

The role of grandparents in the transition to parenting: a scoping review

Abstract

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Introduction

The transition to parenthood involves a set of intra and interpersonal changes, which affect not only the woman and her partner, but also the entire family system. Grandparents are highlighted as prominent figures in the contemporary family, constituting the main source of support for the family in this process. Therefore, it is extremely important to understand how grandparents can influence or not the transition to positive parenting, acting as facilitating agents or as hinderances in this process.

Objective

To map the available scientific evidence regarding the role of grandparents in the transition to parenthood of their children, encompassing the period of pregnancy, childbirth and the postpartum period up to 3 years.

Methods

This scoping review was developed according to the methodology of the Joanna Briggs Institute (JBI), 2020, with research carried out in April and May 2022 and updated in July 2023. Qualitative, quantitative or mixed studies were included, as well as review articles, published in English and produced between 2015 and 2023.

This scoping review includes articles that address the role of grandparents in the context of the transition to parenting of their children, including the time of pregnancy, childbirth and the postpartum period up to 3 years.

Results

11 articles that met the inclusion criteria were included. Four categories emerged: grandparents as a source of support; grandparents and their influence on family nutrition and exclusive breastfeeding; the ambivalence of feelings and the role of health professionals.

Conclusion

Grandparents can stand out as prominent elements of the family during the transition to parenting of their children, developing instrumental, emotional, informational and financial support roles; may influence exclusive breastfeeding and family nutrition. When concepts and beliefs about fundamental aspects relating to children differ, ambivalent feelings can arise and that lead to intergenerational conflicts. There is a gap in health care regarding the inclusion of meaningful people in the care of the couple and the child, in this case the grandparents.

Keywords

Grandparents; Role; Parenthood Transition; Pregnancy; Childbirth; Post-Partum

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Introduction

Parenting can be understood as one of the most demanding and challenging aspects of a person's life. Becoming a mother and father is an important milestone and can simultaneously be a period of great joy, but also a stressful life event.¹ Thus, parenting can be understood as a set of emotional bonds, knowledge, attitudes, and behaviors of mothers and fathers, which is influenced by several factors, such as previous experiences (from their own childhood), personal and sociocultural circumstances, expectations and beliefs.² It is also influenced by the sense of personal competence, marital relationship or the relationship established with the other parent, the support network (namely the family), available social services, as well as other situations of inequality or vulnerability.² The concept of parenting therefore refers to the set of activities and attitudes and the way of interacting in relationships with children.³

According to Meleis⁴, the transition to parenthood is a multidimensional concept that presupposes changes in roles, definitions and redefinitions of the self and the very transition, which is considered a passage or movement from one state, condition or place to another.

The transition to parenthood is a complex process of various physiological, psycho-emotional, social, and cultural changes and adjustments. It is a demanding process, characterized by constant learning, skill and relationship development, and deep identity reconstruction.⁵ Parental experience depends on parenting strategies and responses, and these include cognitive components of learning and decision-making, relational components such as family support, and operational components such as task sharing, routine reorganization, and role reconciliation.⁵ Having support, whether emotional or physical, can be seen as a crucial aid in this process, decreasing the perception of stressful events, and helping parents cope with them more effectively.⁶ Thus, the nature of the transition to parenthood affects not only the woman, but her partner, and the entire family system, and in turn involves a set of intra- and interpersonal changes.

Dessen⁷ highlights grandparents as prominent figures in the contemporary family, constituting the main source of support and support for the family in this process, promoting emotional, material and financial support.

Parents will be faced with a set of new and unexpected situations for which experience, or lack thereof, does not yet provide effective or convincing answers. At this point, the support provided by grandparents, whether instrumental or emotional, if provided properly, becomes a protective factor in the adaptation of parents to the new task that is required.⁸

To understand these transitions, it is essential to know the structure and functions of the family support network, since they vary according to the socio-cultural context, time and stage of life of the individual and the family as a group.⁹ It is therefore extremely important to understand how grandparents can influence or not the transition to parenthood, acting as facilitators or barriers in this process.

Finally, and after consulting the JBI database, it was confirmed that there is no scoping review on this topic, which further accentuates its relevance. With that in mind, the objective of this scoping review is to map the available scientific evidence on the role of grandparents in the transition to parenthood of their children, encompassing the period of pregnancy, childbirth and the postpartum period up to 3 years.

The research question of this scoping review is: what is the role of grandparents in the transition to parenthood of their children?

Methods

In order to guide this scoping review, a protocol was developed, published on the Open Science Framework (OSF) platform, with the identification DOI 10.17605/OSF.IO/KJC2Y.

Inclusion Criteria

Population Type: This scoping review will include articles addressing grandparents who have experienced the transition to parenthood of their children and other community members who have witnessed the experience of grandparents transitioning to parenthood of their children.

Concept: This scoping review will include articles that address the role of grandparents who have experienced the transition to parenthood of their children.

Background: This scoping review will include articles that address the role of grandparents in the context of the transition to child parenting, including the timing of pregnancy, childbirth, and the postpartum period. The postpartum period was considered up to 3 years after delivery, since it is intended to cover the physical, emotional, psychological, social and cultural developments and adjustments that this transition comprises. This longer period thus highlights the importance of considering the transition to parenthood as a continuous, complex and demanding process, promoting a more comprehensive and holistic approach.

Types of information sources: This scoping review will consider all studies of a qualitative, quantitative or mixed nature, as well as review articles, published in Portuguese, English or Spanish, that meet the inclusion criteria described. Regarding the temporal issue, it is decided to define as inclusion criteria the studies published in the last 8 years (2015 to 2023), with the purpose of gathering the latest scientific evidence.

Research Strategy

The research strategy of this scoping review aims to identify articles published in Portuguese, English or Spanish in the last eight years that portray the role of grandparents in the transition to parenthood of their children.

According to the strategy defined by JBI¹⁰, this was planned in three distinct stages.

As a first step, a search was carried out limited to the CINAHL, MEDLINE databases, through the EBSCOhost platform, and the Scopus database, to identify articles on the subject. To this end, the keywords extracted from the natural terms of the research question were used. Then, an analysis of the words used in the titles and abstracts and the

identification of the indexed terms corresponding to each database was carried out.

In this sense, a table was prepared referring to the keywords, natural terms and respective indexed terms (table 1), in order to organize the first stage.

Table 1 – Systematization of the inclusion criteria, natural terms and respective terms indexed in the CINAHL, MEDLINE and Scopus databases

Keywords	Natural terms	CINAHL indexed terms	MEDLINE Indexed terms	Scopus terms
Grandparents	Grandparents	Grandparents	Grandparents	Grandparents
Role	Role	Role	Role	Role
Transition to parenthood	Parenthood transition	--	--	Parenthood transition
	Parenting transition	--	--	Parenting transition
	Childbirth	--	--	Childbirth
	Pregnancy	--	--	Pregnancy
	Post-partum	Childbirth	Parturition	Post-partum
		Pregnancy	Pregnancy	
		Postnatal period	--	

In a second stage, a search was performed using all the natural and indexed terms identified in table 1, in the databases separately.

In the CINAHL database, a search of the natural terms as well as the respective indexed terms was done, later crossing with the Boolean operator OR. After aggregation between the natural terms and the respective indexed terms, a new search was carried out associating the results obtained previously, with the Boolean operator AND. This process is depicted in [Appendix I](#) and with the search expression:

((grandparents OR (MM “Grandparents”) OR “grandparents”)) AND ((role OR (MM “role+”) OR “role”)) AND ((parenthood transition OR parenting transition OR “transition to parenthood” OR “parenting transition”) OR (childbirth OR (MM “childbirth+”) OR “childbirth”) OR (pregnancy OR (MM “Pregnancy+”) OR “pregnancy”) OR (postpartum OR (MM “Postnatal Period+”) OR “postpartum”)).

The same steps were followed in the MEDLINE database, with the respective terms identified in Table 1. This process is presented in [Appendix II](#).

Regarding the Scopus database, only the natural terms were searched, since this database does not present indexed terms, crossing the terms *childbirth*, *pregnancy* and *post-partum*, with the Boolean operator OR, as well as with the terms *parenthood transition* and *parenting transition* and the remaining terms with the Boolean operator AND. This process is depicted in [Appendix III](#).

Finally, in the third stage of the research strategy, an analysis of the bibliographic references of the selected articles was carried out, looking for more evidence, especially primary evidence.

This survey was conducted between April and May 2022 and updated in July 2023, extending its time limit to 2023.

Study Selection

The articles found were analyzed by two independent reviewers, taking into account the relevance of the title and the abstract. Duplicates and those that did not meet the previously defined inclusion criteria were removed.

Subsequently, the selected articles were fully analyzed through full-text reading, meeting all the inclusion criteria, and none were excluded. This step was also carried out by two independent reviewers, and the disagreements between them were resolved through discussion.

An article was integrated by analyzing the bibliographic references of the previously selected articles.

Data extraction

A data extraction tool was built by an independent reviewer as per JBI¹⁰ indications. This tool was tested in order to ensure its clarity and accuracy of the extracted data. The data of the selected articles were extracted using this tool.

Thus, the extracted data detail with clarity and specificity, aspects about the phenomenon of interest, population, objectives, study method and significant results for the research question.

Data presentation

The data extracted from the selected articles are presented in narrative form, as well as in a table ([Appendix IV](#)), which organizes the studies according to the title, authors, year of publication, country of origin, language, type of study, objectives, sample and results relevant to the research

question. The discussion of results is elaborated in narrative form.

Results

Search Results

The search in the three databases identified 63 articles. After the duplicates were removed, 57 articles remained for analysis of titles and abstracts according to the defined

inclusion criteria. At this stage, 47 articles were excluded because they did not meet one or more inclusion criteria, leaving 10 articles for full-text analysis. All 10 articles were analyzed and none were excluded. The bibliographic references of the 10 selected articles were also consulted and another full-text article was integrated, in a total of 11 articles included in this scoping review. This process is schematized in the *Prisma* diagram to which figure 1 refers.

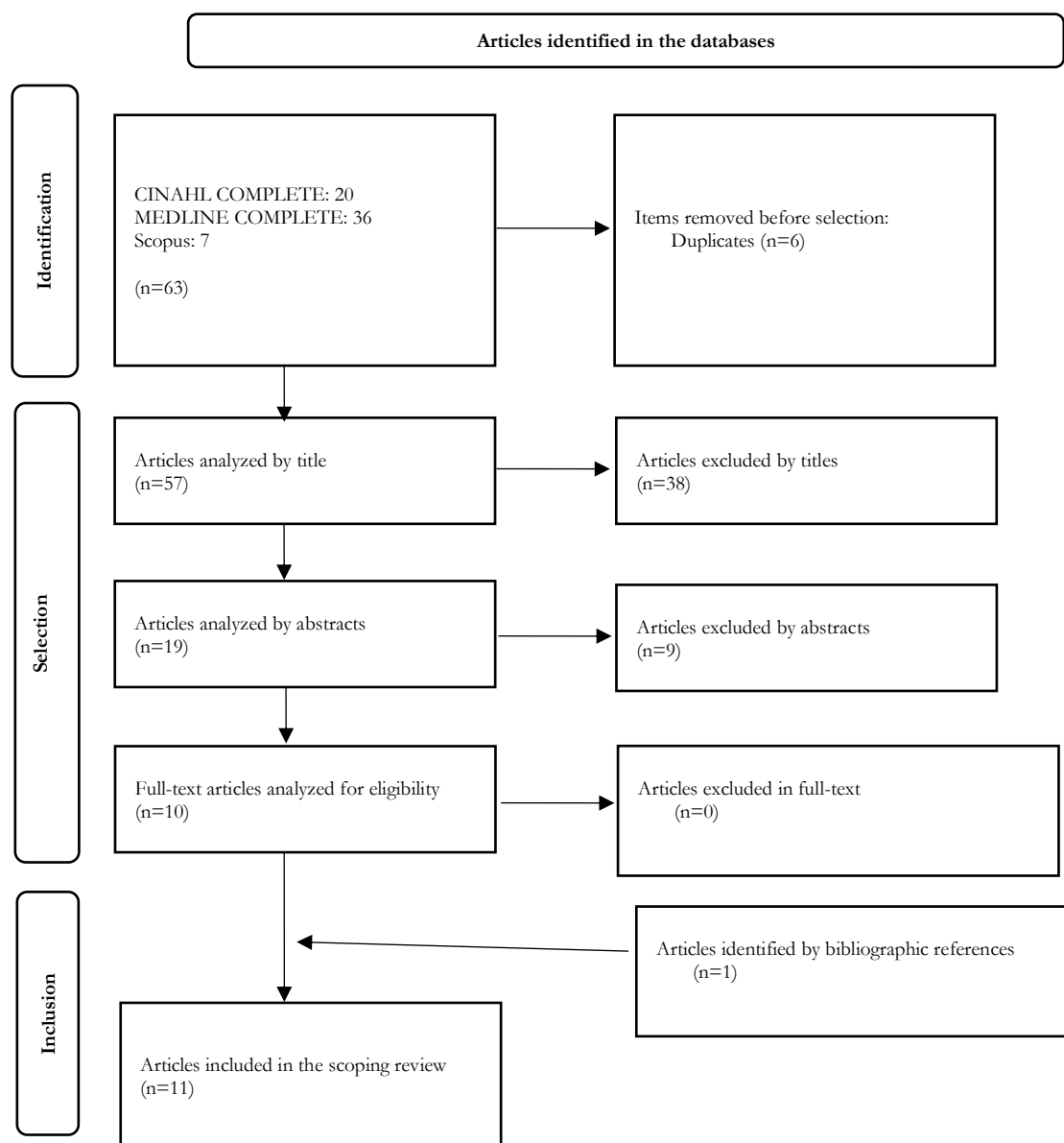


Figure 1- PRISMA diagram: research results and selection of studies to be included in the scoping review. Adapted JBI.¹⁰

Characteristics of sources of evidence

The articles selected in this scoping review were published between 2015 and 2023, and 72% (n=8) were published in the last six years. They are all articles published in

international journals, such as the Journal of Family Issues (n=1), Nursing Inquiry (n=1), Global Public Health (n=1), Maternal & Child Nutrition (n=1), International Journal of Childbirth Education (n=1), Midwifery (n=2), Breastfeeding Review (n=1), BMC Pregnancy and

Childbirth (n=1), Human Nature (n=2). All articles are written in English. Two articles are from China, another two from the United States of America (USA), followed by Austria, Ghana, Colombia, New Zealand, Australia, France and Namibia, with one article each. Four literature reviews and seven primary studies with a qualitative or mixed approach were then included.

The population of articles is diverse, including couples who have been parents, grandparents, health professionals, as well as community leaders.

Seven studies used in-depth semi-structured interviews as a methodology and most studies aim to evaluate and explore the experiences of parents and grandparents in the transition to parenthood.

Review Results

In order to organize the results that emerged from the research, we grouped them into four categories: grandparents as a source of support; grandparents and the influence on family nutrition and exclusive breastfeeding; the ambivalence of feelings; and the role of health professionals.

Grandparents as a source of support

Many grandparents play a vital role in the lives of pregnant women or women/mothers and their grandchildren and represent a source of support, whether instrumental, emotional, informative or financial.^{6,11,12} Geographical distance, culture, maternal and paternal relationship with parents and in-laws, as well as the age of grandparents can change the role that grandparents play and subsequently change the influence they have on the parenting of children. The interconnected nature of the different generations can affect parenting styles, baby safety, as well as parenting role performance.⁶

Grandmothers were identified as the main support of pregnant women, providing them with information, guidance and emotional support.^{11,12} Grandmothers are the ones who have the role of preserving cultural traditions related to this period, they are repositories of knowledge about local medicine and decision-makers in health-seeking behaviors, that is, they decide where childbirth takes place and the need to resort to health services.¹¹ In a study conducted in an African country, Namibia,¹³ three domains were identified in which grandmothers contribute, namely: a) learning to be mothers, through representations of care and examples, as well as information; b) support in breastfeeding; and c) health and well-being in the postnatal period. It is concluded that the informational, emotional and instrumental support provided to mothers and their newborns during the perinatal period can help establish the mother-child bond, promote maternal energy balance and improve the nutritional outcomes of babies.

The instrumental and emotional support provided by grandparents, although dependent on the type of relationship between parents and children, when not intrusive, is a protective factor for the development of

maternal mental health problems in the first postpartum year.¹⁴ Beneficial effects for the child are also reported, as mothers without mental health problems are more emotionally available and actively respond to the child's needs.

Another article¹⁵ also mentions that the role of grandparents is as a support network, taking care of both mother and baby, preparing meals, and doing other household chores. The role of grandparents also involves the intergenerational transmission of roles, in which mothers learn either by observation, advice or imitation of care.

Grandparents and the influence on family nutrition and exclusive breastfeeding

The culture of breastfeeding in a family plays a significant role in supporting new mothers to breastfeed exclusively and the practice of exclusive breastfeeding for six months is not limited to the intentions or actions of the mother-child dyad; it is a relational behavior influenced not only by family networks around the mother, but also by cultural, historical and social contexts.¹⁶

Grandmothers have the ability to influence exclusive breastfeeding. A grandmother's positive opinion about breastfeeding has the potential to influence a mother up to 12% to initiate breastfeeding.^{17,18} On the other hand, it can also have a negative influence, having the ability to decrease the likelihood of breastfeeding up to 70%.¹⁷ Wagner et al,¹⁸ suggest that mothers who were breastfed as infants were more likely to initiate and continue breastfeeding than non-breastfed mothers. The mother's mother and the mother's previous breastfeeding experience have a strong influence on breastfeeding practices.¹⁸

Concha and Jovchelocitch,¹⁹ suggest that grandmothers play a central role in the nutrition of many families during the prepartum, postpartum, breastfeeding or complementary feeding periods, namely in the preparation of meals.

The ambivalence of feelings

Ambivalent feelings arise when the involvement of grandparents in one or more domains, whether affective, cognitive or behavioral, does not correspond to the wishes and expectations of parents.¹² This ambivalence also exists when there are divergent views of parents and grandparents in relation to concepts and convictions about pregnancy, education, childcare, nutrition, or other fundamental aspects in raising children. In the same study, these ambivalent feelings also occurred when grandparents questioned the roles and attitudes of parents and there were critical judgments of grandparents about their parenting abilities. Another aspect related to ambivalent feelings in the involvement of grandparents is at the behavioral level, when the grandparents do not respect the limits imposed by the parents and, at the affective level, when it involves disappointment with emotional aspects of the

relationships, namely feelings of competition between parents and grandparents.¹²

A study conducted in China²¹ identifies that grandparents are expected to support parents during the transition to parenthood, even without parents asking for it. The study mentions that, regarding postpartum and newborn care, parents identify a significant gap between their beliefs and those of their grandparents, noting that the approaches of the older generation are outdated and unscientific. On the other hand, the older generation believes they have the experience of having children and the wisdom already passed on for years. This discord creates family strife. The study also identifies that parents appreciate the support received by grandparents, for allowing time off from the demands of care; however, they criticize them for potentially causing harm to the baby, for their traditional approaches. The same study also argues that clear and direct communication leads to a better family relationship and mutual understanding, rather than criticism. On the other hand, there were conflicts whenever family members expressed ineffective or non-existent communication and insisted on doing it their way, which led to precarious family relationships. If family members did not speak up and hide their conflicts or communicate in a vague way, they were more likely to trigger feelings of anger and silent aggression. Families with well-established boundaries tend to have more harmony in this transition period.¹⁵ Most of the interviewed grandparents recognized their role and boundaries and refrained from expressing their views on parental decisions. In some families there was competition among their members for control and, when this competition was strong, conflicts arose. This study¹⁵ also refers to generational limits, that is, the expectations of perceived limits and rules of interaction of all family members, involving the regulation of the behavior of parents and grandparents. Clear boundaries require grandparents to respect parental authority and avoid offering too much advice regarding their parenting decisions. Unwanted advice from grandparents is the most ineffective form of communication and can be perceived as a critique of parental care, affecting trust in one's own parental skills.¹⁵ Thus, the involvement of grandparents in the parental role can threaten the autonomy of parents and may not be well received by them.

The role of healthcare professionals

Parents and grandparents attribute a relevant role to health professionals as mediators of family conflicts.²¹ The former claim that the latter are in a better position to mediate family conflicts related to the clarification of roles, division of tasks, communication and establishment of limits in the puerperium and in the care of the newborn. The need for knowledge and development of parental skills, the need for information and education in the postpartum period and psychological support for mothers are also identified.²¹ There is a potential gap between health education campaigns that target mothers as autonomous decision-makers and the reality of a more collectivist community

structure in which mothers rarely make these decisions without the support of other community members. Burgess⁶ argues that it is important for health professionals preparing for childbirth and promoting adaptation to parenting to recognize the role of grandparents and work to assess their knowledge of current care practices and child safety, including their role in caring for the baby. A thorough evaluation will allow health professionals to provide appropriate educational and support interventions and resources for both parents and grandparents. The birth of a new baby is not only an isolated experience for the future mother, but also a transition for the grandparents.⁶ In this sense, the provision of support by health professionals can improve self-efficacy, as well as the growth of grandparents as individuals. As educators, they should be mindful of what this transition can mean and help families embrace the interconnectedness that the birth of this new baby brings to all.¹³

Discussion

In the last eight years, 11 articles were found that identify the various roles of grandparents in the transition to parenthood of their children, thus providing an answer to the research question initially formulated. This scoping review therefore allows us to understand that grandparents can play a vital role in the lives of children and their grandchildren and represent a source of support, whether instrumental, emotional, informative or financial,^{6,11,12} by providing information and guidance.¹¹ This informational, emotional and instrumental support during the perinatal period can help establish the parent-child bond, promote maternal energy balance, improve child's nutritional outcomes¹³ and improve maternal mental health.¹⁴ It is also identified the influence that grandmothers represent in the nutrition of the whole family in the perinatal period, namely in the preparation of meals,¹⁹ as well as their influence on exclusive breastfeeding. We know that breast milk is the best food for the baby until food introduction and that it is exclusively recommended until 6 months of age;²⁰ however, several factors contribute to influence its practice. Thus, the practice of exclusive breastfeeding during the first 6 months of the baby's life is a relational behavior influenced by the mother's intentions, family networks and cultural, historical and social contexts.¹⁶ There is scientific evidence that corroborates the ability of grandmothers to influence exclusive breastfeeding.^{17,18} Although there are differences in the type of breastfeeding outcome and how the influence of grandmothers was measured, the overall effect on breastfeeding was positive when the attitudes or experiences of older female generations in relation to breastfeeding were favorable. A grandmother's positive opinion of breastfeeding had the potential to influence a mother up to 12% to initiate breastfeeding. On the other hand, a negative opinion has the ability to reduce the probability of breastfeeding up to 70%.¹⁷ In this sense, it is pertinent to allow and encourage the presence and participation of grandmothers in the health care provided

to pregnant women and parents, if desired, especially in the perinatal period.

The ambivalence of parents' feelings towards their grandparents was another aspect highlighted in this scoping review. If, on the one hand, parents appreciate and recognize the importance of grandparents' support in the transition to parenthood, on the other hand, when there are divergent views regarding concepts and convictions related to children, through questioning parental attitudes and roles and through critical judgment about their abilities, there is an ambivalence of feelings, which can lead to intergenerational conflicts.^{12,21} Clear and direct communication leads to a better family relationship and mutual understanding, to the detriment of criticism.²¹ On the other hand, the most ineffective form of communication translates into the unwanted advice of grandparents, which can be perceived as a criticism of parental care, affecting confidence in their own parental skills.¹⁵ In this sense, health professionals can assume a role as mediators of conflicts, through the clarification of points of view, based on the latest scientific evidence. According to a qualitative exploratory study,²¹ all participants expressed the wish that health professionals could help them, believing that they are in a better position to mediate family conflicts.

Several articles also mention a gap in health care regarding the inclusion of significant people in the care of women, namely grandparents, who represent a crucial source of support in the transition to parenthood.^{6,11,21} It is important that health professionals, namely those who prepare for childbirth and who promote adaptation to parenthood, recognize the role of grandparents, making a complete assessment, which will allow them to provide appropriate care for both parents and grandparents, adopting a more inclusive approach.

Conclusion

The various articles analyzed identified many roles that grandparents can have in the transition to parenthood of their children in the most different places in the world, meeting the objective of this scoping review, as well as answering the research question formulated. In addition to identifying the roles of grandparents in the transition to parenthood of their children, we also identified the possible feelings and conflicts that may arise between them and their children in this period, suggesting that it is through clear and assertive communication that they can be resolved. It also identified gaps in relation to health care and the integration of grandparents into it, suggesting that health professionals include grandparents in their approach to care.

As nurses are one of the main providers of health care to women and couples in the transition to parenthood, it is important to incorporate the results of this scoping review, in order to envisage a continuous improvement in the care provided by them, in different contexts. Thus, the nurse should involve significant people in the care process, also

integrating them as care clients and establishing partnerships with them.

By understanding the different roles that grandparents can play in the transition to parenthood, we will better understand the importance of integrating them into the health care of women/couples and children in this process. However, this aspect implies an individual and personalized evaluation, as each person is unique. We live in an increasingly multicultural society with specific health care needs. We emphasize as a strong point of this scoping review, the multiculturalism of the various studies included, allowing to broaden the vision of care and alerting to the different perspectives and specificities of each individual as a social, cultural and spiritual being. On the other hand, we emphasize as limitations this same multiculturalism of the studies, which does not allow a generalization of the results; as well as most of the selected studies focus only on women/pregnant women and grandmothers in the transition to parenthood. Although a vital role is increasingly being attributed also to male figures in relation to parenting, still today, in many cultures this is experienced especially by the female gender. It is therefore important to consider that sometimes couples may prefer to include fathers, namely mothers, in their health process during the transition to parenthood.

More research on this topic is considered necessary, particularly in Portugal, in order to raise awareness among health professionals, namely nurses, about the importance of family integration in health care. Thus, future primary studies are suggested in order to discover the Portuguese reality of the role of grandparents in contemporary society.

Authors' contributions

IS: Conception and design of the study; Collection of data; Analysis and interpretation of data and Writing of the manuscript.

HB: Data collection; Data analysis and interpretation; Critical revision of the manuscript.

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No conflicts of interest were declared by the authors.

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