening support for tutors through continuous education via regular meetings of the local WWB group and ensuring coordination between the state and municipal levels.

Keywords: Breastfeeding; Maternal and Child Health; Professional Education in Public Health; Working Women; Occupational Health.

Resumo

Introdução: A ação Mulher Trabalhadora que Amamenta (MTA) busca apoiar a continuidade da amamentação no trabalho, tendo o tutor da ação MTA a responsabilidade pela implementação e monitoramento da estratégia. **Objetivo:** Analisar o perfil e as percepções de atuação de tutores na ação MTA, no estado do Paraná. **Métodos:** Estudo transversal de abordagem quantitativa e qualitativa, realizado com tutores da ação MTA. Os dados foram coletados por meio de questionário semiestruturado no Google Forms. **Resultados:** A amostra foi composta por 19 tutores, sendo 52,5% enfermeiros e 15,7% nutricionistas. Dentre os participantes, 52,6% sentiam-se pouco confiantes para realizar atividades previstas para o tutor da ação MTA. As principais dificuldades mencionadas foram: 1) falta de tempo e sobrecarga de trabalho; 2) falta de experiência; 3) falta de incentivo e articulação do governo e 4) falta de interesse das empresas. As potencialidades apontadas foram: 1) acessibilidade e recursos para o apoio; 2) interesse e reconhecimento pela importância do tema e 3) rede de apoio Institucional. **Conclusão:** A pesquisa destaca a importância de fortalecer o apoio aos tutores com educação permanente por meio de encontros periódicos do grupo local da MTA e garantir a articulação entre os níveis estadual e municipal.

Palavras-chave: Amamentação; Saúde Materno-Infantil; Educação Profissional em Saúde Pública; Mulheres Trabalhadoras; Saúde do Trabalhador.

Introduction

Breastfeeding is widely recognized as the best source of nutrition for children, with important health benefits for both mother and baby^{1,2}. The World Health Organization (WHO) recommends exclusive breastfeeding until six months of age and continued breastfeeding until two years or more, even after the introduction of complementary foods². In Brazil, 45.8% of children under six months of age were exclusively breastfed in 2021³, a significant step forward, but still short of the internationally agreed targets of 50% by 2025 and 70% by 2030^{4,5}.

The connection between promoting, protecting, and supporting breastfeeding and its contribution to achieving some of the Sustainable Development Goals (SDGs) is widely recognized, although breastfeeding is not explicitly mentioned in the SDGs^{1,6}. These goals comprise 17 global targets established in 2015 by the United Nations General Assembly⁶. A study conducted by Souza et al. (2022)⁷ mapped promotion, protection, and support strategies aimed at working women who breastfeed, highlighting their potential to contribute to the SDGs. The findings indicated that these actions have a direct impact on SDGs 5 (gender equality and women's empowerment) and 8 (decent work and economic growth), as well as an indirect impact on SDGs 1 (eradicating poverty) and 10 (reducing inequalities). In addition, the positive impacts of the strategies on breastfeeding rates have the potential to directly achieve SDGs 2 (zero hunger), 3 (health and well-being), and 12 (responsible consumption and production) and, indirectly, SDGs 4 (quality education), 1, and 10⁷.

Returning to work is one of the main factors in early weaning, due to the lack of support for breastfeeding in the workplace⁶. Since 2010, the Ministry of Health (MH) has been implementing the Working Woman who Breastfeeds (WWB) action in partnership with the Brazilian Society of Pediatrics (SBP), with the aim of encouraging breastfeeding in companies and promoting the health of working women and their babies, as well as contributing to an increase in exclusive and continued breastfeeding rates⁸. The WWB is part of the National Policy for Comprehensive Child Health Care⁹ and was included in the National Program for the Promotion, Protection and Support of Breastfeeding, launched in 2024¹⁰. It brings together legal provisions that already exist in Brazilian legislation, aimed at guaranteeing breastfeeding and maternity in the workplace⁹. The WWB is based on three main pillars: 1) the extension of maternity leave to six months, an optional measure offered through the Citizen Company program¹¹; 2) the provision of daycare in the workplace or the provision of daycare vouchers, a mandatory requirement for companies with more than 30 women over the age of 16, as established in Art. 389 of the Consolidation of Labor Laws¹²; and 3) the implementation of Breastfeeding Support Rooms (BSR), an optional recommendation promoted by the MH¹³.

By training tutors, the WWB action provides free technical support to public and private companies in Brazil. The tutors are responsible for implementing the agreed action plan, supporting the local focal point, monitoring participating companies, feeding the monitoring system, publicizing the actions, and participating in local meetings of the WWB group¹⁴. These professionals play an essential role in providing guidance for the implementation of SBAs, helping women to maintain breastfeeding after returning to work^{14,15}. Since its creation, the MH has certified companies that implement BSR, recognizing their efforts to support breastfeeding and maternity in the workplace. By 2024, a total of 343 BSR had been certified by the MH in Brazil, of which 32 are in the South Region and 20 in the state of Paraná. This means that Paraná concentrates 62.5% of the rooms in the South Region, representing 5.8% of the total number of certified rooms in the country. For comparison, in 2017, Paraná accounted for 8% of all BSR certified in Brazil¹⁴. These data indicate a concentration of BSR in Paraná in the South Region but also reflect a decrease in the state's relative share of the national total of certified rooms over recent years.

According to data from the WWB action monitoring system, Paraná held a total of four WWB action workshops between 2011 and 2023 and trained a total of 110 tutors in 12 years of implementing the action in the state. However, in a survey carried out in 2023 by the Paraná State Health Department (SESA-PR), only 29 tutors are actually working, approximately 26% of those trained in the state. Given that the role of the tutor is fundamental to the implementation of actions in the states, monitoring their actions is a challenge. The question that arises is: why are there so many tutors dropping out of the WWB?

Few studies have addressed this issue since the action was launched in Brazil^{6,14,16-18}. To date, no research has been found that identifies the profile of WWB tutors or explores the potential and challenges they face. Therefore, the aim of this study was to analyze the profile and perceptions of tutors about their role in the WWB action in the state of Paraná.

Methods

Study design

A cross-sectional study was carried out on the profile and perceptions of WWB tutors, conducted online in the state of Paraná, in the southern region of Brazil. Data was collected between August and September 2023. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) tool was used to guide the writing of the study¹⁹. All the procedures were adopted in accordance with those proposed by the University's Research Ethics Committee, and under the respective certification: CAAE: 68461423.0.3001.5225 and opinion no. 6.183.942.

Study population

The study population consisted of 29 health professionals from the state of Paraná, trained as WWB tutors between 2011 and 2023, registered in the national WWB monitoring system and considered active. The tutors' activity was determined by their response to a SESA survey in March 2023 or participation in the last tutor training workshop in April 2023.

Eligible tutors were active tutors, registered in the system, who accepted what was proposed in the Informed Consent Form (ICF), and who complied with the 30-day deadline. Those who did not comply and did not agree to take part in the study were excluded.

Instrument and data collection

Data collection took place via e-mail, through SESA-PR, which manages the WWB action in the state of Paraná. Tutors were sent a preliminary explanation of the research and a link to access the self-completion questionnaire in Google Forms format. The questionnaire consisted of 25 questions, divided into three parts (**Chart 1**). The first part of the instrument aimed to understand the tutor's profile through demographic characteristics; the second part aimed to identify the actions developed/applied by the tutor in WWB actions; the third stage aimed to detect the barriers and facilitators in carrying out WWB actions in the state. The instrument was previously tested and validated with three tutors, and no changes were necessary after validation. The study included quantitative and qualitative variables which can be seen in **Chart 1**.

Chart 1 Characterization of the questions self-administered to the tutors of the Working Woman who Breastfeeds (WWB) action. Curitiba-PR, 2023

Tutor profile	<ul style="list-style-type: none"> - Name - Age - E-mail - Telephone - Academic background - Are you an WWB tutor? - Do you want to continue working as an WWB tutor? - What year did you graduate from the WWB tutor course? - What is your scope of action and public service? - In which municipality do you currently work as an WWB tutor?
Actions taken	<ul style="list-style-type: none"> - Have you ever worked with a company as an WWB tutor? (If yes, please give the name of the company) - Do you monitor the company(ies) that have adhered to the proposals of the WWB actions under your responsibility and feed them into the “WWB Monitoring System”? (If so, how often) - Do you participate in meetings with managers within the WWB? (If so, how often) - Do you help publicize WWB activities in your area? (If so, how often) - Do you have an open communication channel with the local WWB Group and do you contact them whenever necessary? (If yes, please state the means of dissemination) - How much do you feel able to discuss the laws that favor breastfeeding in the workplace? (Answers on a 4-point <i>likert</i> scale) - What is your level of confidence in supporting companies in relation to the WWB? (Answers on a 4-point <i>likert</i> scale) - How much do you feel able to contribute and help the projects proposed by the WWB action with your knowledge? Answers on a 4-point <i>likert</i> scale)
Strengths and difficulties	<ul style="list-style-type: none"> - Comment on what you think makes it easier for you to act as an WWB tutor - Comment on what you think makes it difficult for you to act as an WWB tutor

Source: Own elaboration.

Data analysis

Data analysis was carried out using the Stata program, version 13.0. Descriptive statistics were presented in percentage and relative values.

For the discursive questions, the qualitative analysis was conducted using the thematic-categorical content analysis technique, following a three-stage process²⁰: 1) organizing the material; 2) coding the data; 3) interpreting the results obtained. In the material organization stage, similar answers were grouped and coded into specific themes for each question. During coding, the raw data was organized into units that describe the characteristics of the content presented in the text. In order to maintain the anonymity of the tutors participating in the study, the statements were identified throughout the text with the letters “T” for Tutor, followed by a numerical number, corresponding to the order of the statements: T1-T19.

Results

The sample was made up of 19 tutors, corresponding to 65% of the population of active tutors who responded to the survey, most of whom were female (n= 18), aged 41 or over (n= 11), 10 of whom were nurses and three nutritionists, as shown in **Table 1**.

Table 1 Demographic characteristics of tutors of the Working Woman who Breastfeeds (WWB) program (n= 19). Curitiba-PR, 2023

	n
Age	
18-40 years	8
> 40 years	11
Sex	
Female	18
Male	1
Academic background	
Medicine	1
Nursing	10
Pharmacy	1
Speech therapy	1
Psychology	1
Occupational therapy	1
Nutrition	3
Training time	
≤ 7 years	5
> 7 years	14
Scope of action	
Municipal (central level/WWB coordination)	1
Municipal (Health Unit)	2
State (central level)	3
State (regional health office)	13
Distribution of tutors in the state	
East macro-regional (Curitiba, São José dos Pinhais, and Fazenda Rio Grande - 2nd RS; Ponta Grossa - 3rd RS)	11
Northwest macro-regional (Maringá - 15th RS and Campo Mourão - 11th RS)	2
Western macro-regional (Francisco Beltrão - 8th RS and Cascavel - 10th RS)	2
Northern macro-regional (Umuarama - 12th RS, Apucarana - 16th RS and Ivaiporã - 22nd RS)	3
No answer	1

WWB: Working Woman who Breastfeeds; RS: Health Region.

Source: Own elaboration.

Most tutors (14/19) worked at the state level, in the state's Health Regions. In terms of geographical location, 12 were in health regions and municipalities in the state's eastern macro-region, including Curitiba (the state capital) and its Metropolitan Region, while seven were in health regions and municipalities in the state's other macro-regions. As for training, 13 of the tutors were trained in April 2023, and only six were trained between 2011 and 2015 (**Table 1**)

Regarding the actions carried out, 12 tutors were not accompanying any company to implement the WWB action at the time of the investigation, as shown in **Table 2**. However, all the tutors reported spreading the word about WWB actions in their territory. It was noteworthy that most of the tutors (11) reported feeling unconfident about discussing laws that favor breastfeeding in the workplace. In addition, 10 reported that they felt unconfident about carrying out all the activities planned for the WWB tutor.

Table 2 Characterization of the activities developed by the tutors of the Working Woman who Breastfeeds (WWB) action (n= 19). Curitiba-PR, 2023

Variable	n
Have you accompanied/are you accompanying a company as an WWB tutor?	
Yes	7
No	12
Do you monitor the company(ies) that have adhered to the WWB action proposals under your responsibility and feed them into the WWB Monitoring System?	
Yes	4
No	15
Do you participate in meetings with managers within the WWB?	
Yes	11
No	8
Do you help publicize WWB activities in your area?	
Yes	19
No	-
Do you have an open communication channel with the local WWB Group and do you contact them whenever necessary?	
Yes	11
No	8
Dissemination strategies*	
Social media**	6
Others	14
How much do you feel able to discuss the laws that favor breastfeeding in the workplace?	
Not at all confident	-
Low on confidence	11
Confident	6
Very confident	2

Continue

How capable do you feel of helping companies set up an BSR?	
Not at all confident	1
Low on confidence	4
Confident	12
Very confident	2
How capable do you feel of carrying out all the activities planned for the WWB tutor?	
Not at all confident	-
Low on confidence	10
Confident	8
Very confident	1

* This question allowed more than one answer; **Social networks: Facebook, Instagram, and YouTube.

WWB: Working Woman who Breastfeeds; BSR: Breastfeeding Support Room.

Source: Own elaboration.

About the tutors' perception of the potential and challenges for tutoring in the WWB action, relevant themes were identified (**Figure 1** and **Chart 2**).

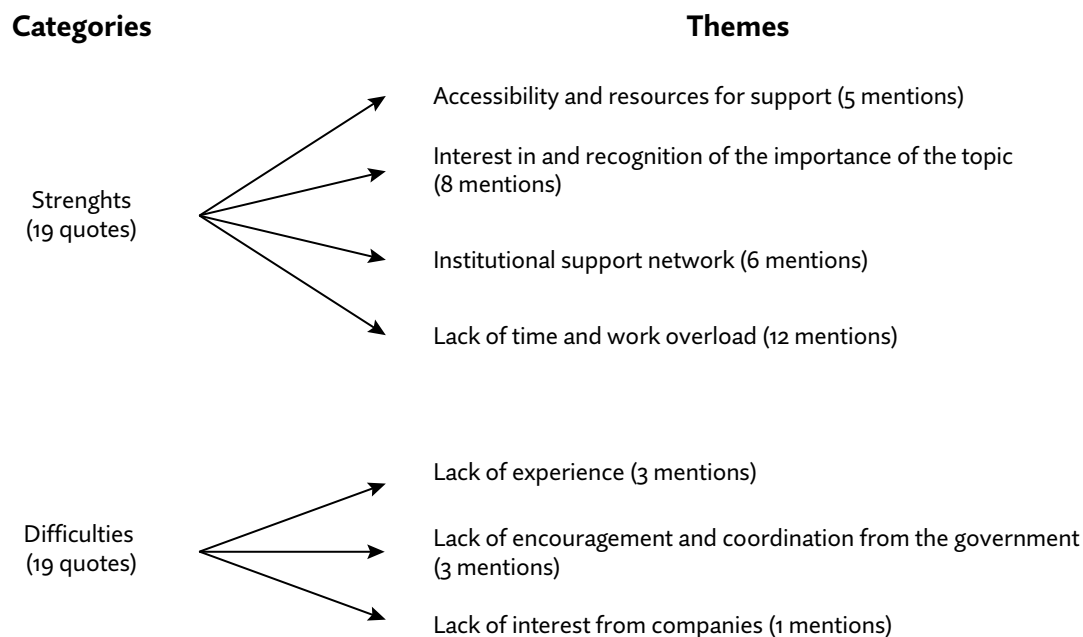


Figure 1 Perception of the tutors of the Working Woman who Breastfeeds action on the strengths and difficulties for their work (n= 19). Curitiba-PR, 2023

Source: Own elaboration.

Regarding strengths, three main themes were identified: 1) Accessibility and resources for support (five mentions); 2) Interest in and recognition of the importance of the topic (eight mentions) and 3) Institutional support network (six mentions) (**Figure 1**).

Chart 2 Perception of the tutors of the Working Woman who Breastfeeds action in their sphere of activity (n=19). Curitiba - PR, 2023.

Strengths		
Themes	Mentions	Number of mentions
Accessibility and Resources for Support	<i>"Materials available to guide companies (T1)"; "Easy access to child-friendly hospitals and milk banks (T2)"; "My workplace (T14)"; "Being accessible to help companies (T9)"; "Communication (T15)"</i>	5
Interest in and recognition of the importance of the topic	<i>"Loving breastfeeding and being an advocate for children's health. Believing in the SUS (T4)"; "It's an interesting topic and one I enjoy sharing (T5)"; "Believing that breastfeeding is essential for human development, and supporting the cause of women who work and can't continue breastfeeding their children (T6)"; "The subject of breastfeeding (T11)"; "Believing in the project (T9)"; "Working with the subject on a daily basis (T14)"; "Interest in and recognition of the importance of this subject (T18)"; "Interest in the subject (T19)".</i>	8
Institutional support network	<i>"Support from the other members of the Regional team and their knowledge of the companies (T7)"; "Being part of the Regional Health Department (T8)"; "Support from state references (T10)"; "Coordination/leadership supports and encourages (T12)"; "Support from SESA's child and adolescent division (T16)"; "Being included in the local group of WWB tutors (T17)"</i>	6
Difficulties		
Lack of time and work overload	<i>"Availability of time (T1)"; "Lack of time (T2)"; "The time available for this activity, fitting it into the personal and professional routine (T4)"; "Overload of activities and other work schedule commitments (T8)"; "Lack of availability, as there are several other demands to develop in my sector (T9)"; "Reduced team, associated with the position of head that requires other responsibilities (T10)"; "Work overload (T11)"; "Overload of functions (T12)"; "Time (T13)"; "A lot of work demands in the regional office (T14)"; "Concentration of many activities in just one person (T16)";</i>	12
Lack of experience	<i>"Lack of maternal experience (T5)"; "As I've only been at the Regional Office for a short time (4 months), I have little experience with the subject (T7)"; "Lack of practical experience (T15)";</i>	3
Lack of encouragement and coordination from the government	<i>"There's no financial incentive (T6)"; "It's not a legal obligation and there's no government counterpart (T11)"; "There's a lack of coordination between the spheres of government to plan and execute (T19)"</i>	3
Lack of interest from companies	<i>"Lack of feedback from companies when scheduling a visit (T18)"</i>	1

Source: Own elaboration.

Accessibility and support resources

Among the strengths of the role, the ease of access to some locations as it is already part of their professional responsibilities was pointed out among the tutors' answers, as noted in *"Easy access to child-friendly hospitals*

and milk banks” (T2) or “My workplace” (T14) since some of the tutors are also evaluators for the Baby-Friendly Hospital Initiative (BFHI) and already take on other responsibilities in their professional activities, contributing to greater accessibility to these locations. The availability of materials for working as a tutor was also mentioned as a potential point, as noted in “Materials available to guide companies” (T1). These materials are made available in the tutor’s training course to contribute to their work.

Interest in and recognition of the importance of the topic

Interest in the subject of breastfeeding, recognition of its importance and the importance of the WWB action was considered the main driver for the tutor’s work, as observed in the reports of several tutors: “Loving breastfeeding and being an advocate for children’s health. Believing in the SUS [Unified Health System]” (T4); “It’s an interesting topic and one I enjoy sharing” (T5); “Believing that breastfeeding is essential for human development, and supporting the cause of women who work and can’t continue breastfeeding their children” (T6); “Believing in the project” (T9); and “Interest in and recognition of the importance of this subject” (T18). This shows how interest in and recognition of the importance of breastfeeding and the WWB action are key elements in motivating and strengthening the tutors’ work, reflecting their commitment to maternal and child health and the principles of the Brazilian Unified Health System (Sistema Único de Saúde [SUS]).

Institutional support network

Team support, collaboration, encouragement, and institutional support were observed in the quotes involving local, regional, and state teams, as well as the engagement of managers as factors that enhance the tutor’s work, as observed in the quotes “Support from the other members of the Regional team and their knowledge of the companies” (T7); “Being part of the Regional Health Department” (T8); “Support from state references” (T10); “Coordination/leadership supports and encourages” (T12); “Support from SESA’s child and adolescent division” (T16); and “Being included in the local group of WWB tutors” (T17). These reports highlight the importance of institutional support at different levels, demonstrating how collaboration and encouragement strengthen the tutors’ role in implementing the WWB action.

About the difficulties faced by tutors, four themes were identified: 1) Lack of time and work overload (12 mentions); 2) Lack of experience (three mentions); 3) Lack of encouragement and coordination from the government (three mentions) and lack of interest from the company (one mention), as shown in **Figure 1**.

Lack of time and work overload

The lack of time, the overload of activities, and the concentration of demands present a broad view of the challenges faced in the work environment of the professionals who work as tutors for the WWB action, as explained by some tutors “Lack of time” (T2); “The time available for this activity, fitting it into the personal and professional routine” (T4); “Overload of activities and other work schedule commitments” (T8); “Lack of availability, as there are several other demands to develop in my sector” (T9); “Reduced team, associated with the position of head that requires other responsibilities” (T10); and “Work overload” (T11). This theme had the highest number of mentions among the tutors, presenting itself as one of the main challenges faced.

Lack of experience

Challenges related to the lack of experience, both personal, such as “Lack of maternal experience” (T5), and professional, in the subject of work “As I’ve only been at the Regional Office for a short time (four months), I have little experience with the subject” (T7), reflect the perception of limitations arising from the lack of practical experience, personal experience (such as maternal experience), and the short time working in the specific context of the tutor’s work: “Lack of practical experience” (T15). These reports indicate that the lack of experience, both

personal and professional, is seen as an initial challenge, highlighting the importance of ongoing support to overcome these limitations.

Lack of encouragement and coordination from the government

Challenges related to the lack of financial incentives, the legal regulation of the action, and intergovernmental coordination were observed in the tutors' reports. The lack of specific resources, such as "*no financial incentive*" (T6) and "*It's not a legal obligation and there's no government counterpart*" (T11) compromises the implementation of the WWB action, especially regarding the creation of BSR. Moreover, the lack of formal regulation, such as a specific ordinance, makes it difficult for companies to promote WWB actions.

Although the WWB includes legal provisions to promote, protect, and support breastfeeding in the workplace, it does not have its own ordinance, unlike initiatives such as the Breastfeeding and Feeding Brazil Strategy or the BFHI. It's worth noting that only one of the three pillars of the WWB is mandatory by law - the provision of a daycare or childcare voucher for companies with more than 30 women of childbearing age. Although BSR are considered low-cost¹³, the lack of resources for items such as freezers is still an obstacle to setting them up.

Lack of interest from the company

Only one tutor mentioned the lack of interest from companies as a difficulty in their work, exemplified by the phrase: "*Lack of feedback from companies when scheduling a visit*" (T18). According to MH guidelines, the tutor should take the initiative to contact public and private companies in the municipality or region to schedule visits and present the WWB action. Although this difficulty was mentioned by only one tutor, it is still relevant, as it reflects a potential challenge that can be faced by other professionals.

Discussion

This study helped to identify the profile of WWB tutors in the state of Paraná, their perceptions of their ability to perform the role of tutor and the main challenges and potential for their work. To date, no similar studies have been found in Brazil.

Additionally, this research complements the study by Souza¹⁴, which evaluated the implementation of BSR in the southern region of Brazil, but did not address the profile of tutors, the monitoring of the strategy, and their performance after training¹⁴.

The distribution of tutors in the state of Paraná revealed a concentration in Curitiba and the Metropolitan Region, which corroborates the greater number of BSR located in this region¹⁴. Although the state's four health macro-regions are covered by tutors, the number of tutors per health region is insufficient to meet demand uniformly. This inequality can be explained by the greater concentration of resources and companies in and around the capital, which facilitates both the implementation and monitoring of the WWB strategy in this area, especially by SESA tutors. However, the expansion of the action to the state's 22 health regions still faces significant barriers, highlighting structural and operational challenges²¹. The shortage of tutors and the difficulties in expansion highlight the need for adequate investment, both for implementing the strategy and for technical support for states and municipalities in carrying out training. These training courses, which are part of permanent education, are essential to qualify professionals and expand the coverage of the action. Furthermore, it is essential to strengthen the role of tutors as multiplier agents in the municipalities, ensuring that their activities are supported by stable funding and policies that promote fair access to available resources²².

In addition to these conditions, it is also important to consider the challenges faced by tutors in the process of implementing WWB actions in companies. In this study, almost two thirds of the tutors reported that they were not effectively involved in implementing the WWB action in companies. Tutors' contact with companies to

implement WWB is extremely important to establish an active engagement in the search for partnerships and the promotion of practices favorable to breastfeeding in the workplace, ensuring the sustainability and continuity of actions in the institutions¹³. This bridge may be related to the challenges pointed out by the tutor, such as lack of time and work overload.

Although the majority of tutors feel confident in helping to set up BSR, many expressed insecurity in discussing breastfeeding-related laws in the workplace and in carrying out all the activities provided for in the WWB action. Although there are no specific studies on this lack of confidence, Melo et al.²³ pointed out that continuous monitoring by municipal managers facilitates the implementation of strategies and, it is assumed, can also strengthen the confidence and performance of tutors. According to the organizational logic model of WWB action described by Souza¹⁴, states and municipalities should hold periodic meetings with local WWB groups, consolidating learning and increasing the confidence of tutors in the implementation of actions¹⁴.

The qualitative analysis revealed important difficulties and potential for the tutors' work. The research by Melo et al.²³ on barriers and facilitators in the implementation of the Breastfeeding and Feeding Brazil Strategy showed similarities to the findings of this study. Both highlight work overload as relevant barriers to tutors' performance. In the case of the WWB, lack of time, work overload, inexperience and the absence of incentives and government coordination were identified as significant challenges. On the other hand, factors such as accessibility and available resources, interest and recognition in the subject, as well as existence of an institutional support network, were mentioned as facilitators in the WWB, as well as in the Breastfeeding and Feeding Brazil Strategy, where support from the coordinators, efficient communication via WhatsApp and regular meetings also proved fundamental²³. This connection reinforces the importance of structuring actions that promote ongoing support, permanent education and institutional coordination to strengthen the work of tutors.

The lack of incentives and government coordination were pointed out as challenges for tutors. It is understood that the lack of incentives can contribute to a lack of interest on the part of companies, making it difficult for tutors to work with them. This study has revealed important issues that can support improvements in WWB action and provide input for recommendations to strengthen the work of tutors, thus favoring the expansion of BSR. One aspect that deserves special attention is the need to formalize more robust agreements between managers, including the municipal level.

In the study carried out by Venancio et al.²⁴ on the implementation of another breastfeeding policy strategy in Brazil, recommendations were highlighted that can also be applied to the WWB action. At the federal level, greater coordination is suggested between the Ministry of Health, the National Council of Health Secretaries and the Municipal Council of Health Secretaries. Moreover, it is proposed that funding be agreed for the implementation of the strategy, as well as technical and financial support for states and municipalities to carry out training in line with the principles of continuing education. For the state spheres, it is recommended to prioritize the inclusion of the strategy in the state health plans, ensuring political and financial support for its implementation. It is also important to strengthen the State Coordination of the action, as well as defining implementation designs that consider the organizational specificities of each context. At municipal level, the recommended actions are aimed at strengthening the role of tutors, encouraging the continuous training of professionals and supporting the inclusion of the strategy in municipal action plans. In addition to these measures, it is considered important to allow the states or municipalities themselves to conduct the tutor training workshops without the mandatory presence of the MH. This approach can make it easier to increase the number of active tutors, contributing to more effective implementation of the WWB action and, consequently, to the expansion of BSR¹⁴.

Reflecting on the high number of dropouts among WWB tutors, the challenges encountered in this study can provide guidance for state managers. Melo et al.²³ also point to high dropout rates among Breastfeeding and Feeding Brazil Strategy tutors, which means that this is not just a phenomenon found in the WWB program. In the study carried out on Breastfeeding and Feeding Brazil Strategy, the coordinators found it difficult to identify professionals with the right profile and available hours to be a tutor, since the tutor works 20 or 40 hours a week and has a number of other activities, needs to be excused by their boss to work as a tutor and has no transportation, having to carry out their tutoring activities during working hours. Reflecting on this point, it can be seen that

some of the strategies developed by the MH to promote, protect, and support breastfeeding are disseminated through the work of tutors.

In this context, the challenges faced by Breastfeeding and Feeding Brazil Strategy coordinators in selecting professionals with the right profile to act as tutors can also be considered in the WWB action. However, there is an important difference: it is considered that the most suitable profile to be a tutor for the WWB action would be professionals linked to the management of state or municipal health departments, or Human Milk Banks. These professionals could organize their work routine in such a way as to include face-to-face visits to companies, an activity that could take up to half a working day, something that would be extremely difficult for professionals working in Basic Health Units.

Added to this is the fact that the state management has not actively monitored the activities of the WWB tutors over the years of the action's implementation in the state, which began in 2011. It was only in 2023 that a survey was carried out to identify the situation of tutors in the state. Souza et al.²¹ had already highlighted the monitoring and support offered by the state technical team to the tutors' activities as a challenge. Corroborating this fact, the analysis of official documents and the monitoring system up to 2023 did not make it possible to determine the percentage of tutors currently active. All that was known was that, of the 86 tutors trained by 2015, only six had registered their work in the system at some point¹³.

In this way, the frequent dropouts among WWB tutors may be related to the challenges identified in this study, providing important insights for state managers. Lack of time and work overload, inexperience in the subject, and other obstacles pointed out create a challenging scenario for tutors to work in, coupled with little confidence to help implement the actions, especially in aspects such as dealing with specific legislation. Also, it is important to consider that since 2011, some professionals may have retired or changed jobs, which further contributes to the shortage of active tutors. These workers may also have taken time off work, due to occupational illnesses or not, which could also be related to the aforementioned work overload and the accumulation of tasks. This combination of challenging elements could play an important role in the high proportion of dropouts among tutors.

Therefore, to overcome the challenges related to the engagement of tutors and increase the effectiveness of the actions, we reflected on the need to implement more efficient monitoring mechanisms on the part of the state and municipal administrations. One possible strategy would be to formalize the municipality's adherence to the WWB action, clearly identifying the focal point of the action in the municipality, who would be responsible for selecting professionals with the right profile, ensuring their availability to act as tutors, closely monitoring the tutors' activities and implementing an action plan with deadlines and concrete actions to ensure the continuity of the actions agreed during the WWB training sessions, as well as periodic meetings with the local WWB group to exchange experiences between tutors. This would help to increase the level of trust and promote a more proactive follow-up by the tutor with the companies. In addition, it is essential that tutors have easy access to the monitoring system, preferably via their institutional computers, allowing them to update information properly and contributing to the collection of accurate data¹⁴.

Although this study provides important food for thought, it should be interpreted considering some limitations. The analysis of just one Brazilian state is noteworthy because, although it provides important data for health managers, it does not encompass Brazil's territorial differences and further studies are needed on the work of tutors in other states and regions. The research was carried out five months after the last tutor training course in the state, which trained most of the participants in this study. This short training period may have influenced the tutors' perception of low confidence in carrying out the conditional actions for the WWB, as well as explaining the fact that many are still not monitoring companies, since the period may not have been sufficient for them to start their activities effectively. However, it is important to note that, as a requirement for taking part in the training, all the professionals were asked to draw up a map of the companies to be contacted after the training.

Therefore, even though the research was carried out in only one state, this is the first study in Brazil to analyze the profile and perception of tutors in the WWB action. In this way, this information can support decision-making

and the improvement of strategies for implementing and monitoring the WWB action, with a view to achieving better results and a positive impact on the lives of working women who breastfeed.

Conclusion

The findings illustrate that the tutors showed confidence in the creation of the BSR but were unsure of the legislation and how to carry out the activities planned for the WWB tutor. The main difficulties identified were: lack of time, work overload, inexperience, lack of encouragement and coordination from the government, and lack of interest from companies. Among the factors that boost the action are: accessibility, available resources, interest in the subject, and the support network.

Thus, there is a need to strengthen the role of tutors through ongoing education strategies, including regular meetings of the local WWB group, as well as improving the monitoring of activities and ensuring more effective coordination between the state and municipal spheres. This information is fundamental to improving the tutors' performance and expanding the implementation of the WWB action, generating a positive impact for working women who breastfeed, and contributing to the achievement of the SDGs.

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