

Breastfeeding In Working Mothers: A Systematic Literatur Review

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ABSTRACT

Mother's milk contains high nutrition which is very beneficial for baby's health. WHO recommends that babies should get exclusive breastfeeding for 6 months. But unfortunately for work reasons, not all women can give exclusive breastfeeding to their babies. The aim of the current study was to conduct a global systematic literature review exploring how breastfeeding patterns of mothers work towards achieving exclusive breastfeeding. This study used a systematic review of research articles published on breastfeeding in the online article databases PubMed, Proquest, Scopus, Sciencedirect and Google Scholar. This systematic review followed the guidance of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). This study shows that of the 12 selected articles there are several contributing factors, namely: Knowledge, Attitudes, Nutrition, Emotional, Lactation Consultation, Family support (husband, parents, in-laws), Self-confidence, Lactation management in working mothers, Economy, Frequency of Breastfeeding, Length of hours worked, Availability of lactation facilities, Caregiver support, Length of Maternity Leave and No nursing leave system. This review highlighting the provision of exclusive breastfeeding to babies by working mothers, where there are still many mothers who cannot provide exclusive breastfeeding to their babies on the grounds that they are working. We recommends that working mothers are given leeway at work so that they can breastfeed their babies without any additional food until the baby is 6 months old, with the final result, the percentage of exclusive breastfeeding continues to increase. Finally, this review getsused as useful evidence when making policies regarding exclusive breastfeeding by working mothers.

Keywords: Breastfeeding, Exclusive Breastfeeding, Working Mothers, Family Support, Self-Confidence.

INTRODUCTION

Breast milk is known to be the most ideal source of nutrients for babies(1). The complete nutritional content, easy to absorb, and the presence of immunological substances make Breast Milk an irreplaceable intake for the growth and development and health of babies(2). The World Health Organization (WHO) expressly recommends that babies receive exclusive breast milk during the first

six months of life(3). These recommendations are not only aimed at supporting physical growth, but also to provide optimal protection against various infectious diseases at an early age(4). Although the benefits of Breast Milk are enormous, the practice of exclusive Breast Milk still faces quite complex challenges, especially for working mothers. Not all women have the opportunity or supportive conditions to be able to give full breast milk to their babies for six months(5). Job demands, limited maternity leave, and lack of lactation facility support in the workplace are often major barriers. As a result, many mothers have to stop exclusively breastfeeding sooner than the recommended time. In addition to the issue of time and opportunity, breastfeeding cannot be seen as just a process of transferring nutrients from mother to baby(2). Breastfeeding involves physical, psychological, social, and even structural aspects that require negotiation. For working women, breastfeeding often requires scheduling, coordination with family, and supportive policies from the workplace(6). Thus, the success of exclusive breastfeeding practices depends not only on the mother's intentions, but also on the availability of a comprehensive support system(7,8).

The achievement of exclusive breast milk in various parts of the world is still far from the target set, both globally and in Indonesia. According to existing data, the success rate of exclusive breast milk administration globally only reaches 69.7%, while in Indonesia it is recorded at 66%. This figure is far from the target set by the World Health Organization (WHO) which wants 100% of babies to get exclusive breast milk for the first six months(3). At the provincial level, such as in North Sumatra, the achievement rate of exclusive breast milk is only 57.83%, while in Padangsidempuan City it is even lower, at 56%(9). This achievement shows that there are still great challenges in realizing exclusive breast milk giving, especially in certain areas. A study conducted by Desintha Dwi Asriani, a sociologist from Gadjah Mada University, revealed that many mothers, especially those who work in industrial sectors such as factories, have difficulty in giving exclusive breast milk to their babies(10). This study highlights that time-consuming work factors and limited support facilities in the workplace are significant obstacles for mothers to provide exclusive breast milk. In this context, working mothers tend to face a dilemma between fulfilling work obligations and providing breast milk to their children, which ultimately results in a low success rate of exclusive breastfeeding among working mothers(11,12).

The challenges of exclusive breastfeeding are not only limited to physical and logistical aspects, but also bring significant psychological impacts for mothers who are unable to carry them out. Many mothers, especially those who are forced to stop giving exclusive breast milk due to time or facility limitations, experience feelings of anxiety and guilt. Guilt, fear, and even regret often arise, along with the perception of those who feel they have failed to meet the social expectations of being an ideal mother. In many cultures, there is a high expectation of mothers to give breast milk as a form of affection and responsibility(13,14). The inability to meet these expectations can give rise to feelings of inadequacy, which can have an impact on the mother's mental health. In addition, the inability to provide exclusive breast milk is also often associated with feelings of failure in fulfilling the role of mother(15). In a social view, mothers who do not give exclusive breast milk are often considered incapable of meeting the standards of the ideal mother. This leads to negative judgments of breastfeeding practices that do not conform to social expectations. In reality, this feeling of failure can interfere with the emotional well-being of mothers and shape the perception that breastfeeding is a constructive issue, not only about nutrition, but also about the identity and role of mothers in the family and society(16). The psychological impact that arises can affect the relationship between mother and child and impact the overall quality of parenting(17,18). The objective of this review was to assess the aim of the current study was to conduct a global systematic literature review exploring how breastfeeding patterns of mothers work towards achieving exclusive breastfeeding.

METHOD

Data Sources and Searches

This study used a systematic review of research articles published on breastfeeding in the online article databases PubMed, Proquest, Scopus, Sciencedirect and Google Scholar. This systematic review followed the guidance of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).

Study Selection

The inclusion and exclusion criteria set out in this literature review include the following:

a. Inclusion Criteria

The research uses quantitative and qualitative data, research subjects are working breastfeeding mothers, research published by publishers that already have a digital object identifier (DOI) or already have an ISSN, published year between 2010-2025, has an abstract and included full text reading.

b. Exclusion Criteria

Research whose subjects are not working breastfeeding mothers, published year outside 2010-2025, does not have an abstract and not included full text reading.

Data Extraction

Data extraction can be done if all data that meets the requirements have been classified for all existing data. After the screening process is carried out, the results of this data extraction can be known with certainty from the initial amount of data owned, which still meets the requirements for further analysis. The data extraction process carried out is as follows:

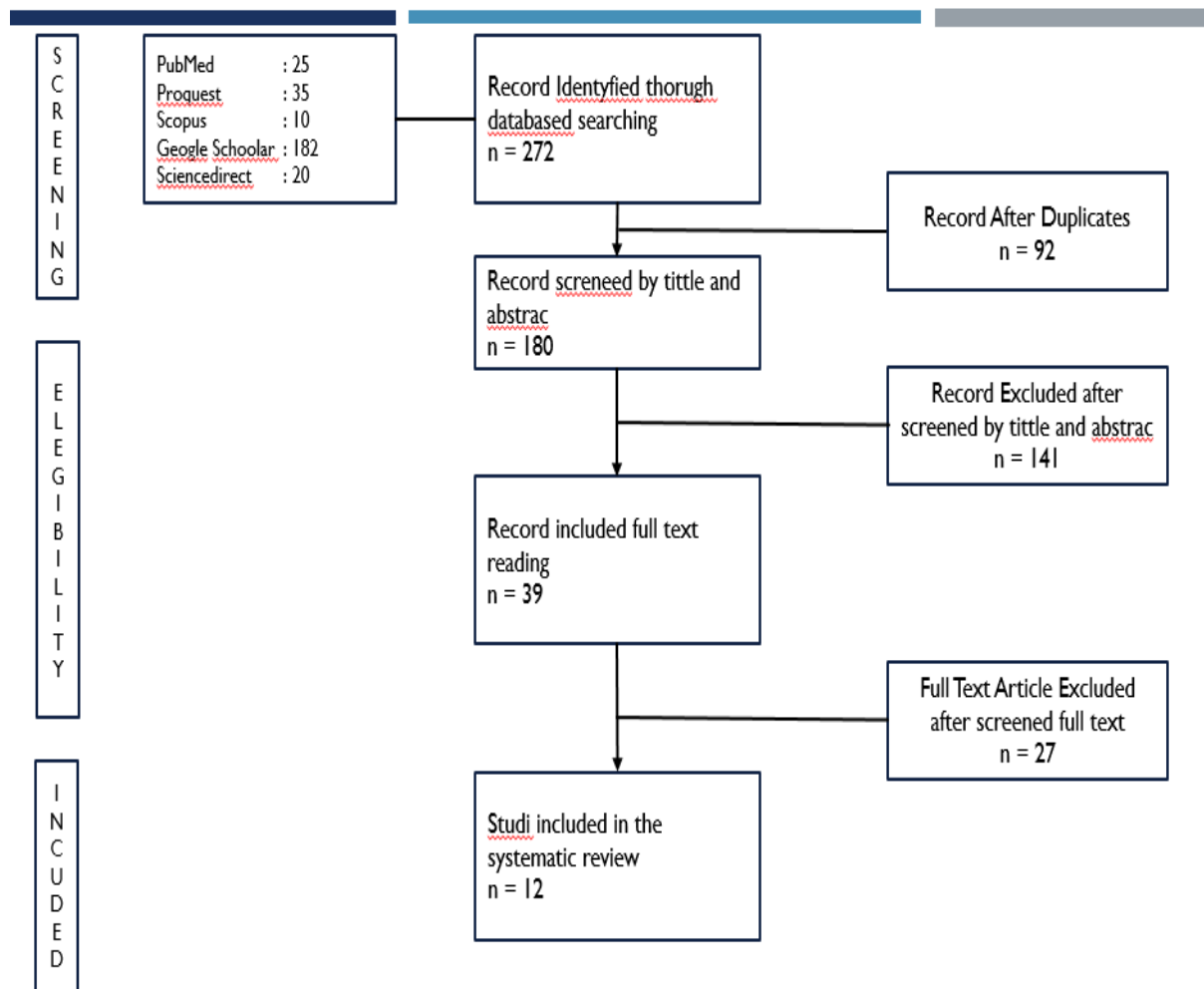


Figure 1. PRISMA Flow Diagram

RESULTS

This study shows that of the 12 selected articles there are several contributing factors, namely: Knowledge, Attitudes, Nutrition, Emotional, Lactation Consultation, Family support (husband, parents, in-laws), Self-confidence, Lactation management in working mothers, Economy, Frequency of Breastfeeding, Length of hours worked, Availability of lactation facilities, Caregiver support, Length of Maternity Leave and No nursing leave system. Article details are presented in table 1.

Table 1. Breastfeeding in Working Mothers

No.	Author, Country, Year	Title	Objective	Sampel	Metode	Result
1.	Maryleah S. Needels, University of San Francisco, 2016(19)	Development of a Breastfeeding Class Specifically for Working Moms	The long-term goal of my CNL project is to increase the duration of exclusive breastfeeding at both the 3 and 6-month marker to obtain goals closer to the Healthy People 2020 breastfeeding objectives of 42.6% at 3 months and 25.5% at 6 months.	-	As a CNL MSN student, I was able to bring fresh eyes to the microsystem and diagnose the problem, assess the motivation and capacity of the lactation department, assess and utilize the recourses especially health education, and develop an action plan for the development of the class. My role as the change agent has been one of a consultant, a facilitator, a cheerleader and, as an IBCLC, an expert. I plan to use survey results as feedback to communicate the necessity to maintain the class and as my relationship gradually terminates from the organization, I will ascertain that all of my data is readily available and complete	Expected outcomes from this project will have immediate, mid-term, and long-term results. Mothers will have an immediate understanding of the process for pumping and storing of breast milk, transporting and storing breast milk safely using the CDC guidelines, specific clothing and nutrition needs, and the emotional changes associated with returning to work. Midterm results will allow mothers to remain breastfeeding for their desired time while employed outside of the home and the long-term positive health benefits of illness and disease prevention will last a lifetime for both the mother-baby dyad. The county breastfeeding duration rates results will increase getting closer to meeting the Healthy People 2020 goals and my hope is that mothers who have attended the class will return for future class meetings to serve as peer support for those mothers who are just embarking on their own journeys
2.	J'aime Stratton, MS, RD, LDN, and Beverly W. Henry, PhD,	What Employers and Health Care	The purpose of this study	7 busines ses employi	Qualitative methodology was used to obtain in-depth	This theme emerged unexpectedly outside of the primary framework as

	RD, Northern Illinois University, 2011(20)	Providers Can Do to Support Breastfeeding in the Workplace	was to explore what employers of low-income, full-time working women perceived to be their role in breastfeeding support and actions they believed they could take to support and promote breastfeeding.	ng primarily low-income	information from a small sample of employers, selected through purposive sampling. Data collection occurred in the fall of 2009. From a list of local business members, the executive director of a local Chamber of Commerce selected 18 businesses employing primarily low-income, hourly wage, full-time workers. From this list, the researcher randomly drew 7 names of businesses from an opaque bag to contact with an invitation to participate in the study	informants talked through the reasoning behind their responses to interview questions. Quotes as highlighted in Table 3 were in response to discussion about specific suggestions for providing WBS that required proactive employer involvement, such as provision of educational materials, breastpumps, and access to lactation consultants.
3.	Judhiastuty Februhartanty, Yulianti Wibowo, Umi Fahmida, and Airin Roshita, Indonesia, 2012(21)	Profiles of Eight Working Mothers Who Practiced Exclusive Breastfeeding in Depok, Indonesia	this report aims at exploring the characteristics of working mothers who are able to practice exclusive breastfeeding	The original study population was non-working and working mothers who have infants around 1 to 6 months old.	The study design is an observational study with a mixed methods approach using a quantitative study (survey) and qualitative methods (in-depth interview) in sequential order. In addition, in-depth interviews with family members, midwives, supervisors at work, and community health workers were also	The study concludes that self-efficacy and confidence of the breastfeeding mothers characterize the practice of exclusive breastfeeding. Good knowledge that was acquired way before the mothers got pregnant suggests a predisposing factor to the current state of confidence. Home support from the father enhances the decision to sustain breastfeeding

					included to accomplish a holistic picture of the situation.	
4.	Wilaiporn Rojjanasirat and Valmi D Sousa, USA, 2009(22)	Perceptions of breastfeeding and planned return to work or school among low-income pregnant women in the USA	To describe the perceptions of breastfeeding in low-income pregnant women to understand their needs better as they plan to return to work or school.	Eleven participants were single. Ten women were primigravida, and seven were multipara.	The research setting consisted of three Women, Infants and Children clinics (WIC) in a midwestern city of the USA. Seventeen pregnant women (aged 19–35) participated in focus group interviews. Data were coded and analysed for themes and patterns using the QSR software – NVivo 6.	Low-income women anticipated substantial barriers for breastfeeding when they planned to combine breastfeeding and work or school. The results of this study have many implications for public health practice, research and policy. Educating employers and the public at large about the health and economic benefits derived from long-term breastfeeding could help promote breastfeeding awareness.
5.	Gordon Abekah-Nkrumah1, Maame Yaa Antwi, Jacqueline Nkrumah and Fred Yao Gbagbo, Ghana, 2020(23)	Examining working mothers' experience of exclusive breastfeeding in Ghana	study therefore examines working mothers' experience of exclusive breastfeeding, laying emphasis on the influence of workplace factors on working mothers' decision to exclusively breastfeed their babies.	20 mothers from 10 organizations in five industries for in-depth interviews on their exclusive breastfeeding experience	Data collected from the interviews were analysed using content analysis, with two major themes emerging for discussion	The results suggest that two major factors influence exclusive breastfeeding among working mothers: practice of exclusive breast feeding (knowledge and understanding of exclusive breastfeeding, and experience in exclusive breastfeeding) and workplace factors (length of maternity leave, closing time, absence of maternity policy in organizations, inadequate institutional support and family work-life balance).
6.	Shela Akbar Ali Hirani, Rozina Karmaliani, Pakistan 2013(24)	Evidence based workplace interventions to promote breastfeeding	This paper aims at reviewing global literature to explore workplace	50 literature sources	A literature search of peer reviewed databases, including CINHALL (1980—2009),	A review of global literature revealed that in order to promote breastfeeding practices among employed mothers, the most

		practices among Pakistani working mothers	interventions that can promote the breastfeeding practices among working mothers in Pakistan.		MEDLINE (1980—2009), Pub Med (1980—2009), Springer Link (1980—2008), and Cochrane Database of Systematic Reviews (3rd quarter, 2008), was undertaken. Considering the pre-set inclusion and exclusion criteria, out of more than 500 literature sources, 50 were shortlisted and reviewed.	powerful workplace interventions include: educating working mothers about management of breastfeeding with employment; enhancing employers' awareness about benefits of breastfeeding accommodation at workplace; arranging physical facilities for lactating mothers (including privacy, childcare facilities, breast pumps, and breast milk storage facilities); providing job-flexibility to working mothers; and initiating mother friendly policies at workplace that support breastfeeding.
7.	Anita Rahmawati, Bisepta Prayogi, Indonesia, 2017(25)	Analysis of Factors Affecting Breastmilk Production on Breastfeeding Working Mothers	The purpose of this study was to explain the factors that affect the breast milk production in breastfeeding working mothers	25 breastfeeding working mothers	This study used cross sectional design. 25 breastfeeding working mothers were taken by consecutive sampling. Breastmilk production was measured for 7 days using a measuring cup. Breast milking used the breast pump on both breasts before the mother breastfeed her baby or 2-3 hours after breastfeeding. The analysis used spearman rank test and multiple linear regression with $\alpha = 0,05$.	The results of the linear regression test showed all factors related to milk production when tested together ($p = 0.000$). Nurses or other health workers may expected to consider factors that affect breast milk production so that it can determine appropriate interventions in lactation management in breastfeeding working mothers.
8.	Hanulan Septiani, Artha Budi, Karbito Indonesia	Factors Associated With	The purpose of this study	113 respondents	This research is an analytical descriptive with cross sectional	There is no correlation between the availability of

	2017(26)	Exclusive Breastfeeding By Women Who Work As A Health Personnel	was Factors Associated With Exclusive Breastfeeding By Women Who Work As A Health Personnel		design. The population in this study is women health workers in Bandar Lampung City who have babies aged 7-24 months. The sample of this research is taken from seven health center in Bandar Lampung city of 113 respondents.	facilities and lactation management training (pushing factors) on breastfeeding. The most dominant factor associated with exclusive breastfeeding is knowledge. Mothers with good knowledge have an opportunity to be able to give exclusive breastfeeding 13 times greater than mothers who have less knowledge.
9.	Ayu Rakhmi Pris Purnamasari, Rina Rahmatika Indonesia 2016(27)	Differences In Social Support From Mother-In-Law To Breastfeeding Mothers What Works And Doesn't Work	This study aimed to investigate differences between perceived breastfeeding social support from mother-in-law on working and not working-women.	There are 200 sample of this study, which is divided to 2 groups of 100 working-women and 100 not working-women	Perceived breastfeeding social support scale (27 item, $\alpha = .95$) is used in this study and it is constructed by using social-functional support theory	Result shows that there is significant differences between perceived breastfeeding social support from mother in law on working and not working women ($t(198)=2.42$; $p=.016$; $p < .05$). Emotional support and informational support from mother-inlaw more perceived by not working women than working mom, in the other hand, working women and not working women have no different perception about instrumental support. Result of this study may be one of information that can be used to inform mother-in-law about how precious social support is to exclusive breastfeeding.
10.	Sri Rejeki Indoensia 2010(28)	Phenomenological Study: Exclusive Breastfeeding Experience	This research aimed to get descriptions about suckling experiences	Sum of the participants was six suckling	This study uses a qualitative method with a phenomenological approach. Data collection was carried out	Participants interview resulted information about various feelings, perceptions, mother understandings and knowledge about

		s Of Mothers Working In The Kendal Area, Central Java	among working mothers. This research used qualitative method with phenomenological approach	mothers residing in Kendal region.	by means of in-depth interviews by studying the central issues of the main structure of the subject of study of the participants. To improve the accuracy of data collection and ensure the achievement of comprehensive results from the description of the experiences of participants, researchers used open and in-depth interview techniques, recorded interviews and made field notes. To avoid subjectivity, researchers use source triangulation techniques.	suckling. Motivations to suckle, how practice suckle exclusively, faced resistances and supports expected from place where mother work. This information is referable for nurse in giving suckle counseling for working mothers started from antenatal to postnatal. For government serves as material evaluation of the efficacy of suckling program, and for the woman work place usable as consideration to give suckling support and facility for suckling working women.
11.	Rini Kristiyanti, Nur Chabibah, Indonesia, 2020(29)	Family Support And Company Support To Mothers Breastfeeding Working In The Region Of Pekalongan District	To find out the relationship between family support and company support with the performance of working mothers in the Pekalongan Regency	40 mom working breastfeeding	an analytical study related to family and relationships with mother companies in Pekalongan District with cross sectional support. The independent variable in this study is family assistance and company support, while the independent variable is the assistance of working mothers. The population in this study was	Analysis with the Chi square test obtained p value of 0.856 (> 0.05) so that it can be concluded that there is no relationship between families support and performance. The analysis with the chi square test obtained a p value of 0.008 (

					the study of working mothers in companies in the Pekalongan Regency	
12.	GI Abdullah, D Ayubi-Jurnal Kesehatan Masyarakat Nasional, 2013(30)	Determinant of Exclusive Breastfeeding Behavior on Working Mothers	This study aimed to determine the prevalence of exclusive breastfeeding on the working mothers in the Ministry of Health	120 respondent	The study design used was cross sectional on the primary data consisted of 120 respondents. The study was conducted on May 2012 using self-administered questionnaire by respondents. Data analysis was performed by univariate, bivariate analysis using chi-square, and multivariate analysis using multiple logistic regression prediction model	The results showed the proportion of exclusive breastfeeding on working mothers in Ministry of Health is 62.5%, lower than the national target (80%). Working is not a reason of respondents to stop breastfeeding is not because of insufficient breastfeeding supply. Factors associated with this behavior are the attitude, the availability of facilities and support of baby-sitter. Variable of attitude is the most dominant factor in exclusive breastfeeding. Working mothers having positiveness likely 5 times give exclusive breastfeeding compared with mother having negative attitude. Keywords: Exclusive breastfeeding, working mothers, attitude

DISCUSSION

Lactation Management In Working Mothers

Breastfeeding mothers will quickly get used to the process of pumping and storing breast milk after starting this practice. By following the guidelines provided, such as those from the Centers for Disease Control and Prevention (CDC), mothers can pump, store, and transport breast milk safely and effectively. A good understanding of how to pump, store, and transport breast milk is essential to ensure that the nutritional quality of breast milk is maintained even if you have to work outside the home. Additionally, following proper guidelines on appropriate clothing and maternal nutritional needs can help maintain maternal health during the breastfeeding and work periods(31–33). In addition to the practical aspect, mothers who return to work will also face significant emotional changes. Returning to work after maternity leave can lead to feelings of anxiety and separation from the baby. However, with the right support and an understanding of how to continue breastfeeding despite working outside the

home, mothers can feel more confident. Breastfeeding after returning to work allows mothers to continue to provide the best nutrition for their babies, while still meeting the demands of work. Therefore, it is important to support mothers to remain breastfeeding, which also brings long-term health benefits for both babies and mothers(34,35).

A larger goal of increasing exclusive breastfeeding is to achieve targets set by public health programs, such as Healthy People 2020. With more and more mothers understanding and practicing proper breastfeeding while working, it is expected that the level of breastfeeding duration in various regions will continue to increase. It is my hope that the mothers who have taken this class will come back to meet at the next class meeting, to provide peer support for mothers who are just starting their breastfeeding journey. This social support is important in improving breastfeeding success, as well as providing a sense of togetherness and solidarity among working mothers(36,37).

Length of Maternity Leave and No Nursing Leave System

The major findings of this study indicate that informants' positive attitudes did not correspond with actual provision of formal WBS or even intention to provide such support. This result is in agreement with other research showing reported attitudes often are not reflected in employer policies and practices(38). As illustrated in the highlighted themes, this study's informants commonly reported demand as an influential factor in the degree of WBS they would provide. All informants shared the belief that there was little demand for WBS regardless of the size of their business. As such, the need for an alternative explanation for the perceived lack of demand exists, such as discomfort or fear among employees about approaching employers to request support(39,40).

This purported discomfort or fear points to another issue reflected in the current study's themes and in line with other research, which is the absence of adequate communication about support services, expectations, and needs. Results from Stewart-Glenn's qualitative research have shown that while receptive to providing WBS, employers were not the first to initiate conversations with their employees about it, reinforcing the suggestion that communication between employers and employees about WBS often is suboptimal. Similar to the approach of the informants in the present study, most of the employers interviewed in the comparison study stated they would address the issue of breastfeeding after returning to work on a case-by-case basis (based on expressed demand) rather than instituting a formal policy(38,40,41).

Educating And Guiding Working Mothers About Breastfeeding

At the level of breastfeeding mothers, the provision of knowledge and guidance on strategies for managing breastfeeding alongside work is one of the most important interventions in promoting breastfeeding practices among working mothers(42). Breastfeeding and working are often considered two opposites, so many working mothers face the great challenge of providing exclusive breast milk. Therefore, effective interventions to help working mothers manage both are needed, such as providing training on how to pump and store breast milk safely, as well as good time management to still meet the nutritional needs of the baby without interfering with work obligations(38,41,43).

Providing information support and practical strategies to working mothers is not only to meet the physical needs of the baby, but also as part of the lactation support program in the workplace. Lactation support programs in the workplace can include a variety of facilities and policies that allow mothers to pump breast milk during working hours, as well as provide a comfortable and clean place to do so. These programs not only provide direct benefits to mothers and babies, but can also increase maternal work productivity, reduce absenteeism rates for health reasons, and support workforce retention, ultimately positively impacting companies(44,45). The literature further emphasizes the importance of increasing mothers' knowledge of breastfeeding to enable them to plan and manage breastfeeding in conjunction with their work. By having a better understanding of the benefits of breast milk and practical strategies for pumping and storing breast milk, working mothers can be more confident in living their dual roles as mothers and workers(46). Therefore, training and education on breastfeeding should be part of a broader lactation program in the workplace, with the aim of supporting the success of exclusive breastfeeding and the well-being of both mother and baby(47,48).

Family Support (Husband, Parents, In-Laws)

Women work more perceive social support breastfeeding of the mother-in-law compared with women who are not working(49). Working and non-working women have different conditions impact on breastfeeding decisions. In the research conducted by Ong, Yap, Li, and Choo (2005) show that women work faster to stop breastfeeding compared with women who are not working(50). The reasons underlying the decision to stop it is work related. This indicates that working women need support both emotionally and information regarding breastfeeding success without having to quit your job(51). By therefore, mother-in-law needs to upgrade breastfeeding social support according to working women more perceive social support breastfeeding of the mother-in-law compared with women who are not working(52). Working and non-working women have different conditions impact on breastfeeding decisions(53–55). In the research conducted by Ong, Yap, Li, and Choo (2005) show that women work faster to stop breastfeeding compared with women who are not working(50). The reasons underlying the decision to stop it is work related. This indicates that working women need support both emotionally and information regarding breastfeeding success without having to quit your job(54). By therefore, mother-in-law needs to upgrade social support for breastfeeding according to needs, both for their son-in-law working and not working all the time breast-feed. This is important to do nutritional needs of the new child born can be fulfilled from giving breast milk(55,56).

CONCLUSION

This review highlighting the provision of exclusive breastfeeding to babies by working mothers, where there are still many mothers who cannot provide exclusive breastfeeding to their babies on the grounds that they are working. We recommends that working mothers are given leeway at work so that they can breastfeed their babies without any additional food until the baby is 6 months old, with the final result, the percentage of exclusive breastfeeding continues to increase. Finally, this review gets used as useful evidence when making policies regarding exclusive breastfeeding by working mothers.

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CONFLICTS OF INTEREST

The author declares that he has no conflict of interest related to this article's research, writing, and publication.

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