



INSERTION OF PHYSICAL EDUCATION PROFESSIONALS IN A HUMAN MILK BANK: AN EXPERIENCE REPORT

INSERÇÃO DO PROFISSIONAL DE EDUCAÇÃO FÍSICA EM BANCO DE LEITE HUMANO: RELATO DE EXPERIÊNCIA

INSERCIÓN DEL PROFESIONAL DE EDUCACIÓN FÍSICA EN UN BANCO DE LECHE HUMANA: RELATO DE EXPERIENCIA

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RESUMO

Objetivo: relatar a experiência da atuação do profissional de Educação Física em um Banco de Leite Humano, descrevendo as ações educativas e as reflexões produzidas nesse contexto assistencial. **Método:** relato de experiência, de natureza descritivo-reflexiva, desenvolvido em um Banco de Leite Humano vinculado a um hospital universitário localizado em Niterói, Rio de Janeiro, no período de maio a outubro de 2025. A experiência foi operacionalizada por meio de rodas de conversa, orientações em saúde e escuta qualificada junto às mulheres atendidas no serviço, com abordagem centrada na atividade física, no autocuidado e nas condições concretas do pós-parto. **Resultados:** a inserção da Educação Física ampliou as temáticas abordadas nas ações desenvolvidas, incorporando discussões sobre corpo, movimento, bem-estar e saúde materna. Os registros evidenciaram temas recorrentes relacionados ao cansaço, à sobrecarga de cuidados, à fragilidade da rede de apoio e ao autocuidado no período pós-parto. A experiência também favoreceu reflexões sobre as possibilidades de atuação interprofissional e evidenciou o potencial do serviço como espaço para práticas educativas contextualizadas. **Conclusão:** a experiência evidenciou a possibilidade de a Educação Física contribuir para ações educativas voltadas à saúde materna e ampliar o debate sobre o cuidado integral durante a amamentação.

Descritores: Bancos de Leite Humano; Aleitamento Materno; Exercício Físico; Educação em Saúde; Período Pós-Parto.

ABSTRACT

Objective: to report the experience of a Physical Education professional working in a Human Milk Bank, describing the educational actions and reflections generated within this care context. **Method:** a descriptive-reflective experience report developed at a Human Milk Bank affiliated with a university hospital located in Niteroi, Rio de Janeiro, from May to October 2025. The experience was operationalized through conversation circles, health guidance, and qualified listening with women attending the service, adopting an approach centered on physical activity, self-care, and the concrete realities of the postpartum period. **Results:** the insertion of Physical Education broadened the scope of topics addressed in the activities, incorporating discussions on the body, movement, well-being, and maternal health. Records highlighted recurrent themes related to fatigue, care burden, fragile support networks, and postpartum self-care. The experience also fostered reflections on interprofessional practice opportunities and demonstrated the service's potential as a venue for contextualized educational practices. **Conclusion:** the experience demonstrated the feasibility and value of Physical Education in contributing to educational actions focused on maternal health and expanding the debate on comprehensive care during breastfeeding.

Descriptors: Milk Banks, Human; Breast Feeding; Exercise; Health Education; Postpartum Period.

RESUMEN

Objetivo: reportar la experiencia de un profesional de Educación Física en un Banco de Leche Humana, describiendo las acciones educativas desarrolladas y las reflexiones generadas en este contexto asistencial. **Método:** relato de experiencia descriptivo-reflexivo realizado en un Banco de Leche Humana vinculado a un hospital universitario ubicado en Niterói, Rio de Janeiro, de mayo a octubre de 2025. La experiencia se operacionalizó mediante círculos de conversación, orientación en salud y escucha cualificada con mujeres atendidas en el servicio, adoptando un enfoque centrado en la actividad física, el autocuidado y las realidades concretas del periodo posparto. **Resultados:** la inserción de la Educación Física amplió el espectro de temas abordados en las actividades, incorporando discusiones sobre el cuerpo, el movimiento, el bienestar y la salud materna. Los registros destacaron temas recurrentes relacionados con la fatiga, la sobrecarga de cuidados, las redes de apoyo frágiles y el autocuidado en el posparto. La experiencia también propició reflexiones sobre las oportunidades de práctica interprofesional y demostró el potencial del servicio como espacio para prácticas educativas contextualizadas. **Conclusión:** la experiencia demostró la factibilidad y el valor de la Educación Física para contribuir a las acciones educativas centradas en la salud materna y ampliar el debate sobre la atención integral durante la lactancia materna.

Descriptores: Bancos de Leche Humana; Lactancia Materna; Ejercicio Físico; Educación en Salud; Periodo Posparto.

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What is already known:

- Physical activity in the postpartum period can promote recovery, well-being, and maternal health, including during breastfeeding.
- Fatigue, care burden, fragile support networks, and doubts about exercise are barriers to physical activity in the postpartum period.
- The practice of Physical Education professionals in Human Milk Banks remains poorly explored in the literature.

What this article adds:

- The insertion of Physical Education in the Human Milk Bank broadened educational actions beyond lactation, incorporating the body, movement, and self-care.
- The possibilities for physical activity during breastfeeding were found to be related to the concrete conditions of daily life, especially overload and support networks.
- The Human Milk Bank proved to be a potential space for integrating Physical Education into educational and interprofessional practices of maternal health care.

INTRODUCTION

Breastfeeding constitutes a period of great relevance for maternal and child health, filled with physiological, emotional, social, and relational changes that directly impact women's experiences⁽¹⁾. Beyond the biological aspects of lactation, this period involves routine adaptations, intensive newborn care demands, changes in body perception, and the need to reorganize daily life^(2,3).

In this context, health promotion for breastfeeding women requires expanding care beyond lactation management to incorporate dimensions such as well-being, self-care, bodily movement, and social support networks⁽¹⁾. This perspective aligns with the principle of comprehensive care in the Brazilian Unified Health System (SUS), which presupposes the recognition of the multiple factors constituting women's health, moving beyond approaches focused exclusively on biological components.

Physical activity during the postpartum period and lactation has been highlighted as a relevant health promotion strategy, offering physical, emotional, and social benefits. Such practice can foster maternal recovery, quality of life, reduction of physical discomfort, and improved psychological well-being^(4,5). These gains contribute to a more positive experience of the postpartum period and breastfeeding while encouraging self-care. However, incorporating exercise into daily routines is still crossed by doubts, fears, and concrete barriers, such as fatigue, overload of domestic and caregiving tasks, fragile support networks, fear of interference with milk production, insecurity regarding the return to bodily practices, and insufficient access to qualified information.

Studies indicate that perceived barriers, contextual factors, and beliefs associated with bodily practices interfere with adherence to physical activity among postpartum women, including those who are breastfeeding^(6,7). Given this scenario, the Human Milk Bank (HMB) represents a strategic venue for women's healthcare, as it combines welcoming care, guidance, support, and follow-up on lactation-related demands^(8,9). The insertion of Physical Education (PE) professionals into this service allows for broadening debates regarding the body, movement, self-care, postpartum recovery, and health promotion.

However, the practice of PE professionals in HMBs remains poorly explored in the literature, which limits the visibility of this insertion within maternal and child healthcare. This gap restricts the understanding of HMBs as potential settings for educational practices and inter-

professional approaches tailored to breastfeeding women. Furthermore, in the postpartum period, the articulation of different fields of knowledge favors more comprehensive approaches to maternal needs⁽¹⁾. Thus, the presence of this professional can contribute to mediating evidence-based information and to valuing physical activity as a viable, safe, and adaptable practice tailored to each woman's reality^(4,10).

In light of these considerations, this study aimed to report the experience of a PE professional working in an HMB, describing the educational actions developed and the reflections generated regarding their insertion into this care setting.

METHOD

This is a descriptive-reflective experience report based on the practice of a PE professional at the *Profa. Heloísa Helena Laxe de Paula* Human Milk Bank, located at the Antônio Pedro University Hospital in Niterói, Rio de Janeiro. The experience was developed within the scope of fieldwork linked to the umbrella project titled "Physical Activity and Breastfeeding: Challenges to Exercise Practice and Impacts on Maternal Health," approved by the Research Ethics Committee under opinion no. 7.576.387. An experience report is understood as a situated modality of knowledge production focused on the critical analysis of practices developed in real care contexts and on the meanings generated through interactions among professionals, the service, and users.

The intervention setting was selected due to its care relevance and potential as a health education environment. A human milk bank is a specialized service responsible for actions promoting, protecting, and supporting breastfeeding, as well as for the collection, processing, quality control, and distribution of human milk, serving as a strategic space for welcoming care and guidance on lactation-related demands⁽¹¹⁾.

The experience occurred between May and October 2025 with women receiving care at the institution. The interventions were conducted by a team of three PE researchers—two postdoctoral researchers and one doctoral candidate—in close collaboration with the local technical staff. Actions focused on promoting physical activity during breastfeeding through educational strategies aligned with the care dynamics of the HMB and adapted to the institutional workflow and the characteristics of the target population.

The researchers were directly involved in developing

the study, working both in conducting educational activities and in observing, recording, and reflecting on the process experienced in the field. This involvement was considered essential for accessing the service dynamics and required a reflective posture in interpreting experiences.

The strategies employed encompassed conversation circles, health guidance, qualified listening, and dialogue during appointments. Actions were planned in advance and organized around topics related to physical activity, self-care, and breastfeeding. Their operationalization occurred in coordination with the care routine, striving to align educational practices with the flow of service and the availability of the women without compromising the department's dynamics.

From this perspective, activities were delivered either in a group format—through conversation circles with up to three participants, held biweekly in a private space within the HMB with an average duration of 30 minutes—or individually, through targeted guidance. Qualified listening and contextualized dialogue occurred predominantly on an individual basis during appointments, with variable duration depending on the presented demands. The choice of approach in each situation was guided by prior planning and adjusted according to the context of the interaction, the institutional routine, and the needs expressed by the service users.

The topics addressed included: benefits of physical activity in the postpartum period; gradual return to bodily practices; specific precautions according to the delivery type and individual recovery; myths concerning the impact of exercise on milk production and quality; evidence regarding the safety of light-to-moderate exercise during breastfeeding and its benefits for maternal well-being; possibilities for movement in daily life; barriers to practice; the importance of a support network; and the recognition of exercise as a component of comprehensive care for women.

To compile this report, records produced throughout the experience were analyzed, including field diaries, researchers' notes, technical summaries of activities, and planning documents. These materials were gathered at the end of the activity period and organized by date, record type, and thematic axis to reconstruct the care process. Subsequently, a full and exhaustive reading of the data was performed, identifying recurrences, significant situations, reoccurring demands, strategies implemented by the team, and perceived effects of the educational actions.

Following this stage, researchers held alignment and consensus meetings to define the analytical focus of the experience and construct the thematic axes that guided the systematization, interpretation of the material, and presentation of results. Analysis was grounded in an interpretive-reflective framework, aiming to understand the meanings, recurrences, and implications for care within the HMB context.

RESULTS AND DISCUSSION

The analysis of the records produced throughout the experience enabled the organization of the discussion into four analytical axes: (1) insertion of Physical Education professionals into the daily routine of the Human Milk

Bank; (2) organization and development of educational actions; (3) recurrent demands identified during activities; and (4) potential of the experience for care delivery and interprofessional practice. These axes were structured around the recurrences observed in field diaries, shared reflections among researchers, and core elements considered essential for understanding the practice developed in the unit.

Insertion of Physical Education Professionals in the Daily Routine of the Human Milk Bank

Within the scope of this experience, inserting PE professionals provided an opportunity to explore possibilities for practice in a setting rarely occupied by this professional category. Traditionally, the HMB is recognized as a technical and clinical support service for breastfeeding, focusing on clinical lactation management, postpartum guidance, and breastfeeding promotion⁽¹¹⁾. However, the team's experience within the service indicated that encounters centered on physical activity expanded the dialogue to encompass topics permeating the daily reality of breastfeeding, such as body perception, physical energy, caregiving routines, rest, body image, autonomy, and the resumption of self-care habits.

During conversation circles, health guidance, and qualified listening sessions, researchers identified recurring situations that required a sensitive, contextualized approach, particularly regarding the daily demands of the postpartum period and doubts concerning possibilities for movement during lactation. Although these issues did not always emerge as direct requests for exercise guidance, they served as strategic entry points for educational dialogue. Analytically, these elements reinforce the need to understand maternal healthcare comprehensively, given that the postpartum period triggers physical, emotional, and social dimensions that extend beyond the technical aspects of lactation^(1,12).

In this setting, the PE professional's role was not restricted to exercise prescription; instead, it encompassed listening, mediating information, and translating physical activity recommendations into the concrete realities of women's lives. The goal was to prevent exercise from being perceived as an additional burden, positioning it instead as a self-care strategy tailored to postpartum and breastfeeding conditions⁽⁶⁾.

The analyzed records revealed that many issues raised during sessions were linked to physical discomfort, exhaustion, and challenges in organizing daily routines. This finding prompted researchers to shift the intervention away from a purely prescriptive logic toward an educational approach attentive to the users' life contexts.

This scenario further points to the ongoing tension between self-care and maternal overload during the postpartum period. Although self-care is fundamental for women's health, it is frequently fraught with personal sacrifices and feelings of guilt when prioritizing one's own well-being. In the reported experience, this tension guided the implementation of educational actions, requiring caution so that recommendations did not reinforce individual demands but instead acknowledged the real boundaries of postpartum daily life, aligning with literature discussing barriers to

health-promoting practices^(2,13).

Another relevant aspect was the articulation with the unit's interprofessional team. Introducing the topic of physical activity opened communication channels with other health professionals regarding maternal bodily demands and self-care. From the researchers' perspective, this rapprochement fostered shared reflections on interprofessional practice without diminishing the centrality of breastfeeding support; rather, it enriched the spectrum of topics addressed within unit activities, in line with literature on multiprofessional care throughout the pregnancy-puerperal cycle^(14,15).

Thus, the insertion of PE into the human milk bank demonstrated potential to expand the sector's educational repertoire by incorporating discussions on the body, movement, well-being, and self-care into routine guidance. By legitimizing these dimensions as integral components of maternal health, this experience highlights pathways for strengthening comprehensive care within the institution's scope of practice.

Organization and development of educational actions

There was an observed need to structure educational actions flexibly, considering both the service's care delivery dynamics and the physical and emotional conditions of the women attended. Conversation circles and health guidance sessions were organized so as not to interfere with the department's workflow, respecting the participants' time, fatigue, and availability. Rather than rigid sessions, priority was given to dialogic, accessible formats.

In practice, this guideline meant avoiding formal or lecture-style structures in favor of horizontal interactions where service users could share their experiences, interrupt, exchange views, and steer the dialogue's flow. This methodological choice proved appropriate because it integrated technical information, welcoming care, and shared knowledge without distancing participants through excessive formality or prescriptive language. This format aligns with health education approaches grounded in active listening and the co-construction of knowledge^(16,17).

Although structured around key axes regarding physical activity during breastfeeding, activities remained open to spontaneous questions, personal accounts, and daily concerns, which fostered group adherence and engagement. Thus, the intervention was not limited to providing information about exercise; rather, it constituted a space for dialogue and reflection on aspects of the maternal routine related to the body, movement, and physical recovery. In this context, welcoming care, qualified listening, and the valuation of female experiences proved to be essential pillars for constructing comprehensive care⁽¹⁸⁾.

Another relevant point was the impact of the language used during interactions. Technical terms or generalized recommendations tended to create distance, whereas concrete explanations grounded in women's daily lives facilitated understanding and identification with the topics. In the researchers' perception, discussions flowed more easily when guidance was presented as feasible options—such as gradual walking, resuming movement according to clinical clearance, home stretching, or incorporating short mobility

routines—rather than standardized targets or decontextualized recommendations.

This finding corroborates studies indicating that health communication reaches greater effectiveness when based on accessible language, active listening, and the adaptation of information to users' realities⁽¹⁹⁾. Qualified guidance tailored to the real conditions of maternal routines encourages women to engage more closely with physical activity during the postpartum period^(6,10).

In summary, this strand of results suggests that educational planning within the HMB environment should move away from prescriptive models focused solely on content delivery, prioritizing dialogic, situated strategies sensitive to the female experience. Beyond measuring direct effects on behaviors or habits, this report highlights viable pathways for systematizing innovative educational practices in breastfeeding care.

Recurrent demands identified during educational actions

The records produced throughout the experience demonstrated that the main barriers to engaging in physical activity and self-care during breastfeeding were not linked to the rejection of these practices, but rather to the concrete conditions shaping the daily lives of the women receiving care. Prominent among the most frequently emerging issues were physical exhaustion, difficulty reserving time for oneself, the demand for round-the-clock availability for the baby, and the inadequacy of support networks to share caregiving duties, even for short intervals.

During interventions, researchers observed that discussions on self-care were recurrently tied to maternal routine overloads. Field data indicated that the presence of support for managing the newborn served as a determining factor in narratives concerning well-being. These obstacles converge with postpartum literature highlighting time scarcity, physical exhaustion, and infant care demands as the main practical hurdles in maternal daily life^(6,7).

Fatigue emerged as one of the most reoccurring themes in the sessions, commonly associated with sleep deprivation, uninterrupted infant demands, and the accumulation of household chores. Under these circumstances, support networks play a pivotal role in coping with postpartum demands—whether through dividing tasks, providing emotional support, or mitigating burden; when fragile, this network tends to intensify fatigue, isolation, and barriers to self-care^(20,21).

Another striking aspect related to perceptions of self-care itself. At various moments, women struggled to recognize practices geared toward their own well-being as legitimate dimensions of health during breastfeeding, as if focusing on themselves implied neglect of their maternal role. In light of the literature, this ambivalence is embedded in a maternal experience shaped by expectations of intensive mothering and gender asymmetries, in which women's needs are frequently subordinated to those of the child and family^(2,22).

Myths regarding the incompatibility between exercise and lactation were also highlighted, albeit less centrally than barriers related to fatigue and lack of support. Dur-

ing dialogues, concerns surfaced regarding the potential impacts of physical activity on milk production and quality. Dispelling these beliefs required presenting evidence-based data demonstrating that light-to-moderate physical activity, when properly guided in the postpartum period, compromises neither the quantity nor the composition of breast milk, nor infant development^(6,23,24).

Table 1 synthesizes how the demands observed during the experience transcend the purely informational or behavioral sphere, interlinking with concrete conditions of overload, fragile social support, female self-blame, and challenges to legitimizing self-care in the postpartum period.

Table 1 – Recurrent demands observed during educational actions related to physical activity and breastfeeding at the *Profa. Heloísa Helena Laxe de Paula* Human Milk Bank. Niterói, RJ, Brazil, 2025

Analytical dimension	Recurrent demands observed in the records	Interpretation of the experience	Implications for care in HMB
Daily overload	Fatigue, exhaustion, and difficulty dedicating time to oneself.	Care organization was associated with perceived opportunities for self-care and physical activity.	Acknowledge the concrete conditions experienced by women during the postpartum period.
Support network	Lack of support for sharing tasks and infant care.	Social support emerged in the records as an element linked to routine organization and self-care.	Incorporate discussions on support networks into educational actions.
Maternal self-care	Difficulty incorporating practices focused on personal well-being into daily routines.	Records suggest that self-care is frequently strained by the multiple demands of the postpartum period.	Recognize self-care as a component of maternal health.
Postpartum bodily movement	Difficulty perceiving feasible options for physical activity during breastfeeding.	Physical activity was often associated by participants with structured exercise practices.	Prioritize gradual recommendations compatible with women's daily routines.
Beliefs regarding physical exercise	Concerns regarding potential effects of physical activity on milk production and quality.	Records highlighted persistent doubts and inconsistent information regarding physical exercise and breastfeeding.	Provide guidance grounded in scientific evidence.

Source: elaborated by the authors, 2026.

Overall, the experience demonstrated that difficulties related to self-care during breastfeeding do not stem exclusively from a lack of information. This set of findings suggests that the practice of PE professionals in milk banks should not be primarily guided by a logic centered on physical exercise as an isolated behavior, but rather by approaches that recognize the social, physical, and emotional determinants experienced by women.

Potentialities of the experience for care and interprofessional practice

From the researchers' perspective, the integration of Physical Education favored the inclusion of new themes in the guidance provided to the women served by the service, incorporating discussions on body movement, postpartum recovery, routine organization, and care possibilities during breastfeeding. This finding reinforces the need to address the physical, emotional, and social dimensions of the maternal experience during the puerperium^(12,25).

Another observed aspect related to the opportunities to address demands that did not always occupy a central place in the sector's educational actions. By recognizing users as subjects of care—and not solely from the perspective of lactation function—the experience expanded the dialogue on women's health in a less fragmented manner. This result is consistent with literature pointing to welcoming as an indispensable element for listening to women's needs and strengthening the bond with the institution⁽¹⁸⁾.

Within the team, it was observed that the inclusion of physical activity favored shared reflections on aspects of maternal health that go beyond the clinical management

of lactation. Interprofessional education processes and collaboration between different knowledge cores drive collaborative practices, more effective communication, and greater problem-solving capacity in health care^(26,27).

From a formative standpoint, the experience highlighted the potential of the HMB as a space for knowledge production anchored in practice. Direct contact with the care reality allowed not only the application of knowledge about physical activity in breastfeeding, but also its critical problematization in the face of the service's daily routine. Real care settings foster more reflective and collaborative educational processes by articulating teaching, service, and concrete community needs⁽²⁶⁾.

Finally, the main innovation of the experience lay in introducing the theme of physical activity into a unit traditionally dedicated to actions for the promotion, protection, and support of breastfeeding. Rather than measuring quantitative care impacts, the report allows for reflection on the possibilities of Physical Education's performance in this setting and its potential to add value to multiprofessional approaches directed at maternal health.

Together, these findings suggest that the inclusion of Physical Education in the milk bank is not limited to the expansion of educational content, but points ways toward the incorporation of new care perspectives. By assuming the body and self-care as legitimate dimensions of care, the experience highlights relevant contributions of Physical Education to the integrality and interprofessionality of care for breastfeeding women.

Because this is an intervention developed in a single HMB, inserted into a specific institutional context, the

findings must be interpreted in light of the characteristics of this setting. Furthermore, as an experience report, the study did not aim to measure biological effects, evaluate clinical outcomes, or establish causal relationships, but rather to systematize and analyze a situated practice of professional integration. In this sense, its value lies in the possibility of supporting reflections on performance in similar services, respecting the institutional and care particularities of each location.

CONCLUSION

The performance of the physical education professional in a HMB demonstrated the feasibility and relevance of including physical activity as a topic in educational actions aimed at breastfeeding women. The report showed that exercise, when approached in a humanized, contextualized, and integrated manner within multiprofessional care, consolidates itself as a legitimate component of self-care and maternal health promotion.

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Thus, the study fulfilled its proposed objective by describing the experience of integrating these professionals into the milk bank context and discussing the category's possibilities for action in this setting. By giving visibility to this practice in a space still little explored by Physical Education, the report highlights the potential of this service for developing emancipatory educational actions and expanding the field of professional practice in maternal and child care.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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All authors are responsible for the textual writing and critical review of the intellectual content, the final version published, and all ethical, legal, and scientific aspects related to the accuracy and integrity of the study.



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