



WHAT FACTORS ARE SUPPORTING BREASTFEEDING OF WORKING MOTHERS: LITERATURE REVIEW AS APPROACH

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ABSTRACT

BACKGROUND: Breastfeeding is one of the natural and important way to provide food for baby. It also has role to support the physical and emotional development between mothers and baby. Nowadays, coverage numbers of breastfeeding is low. The objective of this study is to understanding determinant factors to encourage breastfeeding of working mothers.

METHODE : This study was literature review. Searching literatur on online database consist of Medline, Pubmed, Science Direct and Cochrane. Inclusion criteria such as literature in english, both qualitative and quantitative research, literature published after 31 December 2005 until 31 December 2017. Article appraisal used Form Crowe Critical Appraisal Tool (CCAT). Based on the findings of the analysis of 21 literature.

RESULTS AND DISCUSSION : There are several factors that can influence mother working to breastfeed. Factors supporting: high incomes, high education, mature age, marital status, multiparity, low of psychosocial distress, broad knowledge, support from workplace, existing facilities at the workplace, part-time work, co-workers and supervisor to provide time to pumped breast milk, suggestions and appeals from health workers, also policy in workplace. Obstacle factor to breastfeeding for working mother such as tightly work schedule and unflexible, full-time work, mother did not understood about breasfeeding policy, low economy status, lack of support and facility for breastfeeding, vacation regulation, lack of support and attention of health workers, infant condition (premature or illness) and exposed advertisement of formula.

Keyword: working mother, breastfeeding

INTRODUCTION

Exclusive breastfeed for baby has been proven many benefit, but most of mothers do not understand. Based on report of basic health research (*Riskesdas*) (2013), showed breastfeeding coverage in Indonesia just 43%. The achievement still under on WHO target. WHO encourages breastfeeding coverage until 50%. The result indicates less child get adequate nutrition from breast-milk, while breast milk has important role on physical and emotional development. World Health Organization (WHO) estimated about 1,3 million infant mortality each years. Mortality of infant should be prevented by increasing exclusive breastfeeding coverage until 90% (Cattaneo and Romero, 2006).

Entwistle, Kendall, and Mead (2010), explained some factor to detained breastfeeding such as: experiences, socio-economy status, smoking, mothers attitude, support of health provider, couple and self confidence toward their ability to provide breastmilk. Infant factors such as harelip, gastrointestinal disorder. Impact on mother psychology such as mothers were anxious against their ability to produced enough breast-milk. Emotionally, mothers were distress and indignant easily. Physical impact showed by headaches frequently, no appetite, heart beat frequently, not enough breastmilk, swollen breast, sore nipples and bloody, often experience on severe dizziness,



and feeling very weak. Environmental factors such as culture, health workers, hospital and government policies

Low of exclusive breastfeeding coverage also related to formula advertisement, end of vacation, and lack of mother awareness and knowledge about breast milk. Active mother on commercial activity such as work in office or industry and entrepreneurship preferred to provide formula because considered more profitable (Prasetyo, 2012). Socio-cultural changed led to increase level of participation of women in the workforce and emancipation in all areas of work and community ignorance cause limited time for breastfeeding and duration of breastfeeding (Siregar, 2004). Rosalina (2014), explained most of women who back to work after childbirth usually discontinue to provide breast milk because no support in workplace. Ong, *et al.* (2005), also explained working mother affected on duration of breastfeeding cause short of vacation, supporting facility of breastfeeding unavailable and inflexible work duration. The objective of this study is to understanding determinant factors to encourage breastfeeding of working mothers.

METHODS

This study was literature review. Searching literatur on online database consist of Medline, Pubmed, Science Direct and Cochrane. Inclusion criteria such as literature in english or bahasa, both qualitative and quantitative research, literature published after 31 December 2005 until 31 December 2017. Article appraisal used Form Crowe Critical Appraisal Tool (CCAT). Keyword on searched literature such as Breastfeeding OR Lactation OR suckling OR latching OR Breastmilk AND Working mother OR working women OR working mom OR mother work. Penilaian artikel menggunakan Form Crowe Critical Appraisal Tool (CCAT).

RESULTS

Amounts of 21 literature has been finded from initial screening, abstract review and content review. All of literature reviewed to examined determinat factor of breastfeeding on working mother. This literature include: 13 literature comes from search results in the Pubmed database, 5 literature from Medline database, 2 literature comes from Science Direct database, and 1 more literature comes from the Cochrane database. Literatur search results depicted in the figure 1 below.

DISCUSSION

Literature review showed some factors to encourage and obstructed breastfeeding by working mother. Supporting factor to encourage breastfeeding of working mother such as higher income and education, mature age, marital status, multiparity, low of psychosocial distress, broad knowledges, support from workplace, co-workers and supervisor to provide time to pumped breast milk, facility in workplace, part-time work, suggestion and appeals from health workers, also policy in workplace. Obstacle factor to breastfeeding for working mother such as tightly work schedule and inflexible, full-time work, mother did not understood about breastfeeding policy, low economy status, lack of support and facility for breastfeeding, vacation regulation, lack of support and attention of health workers, infant condition (premature or illness) and exposed advertisement of formula.

Results of analytical studies of the literature obtained on factors influencing working mothers to breastfeed can be seen based on the characteristics below:

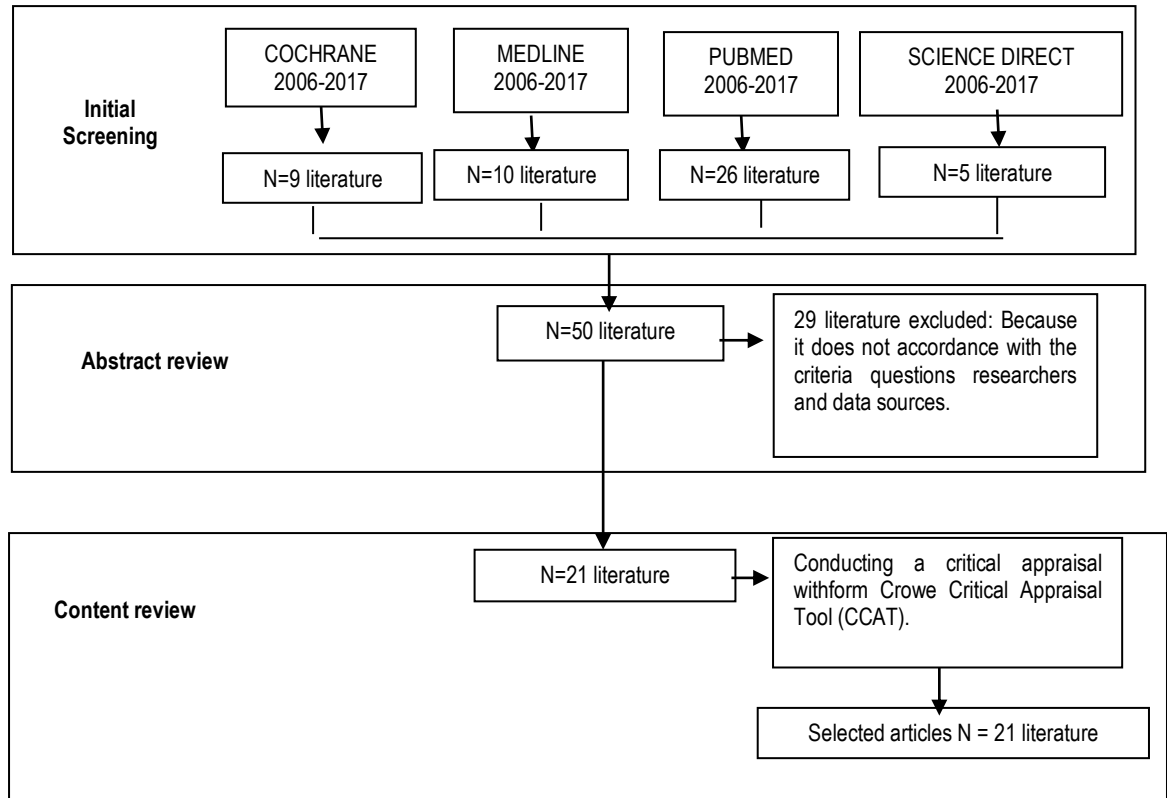


Figure 1. Schematic of search results and selected literature

1. Mother factor age older / mature

a) Age older / mature

Age of the mother who has matured contribute to the sustainability of mothers breastfeed after returning to work (Xiang et al., 2016; Chen and Chie, 2006; Guendelman et al., 2016). Age is too old, plus work shifts and work schedules were too tight, and ignorance of the policy/regulation related to desperation breastfeeding mothers to start breastfeeding and conversely (Chen and Chie, 2006).

b) Level of maternal education

level of higher education contribute to the sustainability of mothers with breastfeeding after returning to work (Xiang et al., 2016; Chen and Chie, 2006; Guendelman et al., 2016; Tsai, 2013). The level of education is one factor that makes the mother to continue breastfeeding after returning to work. Someone higher education will provide the knowledge is also high on someone.

c) Married status and socioeconomic

Sustainability of breastfeeding associated with marital status (Jackson et al., 2016; Xiang et al., 2016; Guendelman et al., 2016). Mothers who get married will be more likely to continue breastfeeding (OR: 1,82; 95%; CI: 1,39-13,05) (Xiang et al., 2016).



d) Welfare of mothers

Welfare of mother both physically and mentally will support the activities of breastfeeding (Xiang et al., 2016; Froh & Spatz., 2016; Dery and Laar., 2016; Guendelman et al., 2016). Healthy physical condition, not suffering from a disease and is not undergoing any treatment effect on the upon the success in breastfeeding. This statement is supported by research of Xiang et al. (2016), that mothers who feel physically healthy (OR: 1,02; 95%; CI: 1,01-1,03) and mental / psychological (OR: 1,01; 95%; CI: 1,002-1,02) there will be more who continue breastfeeding until 6 months. Results of qualitative research conducted by Froh & Spatz (2016), support it. Some mothers in the study said that the physical health conditions or complications such as the presence of cancer and treatment processes disrupt the activity of breastfeeding. Dery and Laar (2016), mothers who give birth normally be 10 times to give exclusive breastfeeding than mothers delivered by Caesarean section (OR: 9,02; 95%; CI: 2,85-28,53).

e) Type of work

Type of work mother will affect the sustainability of breastfeeding (Johnston & Eposito., 2007; Ogbuanu et al., 2011; Tsai., 2013; Chen & Chi., 2006; Guendelman et al., 2016; Aikawa et al., 2011). Type of work that makes old mother was reunited with the child would hamper the mother to breastfeed her child. This statement is supported with the results of research Johnston & Eposito (2007), which concluded that the part-time work support mothers to continue breastfeeding after returning to work activities. Working part-time, minimizing the time separation between mother and baby will facilitate breastfeeding mother upon returning to work. Mothers who work full time will tend to breastfeed with a shorter interval than mothers who work part-time or do not return to work. Results of cohort research conducted Ogbuanu et al. (2011), get the result that mothers who work part-time would be more likely to perform breastfeeding than mothers who work full time (RR: 4,26; 95%; CI: 1,39-13,05) and mother who works full time would be 10% lower compared to breastfeeding that do not work (RR: 0,90; 95%; CI: 0,82-0,97) and mother who does not work will be more numerous who breastfeed for more of the six months compared with mothers who work part-time and full-time. Work to implement shift work become an obstacle to mothers to keep breastfeeding mother upon returning to work. Tsai (2013), the research results stated that working mothers who followed a low prevalence shifts have to take the time pumping breast milk that has been provided workplace than women who work without shift.

2. Baby condition

The baby's condition problematic will affect the mother to breastfeed (Xiang, 2016). The baby's condition is weak due to prematurity or illness reduce the ability to suck and opportunities for breastfeeding mothers. Mothers who deliver the baby at gestational age <9 months will be less to do exclusive breastfeeding than women who give birth with gestational age were quite (OR: 0,11; 95%; CI: 0,02-0,80). A similar statement delivered by Xiang (2016), from his research show that mothers with premature babies will be lower for the continuation of breastfeeding until 6 months (OR: 0,72; 95%; CI: 0,54-0,96) compared to mothers with gestational age babies sufficient. Health problems premature babies may be



found among others that the instability of the general state of baby, stopped breathing, endurance limited, incoordination reflex sucking, swallowing, and breathing, and lack of proper control of oral motors function. The conditions prematurity make babies should receive intensive care. This condition also often make a baby separated from his mother. Some hospitals give formula and less support mothers to keep breastfeeding. The things is what makes the mother is not exclusive breastfeeding.

3. Environmental factor

a) Culture

Research by Amin et al. (2011), shows that a tribe or ethnicity influence the behavior of the mother in breastfeeding. Of the 290 mothers who initially breastfeeding, 51% did not continue/discontinue breastfeeding. The majority 54% of the the mother breastfeeding stop the time of the child's age <3 months and more ethnic chinese (OR: 3,7; 95%; CI: 1,7-7,8), india (OR:7,3; 95%; CI: 1,9-27,4) when compared with the tribe Malay. Ogbuanu (2011), summed up the results of his researchthat the tribe of mothers variablesassociated with duration of breastfeeding (p value< 0,001). Results of qualitative research on barriers to return to work breastfeeding mothers in Ireland who do Desmond and Meaney (2016), showed that some respondents stated that their cultural influence to be a challenge and big problem facing mothers in breastfeeding exclusively for 6 months.

b) Support and socialization given breastfeeding policies in the workplace

Support given to working mothers who breastfeeding, such as breastfeeding policies, facilities, part-time work will have a positive effect on the sustainability of mothers breastfeeding at work (Desmond & Meaney., 2016; Chen & Chie., 2011; Amin et al., 2011; Tsai, 2013; Froh and Spatz, 2016). Results of qualitative research conducted by Desmond & Meaney (2016), shows that there are several respondents in the study was the lack of attention and support in the workplace. Mothers who desire to breastfeed exclusively, when she returned to work encountered some difficulties, among others: the company / workplace does not facilitate mothers to continue breastfeeding, lack of support and information sharing. The policy is designed to facilitate breastfeeding among other activities with allow time for mothers to pump breast milk. Information on breastfeeding policies in the workplace is important known by employees. Mothers who continue breastfeeding when returning to work are mothers who know their breastfeeding policies in office (Chen & Chie, 2011).

c) Suggestion, appeal and support of health workers

Suggestion, appeal and support of health workers both midwives, nurses and doctors become one of the factors that contribute to the determination and confidence to continue breastfeeding mothers (Dery et al. 2016; Desmond & Meaney., 2016). Results of research by Dery et al. (2016), shows that nearly all respondents (95%) recognize the importance of exclusive breastfeeding. Although most aware of the importance of exclusive breastfeeding, in practice, only 10.3% are working mothers who managed to do it. One reason is not to get advice, information and support from health professionals to continue breastfeeding upon returning to work. Mothers who do not get the advice of health officials linked exclusively breastfeeding less doing exclusive breastfeeding than getting an explanation (OR: 0,45; 95%; CI: 0,27-0,77).

d) Information about the breast milk and Breastfeeding Training



Information about the importance of breastfeeding and training to be what determines a mother to continue breastfeeding upon returning to work (Dery & Laar., 2016;). Research results by Dery and Laar (2016), showed that the possibility of the mother to give exclusive breastfeeding will be higher when mothers get information about breastfeeding before and after pregnancy. Knowledge mothers is the determinant that affects the working mother to continue breastfeeding upon returning to work. Knowledge according Notoatmodjo (2015), is the result of human senses or know somebody results of the object through its senses such as eyes, nose, ears, and so on.

e) Work schedule

Mothers get the work schedule affects the mother in to breastfeed their babies (Chen & Chi., 2006; Amin et al., 2011; Tsai., 2013; Xiang et al. 2016). Research results by Chen & Chi (2006), states that the work schedule is too strict associated with hopelessness mothers to begin breastfeeding and vice versa (p value <0.01). These results are in line with research conducted by Amin et al (2011), that working time is too strict and inflexible make mothers hesitate to continue breastfeeding (p value <0.01). Retrospective study conducted by Tsai (2013), the mother works at an electronics factory get the result that mothers who have shorter working hours (8 hours / day) will make mothers to continue breastfeeding until the child is 6 months of age (OR: 2,38) compared to mothers working hours more than 8 hours per day. Xiang et al. (2016), states that the number of mothers breastfeeding at 6 months working mother decline with increasing the number of hours worked. Mothers who returned to work within six months and worked ≥ 20 hours per week will be significantly lower for the continuation of 6 months breastfeeding than women with shorter working hours. Working mothers who breastfeeding have a lower intensity mention several reasons, including: lack of time to breastfeeding due to the number of hours the working and difficulties adjusting with the working shifts. Most working mothers > 8 hours per day and must follow the shifts said big to breastfeed (Tsai, 2013).

g) Length of leave / furlough

The duration of maternity leave which is applied in the workplace affect the practice of breastfeeding mothers who do work (Amin et al., 2011; Chuang et al., 2012; Guendelman et al., 2016; Xiang et al., 2016; Ogbuanu et al., 2011; Dery & Laar., 2016). Research results by Amin et al. (2011), shows that the period of leave rules applied in the workplace influence a mother's decision to continue or discontinue breastfeeding (p value < 0,01). Chuang et al. (2012), stated that the mother of the leave is less than or equal to 6 months will be early to stop breastfeeding compared to mothers who leave period of more than six months. Mothers who return to work within one year after the leave will be early weaning than women without having to return to work. This is consistent with research results Guendelman et al. (2016), that mothers have period of leave ≤ 6 weeks or 6-12 weeks after delivery was significantly associated with 4 times and 2 times as for failing to maintain the cessation of breastfeeding and improve after successfully defended. Mothers who returned to work less than 12 weeks in particular less from 6 weeks, there is little possibility to sustain breastfeeding than mothers who have a longer period of leave, or mothers who did not back to work. Along with working hours, longer furlough an effect on breastfeeding in mothers work. Xiang et al. (2016), stated that based on his research, mothers who return to work within six months and



worked ≥ 20 hours per week will be significantly lower for the continuation breastfeeding 6 months than mothers who did not return to work.

h) Exposure of the mother with information formula milk

Information about the formula milk affected the behavior of breastfeeding (Dery & Laar., 2016; Marques et al., 2001; Giugliani et al., 2008;). Mothers who get suggestions and persuasion to use formula milk will be lower for exclusive breastfeeding (OR: 0,19; 95%; CI: 0,05-0,79) (Dery & Laar, 2016). Conversely mother who considers giving a more complicated formula, will tend to give exclusive breastfeeding (OR: 2,27; 95%; CI: 1,03-4,99). The provision of food besides breast milk in infants can cause a decline in milk production. Infants who have received other foods such as formula milk in addition to breast milk, drinking water or tea will make them early satiety. This will be decrease the baby's desire to suck thereby decreasing milk production. Production and supply of milk the less it will make the shorter duration of breastfeeding. As soon as the baby given formula, the frequency and duration of sucking is going down rapidly. The faster the baby given formula, the shorter duration of breastfeeding (Marques et al., 2001; Giugliani et al., 2008). Formula feeding during childbirth makes the mother stop exclusive lactating. Health officials are advised to give milk supplements will further enable the mother to stop breastfeeding.

CONCLUSIONS AND RECOMMENDATION

Determinant factor to encourage breastfeeding by working mother including demographic (mature age, education, type of job/work duration, marital status, physical and emotional condition, multiparitas, socio-economy), infant condition (premature or illness), environmental factor (supporting from supervisor, co-workers and facility in workplace, policy in workplace and suggestion and support from health worker.

Some suggestions are given researchers, among others: companies or workplace The majority of workers women are supposed to provide for the needs or facilities for working mothers to breastfeed or pump breast milk, such as their room lactation, the availability of refrigerator, the place clean and comfortable for mothers to breastfeed. Direction of policies that does not burden the working motherfor breastfeeding, such as flexible work schedules, part-time employment, their permission to breastfeed longer rest periods, days off longer. Support from the workplace to the success of breastfeeding mothers. Nurses as health professionals should be able to provide information through health education to mothers about the importance of breastfeeding and the factors that can affect the mother in breastfeeding / lactating.

Nurses must provide full support for the working mother to breastfeeding. Nurses must have ability to counseling, training about breastfeeding, accompaniment of breastfeeding. Health workers must organize education/socialization in workplace to improve knowledge, provide facility and supporting policy for breastfeeding.

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