

Editorial

Breastfeeding by Working Mothers: Global Challenges

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A mother's full-time employment is a determinant factor in abandoning exclusive breastfeeding before 6 months. White-collar workers have a better knowledge, attitude, and practice toward breastfeeding than blue-collar workers.¹ The discontinuation of exclusive breastfeeding is associated with delayed skin-to-skin contact, Neonatal Intensive Care Unit admission, pacifier and artificial teats use, mother's return to work earlier and lower education levels.² Racial and ethnic disparities in paid and unpaid workloads of mothers, and the relationship between components of job quality and duration of mother's own milk provision.³ However, returning to work, insufficient breast milk, misconceptions about breastfeeding, and interference with social life were the barriers for mothers to breastfeed continuously.⁴ Several aspects must be considered to increase the chances of a beneficial effect of interventions: type of intervention, target audience, timing of intervention, actors that can implement it, strategies and methods of intervention, and intensity of intervention.⁵ Intervention efforts should focus on behavior change to educate and equip mothers to overcome the barriers that are within their control.⁴ Such interventions should further focus on family-centered education and strengthening the proficiency of healthcare workers on advising breastfeeding mothers.⁴ Findings point to the importance of health visitors providing emotional support to bolster the continuation of breastfeeding and encourage a positive subjective experience of infant feeding.⁶ The emphasis of emotional support encourages increased allocation of resources and training opportunities to ensure health visitors are able to provide enhanced emotional support.⁶ Women's experiences reveal a daily life with difficulties in reconciling the desire to breastfeed and the work scenario.⁷ Support network and adaptation to children's food routine are strategies adopted to minimize risks of weaning. The results show the need to consolidate policies to encourage continued breastfeeding in the labor market.⁷ Effort is needed to sustain breastfeeding after maternal return to work.⁸ A breastfeeding-friendly policy with clear operating guidelines in the workplace is critical to sustaining breastfeeding. Learning from others who have had a positive experience will ensure that all breastfeeding women are better supported in the workplace in future.⁸ When 'breastfeeding only' support is offered to women, the duration and in particular, the exclusivity of breastfeeding is likely to be increased.⁹ Support may also be more effective in reducing the number of women stopping breastfeeding at three to four months compared to later time points.⁹ For 'breastfeeding plus' interventions the evidence is less certain. Support may be offered either by professional or lay/peer supporters, or a combination of both.⁹ Support can also be offered face-to-face, via telephone or digital technologies, or a combination and may be more effective when delivered on a schedule of four to eight visits. Further work is needed to identify components of the effective interventions and to deliver interventions on a larger scale.⁹ Governments should make it obligatory for employers to offer a breastfeeding support program and a dedicated breastfeeding facility at the workplace as these simple measures significantly increase exclusive breastfeeding. Knowledge improvement related to breastfeeding benefits and supports to working mothers are a key priority, however advocacy to employers, managers, and supervisors in providing breastfeeding facilitation and program support are also critical to successful breastfeeding practice among workers.¹⁰ Policies, regulations, and laws supporting the promotion of exclusive breastfeeding practices until 6 months in mothers as recommended by the WHO should be reinforced.¹¹

References

1. Basrowi RW, Sulistomo AW, Adi NP, Widyahening IS, Vandenplas Y. Breastfeeding knowledge, attitude, and practice among white-collar and blue-collar workers in Indonesia. *J Korean Med Sci.* 2019 Nov 25;34(45):e284.
2. Branco J, Manuel AR, Completo S, Marques J, Rodrigues Antão R, Pinto Gago C, Paulino E, Voutsen O, Barroso R. Prevalence and predictive factors of exclusive breastfeeding in the first six months of life. *Acta Med Port.* 2023 Mar 22.
3. Johnson TJ, Meier PP, Robinson DT, Suzuki S, Kadakia S, Garman AN, Patel AL. The Role of work as a social determinant of health in mother's own milk feeding decisions for preterm infants: A state of the science review. *Children (Basel).* 2023 Feb 21;10(3):416
4. Seabela ES, Modjadji P, Mokwena KE. Facilitators and barriers associated with breastfeeding among mothers attending primary healthcare facilities in Mpumalanga, South Africa. *Front Nutr.* 2023 Mar 14;10:1062817.
5. Venancio SI, Melo DS, Relvas GRB, de Bortoli MC, de Araújo BC, Oliveira CF, da Silva LALB, de Melo RC, Moreira HOM, Rodrigues JM. Effective interventions for the promotion of breastfeeding and healthy complementary feeding in the context of primary health care. *Rev Paul Pediatr.* 2022 Nov 14;41:e2021362
6. Chambers A, Emmott EH, Myers S, Page AE. Emotional and informational social support from health visitors and breastfeeding outcomes in the UK. *Int Breastfeed J.* 2023 Mar 7;18(1):14.
7. Silva IA, Silva CM, Costa EM, Ferreira MJ, Abuchaim ESV. Continued breastfeeding and work: scenario of maternal persistence and resilience. *Rev Bras Enferm.* 2023 Jan 30;76(1):e20220191.
8. Jiravisitkul P, Thonginnetra S, Kasemlawan N, Suntharayuth T. Supporting factors and structural barriers in the continuity of breastfeeding in the hospital workplace. *Int Breastfeed J.* 2022 Dec 19;17(1):87.
9. Gavine A, Shinwell SC, Buchanan P, Farre A, Wade A, Lynn F, Marshall J, Cumming SE, Dare S, McFadden A. Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database Syst Rev.* 2022 Oct 25;10(10):CD001141. doi: 10.1002/14651858.CD001141.pub6.
10. Basrowi RW, Sulistomo AB, Adi NP, Vandenplas Y. Benefits of a dedicated breastfeeding facility and support program for exclusive breastfeeding among workers in Indonesia. *Pediatr Gastroenterol Hepatol Nutr.* 2015 Jun;18(2):94-9.
11. Amer S, Kateeb E. Mothers' employment and exclusive breastfeeding practices: a brief report from Jerusalem Governorate. *Int J Environ Res Public Health.* 2023 Jan 23;20(3):2066.