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## THE SUPPORT OF BREASTFEEDING WOMEN'S EMPLOYERS IN PROMOTING BREASTFEEDING: AN INTEGRATIVE LITERATURE REVIEW

## O APOIO DA ENTIDADE EMPREGADORA DA MULHER LACTANTE NA PROMOÇÃO DO ALEITAMENTO MATERNO: REVISÃO INTEGRATIVA DA LITERATURA

## EL APOYO DE LOS EMPLEADORES DE MUJERES LACTANTES EN LA PROMOCIÓN DE LA LACTANCIA MATERNA: UNA REVISIÓN INTEGRADORA DE LA LITERATURA

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## Abstract

**Introduction:** With the return to work, women may face a challenge in exercising their right to breastfeed, putting them in an undignified position, having to choose between carrying out their work duties, earning a financial living, or optimizing the nutritional and health status of their child. **Objective:** To gather the available scientific evidence on the support of the employer of breastfeeding women in promoting breastfeeding. **Methods:** An integrative literature review was carried out with the research question “What is the support of the employer of breastfeeding women in promoting breastfeeding?”. The search was carried out in the Scopus, PUBMED and EBSCOhost (CINAHL Complete) databases. **Results:** 10 scientific articles emerged from the selection. It is known that not all institutions have strategies that meet the needs of breastfeeding women, so it is important to address this gap. The results showed that many institutions still lack adequate strategies to meet the needs of breastfeeding women. However, the importance of measures such as written policies on breastfeeding, flexible working hours, breastfeeding rooms and crèches near or in the workplace was identified. Such measures not only promote breastfeeding and maternal and child well-being but also contribute to women's productivity and job satisfaction. **Conclusion:** It is clear that support from the employer is essential to overcome the challenges faced by women who wish to breastfeed and work simultaneously.

**Keywords:** Breast Feeding; Women, Working; Employment; Working Conditions.

## Resumo

**Introdução:** Com o regresso ao trabalho, a mulher pode enfrentar um desafio para exercer o seu direito de amamentar, colocando-a numa posição indigna, tendo de optar entre exercer as suas funções laborais, obtendo sustento financeiro, ou otimizar o estado nutricional e de saúde do seu filho. **Objetivo:** Reunir a evidência científica disponível relativos ao apoio da entidade empregadora da mulher lactante na promoção do aleitamento materno. **Métodos:** Realizou-se uma revisão integrativa da literatura cuja pergunta de investigação é “Qual é o apoio da entidade empregadora da mulher lactante na promoção do aleitamento materno?”. A pesquisa foi realizada nas bases de dados Scopus, PUBMED e EBSCOhost (CINAHL Complete). **Resultados:** Emergindo na seleção 10 artigos científicos. Sabe-se que nem todas as instituições possuem estratégias que atendam às necessidades das trabalhadoras lactantes, pelo que importa resolver esta lacuna. Os resultados evidenciaram que muitas instituições ainda carecem de estratégias adequadas às necessidades das mulheres lactantes. Contudo, foi identificada a importância de medidas como políticas escritas sobre aleitamento, horários flexíveis, salas de amamentação e creches próximas ou no local de trabalho. Tais medidas não só favorecem o aleitamento e o bem-estar materno-infantil, como também contribuem para a produtividade e satisfação profissional da mulher. **Conclusão:** É identificado que o apoio da entidade empregadora é essencial para superar os desafios enfrentados pelas mulheres que desejam amamentar e trabalhar simultaneamente.

**Palavras-chave:** Aleitamento Materno; Condições de Trabalho; Emprego; Mulheres Trabalhadoras.

## Resumen

**Introducción:** Con la vuelta al trabajo, las mujeres pueden enfrentarse a un reto a la hora de ejercer su derecho a la lactancia, lo que las coloca en una posición indigna, al tener que elegir entre cumplir con sus obligaciones laborales, ganarse la vida económicamente u optimizar el estado nutricional y de salud de su hijo. **Objetivo:** Recopilar las pruebas científicas disponibles sobre el apoyo del empleador de mujeres lactantes a la promoción de la lactancia materna. **Métodos:** Se llevó a cabo una revisión bibliográfica integradora, siendo la pregunta de investigación «¿Qué apoyo presta el empleador a las mujeres lactantes en la promoción de la lactancia materna?». La búsqueda se realizó en las bases de datos Scopus, PUBMED y EBSCOhost (CINAHL Complete). **Resultados:** De la selección surgieron 10 artículos científicos. Se sabe que no todas las instituciones cuentan con estrategias que satisfagan las necesidades de las trabajadoras en período de lactancia, por lo que es importante abordar esta carencia. Los resultados mostraron que muchas instituciones aún carecen de estrategias adecuadas para las necesidades de las mujeres en periodo de lactancia. Sin embargo, se identificó la importancia de medidas como políticas escritas sobre lactancia, horarios de trabajo flexibles, salas de lactancia y guarderías cerca o dentro del lugar de trabajo. Estas medidas no sólo favorecen la lactancia y el bienestar materno e infantil, sino que también contribuyen a la productividad y la satisfacción laboral de las mujeres. **Conclusión:** Está claro que el apoyo del empresario es esencial para superar los retos a los que se enfrentan las mujeres que desean dar el pecho y trabajar al mismo tiempo.

**Descriptores:** Condiciones de Trabajo; Empleo; Lactancia Materna; Mujeres Trabajadoras.

## Introdução

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that all children start breastfeeding within the first hour of birth and that it remains exclusive for the first six months of life<sup>(1)</sup>. At the end of these six months, the infant should start complementary feeding by offering safe and suitable foods, while breastfeeding is preserved until at least two years of age<sup>(1)</sup>.

Breastfeeding has multiple benefits for the dyad<sup>(2)</sup>. During the first six months after birth, breast milk ensures all the infant's nutritional needs, promotes optimal growth and development and provides immune protection<sup>(2)</sup>. It also has long-term benefits, such as reducing the risk of obesity and type 2 diabetes mellitus, as well as increasing the intelligence quotient in children and adolescents<sup>(3)</sup>.

WHO figures show that in 2019, only 41% of all children were exclusively breastfed up to six months and only 45% of children received breast milk by the age of two<sup>(4)</sup>. Promoting breastfeeding could prevent more than 800,000 child deaths a year, particularly those associated with diarrhea and pneumonia<sup>(4)</sup>. On the other hand, a positive breastfeeding experience has the potential to prevent approximately 100,000 maternal deaths every year, namely from cancer and type 2 diabetes mellitus<sup>(4)</sup>. It is also worth mentioning that the WHO recommendations on breastfeeding are in line with the Sustainable Development Goals (SDGs)<sup>(5)</sup>.

With the return to work, women may face a challenge in exercising their right to breastfeed, putting them in an unworthy position, having to choose between carrying out their work duties, earning a financial living, or optimizing the nutritional and health status of their child<sup>(4)</sup>. In this sense, it is known that returning to work can culminate in early weaning, so the implementation of practices and resources that support breastfeeding is crucial to support working breastfeeding mothers<sup>(4,6)</sup>.

In this sense, there is an urgent need to review the available scientific evidence on this subject, so an Integrative Literature Review was carried out with

the aim of gathering the available scientific evidence on the support of the employer of breastfeeding women in promoting breastfeeding.

## Methods

An Integrative Literature Review consists of the analysis and in-depth study of scientific articles, culminating in the preparation of a rigorous methodological synthesis on a specific research question, through a discussion and reflection on the topics investigated<sup>(7)</sup>. Taking the general objective of the Integrative Literature Review as a starting point, the research question was established: "What is the support of the employer of breastfeeding women in promoting breastfeeding?". This question was prepared using the terminology Population (P), Intervention (I) and Outcome (O) – PIO – and is detailed in Table 1.

Table 1: PIO strategy for formulating the research question.

Acronym	Description	Question component
P	Population	Working women who are breastfeeding
I	Intervention	Support from the employer
O	Outcome	Promoting breastfeeding

The descriptors used include Medical Subject Headings (MeSH) terms – "Breast Feeding"; "Employment"; "Woman, Working"; "Working Conditions", but also natural language descriptors. These were combined using the Boolean operators AND and OR, resulting in the following search formula: ("Woman" OR "Women, Working" AND "Working Woman" OR "Working Women") AND ("Employment" OR "Working Conditions") AND ("Breast Feeding" OR "Breastfeeding").

To guarantee access to rigorous scientific information, the search formula was entered into the Scopus and PUBMED databases and the EBSCOhost search engine, through which CINAHL Complete was accessed. The search limiters were the time period 2020-2025, Portuguese and English languages and full text available. Qualitative and quantitative studies and

literature reviews were included. The inclusion criteria included studies focused on professionally active women who breastfeed, and the measures taken by their employer to promote breastfeeding. The exclusion criteria were studies focused on non-lactating women, and which did not mention measures relating to breastfeeding.

After applying the search limiters,  $n = 24$  (Scopus);  $n = 80$  (PUBMED);  $n = 35$  (CINAHL Complete) were obtained. The 21 duplicate articles were removed, resulting in  $n = 118$ . After reading the title, 66 articles were excluded and, by reading the abstract, 21 articles were rejected as they did not meet the inclusion criteria. This resulted in 31 articles eligible for full reading, 21 of which were excluded due to their incompatibility with the research question and the type of publication. Finally, a final sample of 10 articles was included in this Integrative Literature Review. The article selection, eligibility and inclusion stages were carried out by two independent reviewers, with a third in the event of a tie. This process of identifying, screening and including studies was carried out with the support of the RAYYAN platform and is presented in the PRISMA flowchart shown in Figure 1<sup>(8)</sup>.

## Results

The sample of 10 scientific articles eligible for inclusion in this RIL includes 3 systematic literature reviews (30%), 5 qualitative studies (50%), 1 pre-post intervention study (10%) and 1 mixed study (10%). The data from these studies was compiled in Table 2 and the level of evidence for each was assessed according to the Joanna Briggs Institute (JBI)<sup>(9)</sup>. In addition, the quality of the articles was assessed according to the JBI's Critical Appraisal Tools and the Mixed Methods Appraisal Tool<sup>(10,11)</sup>, no need to exclude any of the 10 articles.

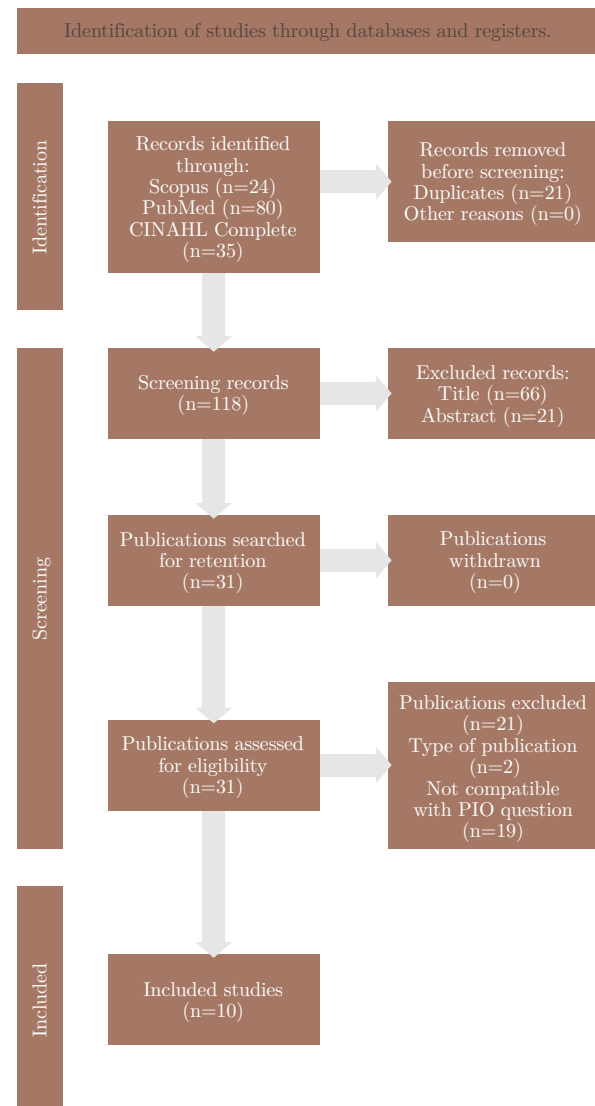


Figure 1: PRISMA flowchart.

Quadro 2: Resultados de pesquisa.

Title, year, country	Objective	Population	Methods, level of evidence	Results	Conclusion
Breastfeeding at the workplace: a systematic review of interventions to improve workplace environments to facilitate breastfeeding among working women <sup>(12)</sup> , Mexico, 2021.	To conduct a systematic review of the global literature exploring workplace interventions to promote, protect, and support breastfeeding practices among working mothers.	37 qualitative and quantitative publications.	Systematic review.  Level of evidence: 4.b	The most common interventions were dedicated spaces for breastfeeding or breast pumping and coworker support. Less common interventions were providing breast pumps and the flexibility to work from home. The included studies explored the impact of interventions on breastfeeding, namely its duration and exclusivity, confidence in breast pumping, and breastfeeding support. Evidence suggests that workplace interventions help increase breastfeeding duration and prevent the early introduction of breast pump substitutes. Having a lactation space, breast pumping breaks, and organizational policies are key strategies. However, to achieve equitable working conditions for breastfeeding mothers, organizational and interpersonal changes also need to occur.	Employment should not be a source of inequality for breastfeeding women. Company interventions and policies are needed to support these women. Ideally, all women should have maternity leave benefits. For workplaces to support breastfeeding, women need to be aware of their rights and have knowledge about breastfeeding, such as how to express and store breast milk. Furthermore, adequate physical spaces are needed for breastfeeding, expressing breast milk, and storing it. Organizational support requires written policies, as well as breastfeeding education for all employees, as this would increase the chances of a breastfeeding-promoting environment in which women feel confident and free from fear of stigmatization or discrimination.
Impact of institutional aspects on breastfeeding for working women: a systematic review <sup>(13)</sup> , 2020, Ethiopia.	Systematically review studies that have evaluated the association between institutional aspects and breastfeeding and exclusive breastfeeding in working women.	18 quantitative publications.	Systematic review.  Level of evidence: 3.b	A positive association is demonstrated between breastfeeding and late return and/or non-return to work; part-time work; breastfeeding support room; availability of time for breast pumping; consultation with a nurse after returning to work and participation in a breastfeeding support program. A negative association with full-time work is evident. The importance of interventions and changes in company policies aimed at promoting breastfeeding is highlighted, with a view to a positive impact on this practice after mothers return to work.	Institutional support is essential to promote and prolong breastfeeding among working women. Supportive measures in the workplace not only benefit the health of mother and child but also contribute to family and social well-being.
How do breastfeeding workplace interventions work?: a realist review <sup>(14)</sup> , 2021, USA.	Understand how workplace interventions work to support breastfeeding. Identify who benefits most from these interventions. Determine the important contextual factors that influence whether and how these interventions produce the desired effects on breastfeeding behaviors.	9 qualitative publications and 28 quantitative.	Systematic review.  Level of evidence: 3.b	The effectiveness of breastfeeding-promoting interventions in the workplace depends on three aspects: 1) Increased knowledge and awareness of the existence of measures among breastfeeding workers, supervisors and coworkers. 2) Changes in workplace culture, such as support from managers, supervisors and colleagues, as well as adapting the physical environment by creating dedicated spaces for breastfeeding and pumping. 3) Flexible schedule management and breastfeeding breaks. Contextual factors, such as the distance between the workplace and the baby and the type of workplace, may influence the implementation of these strategies and their impact on breastfeeding outcomes.	Breastfeeding interventions in the workplace can be optimized by implementing the identified aspects. Furthermore, the approach must be tailored to the sociocultural and work context of each breastfeeding woman, so there can't be a one-size-fits-all approach.
Employed mothers/breastfeeding: Exploring breastfeeding experience of employed mothers in different work environments in Ethiopia <sup>(15)</sup> , 2021, Ethiopia.	To explore the breastfeeding experiences of mothers employed in different work environments in Addis Ababa, with or without supportive conditions such as six months of maternity leave or workplace daycare.	17 mothers employed full-time. All had children aged two years or younger and were breastfeeding at the time of the study. The sample size was established when information saturation was reached.	Qualitative study.  Level of evidence: 3	Factors that facilitate and hinder breastfeeding were identified. Mothers recognize the importance of breastfeeding for their children, but returning to work at three months poses a significant barrier to continued breastfeeding. Women who have access to supportive conditions at their workplace report improved breastfeeding practices and greater job satisfaction.	Providing a supportive work environment for employed mothers contributes to greater job stability, motivation, and satisfaction, in addition to promoting more appropriate breastfeeding practices. It is recommended that institutional policies be implemented and monitored to remove structural and social barriers to breastfeeding, adapting solutions to the different work contexts and risks associated with each environment.
Exclusive breastfeeding among working mothers in Kenya: Perspectives from women, families and employers <sup>(16)</sup> , 2021, Kenya.	To understand the factors that hinder and facilitate the maintenance of EBF during the first six months of life among women employed in the commercial agriculture and tourism industries in Naivasha, Kenya.	121 participants divided into five main groups: 42 mothers employed on flower farms or hotels; 20 parents and alternative caregivers; 21 health professionals from the areas of nursing, medicine, and nutrition. 22 daycare directors; 16 farm and hotel managers.	Qualitative study.  Level of evidence: 3	Employed mothers describe stopping breastfeeding early due to their preparation for returning to work. Managers reported supporting mothers through flexible work schedules. However, few workplaces have lactation rooms. Establishing daycare centers near or on-site could be a useful strategy. Managers and health professionals say that pumping could prolong EBF; however, they believe that breastfeeding women lack the necessary experience, making health education crucial in this context. Increasing the length of maternity leave is also mentioned.	Returning to work creates a set of structural and behavioral obstacles that make EBF difficult in the first six months of a child's life, namely, the lack of childcare facilities near or at the workplace and the limited support and experience for breast pumping. Multidimensional interventions in the areas of health, work and community are needed to respond to this problem.
Working mothers' breastfeeding experience: a phenomenology qualitative approach <sup>(17)</sup> , 2022, Malaysia.	To investigate the experiences and challenges related to breastfeeding among working mothers.	16 working mothers in Kota Bharu, Malaysia.	Study qualitative.  Level of evidence: 3	Most working mothers want to continue breastfeeding but face significant challenges after returning to work. The continuity of breastfeeding is influenced by the woman's perception of breastfeeding and infant stimulation. Breastfeeding challenges impact on the continuity of breastfeeding, particularly the perception of insufficient milk and difficulty breastfeeding. Therefore, breastfeeding support is crucial. This support includes internal support (spouse and family) and external support (friends, employer, and healthcare team).	Support from spouses, family, employers, and health professionals is crucial for continued breastfeeding in breastfeeding women. It is necessary to create more flexible work policies and appropriate spaces to support breastfeeding and breast pumping. Accessible and motivating educational programs for working mothers should be developed.
Breastfeeding Support Rooms and Their Contribution to Sustainable Development Goals: A Qualitative Study <sup>(18)</sup> , 2021, Brazil.	Understanding the experiences and perceptions of working women who use Breastfeeding Support Rooms (BSRs) and the potential contribution to the SDGs.	53 women between 28 and 41 years old who have BSRs in the companies where they work.	Qualitative study.  Level of evidence: 3	BSRs contribute to the prolongation of breastfeeding and optimize the physical and emotional well-being of working women. This measure allows women to exercise their professional activities with comfort and contributes to the professional development of women through the excellent relationship between employees and employers.	BSRs can contribute to 8 of the 17 SDGs, so they should be encouraged and promoted.
Work experience of breastfeeding nurses returning to work after maternity leave in Liaoning Province of China: A qualitative study <sup>(19)</sup> , 2024, China.	Describe the work experience of lactation nurses who return to work after maternity leave.	8 Chinese lactating nurses who returned from maternity leave within 6 months, working at the same tertiary hospital in Liaoning Province. The sample size was determined according to the principle of data saturation.	Study qualitative.  Level of evidence: 3	Women who return to work experience emotional and physical changes. To maintain breastfeeding, women need a work environment that promotes breastfeeding, including support from coworkers, managers, and employers, which is hampered by a shortage of human resources. All participants expressed breast milk at work. National policy stipulates that nurses returning to work after maternity leave have one hour to breastfeed during the workday and cannot be assigned to night shifts until the child reaches one year of age.	Lactating nurses need a period of adjustment when returning to work after maternity leave. A positive breastfeeding experience requires support from coworkers, managers, and employers, which should be maximized.
Effect of a baby-friendly workplace support intervention on exclusive breastfeeding in Kenya <sup>(20)</sup> , 2021, Kenya.	Evaluate the effectiveness of a baby-friendly workplace support intervention in promoting exclusive breastfeeding on one of Kenya's largest agricultural estates.	270 dyads (untreated group) and 146 dyads (treated group) residing on the farm, with babies under 6 months of age.	Study pre-post intervention.  Level of evidence: 2.d	The intervention consisted of supportive workplace policies and programmatic interventions, including providing flexible breastfeeding schedules and breaks for breastfeeding mothers; infant daycare centers near the workplace; lactation centers with facilities for pumping and storing breast milk in the daycare centers; awareness of breastfeeding support policies available in the workplace; and home-based nutritional counseling for pregnant and lactating women.	The prevalence of exclusive breastfeeding was higher in the treated group (80.8%) than in the untreated group (20.2%). The effect of the intervention was stronger in children aged 3 to 5 months than in children under 3 months.
Breastfeeding environment and experiences at the workplace among health workers in the Upper East Region of Ghana <sup>(21)</sup> , 2023, Ghana.	Identify the proportion of health facilities with a complete Breastfeeding Support Environment (BSE) in the workplace; Document the challenges/barriers and coping strategies of female health professionals in health facilities without a complete BSE in the workplace; Discover the motivators for breastfeeding among female health professionals in health facilities without a complete BSE in the workplace; Discover management awareness of the workplace breastfeeding support policy.	39 health units, including 4 health directorates, 7 hospitals, 15 health centers and 13 health complexes.  157 healthcare professionals, mostly nurses, who had worked in healthcare facilities for at least six months and were breastfeeding or had breastfed while working there. Members of the administration were also included. Participants were recruited through convenience sampling.	Study Mixed.  Level of evidence: 3.e	The 39 facilities had incomplete BSE, and management representatives were unaware that their facilities lacked a specific workplace breastfeeding policy. The identified challenges to breastfeeding in the workplace were the lack of private breastfeeding space; inadequate support from coworkers and management; emotional stress; inadequate breastfeeding breaks; and the available work options. Women adapted to these challenges through coping strategies, such as taking children to work with or without caregivers; leaving children at home or in daycare; seeking support from coworkers and family members; feeding children with complementary foods; adding annual leave to maternity leave; and breastfeeding in the office or in the car. Women maintained their motivation to breastfeed, with the main motivating factors being the benefits, convenience, permanent availability and free availability of breast milk, and the moral obligation to breastfeed.	Healthcare professionals have insufficient BSE in the workplace, so they face numerous challenges. There is a need for programs that contribute to filling this gap.

## Discussion

The results of this Integrative Literature Review include scientific data relevant to reflection on the problem under study, as well as important strategies to be implemented from a labor, social, and political perspective. The breastfeeding experience upon return to work is influenced by a complex interaction of personal, family, social, cultural, and professional factors<sup>(14,15,17,21)</sup>.

Factors related to breastfeeding women involve their personal perspective on breastfeeding options, their motivation, and their cultural context<sup>(17,21)</sup>. First, the woman's perspective on breastfeeding and the use of formula influences her decision-making<sup>(16,17)</sup>. A woman's motivation to continue breastfeeding when separated from her baby is crucial, knowing that she is positively influenced by the convenience, availability, and free nature of breast milk<sup>(21)</sup>. On the other hand, if a woman has unfounded beliefs regarding low milk production, this poses a significant challenge to continuing breastfeeding<sup>(16)</sup>. From a cultural perspective, some women report feeling a moral obligation to breastfeed<sup>(21)</sup>. In the family and social context, support from the spouse and family can help ensure that returning to work does not have a significant impact on the continuation of breastfeeding<sup>(17,21)</sup>. It is also worth noting that the lack of educational facilities for children near or at the workplace poses a challenge to maintaining breastfeeding<sup>(15)</sup>.

According to the Academy of Breastfeeding Medicine, returning to work stands out among the risk factors for early weaning<sup>(22)</sup>. Despite international recommendations regarding breastfeeding, it has been observed that professionally active mothers may stop breastfeeding early, especially if they return to work before the child is three months old<sup>(15,16)</sup>. It is known that many employing entity still do not have strategies that meet the needs of breastfeeding mothers, so it is important to address this institutional gap<sup>(16,21)</sup>. The results of this Integrative Literature Review demonstrated the common perspective of several authors regarding the importance of employing entity support in promoting breastfeeding, which benefits the health of the mother and child, but also contributes to family well-being and job satisfaction<sup>(13,15)</sup>.

Increasing the length of maternity leave is positively associated with breastfeeding, and all women should be able to exercise their right to it<sup>(12,13,16)</sup>. The International Labor Organization proposes extending maternity leave to a minimum of 18 weeks<sup>(23)</sup>. However, it is known that in 2021, approximately 82 countries did not comply with International Labor Organization standards on maternity protection, equivalent to 649 million potential mothers<sup>(24)</sup>. Given the impossibility of returning to work late, part-time work or implementing flexible hours will have less impact on the breastfeeding experience than a full-time schedule<sup>(14,16,17,19,20)</sup>. In this context, the availability of a period during working hours dedicated to breastfeeding or breast pumping also arises<sup>(20)</sup>. However, it is important to note that all these hypotheses may be challenged by some institutional impediments, namely, the scarcity of human resources<sup>(19)</sup>.

Supportive measures that can be implemented include optimizing the organizational environment and working conditions<sup>(12)</sup>. Employers should focus on developing written policies and raising awareness about breastfeeding for all employees, which is essential for positive change in corporate culture<sup>(12-15,17,20)</sup>. Women are known to face significant challenges and physical and emotional changes when returning to work, requiring a welcoming work environment, which includes support from colleagues and superiors<sup>(17,19,21)</sup>. Therefore, creating an environment that promotes breastfeeding will also help women feel welcomed, confident, and free from fear of stigma or discrimination<sup>(12)</sup>.

Taking into account the results obtained in this Integrative Literature Review, the creation of spaces dedicated to breastfeeding and/or the extraction and storage of breast milk constitutes an excellent strategy for promoting breastfeeding<sup>(12-14,17,18,20)</sup>. An interesting feature associated with this strategy is the provision of breast pumps<sup>(12)</sup>. The creation of breastfeeding rooms and educational equipment in the employing entity facilities promotes the physical and emotional well-being of working women and children, contributing to the achievement of the SDGs, with deserved emphasis on the goals of “no hunger,” “good health,” “gender equality,” “decent work and economic growth,” “reduced inequalities,” and “sustainable production



and consumption”<sup>(5,18)</sup>. Furthermore, the creation of daycare centers near or at the workplace constitutes a useful logistical strategy that allows women to take advantage of breaks established in their work schedule to breastfeed their children<sup>(16,17,20)</sup>.

The implementation of workplace programs promotes breastfeeding among employed lactating mothers, as it has a positive impact on the duration and exclusivity of breastfeeding<sup>(12,20,25)</sup>. Furthermore, employing entity support creates a positive work environment, providing stability, motivation, and comfort to women as professionals<sup>(15,18)</sup>. It is also important to note that breast milk promotes the reduction of infections in children, so breastfeeding may contribute to reducing women's work absenteeism by reducing the number of episodes of illness in their children<sup>(15,26)</sup>.

In this sense, the creation of support and monitoring programs by specialized professionals during the return to work becomes crucial<sup>(13,17,20)</sup>. This monitoring includes interventions such as health education regarding the rights of breastfeeding working women, the physiology of breastfeeding, and techniques for extracting and preserving breast milk<sup>(12,14,16)</sup>. However, it is necessary to take into account the context in which the woman finds herself, namely, the family and social context, the type of work, and the distance between work and the place where the baby is located. Therefore, the approach must be specifically adapted to each breastfeeding woman, from an equitable perspective<sup>(14)</sup>. The profession, science, and discipline of Nursing acquire a significant role in this area because, in addition to directly intervening with the family during this transition phase, it can contribute to the development of health policies that promote breastfeeding upon return to work<sup>(27)</sup>.

The studies included in this Integrative Literature Review demonstrate considerable geographic diversity; however, no studies of European origin were included, providing a global, but limited, perspective to the results. From a temporal perspective, studies published between 2020 and 2024 were included, and this current state of research on the topic ensures that the results are based on contemporary employing entity practices in promoting breastfeeding. The analysis of

the included studies reveals satisfactory methodological quality; however, it is important to note that specific gaps were identified, requiring a critical approach in interpreting these data. Thus, this Integrative Literature Review presents useful and practical results, although it is not immune to limitations, such as possible bias in the discussion of the results obtained and the linguistic restriction caused by the inclusion of studies published only in English and Portuguese. In the future, it is necessary to invest in conducting randomized clinical trials and new systematic reviews of the literature on this topic, with a view to obtaining robust scientific evidence and raising awareness among employing entity about the adoption of breastfeeding-promoting strategies<sup>(25)</sup>.

## Conclusion

This Integrative Literature Review highlighted the complexity of the factors that influence the continuation of breastfeeding among professionally active women, as well as the critical importance of EE support in addressing this challenge. In the political sphere, the possibility of extending maternity leave stands out. Regarding the conditions offered by the workplace, beneficial measures are highlighted, such as the implementation of flexible schedules with breastfeeding breaks, adequate spaces for breastfeeding, expressing, and storing breast milk, daycare centers at or near the workplace, and the development of organizational policies that encourage breastfeeding.

These strategies contribute to a work environment that promotes breastfeeding, where there is support from colleagues and superiors. This paradigm contributes to the well-being of both the woman and the breastfed child but also has positive repercussions on women's attitudes toward work. However, the results indicate that some challenges remain regarding the implementation of these measures due to organizational culture and available resources, making it necessary to develop scientific evidence to raise awareness of this issue in the political and organizational context.

In short, it is imperative that employing entity promote breastfeeding with a view to promoting maternal and child health, but also the performance and professional satisfaction of working women who breastfeed.



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