

Breastfeeding Pattern and its Associated Factors Among Mothers Working at Two Hospitals in Kathmandu

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ABSTRACT

Introduction: Breastfeeding practices of women working at the hospital are likely to be modified by the facilities and support that they receive at the hospital. This study was done to evaluate the breast feeding practices and to analyse important factors that are associated with exclusive breast feeding till six months among women working at hospitals in Kathmandu, Nepal

Methods: A total of 110 women, with a young child between the ages of six months and two years were recruited from two hospitals in Kathmandu. A predesigned structured, interviewer-administered questionnaire was used for data collection.

Results: The mean age of the mothers was 29.85 ± 3.68 years. Ninety seven (88.2%) women were aware about initiation of breastfeeding within first hour of birth but only 64 (58.2%) women could practice it. Most women 100 (90.9%) were aware about exclusive breastfeeding but only 18 (16.3%) could practice exclusive breastfeeding till six months. Mean duration of exclusive breastfeeding was 2.86 ± 2.00 months and 20 (18.2%) mothers practiced mixed feeding since birth. The participants whose babies had prelacteal feeding had significantly shorter duration of mean exclusive breast feed $\{1.92 \pm 2.18 (S.D)\}$ compared to those who did not have prelacteal feed $\{3.33 \pm 1.74 (S.D)\}$ ($p = 0.001$). Those who delivered by normal vaginal delivery, initiated breastfeeding within first hour of delivery, expressed breast milk and got feeding breaks were associated with longer duration of mean exclusive breast feed.

Conclusion: The breast feeding practices among working women at hospital is quite low compared to national statistics on IYCF. Breast milk expression and feeding breaks for lactating working women could improve feeding practices.

Key words: exclusive breast feeding; expression of breast milk; nursing break; prelacteal feed



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INTRODUCTION

Despite of tireless effort from governmental and nongovernmental sectors in Nepal, for improvement on breastfeeding practices, significant changes could not be achieved over the recent few years. According to National Demographic and Health Statistic data (NDHS) 2016, 57% of married women between age 15 to 49 years were employed at any time in the 12 months before the survey indicating large population of fertile women working in our community.¹ NDHS 2016 also revealed that the rate of exclusive breast feeding and median duration of breast feeding decreases with increasing maternal education and wealth indicates multifactorial causes responsible for breast feeding practices. Early supplementation and cessation of breastfeeding continue to be common in Nepal which may be related to increasing involvement of women in work to support family financially. Employment modifies breastfeeding behaviour of a woman in significant manner with full time employment having the most detrimental impact.²⁻⁴ It is more challenging for employed women to equilibrate their feeding responsibilities and work.

In comparison to women working in other fields, women working at the hospitals are considered to be better educated and more aware about the importance of breast feeding. The health workers are also the main human resources who disseminate information about breastfeeding and their breastfeeding practices could be the ideal behaviour which many other women in the community would like to follow.^{5,6} Moreover, hospital professionals are more likely to disseminate their knowledge and practices to others successfully if they themselves could follow recommended breastfeeding practices. However, breastfeeding practices of a these women are likely to be modified by the facilities and support that they receive at the hospital which in the present context is suboptimal in almost all hospitals of Nepal. The compulsion of full time duties without nursing breaks and night duties on the top is highly possible to affect their breastfeeding practices. Long period of exclusive breastfeeding may be difficult for working women to achieve unless they receive greater support from employers, family, friends, indeed from social

norms in general as well as from health care professionals. For women working at the hospitals, the unavailability of maternity protection (employment guarantees, paid maternity leave, day care centres and breastfeeding breaks) might be the barrier to achieve longer duration of breastfeeding practices. Hence the study was done with the primary objective to evaluate the breast feeding practices among women working at two hospitals in Kathmandu. This study also aims to analyse important factors that are associated with exclusive breast feeding till six months among women working at these hospitals.

METHODS

This is a cross sectional study done at two referral hospitals of Kathmandu valley between October 2015 to August 2017. The participants included women working at these hospitals, with an infant or young child between the ages of six months and two years. Considering 8% of women have children below two years of age and an absolute precision of 5%, the sample size was calculated as 108. Those women who had twin delivery or had contraindication to breastfeeding were excluded from the study. The study was approved by institutional review board of Institute of Medicine and Kist Medical College Teaching Hospital. The participants were approached at their workplace at these hospitals.

All the investigator/co-investigators were instructed to interview the participants and record the information in the pre-designed structured questionnaire containing information about the participant's demographic profile, women education, birth history, awareness and practice levels on breastfeeding, maternal post, maternity leave, breastfeeding break and breastfeeding counselling. Each participant was briefed about the method and scope of the study. A written consent was obtained and no personal or identifying information was recorded.

Data analysis was carried out using IBM SPSS statistic 20. Independent t test was performed to determine association of mean duration of exclusive breast feeding with key variables like maternal age, education, maternal post, type of delivery, gender of newborn, utilisation of maternity leave and utilisation of post-delivery

Table 1. Sociodemographic and birth characteristics of study participants

Characteristics	No (%)
Workplace	
TUTH	91 (82)
KIST	19 (17)
Mothers' age group (years)	
≤ 25	9 (8.2%)
26-30	59 (53.6%)
31-35	33 (30%)
≥ 36	9 (8.2%)
Mean SD	29.85 ± 3.69
Ethnicity	
Brahmin/Chhetri	73 (66.4%)
Terai/Madhese	3 (2.7%)
Newar	27 (24.5%)
Janajati	5 (4.5%)
Others	2 (1.8%)
Maternal Education	
Secondary	4 (3.6%)
Intermediate	29 (26.4%)
Bachelor	51 (46.4%)
Master and above	26 (23.4%)
Designation	
Doctor	16 (14.5%)
Nurse	45 (40.9%)
Administrative staff	9 (8.2%)
Student	17 (15.5%)
Ward helper	9 (8.2%)
Supportive staff	14 (12.7%)
Mean age (months) of child at the time of interview	14 ± 6.15
Type of delivery	
NVD	44 (40)
LSCS	66 (60)
Gender of child	
Male	65 (59.1)
Female	45 (41.9)
Order of child birth	
1 st	71 (64.5)
2 nd	37 (33.6)
3 rd	2 (1.8)
Gestation Term	
Preterm	18 (16)
	92 (84)
Maternity leave	
Yes	105 (95.4)
No	5 (4.5)
Maternity leave (Mean duration in days) (n = 105)	85 ± 38.18

Table 2. Breastfeeding knowledge and practices among the study participants

Characteristics	No (%)
Awareness about initiation of breastfeeding within one hour	97 (88.2)
Awareness about Exclusive breastfeeding till six months	100 (90.9)
Mean duration of exclusive breastfeeding	2.86 ± 2.00
Exclusive breastfeeding till six months	18 (16.4)
Never exclusively breastfed	20 (18.2)
Breastfeeding Initiation	
Within 1hour	64 (58.2)
1 - 3 hours	16 (14.5)
3 - 24 hours	20 (18.2)
After 24 hours	10 (9.1)
Prelacteal feeding	37 (33.6)
Mean age of starting complementary feeding (months ± SD) (range)	5.2 ± 1.06 (1.5 - 7.5)
Timely complementary feeding	53 (48.2)

counselling. Chi-square and logistic regression analysis were applied to determine variables that were independently associated with successful exclusive breastfeeding till six month. A p-value of 0.05 was taken as significant.

RESULTS

During the study period, a total of 110 participants fulfilling the inclusion criteria were interviewed. Two of the participants were taking drugs which are contraindicated during breastfeeding so were excluded from the study. Out of the total 110 participants, 91 (82.73%) were mothers working at TUTH and 19 (17.28%) were working at Kist Medical College Teaching Hospital. Table 1 demonstrates various demographic characteristics of the working mothers. The mean age of the mothers was 29.85 ± 3.68 years. Most {59 (53.6%)} of them were in the age group of 26 - 30 years and were Brahmin / Chhetri 73 (66.4%). Seventy seven (70%) women had bachelor or above degree. Most of the participants were nurses 45 (40.9%). Seventy one (64.5%) women were first-time mothers and 65 (59.1%) of newborns were

Table 3. Various factors influencing exclusive breastfeeding

	N (%)	Mean duration of EBF (month) ± S.D	Statistical analysis (p value)	EBF				
				Yes	NO	X ² (p value)	OR	95% CI
Maternal age								
≤ 30 years	68	2.93 ± 1.81	Independent t test (0.61)	9 (8.2)	59 (53.6)	0.25	0.56	0.21-1.5
> 30 years	42	2.7 ± 2.29		9 (8.2)	33 (30)			
Education								
Below Bachelor	33	3.33 ± 2.19	Independent t test (0.10)	10 (9.1)	23 (20.9)	0.01	3.7	1.3-10.6
Bachelor and above	77	2.65 ± 1.89		8 (7.3)	69 (62.7)			
Maternal Post								
Doctor	16 (14.5)	2.37 ± 2.19	One way Anova (0.96)			0.31	0.59	0.21-1.63
Nurses	45 (40.9)	3.91 ± 6.5						
Administrative staff	9 (8.2)	3.06 ± 2.38						
Students	17 (15.5)	2.22 ± 2.02						
Ward helper	9 (8.2)	3.17 ± 1.94						
Supporting staff	14 (12.7)	3.40 ± 2.24						
Maternal post								
Doctors/nurses				8 (8.2)	53 (48.2)	0.31	0.59	0.21-1.63
others				10 (9.1)	39 (35.5)			
Maternal employment category - Permanent								
Yes	35	2.48 ± 1.93	0.16	3 (2.7)	32 (29.1)	0.13	0.37	0.10-1.4
No	75	3.04 ± 2.02		15 (13.6)	60 (54.5)			
Maternity leave								
mean ± SD n = 105	85 ± 38.18	r (0.01) (0.91)	Pearson correlation					
Paid maternity leave								
No	5	4.2 ± 2.4	0.12	2 (1.8)	3 (2.7)	0.14	3.7	0.57-23
Yes	105	2.7 ± 1.98		6 (14.5)	89 (80.9)			
Expression of breast milk								
Yes	56 (50.9)	3.18 ± 1.95	Independent t test (0.08)	12 (10.9)	44 (40)	0.14	2.18	0.75-6.31
No	54 (49.1)	2.52 ± 2.02		6 (5.5)	48 (43.6)			
Night duty								
Yes	59	2.65 ± 1.89	Independent t test (0.25)	7 (6.4)	52 (47.3)	0.17	0.49	0.17-1.3
No	51	3.10 ± 2.1		11 (10)	40 (36.4)			
Birth order								
First	71	2.76 ± 2.02	Independent t test (0.52)	12 (10.9)	59 (53.6)	0.84	1.12	0.38-3.2
Second and subsequent	39	3.03 ± 1.98		6 (5.5)	33 (30)			
Gestation								
Term	92 (84)	2.86 ± 1.95	0.99	15 (13.6)	77 (70.1)	0.97	1.02	0.26-3.99
preterm	18 (16)	2.86 ± 2.02		3 (2.7)	15 (13.6)			
Feeding break								
Yes	53	3.28 ± 2.09	Independent t test (0.03)	14 (12.7)	39 (35.5)	0.006	4.7	1.45-15.5
no	57	2.45 ± 1.85		4 (3.6)	53 (48.2)			
Prelacteal feed								
Yes	37	1.92 ± 2.18	Independent t test (0.001)	5 (4.5)	32 (29.1)	0.56	0.72	0.23-2.21
No	72	3.33 ± 1.74		13 (11.8)	60 (54.5)			
Normal Vaginal Delivery								
Yes	44	3.31 ± 1.68	-0.05	7 (6.4)	37 (33.6)	0.91	0.94	0.33-2.6
No	66	2.56 ± 2.15		11 (10.0)	55 (50)			
Breastfeeding initiation (within 1 hour of delivery)								
Yes	64	3.42 ± 1.70	-0.001	11 (10.0)	53 (48.2)	0.78	1.15	0.41-3.2
No	46	2.08 ± 2.14		7 (6.4)	39 (35.5)			
Breastfeeding counselling and practical help after delivery								
Yes	74	2.71 ± 1.88	-0.28	10 (9.10)	64 (58.2)	0.24	0.54	0.15-1.54
No	36	3.15 ± 2.24		8 (7.3)	28 (25.5)			

males.

We observed that 97 (88.2%) mothers were aware about initiation of breastfeeding within first hour but was practiced by 64 (58.2%) women only and 100 (90.9%) were aware about exclusive breastfeeding for six months but was practiced by 19 (17.2%) women (table 2). Mean duration of exclusive breastfeeding was 2.86 ± 2.00 months. Eighteen women (16.3%) exclusively breastfed their babies till six months and 20 (18.2%) practiced mixed feeding since birth. Of the participants who did not complete exclusive breastfeeding for the recommended first six months, 20 (18.2%) women never exclusively breastfed their babies and those completing exclusive breastfeeding for one, two, three, four, and five completed months were eight (7.2%), 21 (19.1%), 17 (15.4%), 18 (16.3%) and eight (7.2 %) women respectively. Timely initiation of complementary feeding was practiced by only 53 (48.2%) women while two (1.8%) women had not started complementary feeding at the time of interview and in one (0.9%) case, complementary feeding was started at 7.5 months. 80 (72.7%) women continued to breastfeed along with complementary feeding at the time of interview. Pre-lacteal feeding was done in 37 (33.6%) of babies and formula was the most common pre-lacteal feed.

Table 3 lists a variety of sociodemographic, obstetrics and work related factors that are expected to have an influence on exclusive breast feeding till six months. A significant difference in mean duration of exclusive breast feeding was observed with feeding break, pre-lacteal feeding, normal vaginal delivery and initiation of breastfeeding within one hour. The participant whose babies had pre-lacteal feeding had significantly shorter duration of mean exclusive breast feed compared to those who did not have pre-lacteal feed ($p = 0.001$). Similarly, the mean breast feeding duration is longer in those participant who had normal vaginal delivery compared to caesarean section ($p = 0.05$) and on whom the breastfeeding was initiated within first hour of delivery ($p = 0.001$). The participants who got feeding break were successful in giving longer duration of exclusive breast feeding ($p = 0.03$)

Similarly, mother's education, expression of breast milk and feeding break were correlated with successful exclusive breast feeding duration till six months of life. We found that other factors like maternal post, compulsion to attend night duty, birth order, gestational age, breast feeding counselling did not influence feeding behaviour significantly. The odds ratios indicate the likelihood of success in these practices. Women with education below bachelor were more likely to breastfeed exclusively till six months of life (OR 3.7, 95% CI 1.3 - 10.6). Similarly, expression of breast milk (OR 2.18, 95% CI 0.75 - 6.31) and feeding breaks (OR 4.7, 95% CI 1.45 - 15.5) were more likely to have successful exclusive breast feeding. Education of mother was not found to be significantly affecting exclusive breastfeeding till six months in multivariate logistic regression analysis. Five participants did not get paid maternity leave so had to discontinue job. Since, these women joined job again after six months, the duration of exclusive breast feeding was compared with rest of the participants. We found that the women who get did not get paid maternity leave and quit the job were significantly more likely to exclusively breastfeed their baby (OR 3.7, 95% CI 0.57-23).

DISCUSSION

Working women constitute a significant and expanding pool of mothers in Nepal whose feeding behaviour has not been researched. To our knowledge, this is the first study about the breastfeeding practices among working mothers in Nepal. The mean duration of exclusive breast feeding was 2.86 months \pm 2.00 and the exclusively breastfeeding till six month of age was observed in only 18 (16.4%). Twenty (18.2%) mothers practiced mixed feeding since birth. Initiation of breast feeding within one hour was practiced by 64 (58.2%). These rates are significantly lower than National statistics. However, these findings are similar to the findings of the study done in Kathmandu valley by Mathema et al.⁷ on 1250 women coming to hospital for their children where the rate of exclusive breastfeeding was found to be 12%, a median duration of exclusive breast feeding being 3.8 months and initiation of breast feeding within one hour of delivery was done by 719 (57.5%) mothers. Similar in the study done in Bhaktapur district on 325 women by Ulak et al.,⁸

the prevalence of exclusive breastfeeding till six months of age was observed to be 9% and breast feeding initiation within one hour was 57%. Both of these studies were done on women bringing their children to the hospital. This indicates that breast feeding practices among professional women working at hospital is not much different from others in the urban area of Nepal.

Infant and young child feeding is incorporated in all the undergraduate and post graduate education curriculum of Nepal. Ninety seven (88.2%) and 100 (90.9%) participants answered correct timing of initiation and exclusive breast feeding respectively. However, only 64 (58.2%) and 19 (17.2%) practiced recommended practices of breastfeeding initiation and exclusive breastfeeding respectively. Data from similar study conducted in Ghana⁹ also showed that although awareness on exclusive breastfeeding among professional working mothers is almost universal (99%), the practice of EBF at six months is low (10.3%). In the study done in Saudi Arabia, Al-binali found that 89% of mothers had a good knowledge about exclusive breastfeeding but only a small percentage (8.3%) engaged in the practice for the first six months.¹⁰ The same results were also drawn from the study done at Pakistan which also shows higher level of knowledge of EBF (333 out of 400 women) but low practice of EBF (166 out of 400 women).¹¹

Although decision to breastfeed and adopt a suitable feeding behaviour is a matter of personal choice for each working mother, yet it is prone to influence by her peculiar circumstances. Hence, we tried to analyse possible work related modifiable factors that might influence on the successful exclusive breastfeeding practices among women working at hospital. A lack of appropriate information and support from family, workplace, and society reduces the probability that a working woman would practice such recommendations.¹² Among the various factors analysed, maternal age and education were significantly correlated with successful exclusive breastfeeding.

The mean duration of maternity leave was 85 ± 38.18 days. However, the maternity leave did not correlate with duration of exclusive breastfeeding. In the study done in Australia by Cooklin AR et al.¹³ in which it was found that participation in full-

time employment before six months had a strong, negative effect on the likelihood of continuing breastfeeding for six months, adjusted OR = 0.35 (95% CI: 0.22 – 0.55). American studies have found that mothers employed on a part-time basis have similar breastfeeding duration to that of non-employed mothers^{3,14,15} presumably as their working week is shorter, necessitating less time away from their infants. In the present study, the main reason for shortened exclusive breast feeding duration was to accustomed baby to formula feed once mother has to return to work. Therefore, we concur with Baker and Kumar that a maternity leave of six months for all eligible women should be made a basic provision for successful implementation of guidelines on infant and young child feeding.^{16,17}

In our study, expression of breast milk and feeding breaks have positive effect on the likelihood of continuing breastfeeding for six months (OR = 2.18 and 4.7 respectively). One survey found that most employers would be willing to institute policies that facilitate breastfeeding or breast pumping in the workplace.¹⁸ Though in the present study, 87 (79.1%) were aware about expression of breast milk, it was practiced by only 56 (50.9%) and only 11 (10%) working mothers expressed breast milk in the hospital. Expression of milk at the workplace not only helps to collect milk to breastfeed baby when they come for work but also helps them to keep up continuous supply with breast milk production. So, increasing awareness about breast milk expression and encouraging breast milk expression at the work place could be a possible alternative to successfully breastfeed for longer duration. Similarly, paid feeding break could be another alternative for prolonging exclusive breast feeding duration.

CONCLUSIONS

Breastfeeding practices among working women at hospital is quite low as compared to national statistics on IYCF. Despite of awareness about the benefits of breastfeeding, working women at hospital are not able to follow the recommended breastfeeding practices. Paid maternity leave of six months for all eligible women should be made a basic provision for successful implementation of guidelines on infant and young child feeding. Till the implementation of paid maternity leave for six

months, counselling on breast milk expression and advocacy on feeding break for lactating women has the potential to improve feeding practices.

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