

## Mother Narratives about Continuing Breastfeeding Weaning

Nayara Mendes Cruz<sup>1\*</sup>, Ana Cristina Santos Duarte<sup>2</sup>, Marizete Argolo Teixeira<sup>3</sup>, Alba Benemérta Alves Vilela<sup>4</sup>, Mariza Silva Almeida<sup>5</sup> and Rosane Gonçalves Nitschke<sup>6</sup>

<sup>1</sup>PhD in Nursing and Health from the Graduate Program in Nursing and Health of the State University of Southwest Bahia, Jequié-BA, Brazil

<sup>2</sup>PhD in Education from the Federal University of Bahia, Post-Doctorate in Didactica de las Ciencias Experimentales, Full Professor at the State University of Southwest Bahia, Jequié-BA, Brazil

<sup>3</sup>PhD in Nursing from the Federal University of Bahia, Full Professor, Department of Health II, State University of Southwest Bahia, Jequié-BA Brazil

<sup>4</sup>PhD in Nursing from the Federal University of Ceará, Full Professor at the State University of Southwest Bahia, Jequié-BA, Brazil

<sup>5</sup>PhD in Nursing from the Ribeirão Preto School of Nursing, University of São Paulo, Adjunct Professor at the Federal University of Bahia, Salvador-BA, Brazil

<sup>6</sup>PhD in Nursing Philosophy from the Federal University of Santa Catarina, Professor at the Federal University of Santa Catarina, Florianópolis- SC, Brazil

**\*Corresponding Author:** Nayara Mendes Cruz, PhD in Nursing and Health from the Graduate Program in Nursing and Health of the State University of Southwest Bahia, Jequié-BA, Brazil.

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### Abstract

**Objective:** To understand maternal experiences in the process of weaning from continued breastfeeding.

**Method:** A qualitative study, developed from March to May 2019, thematic Oral History was used as a theoretical-methodological framework. The study included 12 mothers who experienced the breastfeeding and weaning process, who breastfed their children for a period of 1 year or more. In-depth interviews were used as an instrument to obtain data, followed by transcription, textualization, transcreation, checking of the final text and discussion of the material produced.

**Results:** Based on an in-depth analysis of the empirical material, it was possible to identify three thematic axes, which led to the discussion through a dialogue with the literature: Meanings and feelings experienced by women in the weaning experience process; Predominant factors for the decision to wean the child and Difficulties in weaning.

**Conclusion:** The narratives point to the need for greater attention and care for mothers during the process of finalizing the breastfeeding cycle. Health education actions are necessary so that women can experience this moment with knowledge to clarify doubts, overcome fears, difficulties that arise and, consequently, they can overcome this phase with greater tranquility.

**Keywords:** Breastfeeding; Weaning; Personal Narrative; Nursing; Women's Health

### Introduction

Health institutions recommend breastfeeding for two years or more, offering only breast milk until the 6<sup>th</sup> month of the child's life, and complementing with other foods from that age [1-3]. Breastfeeding after one year of life, known as continued breastfeeding, is still an important source of nutrients, vitamins, proteins and energy, with the ability to ensure protection against infectious diseases [3].

Scientific evidence shows the positive impact of continued breastfeeding beyond the first year of life on the health of the child and the nursing woman, with beneficial effects for both [4,5]. It is assumed that these benefits are greater the longer the breastfeeding period [2]. This reveals the importance of valuing and encouraging continued breastfeeding, a theme often relegated in the practice of most health professionals.

The incentive to exclusive breastfeeding until the sixth month has been massively disseminated and guided by health authorities and professionals, however, the continuation of breastfeeding beyond this period has been very little propagated, and similarly official guidelines on the complete completion of this cycle are rare. As a result, there are many doubts and the feeling of insecurity about the total duration of breastfeeding and how and when weaning should be performed [6].

Assuming that the process of weaning from continued breastfeeding can be difficult, painful, full of doubts and fear for mothers, it is important to investigate and understand the determining factors, challenges and meanings of this experience.

A deeper understanding of this experience can contribute to the construction of knowledge that supports the planning of new actions of public policies related to breastfeeding, and consequently the work of health teams and professionals. This can also help to help mothers in the continued AM as an integral part of collective health actions to support breastfeeding, as it is believed to be a process that is part of the child's development and evolution in the relationship between mother and child that should be experienced with safety, tranquility and well-being for both.

In view of this, the research question arose: How do maternal experiences of the weaning process of continued breastfeeding take place?

### Aim of the Study

The aim of the study was to understand the maternal experiences in the weaning process of continued breastfeeding.

### Methodology

Descriptive study, with a qualitative approach in which oral history (HO) was used as a theoretical-methodological framework.

HO enables approximation of the object of study through the narratives of people who have experienced some experience in the past; record the sociocultural aspects of people's lives; to understand society through the individual who lives in it; to establish relations between the general and the individual through the analysis of different discourses, in addition to giving voice to minorities, to those who live on the margins of society, from the most underprivileged who rarely appear documented in historical archives [7,8].

The present study used the thematic HO that deals with a specific, pre-established subject, a moment in people's lives that results in experiences, revealing the perception and meanings of those who experienced a defined event [7-9]. In this sense, it is intended with the thematic HO to know the experiences of mothers in the process of weaning of the am continued through its past history in an attempt to apprehend the meanings, values, feelings, relationships between the individual and the collective, as well as the perceptions and elucidations about the techniques and practices to wean.

The research was only initiated after approval by the Research Ethics Committee of the State University of Southwest Bahia with opinion no. 3,165,571 and CAAE no. 04191618.3.0000.0055.

The project was developed in the interior of Bahia, Brazil in Family Health Units (FUS) in the urban area that monitored the growth and development of children.

In oral history it is necessary to define the colony and the network that will compose the study, and that are sources for the construction of empirical material [9,10] so the colony was represented by mothers who experienced the process of continued breastfeeding and weaning, and the network was determined by the following inclusion criteria: mothers who breastfed their children for a period equal to or greater than 1 year of age; mothers who performed weaning, and that this had occurred in the last four years.

The selection of the collaborators of this research occurred from March to May 2019 and was carried out through an intentional sample by active search. Initially, visits were made to the FUS to present the study project and partner with the health team to identify eligible women. Later, the researcher made contact with these women to try to obtain from them the interest in participating in the research and scheduling the interview. The search for the mothers was also done at the time when they were accompanying their children for vaccination or consultation in the Unit. The study proposal and the woman invited to participate were presented.

The interaction with collaborators was performed through in-depth interviews, in addition, the field notebook, basic instruments in the HO methodology, was used [7-9]. Through a script with information regarding the socio-demographic profile and leading issues, it was possible to conduct and stimulate the narratives of the collaborators. The triggering question was "Did the weaning process happen?".

For the analysis of HO, the following sequence was followed: transcription of the interviews, which is the first treatment given to the narratives, textualization was later made, a phase in which the questions are eliminated and the words without semantic weight are eliminated and reparably, and finally the transcreation, which is "a text recreated in its fullness" [8,9]. The mothers collaborating with the study checked, validated and authorized the final product of the narratives. The letter "M" was used to present the clippings of these narratives, followed by the Arabic numeral to represent the mothers participating in this study.

## Results

The collaborators were 12 mothers aged between 20 and 42 years. They are women with varied occupations (housewives, teacher, lawyer, nurse, diarist, informal work), with family income between half and five minimum wages. Nine mothers are married/stable union; 4 have elementary school; 3 Complete High School and 5 Higher Education. Weaning of children occurred between 1 and 4 years of age.

From the perspective of the interpretative approach adopted in this manuscript, the analysis of the empirical material allowed us to know the experience of mothers of children older than 1 year of age with regard to the completion of the cycle of continued breastfeeding. From the narratives of these mothers it was possible to know the meanings of this experience experienced, the feelings surfaced, the difficulties, as well as the predominant conditions that interfered in the decision about the moment of weaning. Thus, three thematic axes were identified, which led to the discussion through a dialogue with the literature: Thematic axis 1- Meanings and feelings experienced by the woman in the process of weaning experience; Thematic axis 2- Predominant factors for the decision to wean the child; Thematic axis 3- Difficulties in weaning.

### Meanings and feelings experienced by women in the process of desmame experience

In this thematic axis, the meanings and feelings experienced by mothers in the process of the experience of weaning their child, who breastfed for more than one (01) year of age, are presented.

The Fear of losing the bond with the child, sadness and feeling of guilt were prevalent in the narratives, but the feeling of relief was also present in some statements.

### Fear of losing the bond

The fear of losing the bond with the child after weaning was a concern of 04 (four) mothers collaborating with the study, as observed in the following statements:

- *I was worried because the act of love is an act of love, the child creates a very great bond with the mother, and the mother with the child, there is that exchange of human warmth, that exchange of looks that is very beautiful, that exchange of love on both sides, the child feels protected, the mother passing heat to him, he feels safe, it's a unique moment [...] I thought 'oh, my God, is it if he's not going to get so attached to me anymore?' [...] (M3).*
- *I thought with weaning I would break the bond with my son. My biggest fear was that I stopped breastfeeding and he lost the bond with me (M6).*

After the experience of weaning, the mothers realized that the bond built with breastfeeding was maintained even after its completion:

- *I understood that there really is no interruption of the bond, because the bond it continues, regardless of breastfeeding. The love of the son, which will demonstrate, what will make his son love him every day are his actions, so I tried to supply weaning with other actions, try to sit with him, tell stories, sing with him, so all this made weaning not so traumatic for him, and understand that there really was not a break of bond (M6).*
- *[...] I saw that no, that it was just one more thing in my head, that did not lose that bond (M12).*

### Feeling of sadness

Sadness, due to the completion of the breastfeeding cycle, was the most cited feeling in the mothers' narratives. One of them had to wean for health reasons, which led to suffering and sadness, other mothers reported the same feelings for having performed an abrupt weaning, and also had those who felt sad simply by the end of the cycle, after a positive experience of breastfeeding:

- *It wasn't just his weaning, it was my weaning too. (I feel) the lack of him in my lap, him breastfeeding, the time we had that was just our [...] of him being caring me, me caring about him, so it was a bit of this lack [...] it was difficult, it's still difficult, because it's still very recent (M11).*
- *Oh I felt so much pain, because I think breastfeeding is an amazing part [...] when you are breastfeeding is a bond that you create, you and the child, so when he stopped breastfeeding it was very difficult [...] I think it wasn't even for him, it was harder for me, which is like having that bond being broken [...] I cried, I'm not going to lie, no, I gave bottle, but crying [...] I was sorry. Even today when I remember, I'm already moved, because it was a difficult part (M12).*

### Feeling of guilt

The feeling of guilt was also present in some statements. This feeling may be tied to sadness, as observed in the statements of mothers M3 and M4, because at the same time that they show sadness, they also present the feeling of guilt for having breast weaned their child abruptly:

- *[...] on the part of weaning is that it is sad because you feel a weight of absurd guilt [...] The pediatrician asked me to start weaning gradually, only it was very traumatic because I had to take medication urgently and I didn't really have this period of gradual weaning, that was the penalty that gave, this guilt, this pain that comes, having stopped breast-feed from day to night (M3).*

- *It was sad for me, because he was wanting to suckle... it was like he wanted to, and I didn't want to breastfeed, it was something I had there at that moment, sometimes I thought 'My God, I have the breast, and I'm going to leave it just because of the night, just so I can sleep?!' So for me, it was really sad! (M4).*
- *The first time I tried (do weaning), I was trying to fool him, but actually I could not stand [...] I blamed myself a lot, and then I went back (M6).*

### Feeling of relief

Some mothers reported feeling of relief and well-being with the end of the breastfeeding cycle, because they felt tired from prolonged breastfeeding. There were also reports of child dependence:

- *I felt a relief. It was very good because I was not holding on anymore, I was very tired [...] And growing up already, almost 2 years old, I think sucks more, harder, bothers us (M5).*
- *I thought it was very good, because she was very attached to me, she was not going to anyone's house, today she is already at her grandmother's house two, three hours, and before, when she was so much, she had to be with me all the time (M9).*

### Assigned meanings about weaning process

When asked to the mothers what required of them to effect the weaning of the child in continued breastfeeding and what the meanings of this experience are, the answer focused on three expressions that articulate and relate to each other: emotional control, willpower and patience:

- *To wean, requires emotional control because you are there breastfeeding quietly and suddenly have to take off. For my part it was difficult [...] I had a lot of milk [...] I didn't take it off because I wanted to take it off, because it was time to take it off, no! I was forced to take (M3).*
- *To wean, it requires willpower, because if we don't really want to take it off and not put it in the mind that we're going to take it off, we don't take it out [...] sometimes they don't want to eat [...] it's bad [...] (M7).*
- *To wean you need patience, a lot of patience because it is stressful, it is very crying, all night, crying, without wanting to eat, give even fever, because it is addicted to the chest, it is difficult (M10).*

### Predominant factors for the decision to untie the child

Among the factors that made the mother decide to end the breastfeeding cycle were: influence of the social cycle, age of the child, fatigue, and the difficulty of the child accepting foods other than breast milk.

### Influence of the social cycle

The influence of the social cycle of mothers of children older than 2 years of age was one of the reasons for weaning. Continued breastfeeding is often seen by society as something totally unnecessary, which ends up causing a social stigma in relation to this practice:

- *I suffered a lot of prejudice because I breast-feeding him, they said that he would fall his chest, that it would get ugly, that it was ugly for a boy of that size to be breastfeeding (M7).*

- *[...] everyone was 'Ah the milk no longer supports', 'It's just mania', 'He already takes a bottle, he eats everything, he eats lunch, he eats dinner, so there is no need for this breast' [...] we end up being charged by the family (M11).*

### Child's age

The age of the child was the main reason reported by the mothers to effect the completion of breastfeeding, especially for those with children older than two years of age. Some mothers reported that the child seemed to have a certain dependence, so for them weaning would be important to contribute to the development and independence of the child:

- *Not because I wanted to wean, in fact I didn't want to, [...] if I could be breastfeeding until today, but I saw that it was already necessary because it was almost 3 years old, so he needed to create an independence as a child (M6).*
- *He was already big [...] I think, actually, that even he was the one who was addicted, I was the one who really liked to breast-. But there was a time when I said it was big and i didn't need it anymore, i was eating everything already (M5).*
- *I think for his growth it was important, because he ends up getting very dependent, very attached to his mother [...] even if my desire was not to do (weaning) (M11).*

### Fatigue/tiredness

Fatigue was another important reason that motivated some of the mothers to wean, as observed in the following statements:

- *She used to get it too much! So much so that I was getting tired to the extreme [...] even pain I felt in the whole body, because I got tired of being on one side, even if I turned aside, bothered the spine, was causing me even pain. When I took the breast to rest, she kept crying, causing me discomfort, pain, and all the time crying, I had to give breast so as not to have the sound discomfort (M5).*
- *And you yourself were not holding on, came from work, he was already coming up, flying, hunting milk, and on my day off he wanted to suck all day (M10).*

### Did not accept other foods well

In addition to the reasons mentioned above, some mothers referred to the child's low acceptability to foods other than breast milk, which motivated them to wean:

- *At 1 year and 9 months I already started trying to take, because he did not want to introduce another food, it was only the same breast. I didn't want any kind of food, addicted to the chest, I just wanted the breast because it was easier, and I was no longer holding breastfeeding (M1).*
- *With two years he just was weaved, and I was worried because I thought he wasn't gaining weight. The weight was not good, it was not ideal for his age (M8).*
- *Because he didn't want to feed, he didn't want a different food [...] durante the day only ate fruit, was waiting for me to arrive (at night) to suckle. I couldn't take the milk, because he didn't want a bottle, just straight to his chest. Once he was so weak that he got sick, stayed 7 days in the hospital of weakness because he was not feeding [properly] (M10).*

### Difficulties in achieving desmame

The intense crying of the child was the main difficulty reported by the mothers to perform weaning, in addition they had cases of children who rejected any type of food or drink. Abrupt weaning, characterized by sudden and forced cessation of breastfeeding performed by some mothers, may have caused stress and anxiety in the child, which may have caused irritability and rejection to feed:

- *It was very difficult, I only got it because I had help from her husband, because C. cried a lot in the first nights. The first night he cried so much, I was already desperate [...] he wouldn't stop, he cried a lot! [...] it was very difficult to see my son crying like that, terrified and me to be quiet. My husband had to leave, stay in another corner of the house, in the living room, and I inside the room, torturing myself to see that situation (M4).*
- *It was a bit difficult, because he was very attached to me, he cried in the first days, he didn't eat anything, but then he got used to it [...] he suffered, suffered, but I managed to take (M7).*
- *On the first night she cried a lot [...] he spent the whole night crying, because the first day is difficult, first and second day are difficult [...]. He spent two days without eating anything, without drinking anything (M9).*

### Discussion

Through the narratives of the mothers in this study, it was possible to notice that the experience of breastfeeding was experienced, in general, in a positive way, which constituted the fundamental foundation for the establishment of this practice beyond the first year of life of the child, being verified through reports that reveal the fear of losing the bond with the child, the feeling of sadness and guilt for weaning.

It is proven in the literature that breastfeeding is associated with the construction of the bond between mother and child [3,11,12]. Some authors also point out that the longer the breastfeeding time, the greater the strengthening of the affective bond between the binomial [13]. A physical, biological, electrical, magnetic, emotional, psychological and spiritual bond, the result of the intimate relationship between mother and child [11].

Linked to the fear of losing the bond, are also present the feeling of sadness and the feeling of guilt with the end of the breastfeeding cycle. In addition, the feeling of relief arose, translated by the feeling of tiredness and fatigue due to prolongation of breastfeeding. The Ministry of Health (MS) warns that women should be prepared for the physical and emotional changes that weaning can trigger, among them are diverse feelings such as relief, peace, sadness, depression, guilt and mourning for the loss of breastfeeding [14].

For Dolto [15] the mother is also weaned, since the weaning process can be a difficult experience for the binomial, marked by a rather painful separation for both, because according to the author "it is the interruption of a type of relationship that is materialized by the separation of the body-to-body until then vital" [15-17]. Corroborating this opinion, a mother speaks in her statement "it was not just his weaning, it was my weaning too, to this day I say That I took her chest too early, because she was not yet prepared for this weaning" (M11). This mother, among others in this study, reports that although she did not wish to wean, she did so because of the influence of her social cycle of friends and family, who evaluated the child of advanced age to continue breastfeeding. In reality, this type of experience is more common than one imagines, mothers who wean their children simply under pressure from society that dictates the moment of breastfeeding completion, without even knowing the life context of these mothers, their opinions, not even the intrafamily relationship and the interaction between the binomial.

An integrative review on social influences in the process of continued breastfeeding indicated that society interferes in the weaning process, especially in breastfeeding that extends beyond the first year of the child's life. The study revealed that mothers are discriminated against and prejudiced for continuing breastfeeding for a year or more and undergo social correction for weaning [12]. Also, another study indicated that when weaning happens to the child over 12 months, it is not always a personal decision of the mother to wean, but influenced by other people [16].

Another factor that contributed to the decision of weaning the child over 1 year was the belief of emotional dependence. For the mothers, the completion of breastfeeding would contribute to the development and independence of the child. However, the Ministry of Health indicates that children breastfed for longer tend to be more independent, and advises that care is needed to perform weaning, which should occur quietly and gradually, because forced and abrupt weaning can generate insecurity in the child and hinder the process of independence [3,14].

In view of this scenario, it emphasizes the importance of including in the actions to stimulate continued breastfeeding, the deconstruction of the myths and taboos that permeate this theme, as well as the valorization of the personal decision about the ideal moment of weaning the child, without interference from friends, neighbors, colleagues.

The feeling of fatigue and tiredness in relation to the practice of prolonged breastfeeding was recurrent in the narratives, which justified weaning. A similar result was found in the study on weaning at the age of two years, which associated tiredness with mothers' understanding that they should always be available to breastfeed their children. This same study, corroborating the findings of the present study, also showed social correlation and the child's advanced age as factors that made mothers decide for complete cessation of breastfeeding [17].

Another reason for weaning, according to the collaborators of this study, was the fact that the child refuses other foods, predominantly breast milk in his diet. This question may be associated with the restriction of the field of experience of the child's feeding and/or the lack of sufficient preparation/information/knowledge of the mother to ensure an adequate and satisfactory feeding introduction.

A study that used secondary data from the 2006 National Survey of Demography and Health, whose objective was to describe the patterns of food consumption in Brazilian children aged 6 to 24 months and to evaluate the differences between breastfed children who do not consume non-human milk, breastfed children who consume non-human milk and non-breastfed children, revealed a low prevalence of children with diversified and healthy diet according to official Brazilian health recommendations. In addition, it also showed that breastfed children who did not consume non-human milk were more likely to follow a diversified healthy diet [18].

The MS advises that after the sixth month of the child's life, well-established eating practices should be built, from a healthy and varied diet, which should be offered gradually, until the child is adapted to new foods, flavors, textures and consistencies [3,14]. Therefore, it is necessary to draw attention to the relevance of adequate and appropriate complementary feeding from six months onwards, a very well established healthy food introduction, without the need for the introduction of other types of non-human milk, thickening, farinaceous or porneous, but above all with offering a wide variety of foods that make the child discover and enjoy other flavors, besides breast milk. For this, it is necessary knowledge, patience and disposition of parents, family members and caregivers, often with professional accompaniment to help the child in this process of new experiences and learnings.

The mothers reported that the main difficulty in weaning their children was the intense crying of the children; some reported that the child depressed by weaning, in addition to crying intensely, refused to feed, because of this, they pointed out the need to have emotional control, willpower and patience to effect weaning. The same finding was found in a study about the experience of women on the late weaning.

ning of the child, which showed a lot of suffering for mothers, not only because of the difficulty in making the child accept another type of food, but for commencing with the child's suffering in not being breastfed anymore [16].

It was noticed that all mothers who reported difficulty in the weaning process, did so abruptly, this may have caused stress and anxiety in the child, which could have caused irritability and rejection to another type of food. The MS points out that sudden weaning can cause the child to feel rejected by the mother, which can generate insecurity [14].

There may be several reactions to weaning, from the lack of interest in eating or refusal to food, in addition to irritability and crying. The author suggests that the mother cherish, comfort and prepare the child for the return to feeding [19].

An analysis of weaning from the psychoanalyst point of view, quoting Freud, Melanie Klein, Françoise Dolto and Winnicott, shows that these difficulties represented, as well as the child's sadness are common [15]. The author points out that for weaning to occur more calmly, it is necessary to provide the child with a stable and peaceful environment, being indispensable a well-conducted breastfeeding, with a progressive and spontaneous weaning, without any intervention is necessary, because the reactions to weaning are complex, ranging from decreased appetite, irritation, intense crying, aggressiveness and behaviors of those who have not overcome well the frustration or conflicts related to weaning, such as jealousy, gluttony and grudge. The way of managing these conflicts is decisive for the child's mental well-being and for their insertion and social interaction. Maladministration can lead to depressions and problems in the development of the child [15].

Weaning is not the simple completion of breastfeeding, but a process of frustration, which is part of the child's development. A good experience of breastfeeding, here includes the whole process, until its completion, is a good basis for life, develops good memories and makes people more prepared for life [19].

In view of the narratives presented in this study, we note the relevance of a support network, including the active participation of the health professional in the care of the double mother/child, not only at the beginning, but throughout the breastfeeding cycle, providing assistance also in the weaning process. For this, it is necessary to identify and understand breastfeeding in the sociocultural context and provide effective, supportive, comprehensive and contextualized care that respects the knowledge, experience and life history of each woman, and helps her to overcome fears, difficulties and insecurity in the whole process of breastfeeding and weaning [15]. Thus, it is essential that the health professional has knowledge about the main problems and difficulties arising from this process in order to know the ways of dealing with them and thus be subsidies to the mothers, when they need them.

The study allowed us to know the maternal experiences in the weaning process of continued breastfeeding.

It was noticed that sociocultural issues interfered decisively in the effectuation of weaning of continued breastfeeding by mothers, especially social correction, the belief that older children should not continue breastfeeding, on the grounds that advanced age can lead to emotional dependence, the belief that it is necessary to wean for the child to accept other types of food and become independent.

The mothers' narratives point to the need for greater attention and care to mothers who experience the phase of completion of the breastfeeding cycle. Health education actions are necessary for women to experience this moment equipped with knowledge to demystify beliefs, clarify doubts, overcome fears and difficulties that arise and consequently, can overcome this phase with greater tranquility.

The methodological path chosen for this study provided a better understanding of the meaning of women's experience, the process of weaning from continued breastfeeding. Therefore, the proposed objective was achieved, because the narratives of the collaborators of the research add important conclusions about the weaning process of continued breastfeeding, in the aspects of the conflicting feelings

that were experienced by most of them, such as the fear of losing the bond with the child, the feeling of sadness and guilt, the difficulties to perform weaning, the social influence of encouragement to weaning, even without the mother's will to achieve the process. In addition to demonstrating that the experience of weaning is an individual and differentiated process, influenced by the culture, beliefs, values, positions and attitudes of each mother. Therefore, this study reinforces the need to strengthen scientific evidence on the importance of including quality information and consistent and robust guidance on the completion of the continuing breastfeeding cycle.

### Conclusion

The narratives point to the need for greater attention and care for mothers during the process of finalizing the breastfeeding cycle. Health education actions are necessary so that women can experience this moment with knowledge to clarify doubts, overcome fears, difficulties that arise and, consequently, they can overcome this phase with greater tranquility.

### Individual Contributions of Authors

Cruz NM worked on the conception of the study, in the design, collection, analysis and interpretation of the data and in the writing of the article. Duarte ACS, Teixeira MA, Villela ABA, Almeida MS and Nitsche RG contributed significantly to the critical review of the content and approval of the final version of the manuscript.

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