

Balancing Work and Motherhood: Navigating the Experiences of First Time Breastfeeding Mothers

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ABSTRACT

This study explores the experiences of first-time working mothers and how they integrate breastfeeding into their professional responsibilities, focusing on the emotional, physical, and logistical challenges they face after returning to work. Using a qualitative phenomenological design, semi-structured interviews were conducted with 15 mothers to gather first-hand accounts of balancing breastfeeding and work. The analysis highlights how temporal constraints, limited resources, and emotional stress—including guilt and exhaustion—affect mothers' well-being and their ability to manage work alongside caregiving. Key challenges include

inadequate lactation facilities, rigid work hours, lack of support from employers, and difficulty finding time and private spaces to pump, which collectively contribute to stress and emotional strain. Mothers adopt various coping strategies, such as careful time management, adjusting work schedules, and relying on family support for childcare and household responsibilities, to meet both breastfeeding goals and professional obligations. Despite these strategies, workplace gaps in accommodation persist, underscoring the need for organizational policies that support breastfeeding, including lactation rooms, flexible work arrangements, and networking opportunities with other mothers. These measures help alleviate physical and psychological burdens and promote better integration of motherhood and work. The findings advocate for systemic changes in workplace norms and policies to create an enabling environment where first-time mothers can thrive professionally while fulfilling their caregiving roles, highlighting the importance of supportive practices that recognize the dual responsibilities of modern working mothers and their well-being.

Keywords: *First-time breastfeeding mothers, work-life balance, breastfeeding challenges, workplace support, Philippines*

INTRODUCTION

Breastfeeding is universally regarded as a beneficial practice for both child and mother, fostering health, development, and emotional bonding (WHO, 2020). Historically, mothers have breastfed to provide essential nutrition, protection, and a strong connection with their children. However, for many working mothers, maintaining consistent breastfeeding practices proves challenging due to work-related factors such as limited time and a lack of breastfeeding culture in the workplace. This paper examines the culture of breastfeeding in organizations, particularly focusing on first-time breastfeeding mothers who work and attempt to continue breastfeeding while employed. In recent years, an increasing number of women are returning to work shortly after childbirth, particularly in countries with higher female employment rates. As a response, various global and local policies have been implemented to support breastfeeding mothers in the workplace, such as providing breastfeeding facilities and breaks (UNICEF, 2021). Despite these supportive measures, their actual implementation remains in question, as many working mothers do not encounter work environments or schedules that facilitate breastfeeding (Smith et al., 2020). For example, in confined settings like offices or restaurants, mothers often feel self-conscious about breastfeeding in public, particularly in workplaces (Khan et al., 2019).

In the Philippines; for example, the government has established policies to protect breastfeeding, including the Expanded Breastfeeding Promotion Act of 2009. This law mandates that employers provide special rooms for breastfeeding or milk expression. However, while the legislation offers legal support for working mothers, it is not consistently enforced across all sectors. Many female employees in the Philippines are unable to access lactation rooms due to the absence of flexible working hours or other forms of support. As a result, the situation of working mothers remains inadequately addressed, with current studies failing to explore the full scope of challenges faced by these mothers, particularly in metropolitan areas like Manila. In urban areas like Manila, where the number of working mothers has increased, many companies, despite being legally required to support breastfeeding, do not fully comply with the laws.

Additionally, there exists a pervasive belief that breastfeeding is a private matter, best suited for the home, and not appropriate in public spaces, including workplaces. This societal view perpetuates conflicts and pressures on breastfeeding mothers, making it more difficult for them to breastfeed at work (Reyes et al., 2020). This study seeks to examine how both macro and micro-level factors serve as barriers to breastfeeding among working mothers in the Philippines, exploring how family attitudes and economic factors influence the implementation of breastfeeding-friendly policies in the workplace.

This study aims to explore the experiences and challenges faced by first-time breastfeeding mothers in modern societies. Recognizing the fundamental importance of breastfeeding for both maternal and child health, the research investigates how working mothers navigate the competing demands of breastfeeding and work. Despite policies like the Expanded Breastfeeding Promotion Act, many mothers still face significant obstacles in practicing exclusive breastfeeding. These challenges include unfriendly workplace policies, socio-cultural barriers, and time constraints. The study will investigate how mothers cope with these difficulties and the support they need to maintain breastfeeding while balancing work responsibilities. This research intends to provide valuable insights into the autobiographies of working mothers, examining their challenges, coping strategies, and the types of support they require. The findings aim to inform the

development of workplace and community-based interventions that can reduce stress and make it easier for mothers to sustain breastfeeding while employed. Ultimately, the study seeks to contribute to the creation of policies that support working mothers, promote breastfeeding as a societal concern, and enhance the overall well-being of mothers and children.

LITERATURE REVIEW

Foreign Literature & Studies

According to the latest national statistics, 47.1% of infants in the country continued to receive exclusive breastfeeding for up to six months with the Malay ethnic group reporting the highest rate. Also, being married and being a live-at-home mother were commonly found among new mothers who had practiced exclusive breastfeeding. In contrast, it is observed that women who are highly educated and come from the upper-income divisions are less likely to perform this act. The research conducted for this study was focused on the Malay community, the largest ethnic group in the country. In the case of Malaysia, full-time working mothers are entitled to a three-month maternity leave. However, in the case of contractual or part-time workers, maternity leaves are to be decided by employers. As noted by Ahmad and his colleagues (2022), colostrum produced soon after birth acts as the first line of defense for the newborn baby. Evidence exists that employed breastfeeding mothers with positive breastfeeding perspectives, practice only exclusive breastfeeding for longer periods which results in successful breastfeeding practices. Mothers who have the discretion to practice exclusive breastfeeding for a child less than 6 months old are suspected to possess unfavorable attitudes towards breastfeeding.

They explained that they felt embarrassed about breastfeeding in public, thought their capacity to shoulder such a responsibility was minimal, faced both the physical and emotional aspects of breastfeeding as inconvenient, and did not succeed despite making an effort. It was noticed that some mothers were conscious about their flat tummy which required them to undertake rigorous dieting. A few mothers stated that they could not initiate breastfeeding as they were busy with household activities and other work schedules. A similar case study was reported earlier when Kubuga and Tindana (2023) surveyed lactating Women who sought work in Ghana and looked at the organizational working conditions of the breastfeeding women who are employed. According to them, there were other hindrances that they came across including unavailability and shortage of private drying-up rooms with minimal time frames for breastfeeding and pumping respectively, as well as negative cultural orientations towards breastfeeding in public and more so in employment settings. The researchers emphasized workplace policies that assist nursing mothers and suggested flexible work patterns and private breastfeeding rooms.

In this research, the authors emphasize that it is necessary to introduce structural and organizational changes in the country that enable women to combine work and breastfeeding. In addition, a pertinent study by Rippeyoung and Noonan (2019), entitled 'Is Breastfeeding Truly Cost-Free? Income Consequences of Breastfeeding for Women', specifically seeks to find out the effect of breastfeeding on the career and earnings of mothers. The findings show that concerning non-breastfeeding mothers, breastfeeding mothers especially those who practice extended breastfeeding suffer lower income levels. This reduction in income

is associated with more time off, fewer working hours as well as the inadequacy of support for breastfeeding or policy in workplaces. This study underlines the financial and career costs breastfeeding mothers have to accept to breast-feed their children, which creates a demand for thesis including such practices as setting aside private areas for mothers and time for breaks for breastfeeding to help working breastfeeding women to bear some on their work-related pressures (Rippeyoung and Noonan, 2019).

Local Literature & Studies

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Synthesis of the Study

It is evident from the studies that some factors can be addressed and the interventions that will work effectively to aid breastfeeding among working mothers. This is affected by several factors including workplace amenities as suggested by the local context. In Malaysia, Ahmed et al. (2022) and Kumuga and Tindana (2023) in Ghana cite culture and working conditions such as restricted maternity leave and lack of breastfeeding rooms respectively as barriers to breastfeeding practices. Rippeyoung and Noonan (2019) have also explored the negative economic consequences that mothers face whenever workplace policies to protect breastfeeding are absent because they remain out of the workforce for a long period to breastfeed the newborn baby.

According to Manalastas and Pineda, socioeconomic conditions, together with the availability and quality of health care, and social networks were strong determinants of breastfeeding practices in the Philippines. Similarly, Reyes et al. (2019) indicated that cultural norms as well as the latter barrier of a lack of provision of lactation services have been the challenges in the implementation of breastfeeding policies in the rural context thus advocating for the community-level approaches. These are in line with the work of Vilar-Compte et al. (2021) and others who indicated that it is only aggressive marketing of breastfeeding practices that would help in instituting workplace breastfeeding policies, that is, creating a culture that would embrace such practices. Factors like social acceptance and provision of services to non-working mothers looking forward to resuming work, and policies that would even provide for lactation rooms, breastfeeding breaks, and flexible working hours, are more than adequate for lactation support.

Philosophical Underpinning

The study, “Balancing Work and Motherhood: Navigating the Experiences of First-Time Breastfeeding Mothers” is anchored philosophically on feminist theory. These theorists are geared towards, and aid in providing more insight on the experiences of working mothers, especially when they must balance work and breastfeeding.

Theoretical Framework

In the present work context, the comprehension of most theories that were enunciated in the literature is necessary for consideration: Theory of Work-Family Conflict, and Theory of Social Support. These concepts are useful in understanding the problems as well as the factors in which combination drive working mothers who must combine breastfeeding with work. Referring to Work-family Conflict Theory, there are types of roles that an individual has which are work and family. These roles are bound to conflict with each other as the individual will always try to achieve both. The theory warrants that two forms of

conflict exist: Using this context, the essence of the Work-Family Conflict Theory is to determine the conditions when the work and family domains are polar, and the person experiences some stresses and troubles. It follows that there will always be measures of satisfaction because the needs of work and family will always be contradicting and hence cause stress and adverse effects on both.

The theory is principally bifocal, the first being time-based conflict; this one arises when the time needed for one role, say work, reduces the time available for the corresponding role, that is family role responsibilities; There is also the strain-based conflict and this one comes about when stress or strain concerns with one role make fulfillment or cash satisfaction associated with yaw part role a diversity. These two forms of conflict seem to be more pronounced in women who combine work and maternal responsibilities, particularly breastfeeding. Breastfeeding or milk pumping, as well as other feeding practices for children, may be negatively impacted by time pressures resulting from work-related factors such as working long hours, over-scheduling or working under tight schedules. Furthermore, the emotional stress and/or physical stress of having to juggle an occupational and familial role may evoke feelings of stress, guilt or general inadequacy. In this case, in trying to comprehend the nature of these conflicts that these women have, the focal point has to be understanding the two roles they occupy.

The research explored how these mothers, on their first breastfeeding experience, managed to combine such an experience with their intangible professional duties. Time-based conflict was noted in the mother's attempts to look for time and space for breastfeeding or pumping, especially in situations where the work environment does not provide such facilities. Numerous mothers mentioned feeling strained when they had to deal with work-related deadlines, meetings, and breastfeeding duties. It also made them sometimes believe that their infants did not receive enough maternal care which was always bothersome. The strain-based conflict was again presented as a relevant element since the participants of the study portrayed themselves as both emotionally and physically exhausted from practicing the two jobs.

Juggling a demanding career while being a mother who is completely dependent upon, both physically and emotionally, often resulted in internal shame, stress and burnout to some mothers who felt that they had to end breastfeeding earlier than they are comfortable with. The Work-Family Conflict Theory helped in comprehending the fact that the stress or the conflicts endured by these mothers were not distinct but were interrelated and mutually caused each other. It was instructive to notice that the absence of support from the workplaces for example time or clean areas to breastfeed, exacerbates time and strain-based conflicts. It seems appropriate to propose that this assumed conflict was needed in the development of work more focused on how and where breastfeeding mothers, creating private places, time and even various kinds of work for its execution. Therefore, in this regard, alleviating time and strain-based conflicts was no less important in helping first-time mothers incorporate breastfeeding into their working and domestic responsibilities and, as a consequence improve their health as mothers and employees. Social Support Theory points out that social networks are able not only to provide emotional and informational but also instrumental help concerning one's stress management and difficult coping situations.

Emotional support such as kind and encouraging words from loved ones, relatives, colleagues, and friends was effective in alleviating feelings of estrangement. Along those lines, instrumental assistance such

as the provision of lactation rooms, breastfeeding times, and provision of breast pumps helped ensure that mothers had the required means to successfully engage in breastfeeding. Informal support provided information that was relevant to breastfeeding policies and rights in the corporate sphere. For mothers with career ambitions, the willingness of their employers and coworkers, relatives and health professionals was vital for allowing them to breastfeed in between work commitments. These networks, both ‘official’ and ‘unofficial’, inspired by social support theory, were useful in performing their roles enabling mothers to breastfeed in the workplace. It highlighted the level of breastfeeding supported by the models where mothers could work without being overstressed due to the availability of different types of support.

Statement of the Purpose

This research work sets out to explore the breastfeeding experiences and opportunities of first-time working mothers but gives more focus to the barriers to breastfeeding as they try to reconcile work responsibilities with breastfeeding. In this time and age, where due to societal pressure, mothers are expected to return to work soon after birthing, the chances of combining work with breastfeeding are low. The present study Will aim to address barriers which include emotional, physical and logistical including time and location challenges of pumping out milk, and the ‘fit’ of the workplace in enabling such pumping, combined with the psychological and emotional burdens associated with being a working mother. It also seeks to explore the factors that assist working women in encountering workplace challenges such as cultural expectations, workplace support or self-control. Since this is a case of first-time mothers, the objective of this research will further strengthen the account in their specific context to understand the key aspects that relate to breastfeeding and professional work interaction in practice. The objectives of the study are to make recommendations on improving the support systems in both the workplaces and the communities in a way that these women do not find it difficult to balance their work duties with mother duties.

Significance of the Study

This investigation was vital in tackling the issues of working mothers merging work responsibilities with breastfeeding. It has drawn attention to the problems these mothers faced such as the work-family imbalance and absence of support at the workplace and suggested ways on how combining work with breastfeeding could be achieved. Employers and policymakers were in turn, educated by the findings of the study on the importance of workplace policies that are family-oriented such as flexible maternity leaves, provisions of breastfeeding areas, and paid breaks that would promote maternal and child health and retention. Women in child and maternal health care gained from the insights as they made it easier to identify the appropriate assistance that breastfeeding mothers needed while at work. Finally, the current study added to the existing literature on work-life balance for maternal health which will facilitate better breastfeeding facilities and policies at the workplaces in the future. Generally, the study proposed to make recommendations and changes to the policies to benefit mothers, children and the workplace.

Scope and Limitation Scope

The study set out to understand the experiences of corporate, education, and healthcare first-time breastfeeding working mothers to examine the challenges that come with combining work and breastfeeding. The study outlined various maternal recuperative strategies that were adopted to in this instance, integrate work performance, and child caregiving. Specifically, it focused on the following pivotal issues in relation to the hierarchy of 5 W's and 1 H: Corporate, educational, and healthcare working mothers mwho were in the process of getting accustomed to a baby's first-time breastfeeding, who were employed in metropolitan areas of the Philippines. These breastfeeding mothers were also commencing their working responsibilities. The study evaluated the difficulties, obstacles and stressors these mothers experienced that compelled them to combine breastfeeding and work. Such a study included an examination of the views and practices about such issues in a workplace context, the existence of lactation and breastfeeding facilities and more broadly the practice of breast feeding in the workplace. To achieve this, the study strategically avoided targeting women on maternity leave as they were most likely to be unavailable for work; subjects were women who had within a twelve-month period recently breastfed a child.

The fieldwork was conducted over a particular period while the participants were within the boundaries of the study focus. The research was done in cities of the Philippines concentrating on mothers who were respondents in the said research and were based in Metro Manila or other urbanized areas. Among the respondents were women who were employed in corporate firms, hospitals and schools. The purpose of this study was to investigate the working women's status in breastfeeding along with the factors that pose problems to or strengthen the practice. In connection to the comprehension of breastfeeding difficulties at work, or the absence of these, their experiences were useful to one or the other or both. The mothers' experiences were obtained through qualitative research approaches, specifically in-depth interviews and focus group discussions. The data were examined with respect to themes, strategies, and formal or informal workplace assistance they provided in relation to their breastfeeding and work responsibilities.

Limitation

While this research sought to achieve some positive results, a few limitations had to be accepted: The research was limited to urban environments, more specifically to Metro and its cities. It thus entailed that the research disregarded the cases of breastfeeding working mothers who were in the countryside, areas where the support services, as well as policies related to breastfeeding, were different. Also, the size of the sample and its coverage did not adequately capture all the working mothers in the country. Also, the sample did not adequately capture the working mothers from different regions in the country. Furthermore, the study focused on corporate, education, and health sectors only working mothers, and did not include other sectors or informal sectors where the problem of breastfeeding and work integration might have been different.

METHODOLOGY

Research Design

The phenomenological qualitative study which is qualitative in design seeks to find out the lived experience of the individuals investigated as a phenomenon. It seeks to explore the individuals and their experiences within a certain phenomenon and to capture the essence of such experiences, that is, to provide enough description of how the respondents feel and understand the phenomenon. This scope of study is qualitative in that it attempts to derive a vivid account from the participants on their emotions, concerning the challenges inherent in managing the duality of being a worker and a mother. It is in this view that the research purpose promissory in fulfilling the aim of this study allows for the approach to the experiences of research subjects to be a phenomenological one. This approach looks at how the respondents integrate and perceive their daily work and family responsibilities and how they revolve around the two. The researcher was able to explore the specifics of what the participants had gone through as well as their understanding of their situation. Such a research design is used to gather an in-depth understanding of the perspectives or theories of the respondents which will lead to the creation of scientific understanding from rich and raw data.

Research Site

The research was conducted in Antipolo (Maia Alta) where the majority of the mothers are employed in business process outsourcing, educational, and health facilities. The target audience is new mothers and working women who practically live in these offices and must look after their families too. In this place, the target audience is new mothers and working women who practically live in these offices and must look after their families too. Furthermore, interviews were also conducted in the homes of other participants to obtain their experience in a warm and more comfortable setting. This provided the perspective of how working mothers will try to cope with two worlds: homes and the workplace. It provided detailed information that enables the overall understanding of the participant's situations and why such situations exist enhancing the generalizability of the results. Participants were also able to specify interview times that are suitable for them bearing in mind their busy working day, and if there were any issues either from the home or the workplace for conducting the interviews, neutral venues were used.

Sample and Sampling Design

A purposive sampling technique was used to select 15 mother respondents who had experience breastfeeding while working. All these mothers had to be selected from the various sectors in the corporate world, school and health care industry for some degree of heterogeneity. The follow-up inclusion criteria include first-time breastfeeding mothers who are also working mothers and willing to participate in the study. Purposive sampling is utilized since the researcher has set criteria that need to be met to select research participants.

Concept of Saturation Point in Sampling

As for the first aim of the researcher, it was to obtain at least 20 subjects. It has been established that saturation occurred after the 15th working mother was interviewed. After conducting fifteen interviews, the researcher understood that the barriers and strategies of first-time working mothers who breastfeed are quite similar. The last stages of the interviews seemed to deviate from the earlier themes of the interviews and as such it was not useful to include more participants in the study.

Research Instruments

The researcher interviewed the participants to seek relevant data. Also, a semi-structured interview guide was used during the interview of the participants which enabled the researcher to understand in detail how the participants experienced the events of the study in focus. This interview technique enabled the subject to talk about her feelings and experiences of working and lactating her child at the same time.

Validation of Instrument/Ensuring Trustworthiness

It is necessary to conduct a proper evaluation of the tool interview guide to ascertain that there are fit and sound research instruments. The interview questions were examined by a professional in the area of psychology, social work, and gender studies for their relevance to the guide. This review sought to assess whether the questions are sufficient in collecting qualitative data that is likely to improve the research outcome. The researcher also carried out these activities in which he invited members to check the accuracy of the information. After the interview, the participant gave a transcript of the interview to the participants asking if the answer he/she gave was actually understood and recorded correctly. Any gaps or further remarks given by the respondents were brought in the end for data analysis.

Data Gathering Procedure

In carrying out this study, the researcher conformably followed an ethical procedure of collecting data. First, consent was obtained from the mothers in Maia Alta, and thereafter, a formal request was made to the community to conduct the study. As soon as permission was given, the investigator handed out letters of informed consent to the participants that conveyed the aim and procedures of the study, possible risks and benefits and emphasized that withdrawal at any time was without disadvantage. Those who were ready to participate in the research were contacted with the contact details provided and were informed of the information necessary for them to decide whether to participate or not. Once informed consent was given, the researcher contacted each participant of the study through one-on-one interviews which were scheduled at the convenience of the participants so that privacy was maintained, and distractions were minimized. It was face-to-face interviews ranging from 45 minutes to 1 hour for each interview. Participants were asked perspectives about their experiences of being responsible for both earning a living and breastfeeding for the first time including what problems they encountered and how they coped. As a matter of respect, each participant was given a pseudonym (M1, M2) to ensure the confidentiality of all respondents' details. The interviews were conducted and recorded with the approval of the participants and were precisely captured in written form. Any form of identifying information was hidden or substituted according to the needs of

the situation. The researcher was the only one who had access to the audio and transcriptions and all the data that included audio files and transcripts was stored securely. The privacy of participants was observed throughout the study. These procedures enabled the researcher to achieve the aim of the research, that is, to gather important data ethically and without compromising the privacy of the respondents.

Data Collection

This research used interviews that ranged between 45 minutes to 1 hour overstretched aims range of interviews at a manageable. A smaller sample size of 15 was selected to obtain more thorough conversations. This period allowed the mothers to be pensive enough while explaining the challenges they encounter as employees and as mothers, including the coping mechanisms that they have adopted or devised. To make it easy for participants to take part in the study, the interview days were arranged around the schedule of each participant. Data collection will be maintained until it gets to a saturation level, where no new info comes from the interviews to achieve comprehension of the participants lived experiences.

Data Analysis

The Collaizzi method (1978), was utilized as a qualitative approach in the study to analyze first-time breastfeeding mothers who work and are raising children. After conducting the interviews, the researcher wrote down exactly what the informants relayed to ensure a thorough understanding of the subject from those who experienced it. The transcripts underwent several revisions to capture the mothers' narratives and the feelings behind them. During the interviews, the researcher qualitatively coded the data with a focus on such emotions as: embarrassment for not being able to pump at work, guilt for having to go back to work, and sadness for having to split their attention between work and caring for their families' needs. After these processes, the researchers also sought to answer these challenges and emotions: what is the reason for this sentiment? The findings were grouped according to different thematic response categories, including one titled "Breast-feeding Challenges and Coping Strategies" which discussed the occasions that women have trouble breastfeeding including limitations in workplace policies, poor management of time, psychological difficulties and inadequate social support. 'Coping Strategies' explains how mothers cope with these challenges such as modifying their work hours, asking for the assistance of their family members and utilizing cognitive methods for coping with stress. The results were validated through member checking, in which participants reviewed the findings to determine if they were consistent with their own interpretations. The last part of the analysis contained verbatim quotes of the mothers therefore enhancing the description of each theme in the analysis and giving a more human perspective on the findings.

Ethical Considerations

This research, in addition to being ethical, has considered the need to do the best while allowing the protection of the rights of all the participants. The researcher got informed consent from all the respondents before the process of data collection. This type of consent was provided through providing information on the objectives of the research, the form of involvement and that a participant was free to withdraw from the research without any repercussions. Ethical considerations the anonymity of participants

and confidentiality were maintained throughout the study and no identifying details are included in any respect in any of the reporting of findings. Rather, the participants were anonymized, coded and referred to by code numbers. Raw data were also held on a file which was covered by the researcher. To avoid any form of psychological, mental, or emotional default, participants were assured that any follow-up questions that made them uncomfortable would remain unanswered. At any time in the interview process, her judgment suggested that the interview should be stopped or terminated at any point in time in case any of the participants felt uncomfortable. All these measures were employed with a combination of the aim of protecting the dignity and welfare of each respondent and the validity and reliability of the research design.

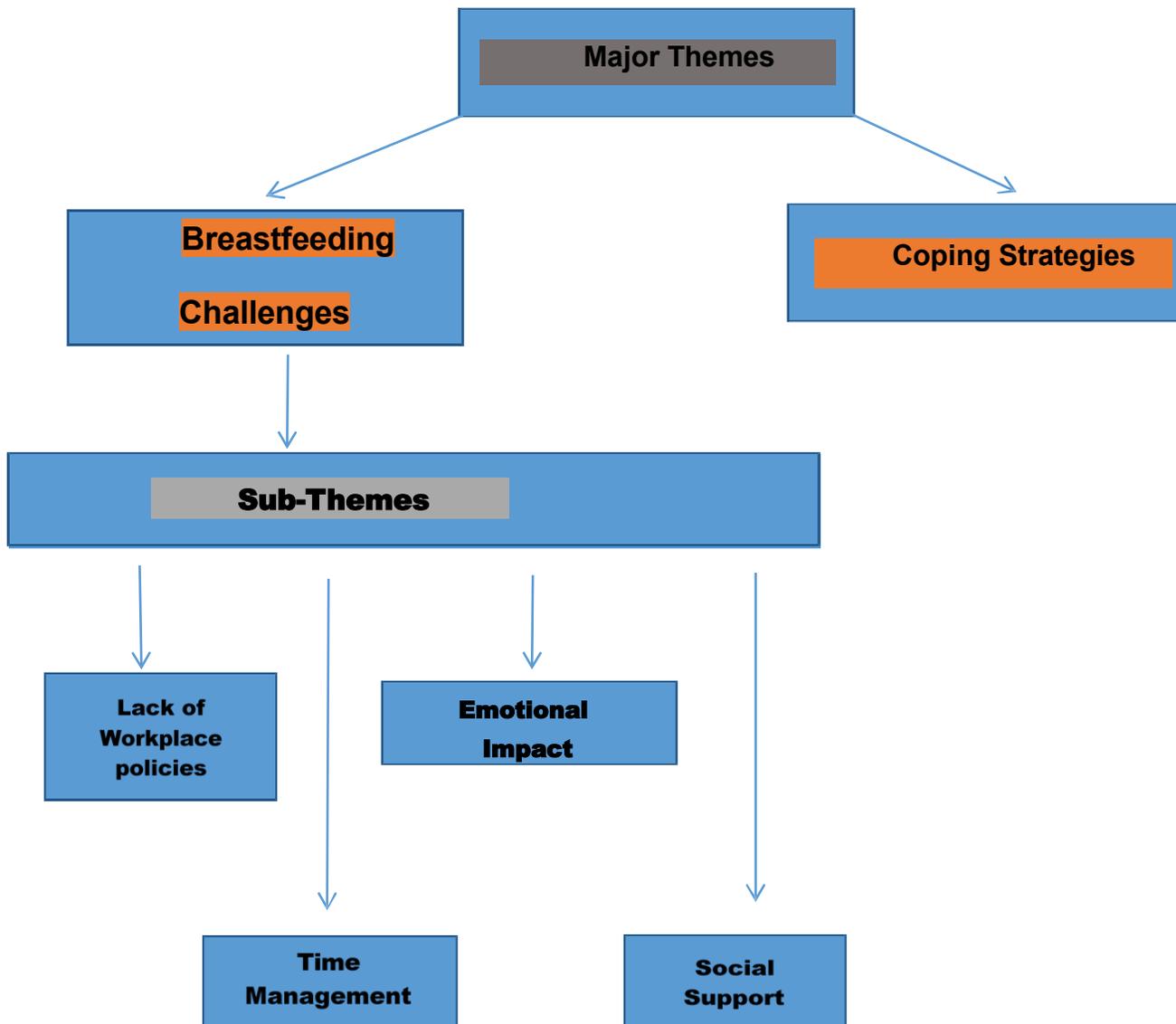
This qualitative study was conducted with ethical considerations in mind where all subjects were treated with respect where their rights and welfare were guaranteed. These were the guiding principles in carrying out the research process where the safety of research subjects is at the forefront, all voluntary participants provide informed consent, which will be respected as to the degree needed. These codes of ethical practice were complied with entirely throughout the work, even as the dignity, privacy and independence of the research subjects were to be guaranteed. Throughout the period, ethical concerns were a facet of the research.

Also, the principle of Respect for Persons, the (Autonomy) affirmation stated that participants should freely and voluntarily join the study without coercion or undue influence. In this study, individuals who volunteered knew everything in detail about what they had volunteered for and why it required them to be able to withdraw from the specific date whenever they deemed fit with no bearing of repercussions. What activities the participant would engage in was covered in the informed consent document which expressed that participation was voluntary. Amidst the section on Beneficence (Do Good), the investigators were compelled to see that the good effects were maximized and the risks to the subjects were kept to the minimum extent. For this study, a comfortable environment for the interviews was created in which the subjects felt at ease and were able to speak freely. Likewise, participants were assured of the confidentiality of their comments and were informed that these could assist other mothers in jaw-supporting their workplace breastfeeding. Non-maleficence (Do No Harm) was also the principle that no harm needed to be caused to the participants in any way. The researchers handled the needs of the participants often concerning emotional and mental trauma or post-trauma that they may be sensitive about regarding specific questions. The interview process was not compulsory for the participants, there were certainly provisions for them to stop or withdraw even after the interview process started. Each subject was made aware that they do not have to answer any question they wish not to, and they do not have to take part in the study and bear no consequences.

The research was done with strict guarantees of confidentiality and privacy. All individuals' personal data, interview details and identification (ID) were kept in safe storage and all respondents were anonymous and used a pseudonym during this report, for their protection. The protected information was stored in a sealed envelope or an encrypted electronic database, and the data were presented in such a way that no one could be recognized. In terms of its principle of Justice (Fairness in Treatment and Benefit Quite Equally Accessible), it emphasized the importance of fair treatment in the recruitment process as well as in the distribution of benefits. This study employed purposive sampling, and no group was left out as all

categories of mothers who were of various occupations were allowed to participate. Besides, it sought to empower women by focusing on political structures in places of work that were unfriendly to breastfeeding women, thus making the study procedure more convenient and accommodating to each participant.

Concept Map: Excerpt for the Major Theme - Breastfeeding Challenges for Working Mothers



The first-time breastfeeding mothers found it difficult to manage work and motherhood simultaneously. This was especially true in relation to workplace policies, time management and emotional needs, as well as socio-environmental support. Priceless for many breast-feeding mothers was the employment policy as regards the simultaneous link. Another major disappointment was the less than adequate duration of most maternity leaves, which does not allow mothers the luxury of coming into terms with the essential attributes of breastfeeding. Many places of work did not have lactation rooms, some employers were not considerate when they demanded extreme discipline by permitting no pumping or breastfeeding or breaks. As a result, Time management to new mothers was an increasing concern as they had to combine breastfeeding with other life activities. Scheduling a few pumps within a workday stretched around numerous deadlines while trying to be responsible was strenuous. Work, breastfeeding, and family life often triggered stress or remorse where mothers were left with unpleasant feelings when they were unable to breastfeed as often as they had wished. Coupled with this was the stress caused by looming work responsibilities in the beginning of the returning from maternity leave, it added agony with the mental stress caused by dealing with simultaneous demands. Social support mechanisms seem to have been very useful in manage some of these areas of difficulty.

Having family members available either as partners, family, or friends was once again an aid as it provided both emotional and physical assistance. Managing work and being a mother was easier for them. Likewise, a workplace that was sensitive to the needs of breastfeeding mothers, as understood by colleagues and management made a great deal of difference. Certain peer support groups and lactation consultants came in handy offering directions, and reassurance in helping mothers struggling with the challenges of breastfeeding and working. To do this, a lot of mothers planned using time management tricks, scheduling pumping sessions in advance and working around their hours or from home when needed. Coworkers and supervisors also needed to be assertive to create time that would be devoted to breastfeeding or pumping without interference. Emphasizing changes in the workplace like having lactation rooms and reliable hours were steps that assisted breastfeeding mothers. Other than these practical ways, the management of mental health was also a crucial element. Self-care activities, professional help for anxiety or encountering postpartum obstacles, as well as embracing small achievements proved assistance to overwhelm the emotions. Under such valid strategies, support systems and predominant well-being, first-time breastfeeding mothers were able to meet these challenges of combining work roles and motherhood seamlessly.

RESULTS AND DISCUSSION

Major Themes and Sub Themes

Theme 1: Breastfeeding Challenges

The role of working mothers in the commencement and subsequent maintenance of breastfeeding was equally challenging alongside professionalism. One of the main divides was the absence of favorable work regulations such as lactating rooms and time-off provisions. As many mothers, M1 in particular, tried

to breastfeed in less than hygienic areas, i.e. public restrooms, their health and breastfeeding was extremely compromised. Another difficulty that was present was time management, since mothers had to multitask between work and physical presence to breastfeed or even pump. To mothers like M2 and M6 the strain was overwhelming as they had divided attention towards work as well as feeding schedules. Similarly, the effects were apparent on emotions, particularly for mothers like M3 who breastfed less than they had planned because work did not allow them to do so which instilled a feeling of guilt. This accompanied with the additional role dried up both emotional and physical resources and led to stress and exhaustion as per M5.

Nonetheless, it was the social support which helped in the participation of the mothers as well as in addressing these challenges. M1 and many other mothers appreciated the significance of their partner as well as family members since they could divide household functions and breastfeed their children. The effective support system both in the family and the workplace played a role in reducing some of the tension and provided mothers with some means to cope with the challenges of breastfeeding while working. In conclusion, there were too many adverse conditions that included a lack of facilities at work, lack of time, emotional stress and need for social support that made life for working breastfeeding mothers so difficult. It was essential for the women's health and well-being of breastfeeding mothers within the workforce that efficient policies together with reinforced family and community systems addressed these concerns.

Theme 2: Coping Strategies

Breastfeeding goes hand in hand with work and social life for most mothers. In these circumstances, some mothers, for example, M2, take the initiative and pre-pump milk, so there is enough for the baby when they are not able to directly breastfeed. This idea emphasizes the concept of being organized and prepared when balancing a tight schedule. Similar cases were mentioned by individuals such as M5 who used portable cooler bags to stock and transport milk-to-last for extended work hours which is quite innovative. Also, mothers like M6 found it useful to manage their milk production by asking lactation professional advice along with other time-consuming activities. These mothers identified strategies that helped manage their breastfeeding issues and breast milk supply well. These strategies enabled these working mothers to nourish their infants properly regardless of the conditions defined above.

Table 1: Excerpt for the Major Theme - Breastfeeding Challenges for Working Mothers

Major Themes	Sub-themes	Participant Codes	Significant Statements
Breastfeeding Challenges	Lack of Workplace policies	M1	"I don't have access to a dedicated lactation room, so I often have to use restrooms, which is uncomfortable and unhygienic."
		M2	"It's so frustrating! I had to end breastfeeding early because my workplace had no space for me to pump. I felt like I had no choice."
		M3	"There is no formal breastfeeding policy at my workplace, making it difficult to find time to pump during work hours."
		M4	"My boss had no sympathy at all. I felt bad that I needed to pump, as though I was interrupting or taking away from productivity."
		M5	"My company offers flexible work hours, but there's no clear support for breastfeeding needs."
		M6	"My employer should be offering paid pumping breaks, not just unpaid ones. Emerging awareness of it is very

		M7	"Wish there were lactation rooms."
		M8	"Some flexibility with working hours would change everything for me."
		M9	"My boss just does not give a damn. It's so frustrating." I feel as if I am always apologizing for being a mother. It's exhausting."
		M10	"It always seems like I'm making an either-or choice between my job and the baby."
		M11	" I am fortunate my employer provides a lactation room, but it is usually reserved. More rooms are needed!"
		M12	"Lack of breastfeeding-friendly policies is sickening. Not only do mothers have to work harder, but we also have to deal with the added issue of not being properly taken care of."
		M13	"The neglect towards the mother's right to breastfeed is quite surprising. I find it hard to manage both my job and my baby's requirements – I have to skip some pumping breaks quite frequently,"

		M14	"I feel like it is too much tension going back to the office setting since I have nowhere if I need to pump. This hampers my ability to continue the breastfeeding process as well,"
		M15	"It would be very useful for my current workplace to have an on-site lactation room or if breaks were allowed to be more flexible,"
	Time Management	M1	"Balancing work and breastfeeding are exhausting. I often must pump on breaks."
		M2	"Balancing work tasks with breastfeeding or pumping sessions is challenging and often leaves me feeling exhausted."
		M3	"I've had to sacrifice sleep to make time for pumping."
		M4	"Skipping pumping sessions due to work deadlines is stressful, but I have no choice."
		M5	"I feel like I'm juggling a lot and never have enough time for myself."

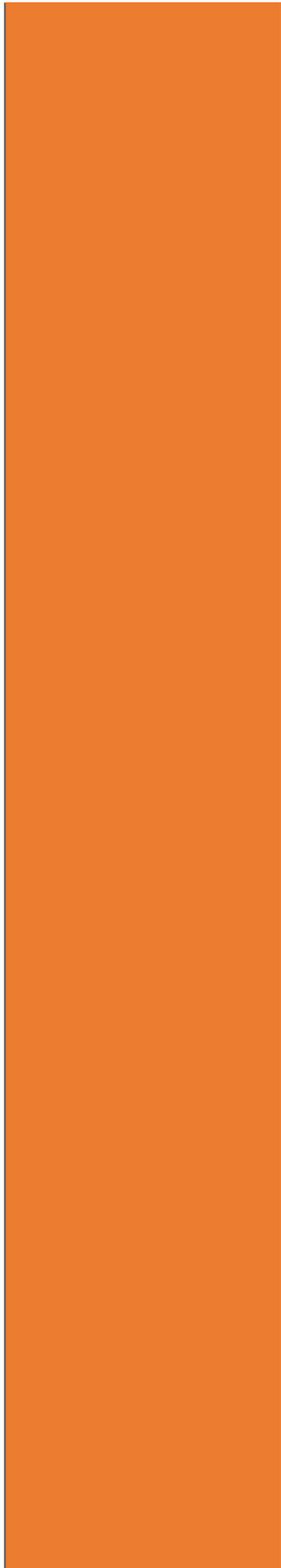
		M6	"I had to adjust my break times just to fit in a quick pumping session, which feels rushed and inadequate."
		M7	"I've had to become an expert at time- blocking to make everything fit."
		M8	"I try to make the most of my evening hours for pumping and bonding with my baby."
		M9	"I often have to pump in the car on my lunch break, which feels stressful."
		M10	"Time management is a constant struggle. I must prioritize my baby over everything else."
		M11	"I use a lot of short breaks to pump, but it doesn't always feel like enough."
		M12	"I often have to time my breaks very carefully to fit in pumping sessions."
		M13	"I struggle with balancing meetings and pumping breaks. It's a constant challenge."
		M14	"I spend a lot of time preparing meals and snacks to keep my energy up throughout the day."
		M15	"I time everything to make sure I have breaks for pumping, but it's not always ideal."

	Emotional Impact	M1	"I feel overwhelmed and guilty when I have to leave my baby for work."
		M2	"I feel anxious that I might not be doing enough for my baby."
		M3	"I felt immense guilt for switching to formula sooner than planned because I couldn't keep up with both work and breastfeeding."
		M4	"I feel like I'm always running on empty and not giving enough to either my job or my baby."
		M5	"The constant stress of maintaining my milk supply while meeting work demands led to burnout."
		M6	"I feel isolated because I'm the only one in my team breastfeeding."
		M7	"I feel sad when I have to leave my baby, even though I know it's necessary."
		M8	"I'm always worried about my milk supply. I don't feel confident about it."
		M9	"I've been feeling pretty emotionally drained. It's a lot to manage."
		M10	"I feel like I'm never able to fully relax. There's always something on my mind."

	M11	"It's hard to balance the emotional side of breastfeeding with the professional demands."
	M12	"I feel like I'm always rushing, and it makes me feel like I'm not giving my best to either my baby or my work."
	M13	"I feel guilty when I can't always breastfeed directly because of work."
	M14	"I feel mentally drained by the constant demands of both work and breastfeeding."
	M15	"There are moments of doubt where I question if I'm doing everything right for my baby."
	M1	"Support from my partner has been invaluable; he helps with household chores so I can focus on breastfeeding when I'm home."
	M2	"I have a strong network of friends, but my workplace doesn't allow flexibility for breaks."
	M3	"My manager is understanding, but there's little official policy support for breastfeeding mothers."

		M4	"My colleagues are understanding, but without formal workplace support, their help only goes so far."
		M5	"I talk to other mothers at work who are also breastfeeding, which helps."
		M6	"Having a family member take care of my baby while I'm at work has helped me cope with the demands of breastfeeding."
		M7	"I get a lot of emotional support from my sister, but not much from my workplace."
		M8	"I don't have much family support, but I've been able to find support from other mothers in my community."
		M9	"My mother is my biggest source of support, but my workplace doesn't provide adequate facilities."
		M10	"I have an excellent support system at home, but I still feel unsupported at work."
		M11	"I feel lucky to have support from my partner, but I wish there were more formal support from work."

		M12	"I have a supportive partner who helps a lot, and a few close friends who breastfeed as well."
		M13	"My colleagues are understanding, and I've found some solidarity in informal groups."
		M14	"I rely heavily on my family, and my workplace has a small but supportive breastfeeding policy."
		M15	"I have a great mentor at work who's been through the same experience and gives me advice."
Coping Strategies		M1	"I try to stay organized and set reminders for pumping, and I also lean on my mom for advice."
		M2	"I've started pumping milk in advance to ensure my baby has enough when I can't breastfeed directly."
		M3	"I journal to process my emotions and stay connected with my baby."
		M4	"I try to practice mindfulness during my breaks to stay grounded."
		M5	"Using portable coolers has been a lifesaver for milk storage when I have long workdays."



M6	"I've consulted a lactation expert to help manage my milk supply in the midst of my busy schedule."
M7	"I take walks during my breaks to clear my head and calm down."
M8	"I keep a pumping diary to track my supply and progress."
M9	"I try to take things one step at a time and don't over-schedule myself."
M10	"I take deep breaths and focus on staying present with my baby when I'm home."
M11	"I try to be kind to myself and remind myself that it's okay not to be perfect."
M12	"I rely on breathing exercises to stay calm and focused during work hours."
M13	"I have found using a hands-free pump at work is a game-changer for time management."
M14	"I try to stay positive by focusing on the benefits of breastfeeding for my baby."
M15	"I meditate during my breaks to keep my stress levels down."

In this qualitative study, the complex and sometimes difficult experiences of 15 primiparous working mothers who breastfeed were investigated, which uncovered the key areas of Breastfeeding challenges: Lack of workplace policies; Time management, Emotional impact, Social support, and Coping Strategies. Each of the participants' testimony contributes towards these themes in the elaboration of the challenges that are faced and what support or obstruction within or outside of the breastfeeding profession assists or conflicts with the participants in their attempts to juggle breastfeeding and work. The results underscored the challenges that breastfeeding mothers encounter while working, with inadequate policies and resources being the principal reasons.

A few other employees complained and expressed discontent as there were no designated lactation rooms available. A few employees used dirty bathrooms to pump while a few employees complained of lactation rooms being small or not enough, (M11) (M1). Other employees in the organizations reported a lack of orientation concerning clear policies at their workplaces regarding the practice and provision of pumping breast milk at places not designed for lactation (M3, M5). Respondents mentioned that they were always under pressure as the structure was poorly defined. They had to balance between their work commitments and commitments of caring for the child as there was limited time available for activities. (M10). There were even emotional impacts since mothers started feeling bad or apologetic for needing time to pump further leading to issues such as burnout and feelings of loneliness (M4, M9). There has also been a suggestion to provide remunerated pumping breaks (M6) adding that unpaid breaks make bad situations worse. In a few cases, the lack of management support and understanding (M4, M9) added to the psychostress of the working mother. In the best interest of all stakeholders, it was suggested that organizations should deploy appropriate policies regarding breastfeeding, effective scheduling of lactation rooms, implementing flexible hours, and having a more caring work environment for the employees. Such changes would have not only improved the welfare of the mothers but also promoted a better and more positive culture in the workplace.

The Time Management experience of working and breastfeeding involved a time surge where some demanding roles had to be performed. The overall message though was one of tiredness and the challenge of achieving equilibrium. Several people reported that some of their work tasks and pumping sessions were colliding in a way that pushed and pulled them into going to work and attending to their babies. The need to pump milk during work breaks explained the difficulty of combining mothering with employment and often resulted in anger and physical exhaustion. Lack of sleep (M3) and being frustrated with the idea that personal needs can never be attended to (M5) were normal phenomena illustrating how the management of time became a never-ending circle of stressful work and childcare at the expense of self-care. The modification of break times (M6), the concept of time management by way of blocking (M7), and the tactical use of minute breaks (M11) were some of the ways through which everything was tried to be rooted in the first place. However, such attempts were often compelled to be hasty and they had a feeling of being inadequate causing stress and an overwhelming feeling.

Slight awful situations of pumping in the car for lunch breaks (M9) or even in meetings (M13) contributed towards this idea of being stretched too thin. There was a persistent inclination to over plan causing in some instances missed pumping sessions due to work commitments (M4) or other scenarios

when the women had to reorder their schedules to breastfeed and go to work (M12). One of the participants remarked, that the practical realities of these women could not have been easy, there was pressure to manage everything including the mother's obligations which came up as an ongoing theme - time management resided in the background as a 'chronic issue' (M10). By the end, there was a recurrent theme of compromise – it may always not feel as if there is a perfect balance, but there was always an attempt to find time to work and be with the baby which often, meant squandering personal time. The conflict of having to prepare meals for the family (M14), and the difficulty of incorporating pumping into an already dense schedule (M15) was indicative of the mental anguish that occurred in trying to juggle all these competing priorities.

In the end, the last observations combined with statements proved that it is very challenging to satisfy professional requirements and the needs of the person as a mother at the same time, especially when time constraints are present. The emotional impact reflected in these statements has demonstrated the problems that were faced whenever one needed to balance between breastfeeding and work. Another considerable theme was the pervasive mother's guilt which many of the experiences were predisposed to. Mothers' experiences of caregiving and work always created cognitive dissonance. Leaving the baby for work (M1) guilt, the earlier introduction of formula feeding (M3) or inability to breastfeed directly because of work responsibilities (M13). All these intoxicating postpartum feelings make one feel like failing in one area or the other. Shear's feeling of being inadequate as a mother (M2) or being unable to produce enough milk (M8) created deep-seated woes about her ability to provide for her baby and consequently, caused discomfort to the baby. The extensive "role conflict" where in one moment she is a professional at work and then moments later, a mother attending to child duties made her feel restless and mentally drained (M9, M14) with some statements explaining she was "on empty" (M4) or that she was mentally tired "switching roles" between both practices.

This use of strategies chronically caused burnout for this individual (M5) as the effort put into managing the demands in both domains reached an unmanageable level. Another strong theme among the participants was distress, the mother admitted that she was the only one in her team who was breastfeeding (M6). Such absence of shared experience or empathy at the workplace only served as a source of further emotional exhaustion, so she felt unsupported in her twofold tasks. Emotions associated with distance from her child (M7) were also present, the mother understood the necessity of separation but said that it was emotionally difficult. She was also dealing with the stressors (M10, M12) and lack of relaxation, because being anxious about being a competent employee and mother made relaxation almost impossible. This made her feel incompetent, because most times she felt like she was unable to devote herself fully to either, and this led to self-defeatism and more emotional exhaustion.

In sum, these statements resonated with the voice of a working mother who had to deal with a lot of shame and guilt and felt very overwhelmed as she tried to comply with traditionally appraised practices of motherhood and employment and the emotional/physical demands that came with both. In the absence of adequate support within work and home contexts which is likely to have resulted in continuous stress, this derailing of attempts to balance her work–family role may have become her long-term challenge to

deal with. These statements represent the synergic relationship of the social network that breastfeeding mothers experience with an accent on their families and partners.

Several participants indicated that they were able to receive much assistance from their partners who engaged in housework and baby care so that they could concentrate on breastfeeding (M1, M12). It was also mentioned that family members, especially mothers, were indispensable and practical supporters and some would hire their mothers to babysit when they were out for work (M6, M9, M14). However, not every respondent received family support, and some claimed that they had to seek out different systems of support, such as community organizations or work peers (M5, M8). At their places of employment, the dispersal of support appeared to be more uneven, as many mothers remarked that although understanding coworkers were present, little assistance structure was in place, such as rooms for breastfeeding or adjustable break periods (M3, M4, M10). Because of the absence of this form of support, some mothers reported that they felt they were unsupported in the workplace even if their coworkers or managers were understanding (M11). The presence of other breastfeeding mothers was helpful to most mothers, as these other breastfeeding mothers provided peer support which is critical emotional release and practical help emphasizing the role of informal networks (M5, M13). Despite these difficulties, however, some mothers were lucky to have mentors or even colleagues who had taken maternity leaves and provided some direction (M15).

The last major theme is that coping strategies illustrated in these statements depicted a rational and reasoned approach to pumping and breastfeeding within the context of a busy schedule.

These comments have further showcased the set of practical, emotional and psychological techniques that most women utilize to maintain the milk supply, manage stress and juggle work and mothering roles. One request that kept coming up was to be more organized and better prepared. Most of the ladies' demand that getting organized i.e. setting reminders to pump milk (M1), pre-pumping to create an early surplus (M2), or keeping a detailed breastfeeding log (M8) were not only useful but critical. As easing the time away with the baby while adhering to a self-imposed regimen of breastfeeding was also a concern, respondents considered portable coolers (M5) and hands-free pumps (M13) to be very effective in combining the two tasks of expressing milk and storage even with hectic work schedules. These tips and tricks kept them organized with breastfeeding while still tackling life. The other major theme was seeking help from others and encouragement. Numerous statements emphasized the need to take advantage of such external sources, be it a lactation consultant who was contacted (M6) or a maternal family member who offered some suggestions (M1). Therefore, there is a need for a support system to overcome the physical and psychological trauma that comes with breastfeeding.

Also, professional help left a positive impression on the individuals who would take the maximum advice from the professionals to maintain their supply chain despite their tight calendar. As for their mental health, self-care and stress management were major takeaways for quite a number. They were encouraged to write (M3), concentrate on the present (M4), let go of all thoughts in silence (M15) and go out to feel and move the body (m7) among other things. Such strategies assisted me in coping with the emotional strain of pumping and breastfeeding while being calm and present. There were also such statements that had some

self-kind aspects: e.g. it was suggested to avoid loading the schedule (M9). Lastly, it was the mindfulness at work as well as at home that got the most attention. Other suggested strategies included deep breathing exercises at work (M12) and being present with the children at home (M10). However, those strategies seemed to indicate that people were at least trying to survive this conflict of interest.

Interestingly, or perhaps even quite understandably given the constraints imposed by the practicalities of pumping and working, these strategies also seemingly attempted to reach out to babies on an emotional level. A work and motherhood management study found important shortcomings in the support for first-time breastfeeding working mothers, which called for changes across the board. Mothers reported dissatisfaction with the lack of clearly designated breastfeeding or pumping rooms and the shortage of time allowed for ‘milking’. They tend to interpret this absence of support as encompassing too many stressors, being undervalued, and being spread too thin, negatively affecting their work-life balance and general wellness. Sometimes mothers had no option but to pump in places where it was not only poorly suited but considered embarrassing, such as restrooms. The study advocated for changes in workplace policies to include, among others, the availability of private pumping rooms, flexibility of break times, and a more friendly work environment. Such conflict-reducing measures would alleviate both the physical and psychological pressure among mothers and nurture more tolerant relations. There would be less stress among employees who are mothers, increasing their well-being, and fostering a more productive and active workforce. But in the absence of these provisions, a considerable number of mothers found coping with their jobs and breastfeeding very difficult and often resorted to work hour alteration or dependency on support systems which were not viable. This emphasized the pressing necessity for workplace policy formulations that enhance work-life balance, employee engagement and retention which in the end is advantageous to both the employee and the organization.

Interpretation of Results

This study explored the significant challenges by experiences of first-time breastfeeding mothers faced as they balanced professional responsibilities with the demands of breastfeeding, focusing on emotional well-being, time management, and the need for workplace support. Key themes that emerged included the challenges of breastfeeding and the coping strategies mothers used to navigate their dual roles. One of the most notable challenges was the lack of workplace policies that supported breastfeeding mothers, such as the absence of lactation rooms, insufficient break times, and limited flexibility in work hours. These gaps in support left mothers feeling unsupported, which increased their stress levels. Time management was another major obstacle, as mothers had to coordinate pumping sessions with work duties, often requiring them to multitask or schedule around meetings and deadlines, which led to fragmented time and emotional burnout. The emotional toll was significant, with many mothers experiencing feelings of guilt and inadequacy due to societal expectations surrounding both work and motherhood. These feelings were often intensified by a lack of support from colleagues or employers, contributing to anxiety and shame. The study also highlighted the absence of social support, with mothers who lacked help from family, friends, or colleagues experiencing heightened emotional strain. Strong social networks have been shown to alleviate stress, indicating the importance of such support systems.

To cope with these challenges, mothers employed a variety of strategies. Seeking emotional support from family, peers, or co-workers was a common method for managing stress. Peer groups and family assistance with childcare provided much-needed relief and reduced feelings of isolation. Successful time management was another crucial coping strategy, with many mothers organizing their schedules around breastfeeding times, using breaks for pumping, or even multitasking, such as pumping during meetings. Some mothers also used apps to track pumping sessions, which helped manage time more effectively. Additionally, many mothers negotiated workplace accommodations, seeking flexible hours or designated lactation spaces, which significantly reduced logistical challenges and stress. Practicing self-compassion was also vital for emotional well-being; mothers who accepted their limitations and refrained from striving for perfection reported feeling less guilty and better able to manage both roles. Another helpful strategy was reframing the experience of balancing work and breastfeeding as empowering rather than burdensome. This shift in perspective, reinforced by supportive workplace policies like flexible hours or on-site childcare, fostered a sense of fulfillment and resilience.

The study's findings underscored the urgent need for workplace policies that supported breastfeeding mothers, such as lactation rooms, adequate break times, and flexible hours. This accommodation was essential for reducing emotional and logistical stress. The research also highlighted the emotional toll of balancing work and breastfeeding, which was compounded by societal pressures and a lack of support. When cross-referenced with existing literature, such as the work by Grootenhuis et al. (2021) and White et al. (2022), the study confirmed that emotional and practical support systems were critical in alleviating stress. Coping strategies like time management, self-compassion, and reframing the experience were consistent with findings from Cooper et al. (2022) and Fletcher et al. (2021), which emphasized the importance of these strategies in enhancing emotional well-being. In conclusion, while balancing breastfeeding and work was challenging, mothers could manage these demands through emotional support, effective time management, self-compassion, and reframing the experience as empowering. The study called for policies that offered both practical and emotional support, enabling mothers to thrive in both their professional and maternal roles.

SUMMARY

The research revealed an additional aspect of working mothers' problems about juggling between the workplace and breastfeeding. It has been quite a few pronounced benefits of breastfeeding, however, in its essence without workplaces' systemic backup and social acceptance, it turned out rather unpleasant in most cases. Some barriers like the absence of lactation rooms, paid breaks and adjustable time limits prevented mothers from exercising breastfeeding. Some industries and sectors with different policies advanced or detracted from breastfeeding practices to varied degrees. Some mothers had such formal provisions as nursing rooms or breaks for breastfeeding provided but did not use these. The resulting emotional woe, failure, and in some cases early weaning as a response to the negative aspects of society and hence frenzied frustration from the mother. Partners and family were supportive in general, but these were not sufficient to overcome some of the workplace issues highlighting the need for changes at the policy levels. Likewise, the research found, that mothers' engaging in strategies like preparing milk and hiring

lactation consultants was a step in the right direction but misplaced in the sense that mothers were perceived to do these things alone.

RECOMMENDATIONS

Several stakeholders should come forward in a bid to create a conducive environment for breastfeeding mothers in an organizational setting. Employers need to be able to provide lactation rooms, accommodate breastfeeding employees by giving paid breastfeeding breaks, and offer flexible work schedules. Making it a gag policy within the company to communicate to employees the company's breastfeeding policies and establishing a formal breastfeeding policy will go a long way to building a strong company culture that is supportive and inclusive. Additionally, there are laws advocating for working mothers such as the Expanded Breastfeeding Promotion Act that should be implemented more effectively across sectors. Breastfeeding is essential for both mothers and children. Efforts need to be made to change the perception of breastfeeding at the workplace through education to benefit society as is common practice in other societies. To assist women, returning to work while breastfeeding, the health sector can also assist through lactation counseling or support groups for working mothers. Working together with employers to create breastfeeding-supportive workplaces will also help breastfeeding mothers to continue breastfeeding even as they juggle work. Future studies can look at mothers from different socioeconomic backgrounds because the level of support for breastfeeding mothers in the workplace is likely to differ in various societies.

CONCLUSION

Breastfeeding is usually regarded as an intimate and positive experience however, the practices themselves are subject to various other determinants, primarily the work environment, the culture of the society and the availability of support. Concerning one of the specific aims of this study, the analysis of the existing structures in many workplaces in modern-day society concludes that they are not sufficient for women who breastfeed. As a result, many mothers have to deal with these problems on their own ignoring their wish to breastfeed. Similarly, the research study explains that breastfeeding should never be seen as the work of a single individual – the mother. It is a social and indeed an institutional problem. The roles of the employers, policymakers, and health care providers are recognized in promoting breastfeeding in such a way that offers no conflict with women's work, health or psycho-social goals. Supportive instruments for employed mothers would not be ideal classifications and demands such as lactation rooms, flexible working schedules or paid breastfeeding breaks but rather workplace modifications. The third effect felt in the study that receives the attention of the respondents concerns the emotions of work that are brought upon by mothers to feel that there is work to be done rather than breastfeeding.

Feelings of guilt, anger, and fatigue can be considered as more or less innate attributes, and they affect not only mothers but most certainly also their children. For this reason, workplaces should improve the mental health of patients who want to nurse by treating them with compassion instead of reprimanding them. Improving the emotional and psychological aspects of nursing at the workplace is as important as

making changes in physical arrangements. It also comes out from this research that social support systems in particular families help moderate the stress that comes with breastfeeding. For instance, the need for and reliance on informal help is an indication of failure on the part of the institution. Partners and families are important in enabling mothers to cope, but businesses also need to initiate breastfeeding policies. Not only will this improve the health status of women, but also, that of the children and the whole family. Moving forward, there is a need to reinforce existing laws that protect the breastfeeding mother in employment settings and take into account their enforcement across the various sectors.

With what has already been stated and from the insights gained, it can be predicted that campaigns will also succeed in shifting negative stereotypical beliefs about breastfeeding in public places generally and in workplaces and regard it as something that is a right and an obligation of all and not just the mother. There are also programs for working mothers who have rights that can be supported and educated through healthcare providers on breastfeeding. This research study depicts the true position of those mothers who breastfeed and continue working: the degree of their integration into the workforce depends primarily on the level of professional, occupational, social and community support from that perspective. It is not only encouraging mothers to breastfeed babies that is a solution- structures of entire organizations need to change, as implementation of such policies, and the general views on working mothers within the society. Such an environment is therefore created only through coordinated efforts and through changes in the system that enable working mothers to be effective at both motherhood and professionalism without the need for separation between the two functions.

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