


**CHALLENGES TO THE BRAZILIAN NETWORK OF HUMAN MILK BANKS:
INTERFACE BETWEEN PRIMARY AND TERTIARY CARE** <https://doi.org/10.56238/sevened2024.029-059>**Juliana Vale Ferreira¹, Elizabeth Artmann² and Silvia Braña Lopez³****ABSTRACT**

This study analyzed the interface between a family health unit and the human milk bank of a maternity hospital in Rio de Janeiro. Through interviews, key actors pointed out problems related to the Health Care Network and strategies to overcome them. Matus' categories supported the analysis of the interviews. The link between primary and tertiary care, between health teams and the community, and the involvement of the actors in this process configured a network recognized and multiplied by the Municipal Health Department, which articulated a network of Human Milk Receiving Stations. The experience contributed to increase the collection of breast milk by milk banks. The study showed that local actions contribute to a more effective capillarization of human milk donation with the effective participation of the units that work in the Family Health Strategy. The institutionalization of actions at the local level is an important strategy to reinforce national breastfeeding policies, in a network logic that goes beyond the traditional reference and counter-reference models.

Keywords: Breastfeeding. Health Planning. Health Care Network. Human Milk Banks. Humanization in Health.

¹ Master's Degree in Women's and Children's Health – National Institute of Women's, Children's and Adolescents' Health, IFF/FIOCRUZ

E-mail: julianaccpr@gmail.com

² National School of Public Health (ENSP-FIOCRUZ)

E-mail: bethartmann@gmail.com

³ National Institute for Women, Children and Adolescents Fernandes Figueira (IFF/FIOCRUZ) –

E-mail: silvia.lopez@globomail.com



INTRODUCTION

The Brazilian Network of Human Milk Banks (rBLH-Br), established in 1998, plays a prominent role in public policies on breastfeeding in Brazil. Human milk banks (HMBs) play a strategic role in public policies in early childhood with the promotion, protection and support of breastfeeding, a right shared between women and children in the country's regulatory framework.^{1,2}

The network operates with voluntary donation of human milk, intended primarily for premature, low-weight babies hospitalized in neonatal intensive care units (NICU). In addition to the collection and processing of expressed human milk (HLH), HMBs integrate care and educational activities related to breastfeeding for society and professionals.^{1,2,3}

The National Food and Nutrition Policy (PNAN), since 1999, highlights the importance of the Health Care Network (RAS) as a support network for breastfeeding and healthy complementary feeding, contributing in an articulated way to HMBs, to expand the supply of breast milk in situations of maternal and infant health problems that make breastfeeding impossible.⁴

In the case under study, the search for a solution to a problem became an opportunity for cooperation between a primary care unit and a tertiary care unit, not programmed by routine flows, narrowing the network communication between different levels of care, as recommended by the RAS.⁵

The successful experience of the process built between the extinct family health unit (USF) Sereno, now the Aloysio Augusto Novis Family Clinic, and the HMB of the Herculano Pinheiro Maternity Hospital - HMHP, with the support of the Programmatic Area Coordination - CAP 3.1 and the Management of the Child Health Program of the Municipal Health Department (SMS) of Rio de Janeiro led it to become the 1st. Expressed Human Milk Receiving Station (PRLHO). The experience was shared in principle with ten other basic health units (UBSs) in the municipality, whose activities are being monitored by the SMS and in the process of expansion and regulation. Currently, the municipality has 33 PRLHO.

This experience was an innovation, where the capillarization of human milk collection was extended to the UBSs, which act within the logic of the Family Health Strategy (ESF), places where a differentiated work was developed in the face of the scenario of public breastfeeding policies, through an integrated network work process.

The dynamics of the work process of the extinct USF Sereno and its interaction in the health network in its broadest sense, resignified its role and contributed to a



rearrangement of the relationship between primary and tertiary care in the context of breastfeeding in the city of Rio de Janeiro.

The objective of this article was to discuss the experience between the USF Sereno and the HMB-HMHP, highlighting the interface between the primary and tertiary care levels in the light of the strategies built by the actors involved in the performance of the network for the promotion, protection and support of breastfeeding, as expressions of the broader political propositions in this field.

CONTEXT OF THE RESEARCH

The partnership between the HMB of the Herculano Pinheiro Maternity Hospital (HMHP) and the USF Sereno began in 2007, in the city of Rio de Janeiro and resulted in an expansion and complexification of the work process of the USF Sereno.

There was a demand from women who breastfed their children, assisted in this unit who, encouraged and supported by the professionals, started to donate the surplus human milk to the HMHP HMB, which was the reference maternity hospital at the time, to be processed and distributed to the Neonatal Intensive Care Units (NICU) and Neonatal Intermediate Care Unit (NICU) of the maternity hospital. This work was consolidated and expanded to other units through the sensitization and training of family health teams. (eSF).

The PRLHO is understood as a service linked to a UBS with the function of collecting breast milk at home and collected by the professionals to the unit to be stored and transported to the reference HMB. The importance of ensuring the quality of the human milk collected through actions to assess the health conditions of the donor woman and traceability of the product donated by PRLHO is highlighted.

In 2014, in the national campaign for the donation of human milk, the Ministry of Health (MS) launched the challenge of increasing the collection of LHO in Brazil by 15%.⁶ The State HMB Commission of Rio de Janeiro has been working on the construction of a technical standard to regulate the activities developed by the PRLHO, recognizing the importance of the work developed in the UBSs.

METHODOLOGICAL PROCEDURES

This is a retrospective case study focusing on the analysis of how breastfeeding policies were implemented at the local level through a partnership between UBS and maternity.

Interviews with semi-structured scripts and focus groups were used to collect data with key informants related to the importance of their participation in the experience.



The interviewees were: 4 professionals from the extinct USF Sereno, 2 nutritionists from the HMB-HMHP, 1 manager from CAP 3.1 and 1 manager from the Child Management of the SMS who had the initial experience and who were willing to participate in the research. The average duration was 30 minutes for each interview. The focus group had the participation of 6 of the 8 people interviewed, 1 mediator and 1 rapporteur, and lasted an hour and a half.

All the statements were recorded, transcribed and analyzed in the light of the categories brought especially by Matus^{7,8,9} and other emerging categories were considered.

To explore the interviews and focus group used in the study, we used thematic analysis¹⁰, adopting the following steps in the analytical process:

- 1st) Floating reading of the interviews and impregnation of the testimonies, view of the whole and apprehension of the particularities of the material. After reading, identification of the themes that can express the interviewees' testimonies.
- 2nd) Identification of the excerpts of testimonies within the previous categories anchored in Matus' theoretical framework: problem, actor, strategy, construction and feasibility analysis, considering: decision, operationalization and permanence.
- 3) Identification of new categories in the testimonies (emerging categories).
- 4) Analysis in the light of the study objective of the results of the interviews and the focus group.

The research was approved by the Research Ethics Committees of the Fernandes Figueira National Institute of Women, Children and Adolescents and by the Committee of the Municipal Health Department of Rio de Janeiro, and followed the ethical aspects of CNS Resolution 466/2012.

RESULTS AND DISCUSSION

A first theme that emerged in the interviews, related to the categories brought by Matus, was the delimitation of the problem situation: the excessive production of milk, generating pain and discomfort for some women, led the professionals of the unit to meet the need for relief of breastfeeding through milking, which was initially despised.

Considering the low stocks in the HMBs of the maternity hospitals, which is a problem demanded in neonatal ICUs, the health professionals of the unit sought help from the Fire Department of the State of Rio de Janeiro in transporting the LHO to a HMB through the Breast-Friendly Firefighter Program. However, the firefighter as a military



member had restrictions on accessing homes located in areas of violence, in this case, where the USF Sereno was located, due to the risk to his safety.

Another problem presented was the lack of inputs to carry out the collection, storage and transportation of milk. In view of this, the actors used strategies in order to put their plan into practice: the donation of human milk to children in the neonatal ICU.

The initiative on the part of the USF professionals to take on this work seeking partnership with the fire department qualifies them as actors. According to Matus¹¹, the formulation of a plan occurs when professionals decide to face the problem, articulating technical and political aspects.

P1- "We did everything with a lot of good will! We campaigned in the community to get glass jars of mayonnaise. We often took the bottles to be sterilized in another unit because our autoclave was very small."

The partnership with the Fire Department extended for two years, when the eSF had the opportunity to participate in a training at the HMB – HMHP, where the proposal was made for the milk donation to go directly to the HMB of this maternity hospital.

With the end of the Bombeiro Amigo project, what could have been a problem became an opportunity⁸ to rethink a safer and more reliable way to ensure the quality of milk, as well as to increase its collection, since the UBSs have direct contact with the women living in the coverage area who are under their sanitary responsibility.¹²

The professionals of the HMB also configured themselves as actors, adopting strategies to overcome problems such as the lack of transportation and the violence of the place that lasted for a certain time.

P2 - I took the empty bottles and took the bottles with milk, put them in a thermal bag, took the bus and came to Herculano Pinheiro, or else they were the ones who did it! They brought it here on the bus, in someone's car, in short, everything so that this milk would not be lost!"

The concern with the quality of the milk was maintained throughout the milking, storage and transport process to ensure the safety of the physicochemical and microbiological quality of the milk. It was necessary to have hygiene at the time of milking, maintenance of the cold chain in transport from the donor's home to the unit, storage and subsequent transport to the maternity hospital.

The Basic Operating Procedures (SOPs) were built in order to follow step by step in accordance with the current legislation that governs the operation of milk banks, which is RDC 171/20063.



The FHU professionals who assumed the logistical responsibility for this work constituted a bridge between the donor and the HMB, because through the home visit they had the advantage of being "inside the home" of the health service user. Home visits are part of the scope of FHS activities, being one of the main tools of action for the CHAs, which should also be carried out by the other FHT professionals.^{12.13}

The epidemics of dengue, H1N1, violence and the fulfillment of the goals established by the municipality's agenda were also points that caused fluctuations in this process, as well as the departure of professionals considered to be of reference, as they had a key role in the mobilization of the teams, so that the work remained in progress and did not succumb to other demands.

In view of these difficulties, the in-service training strategy through the Breastfeeding-Friendly Basic Unit Initiative (IUBAAM) stands out, which contributed to professionals and managers, even in the face of epidemics and other demands on the service, not allowing the activities to end. A change in mentality¹⁴ was observed, which was expressed in the valorization of breastfeeding and milk retention.

The Child Health Program Management of the SMS became an important actor when it observed the positive results regarding the increase in milk collection for HMHP and shared this strategy with ten other UBSs, proposing a Network of Stations for Receiving Expressed Human Milk (PRLHO network), initially called "Human Milk Warehouses". The creation of this network resulted in an increase in milk collection for the NICU of the maternity hospital, which led to the dispensation, at times, of the use of milk formulas to meet prematures and other specific indications for which the therapeutic use of human milk was required.

The construction of the bond between health professionals and women cared for at the unit favored the emergence of a feeling of self-esteem and autonomy of these donors¹⁵ who, moved by a feeling of solidarity, form a voice in the organization and adopt a more active posture of donating human milk.

The involvement of family members, such as husbands, was essential to support breastfeeding and also to donate milk, contributing to the expansion of the solidarity network. This shows the importance of social relations, of the adherence of all actors/subjects involved for the success of the experience.

P7 – "Many parents collaborated with milk donation. There was a boy who participated in all the groups and helped his wife when it came to milking. His participation was very good, because he was also one of our multipliers. They helped work on breastfeeding and milk donation. "



The professionals considered that this work was innovative, where UBS and HMB cooperate mutually, seeking to ensure the quality of care for their users through an integrated health network, articulating horizontally.

P6 – "I see this work as a network, and the network needs to be interconnected, and I see it as SUS. Hospital care interconnected to primary care in a global way, within the Family Health Strategy!"

As a proposal to expand the capillarization of the network, the need for support from the central level in the municipality was pointed out so that other maternity hospitals with HMBs could also establish a link with their UBSs, resulting in their participation as collaborators also in the collection of human milk for their reference maternity hospitals.

At the Baby-Friendly Hospital, mother and baby stay in the rooming-in, allowing the child to be breastfed on demand. Upon returning home, care is transferred to a UBS close to the child's home.

In the city of Rio de Janeiro, following the protocol of childhood care lines 16, the concern is that this network is very well articulated so that the woman, when leaving the maternity hospital, is referred to the UBS to carry out the Mother-Baby Embrace, which consists of actions recommended for the child pertinent to the 1st. week of life. Among these actions, the promotion and evaluation of breastfeeding is carried out. Welcoming and humanized care aims to form a bond between the family and the unit.

The establishment of the partnership between the actors-professionals of the UBS and the HMB counted on the involvement of the management both by the Technical Support Group of CAP 3.1 of primary care, and by the hospital management, strengthening the institutional bond and ensuring a breadth of networking.

The results of the focus group showed that the discourses were almost all in agreement. The group highlighted that the work is innovative and that it brings benefits such as training more professionals for actions aimed at breastfeeding and that the IUBAAM course was a watershed, in the sense of constituting themselves as actors in this process, as highlighted in the interviews.

Professionals from the USF and the HMB and managers enthusiastically commented on the beginning of the partnership between the FHU and the HMB, on the problems faced, and felt proud of this process.

P1- "... There was no freezer because the freezer we had won was an old man from the community... It was a very artisanal thing. We sterilized the bottles, but it was by hand!"

Q2- "There was no SOP (standard operating procedure)! We did it with good will! Then when I often went down there on the bench... I'm very proud of that! By bus, with a bottle."



The SOPs standard operating procedures were built in the partnership between the units. The HMB organized the SOPs, which made the FHU professionals more confident about carrying out their actions.

The participants highlighted that the PRLHO was a milestone, because it used the work process developed within the USF with professionals trained for actions pertinent to breastfeeding along with the legislation that organized the necessary procedures for milking, storage and transportation.

P5 – "I think that this initial work that you had to organize and think about donation was fundamental, and the idea was to take this logistics and fit the current legislation, that was the milestone!"

P3 – "It was a pillar: operation and safety!"

Health work is based on meetings between workers and between them and users, that is, they are permanent flows between actors, and form a network of relationships from which the products related to care gain materiality. ^{17.18}

P1 – "I think it's really cool, that each point complements another! I know how to milk, I know how to collect... I think it's like this complementing the work of the other. Now P8, he's there advertising the work he's already seen, I think it's like this: it's the network, we're at a point in the network."

Embracement as a conversational network corresponds to the possibility of interconnection between knowledge, between professional categories and different levels of care as a dynamic of dialogical bonds between professionals and different, but interdependent, instances. ^{19.20}

Language was also an issue pointed out as a way to facilitate communication between the UBS and the community. The CHAs are residents of the place and know the habits, customs and way of speaking of the user in order to facilitate understanding.

P2 – "Especially because they (CHA) are the ones who visit the houses, the women... The access they (mothers) have to lactarists is much greater than with me. The language is different! Sometimes they go there and [...] that creates that empathy, that bond. And that's what happened to them, for sure, this increased the fundraising much more!"

According to Habermas²¹, the daily communicative use of language occurs between subjects who interact, seeking to coordinate their actions. The CHAs, as residents of the community, are immersed in the local culture, being able to incorporate values and issues related to the experiences of the speaking subjects. In this way, it is necessary to exercise the ability to listen to the other, anchored in the traditions of the world of common life of the actors in interaction, seeking the construction of the new. ^{17.22}



Another issue related to language in the speeches of the focus group participants was breastfeeding counseling, where more important than the clinical management of lactation, the health professional needs to recognize himself as a supporter of the process.

P5 – "So, speaking of language, I think it is worth saying another point: counseling.... So minimally, there was a dissemination, breastfeeding is very important in terms of technique, but the most important thing is how we get there, how we deal with it! And then it's not judging, not giving orders... We are now partners to make things happen, but we respect your history, who you are!"

The user embracement system can be seen as a network of conversations, which corresponds to the possibility of interconnection between knowledge, professional categories and health care points. Welcoming is not only related to the professional-user relationship; It also refers to the welcoming between professionals and services as a dynamic of dialogical bonds between professionals and different instances.^{15.23}

It should be noted that the bond established between the eSF and the community was a differential factor for the success of this work, where the adherence of the donors, even in unfavorable situations, did not compromise the product, because when it went through the processing at the HMB, the physical-chemical analyzes were almost all within the required quality parameters. The bond between professionals and users stimulates autonomy, promoting their participation during the provision of the service.^{15.23}

P2 – "These people, even so humble. And the milk people? The wonderful acidity! It arrived with great quality! He just entered their house, with a compliment... So, it brought dignity to that family, that look, right?"

P1- "We had donors who lived in critical areas, who didn't have water at home! But we talked about the importance of washing our hands, and we said 'this milk is going to be used for a child who weighs half a kilo, so it has to get there with very good quality'. We arrived there to visit by surprise and we saw the care she took to wash her hands, even though she had to carry a bucket of heavy water."

The bond was also built by the relationship of trust between the professionals of both units, where there was always the possibility of monitoring the process through reports, periodic training, participation and mutual support.²⁴

Another subject emphasized in the focus group was the role of public policies in increasing the prevalence of breastfeeding. In Brazil, the policy proposed by the WHO/UNICEF for Baby-Friendly Hospitals (BFHIs) was adopted in Brazil, where baby-friendly hospitals developed educational actions articulated with primary care, through counter-referral at hospital discharge, as well as access to other services and breastfeeding support groups²⁵. Thus, the proposal is expanded by valuing the mother/child dyad.²⁶



P3- "The baby-friendly hospital is very limited, because it is in contact with this woman for 2 to 3 days. The historical prevalence of breastfeeding had been dragging on. In 1996, I had 13% of exclusive breastfeeding in the City of Rio, ... until 2000....2002 rose from 13 to 20% with the BFHI, and then it got stuck! And from the moment the IUBAAM was launched, we managed to have a capillarity in the city, in the 2006 survey we already saw the impact, the prevalence has already risen to thirty-something percent... In 2008 we reached 40.7%. So this historical line shows how primary care made a difference in the prevalence of exclusive breastfeeding."

Global strategies for women's, children's, and adolescents' health point to the need for investment in the health sector with a focus on promoting breastfeeding²⁷, since exclusive breastfeeding rates among children under six months of age are below 50% in most countries²⁸. Brazil follows the same trend, with a prevalence of 41%, according to the 2nd survey on breastfeeding in Brazilian capitals.²⁹

Public policies on breastfeeding for primary care contribute to increasing the prevalence of breastfeeding through longitudinal follow-up recommended by the FHS. This care becomes more qualified considering the multiprofessional teams, home visits, the CHAs as mediators between the needs of the population and the UBSs.

The BFHI was a policy that served as the basis for the construction of the IUBAAM. The 10 steps to breastfeeding in primary care³⁰ show that policies are reinvented and adapted according to local needs, as well as can start at the local level to be structured at a broader level.^{15,31}

The implementation of the IUBAAMs with PRLHOs was strategic to capillarize actions aimed at breastfeeding in order to increase the stock of LHO for the HMB, ensuring milk for a greater number of prematures.

P2 – "With this work, we have already managed to increase exclusive breastfeeding, I think that the issue in relation to donation goes from 40% to 80% at some times of the milk donated by the family clinics being used in Herculano Pinheiro. We have already spent a month only using human milk, in the rooming-in, recently we have been 3 weeks, only with breast milk!"

The Child Health Program Management, as presented at the II Meeting of PRLHO³², in these 6 years of implementation of the PRLHO, today has 14 units and has developed 3 evaluative surveys of this process identifying 4 critical points: specific training, regulation of the PRLHO, dissemination of the PRLHO in the unit, standardization of the donor form.³³

Public policies must be accompanied by systematic evaluations, as part of the governmental routine, continuously adapting according to the results and recommendations provided by them, that is, management and evaluation must always go hand in hand.^{11,19,34}



By not separating management from evaluation of public policies, these authors contribute to articulate theoretical and practical issues, where research addresses local issues and vice versa, in a dialectical relationship.^{34,35}

Also important was the emphasis given both in the interviews and in the focus group, about the commitment and engagement of the professionals/actors in this work, seeking alternatives aimed at the continuity of the partnership. For Matus, this process constitutes the feasibility of permanence.¹¹

The proposal of a PRLHO Network is configured in an activism in favor of breastfeeding, care with pregnancy and puerperium. This change in the perspective of the FHTs occurred with the reorganization of the work process of the FHTs through in-service training through the IUBAAM.³⁶

P5 – "We have an improvement because we have an engagement of people in favor of the promotion, protection and support of breastfeeding. With the initiative of people who raise this flag, who don't let the ball drop!"

P3 - We fight for the cause!

P5 - It's always an engagement! The Americans have a name for this that is advocacy is you fight and defend that idea!

The creativity of the actors and the struggle to defend the work in which they believe enabled a space for the construction of sectoral leaderships in the transformation of policies, showing that new institutional rearrangements promote the ability to radiate values, generate knowledge and promote commitment to these values before the population and the institution.^{11,36,37}

A convergence of themes is observed in the answers presented by the different actors, even with more particularized views. In the interviews, the CHAs focused their questions on activities aimed at promoting breastfeeding, where they perceived themselves as actors involved with a strong role in this process, bringing as a fundamental element for the achievement of this action the in-service training through the IUBAAM course.¹⁹

Professionals from the USF technical team interviewed were in the position of regional managers at the time of the interviews, and their statements express more strongly the concern about how to build strategies for the expansion and consolidation of a PRLHO network so that it becomes increasingly capillary. They also demand a more active participation of management in the feasibility of training with the involvement of a greater number of basic units and milk banks, as well as in the institutionalization of actions.¹⁹

P3 – "I think we cannot abandon the idea that this is regulated by ANVISA, is taken by the Ministry of Health and that it can become an action to be implemented in Brazil."



The actors expressed that they needed to seek solutions to macro problems, outside their scope of action, which requires them to have a permanent ability to exercise a broader view of the process in a constant movement of reinterpretations of the dynamics of the demands of this capillarization.¹⁹

The interviewees observed that the rBLH-Br establishes a communication channel with the milk banks, that is, the network communicates within the scope of tertiary care. Based on this model, they suggested that each HMB should assume contact with their UBSs, in order to expand the milk collection process.

The strategy of consolidating the PRLHO network was pointed out as the expansion of the rBLH-Br itself, as a possible rearrangement to strengthen this macro policy. Such a proposal would become an expansion of political strategies in HMB that advances, and may suffer influences and agendas in its reformulation, involving negotiations with different levels of complexity, which would supposedly favor greater contact at the local level with the HMBs and between them and their State Reference Center.^{23,37}

It is noteworthy that, in the focus group, the statements assume a discursive consensus of mutual cooperation and struggle for the work in which they believe and the ideas they have been formulating and that date back to the beginning of their professional insertions in the USF Sereno. Through the strategies adopted, they made the donation process viable, taking responsibility for a gap in the system.

The feeling produced by the engagement of the actors translates into a militancy in the search for the regulation of their activities. Expressions such as "*we fight for the cause!*", "*It's always an engagement!*" translate implication in this process. They highlight the good communication between professionals and the welcoming climate between health units and between unit and population, with a consequent construction of relationships of trust, commitment and bonding, as recommended by the National Humanization Policy (PNH).²³

A culture of communication should be expanded, therefore, as a basis for the success of the humanization policy in health, reinforcing the development of the participation of users, professionals and managers, in order to value teamwork and solidarity networks; a more collegiate and participatory management model that accounts for the articulation between the different types of knowledge involved.¹⁹

In this experience, it was also possible to identify the guiding principles of the PNH, which advocates the perspective of networking when considering the strengthening of multiprofessional teamwork, support for the construction of cooperative and solidarity networks, the construction of autonomy and the co-responsibility of the subjects.^{15,23}



A network-based model of service organization is configured as a challenge aimed at a process of change marked by the influence of both the macro-political context and the microdynamics of work processes.¹⁹

FINAL CONSIDERATIONS

The role of the professionals in the case studied was innovative and proposed changes in the relationship between the primary and tertiary care levels of the local health system. A greater capacity to capture inputs and practices related to the health promotion of the population in the context of primary care resulted in a better supply of human milk to be destined to the NICUs at the tertiary level of care.

The analysis articulated with some theoretical categories contributes to the understanding of the capillarization of HMB actions for primary care, and presented strategies that can expand actions in order to strengthen public policies for breastfeeding, food and nutritional security of the population.

Such innovation deserves to have an echo that reverberates more strongly to other units, in order to strengthen actions to promote, protect and support breastfeeding and networking.

For this, the PRLHOs need the institutionalization of their activities, so that the proposed changes become official, favoring the structuring of a closer relationship between the rBLH-Br and the primary care network, with the active participation of the UBSs in the collection of milk for the maternity hospitals, strengthening the articulation between the primary and tertiary levels of care. In this way, the process showed that the established network relationship goes beyond the traditional logic of reference and counter-reference.



REFERENCES

1. Rede Brasileira de Bancos de Leite. Bancos de Leite Localização e Território. [acessado 2016 mai 15]. Disponível em: http://producao.redeblh.icict.fiocruz.br/portal_blh/blh_brasil.php.
2. Maia, P. R. S., Novak, F. R., Almeida, J. A. G., & Silva, D. A. (2004). Bases conceituais numa estratégia de gestão: O caso da Rede Nacional de Banco de Leite Humano. *Cadernos de Saúde Pública*, 20(6), 1700-1708.
3. Brasil. Ministério da Saúde (MS). (2006). Resolução RDC Nº 171, de 4 de setembro de 2006. Brasília: Ministério da Saúde. [acessado 2016 fev 02]. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/anvisa/2006/res0171_04_09_2006.html.
4. Brasil. Ministério da Saúde (MS). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. (2012). *Política Nacional de Alimentação e Nutrição*. Brasília: Ministério da Saúde.
5. Mendes, E. V. (2010). Redes de Atenção à Saúde. *Ciência e Saúde Coletiva*, 15(5), 2297-2305.
6. Brasil. Ministério da Saúde (MS). (2014). Portal da Saúde. Campanha Nacional de Doação de Leite Humano 2014. [acessado 2015 abr 10]. Disponível em: <http://portalsaude.saude.gov.br/index.php/cidadao/principal/agencia-saude/12924-lancada-campanha-para-incentivar-doacao-de-leite-materno>.
7. Rivera, F. J. U., & Artmann, E. (2014). *Planejamento e Gestão em Saúde: conceitos, história e propostas* (14ª ed.). São Paulo: Hucitec.
8. Artmann, E. (2000). O Planejamento Estratégico Situacional no nível local: um instrumento a favor da visão multissetorial. *Cadernos da Oficina Social*, 3, 98-119.
9. Artmann, E. (1993). *O Planejamento estratégico situacional: à trilogia, matusiana e uma proposta para o nível local de saúde: uma abordagem comunicativa* [dissertação]. Rio de Janeiro: Escola Nacional de Saúde Pública.
10. Minayo, M. C. S., Deslandes, S. F., & Gomes. (2007). *Pesquisa Social: teoria, método e criatividade*. Petrópolis: Vozes.
11. Matus, C. (1996). *Estratégias políticas: Chimpanzé, Maquiavel e Gandhi*. São Paulo: Fundap.
12. Brasil. Ministério da Saúde (MS). (2011). Portaria nº 488, de 21 de outubro de 2011. *Política Nacional de Atenção Básica*. Brasília: Ministério da Saúde.
13. Cruz, M. M., & Bourget, M. M. M. (2010). A visita domiciliar na Estratégia de Saúde da Família: conhecendo as percepções das famílias. *Saúde e Sociedade*, 19(3), 605-613.
14. Oliveira, M. I. C., & Gomes, M. A. (2001). As unidades básicas amigas da amamentação: uma nova tática no apoio ao aleitamento materno. In J. D. Rego (Org.), *Aleitamento Materno* (pp. 343-366). São Paulo: Atheneu.



15. Artmann, E., & Rivera, F. J. U. (2006). Humanização no atendimento em saúde e gestão comunicativa. In S. F. Deslandes (Org.), **Humanização dos Cuidados em Saúde: conceitos, dilemas e práticas** (pp. 205-231). Rio de Janeiro: Fiocruz.
16. Secretaria Municipal de Saúde e Defesa Civil do Rio de Janeiro, Superintendência de Atenção Primária à Saúde. Linha do cuidado da atenção integral à saúde da criança. [acessado 2015 jan 14]. Disponível em: <http://www.ensp.fiocruz.br/portal-ensp/judicializacao/pdfs/485.pdf>.
17. Lima, J. C., & Rivera, F. J. U. (2009). Agir comunicativo, redes de conversação e coordenação em serviços de saúde: uma perspectiva teórico-metodológica. **Interface**, 13(31), 329-342.
18. Franco, T. B. (2006). As redes na micropolítica do processo de trabalho em saúde. In R. Pinheiro & R. A. Mattos (Orgs.), **Gestão em Redes: práticas de avaliação, formação e participação na saúde** (pp. 460-472). Rio de Janeiro: IMS/UERJ-CEPESC-ABRASCO.
19. Artmann, E., & Rivera, F. J. U. (2013). Gestão comunicativa e democrática para a integralidade e humanização do cuidado em saúde: desafios. In R. Pinheiro et al. (Orgs.), **Construção Social da Demanda por Cuidado: revisitando o direito à saúde, o trabalho em equipe, os espaços públicos e a participação** (pp. 225-239). 1ª ed. Rio de Janeiro: UERJ/IMS/CEPESC/LAPPIS/ABRASCO.
20. Teixeira, R. R. (2003). O acolhimento num serviço de saúde entendido como uma rede de conversações. In R. Pinheiro & R. A. Mattos (Orgs.), **Construção da integralidade: cotidiano, saberes e práticas de saúde** (pp. 89-111). Rio de Janeiro: IMS-UERJ/ABRASCO.
21. Habermas, J. (2012). **Teoria do Agir Comunicativo** (Trad. Flávio Siebeneicher). São Paulo: Martins Fontes.
22. Lima, J. C., & Rivera, F. J. U. (2010). Redes de conversação e coordenação de ações em saúde: estudo em serviço móvel regional de atenção às urgências. **Cadernos de Saúde Pública**, 26(2), 323-336.
23. Brasil. Ministério da Saúde. (2004). **HumanizaSUS: Política Nacional de Humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS**. Brasília: Ministério da Saúde.
24. Echeverria, R. (2000). **La empresa emergente, la confianza y los desafíos de la transformación**. Buenos Aires: Granica.
25. Brasil. Ministério da Saúde. (2014). Portaria nº 1.153, de 22 de maio de 2014. Redefine os critérios de habilitação para Iniciativa Hospital Amigo da Criança, como estratégia de promoção, proteção e apoio ao aleitamento materno e à saúde integral da criança e da mulher, no âmbito do Sistema Único de Saúde. [acessado 2015 dez 19]. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2014/prt1153_22_05_2014.html.
26. Brasil. Ministério da Saúde (MS). **Nascer no Brasil: Sumário executivo da Pesquisa**. [acessado 2017 jun 20]. Disponível em: <http://www.ensp.fiocruz.br/portal-ensp/informe/site/arquivos/anexos/nascerweb.pdf>.



27. Every Woman Every Child. (2015). *Global Strategy for Women's, Children's and Adolescents' Health 2016-2030*. [acessado 2017 jul 22]. Disponível em: http://www.everywomaneverychild.org/wp-content/uploads/2017/01/EWEC_2016_PT_web.pdf.
28. Victora, C., et al. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms and lifelong effect. *Lancet Breastfeeding Series Paper*, 387(10017), 475–490.
29. Brasil. Ministério da Saúde. (2009). *II Pesquisa de prevalência de aleitamento materno nas capitais brasileiras e Distrito Federal*. Brasília: Ministério da Saúde.
30. Resolução Secretaria Estadual de Saúde - SES 2673 de 02 de março de 2005. [acessado 2016 mar 24]. Disponível em: <http://www.aleitamento.com/amamentacao/conteudo.asp?cod=334>.
31. Ball, S. J. (1998). Cidadania Global, Consumo e Política Educacional. In L. H. Silva (Org.), *A Escola Cidadã no Contexto da Globalização* (pp. 121-137). Petrópolis: Vozes.
32. Fundação de Amparo à Pesquisa do Estado do Rio de Janeiro (FAPERJ). (2016). *Relatório final de bolsa de iniciação científica: Avaliação dos fatores associados à doação de leite materno por usuárias de unidades básicas de saúde da cidade do Rio de Janeiro: monitoramento dos postos de recebimento de leite humano ordenhado*.
33. Costa, M. A. H. (2015). *A Clínica da Família como Posto de Recebimento de Leite Humano Ordenhado (PRLHO): um programa, três olhares* [dissertação de mestrado]. Rio de Janeiro: Universidade Estácio de Sá.
34. Hartz, Z. M. A. (2012). Meta-avaliação da gestão em saúde: desafios para uma "nova saúde pública". *Ciência & Saúde Coletiva*, 17(4), 832-834.
35. Barros, M. E. B. (2000). Avaliação e formação em Saúde: como romper com uma imagem dogmática do pensamento. In R. Pinheiro & R. A. Mattos (Orgs.), *Gestão em Redes: práticas de avaliação, formação e participação na saúde* (pp. 261-288). Rio de Janeiro: CPESC.
36. Paim, J. S., & Filho, N. A. (1998). Saúde Coletiva “uma nova saúde pública” ou campo aberto a novos paradigmas? *Revista de Saúde Pública*, 32(4), 299-316.
37. Mainardes, J. (2006). Abordagem do Ciclo de Políticas: uma contribuição para análise de Políticas Educacionais. *Educação e Sociedade*, 27(94), 47-69.