



Breastfeeding Challenges among Career Mothers in A Low-Resource Setting: An Exploratory Study

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Abstract

Exclusive breastfeeding is essential for infant health; however, career mothers face challenges in balancing work and family responsibilities, leading to lower exclusive breastfeeding rates. Understanding these dynamics is crucial for developing targeted interventions and policies. This study aimed to explore the work challenges of exclusive breastfeeding among breastfeeding mothers. This study used a qualitative, exploratory, and descriptive design. A reflexive thematic analysis was used to investigate the challenges faced by career mothers in exclusive breastfeeding. The majority of working mothers desired to practice exclusive breastfeeding for six months. Still, many deviated due to work demands, time constraints, lack of lactation rooms, limited maternity leave, and stress. The study concluded that working mothers desire to practice exclusive breastfeeding for six months due to its benefits, but workplace challenges, such as a lack of lactation rooms, inadequate maternity leave, and time constraints, may hinder them. Governments should ensure that maternity leave aligns with Exclusive Breastfeeding Feeding (EBF) practices.

Keywords: Exclusive Breastfeeding, Career Mothers, Breastfeeding Mothers, Low-Resource Settings, Workplace Challenges.

1. Introduction

According to the World Health Organization (WHO), exclusive breastfeeding is defined as the practice of feeding infants only breast milk, with no additional food or drink, for the first six months of life. Breast milk provides all the nutrients needed for survival, growth, and development (Soumah et al., 2021), as well as immunological, antibacterial, and anti-inflammatory properties in infants (Tsegaw et al., 2021). It has also been found to have numerous health benefits for both mother and infant, including reduced risk of infections, malnutrition, and chronic diseases (Victora et al., 2016).

Breastfeeding, according to Alshammari and Haridi (2021), is not just a lifestyle choice of the mother but a lifetime investment in health. It has been noted that breastfeeding is a crucial long-term investment in a child's physical, cognitive, and social development, as well as a vital first step in protecting against poverty, disease, and death (Hansen, 2016). Despite the recognised health and economic benefits of breastfeeding, the global exclusive breastfeeding prevalence remains low,

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at less than 40 % (WHO, 2014), but has increased to approximately 41 % worldwide. However, 37 % of African infants are exclusively breastfed (Bhattacharjee et al., 2017; Hemingway et al., 2021).

To fully recover from giving birth and initiate breastfeeding successfully, mothers require time off from work; however, early breastfeeding initiation and exclusive breastfeeding during the first six months are hampered by an early return to work (WHO, 2019). Working mothers in Kenya often discuss ending their exclusive breastfeeding early to prepare for their return to work (Ickes et al., 2021). The study found that 51 % of mothers indicated that their work prevented them from practising exclusive breastfeeding (Bhandari et al., 2019).

In Ghana, study findings indicated that 16 % and 84 % of career mothers in the formal and informal sectors of employment, respectively, practised exclusive breastfeeding (Nkrumah, 2017). Therefore, the WHO and UNICEF have urged governments and companies to adopt family-friendly policies, including paid maternity leave lasting at least 18 weeks and ideally six months (WHO, 2019).

Among working women, only one-third 31 % were able to breastfeed their babies exclusively for six months (Kadale et al., 2018). Similarly, Smith and Becker (2016) indicated that the work environment significantly impacts breastfeeding practices among employed mothers, and that mothers face obstacles in their attempts to combine breastfeeding and working, including rigid work schedules and unequal access to physical space. A study's findings reported that a substantial number of employed women encounter impediments and obstacles in sustaining a breastfeeding relationship with their infants after resuming work, which may consequently lead them to terminate breastfeeding before the recommended duration (Dinour, Szaro, 2017).

In the Bunkpurugu district, there is limited research on the exclusive breastfeeding experience and practice among working mothers. Additionally, although numerous studies have been conducted on breastfeeding practices and difficulties, relatively little attention has been given to how breastfeeding and professional demands intersect in this context.

Understanding the experiences and practices of exclusive breastfeeding among breastfeeding career mothers can shed light on the potential challenges and barriers they face in adhering to EBF recommendations, thereby informing targeted interventions to promote better health outcomes for both mothers and infants. The strategies employed by these mothers to balance their breastfeeding responsibilities with their professional obligations can offer valuable insights into supportive workplace policies, such as maternal leave arrangements and childcare facilities, that facilitate continued breastfeeding. Therefore, this study explored breastfeeding challenges among career mothers in the Bunkpurugu District of Ghana.

2. Methodology

Ethical consideration

The Noguchi Memorial Institute for Medical Research Review Board provided ethical approval for the study, with the number: NMIMR-IRB CPN: 130/23-24. After receiving participants' consent, the objectives and benefits of the study were discussed, and they were informed of their ability to withdraw from the study at any time. Before the commencement of the study, the participants were informed about the benefits, potential risks, and rewards associated with their participation to obtain their consent. The participants provided written and verbal informed consent prior to data collection. During data collection, each participant was assigned a pseudonym to maintain their confidentiality and anonymity.

Study design

This study employed a qualitative descriptive design to identify the challenges faced by employed breastfeeding mothers in their workplace in the Bunkpurugu District of Ghana. According to Creswell (2014), exploratory studies are useful for deciphering complex phenomena and formulating suggestions for future studies. Descriptive studies provide a comprehensive overview of the situation, enabling comparison with recommendations and identifying any gaps in practice (Sandelowski, 2010). The study design was favourable because it enabled the identification of gaps and provided an in-depth overview of the situation under study.

Population and sampling

The target population consisted of breastfeeding mothers with babies aged 0 to 12 months who were formally employed. However, the study excluded career mothers whose ill health did not

permit them to participate in the interview, as well as mothers who were newly employed. The participants were recruited using a purposive sampling technique. Purposive sampling is a non-probability sampling strategy commonly used in qualitative research to select study participants based on the researcher's knowledge and understanding of the research topic (Polit, Beck, 2014). Fifteen (15) breastfeeding mothers were recruited for the study. This sample size was determined by saturation, where the researcher identified no new information or themes (Sarfo et al., 2021).

Participants were recruited from Child Welfare Clinics and through maternity ward registers in the districts, with assistance from facility managers, during the period from August to September 2024. Participants were provided with information pamphlets and consent forms after they were informed of the study.

Data collection procedure

A semi-structured interview guide was developed to elicit responses from participants that aligned with the study's objectives. Based on the inclusion criteria, this guide was pretested with two breastfeeding mothers in the East Mamprusi Municipality at Nalerigu. Data collection was carried out by the principal investigator, who has experience in qualitative research. Prior to the start of the study, she had no previous contact with the mothers. Face-to-face interviews were conducted using the data collection tool at the participants' convenience in a private office at their preferred time. The interviews lasted 30-45 minutes, with a duration of 3 months from August to September 2024. Audio recordings were obtained from participants with their consent and were later transcribed verbatim. Field notes were prepared to supplement the data, and participants were assured of privacy, confidentiality, and anonymity prior to the commencement of data collection.

Data analysis

The data were analysed using thematic analysis, as described in Braun and Clarke (2021). Data collection occurred concurrently with analysis. Audio recordings of the interviews were transcribed verbatim and compared to the interview transcripts by the principal author. The transcripts were originally and repeatedly examined by all the authors to identify similarities in the familiarisation process. Similar topics were grouped and coded using key concepts linked to the study objectives. The compressed codes were then organised into sub-themes. To achieve accurate data representation, all researchers analysed the data and collaborated to create sub-themes. Once a consensus was established, researchers created a full-theme analysis report.

Methodological rigour (trustworthiness)

Trustworthiness was founded on credibility, dependability, confirmability, and transferability, according to Guba and Lincoln (1994), to guarantee legitimacy. Participants were asked to review the transcript and confirm the themes produced from the analysis based on credibility. Dependability was ensured by using the same interview guide with a consistent line of questioning for all participants, thereby maintaining consistency. During the concurrent data gathering and analysis process, the research team held peer debriefing sessions to address data difficulties, common concepts, and emerging themes, thereby increasing the credibility of the study. Confirmability was achieved by conducting an audit trail of all activities involved in participant selection, data collection, and analysis. Transferability was addressed by providing a detailed account of all experiences during data collection, including information regarding the location and context of the interview.

Reflexivity

In qualitative research, researchers employ reflexivity to acknowledge their biases and the impact of subjectivity on inquiry and its processes, which are inextricably linked (Olmos-Vega et al., 2023; Sarfo, Attigah, 2025). In this study, researchers engaged in reflexivity by assessing our abilities and familiarity with the setting as well as communicating varied decisions while generating real-life data to portray participants' experiences.

3. Results

Data saturation was obtained from the fifteenth participant. All participants who met the inclusion criteria agreed to participate without withdrawing from the study at any point. The demographic Characteristics of the study participants are presented in Table 1.

Table 1. Demographic characteristics of study participants

Pseudonyms	Age	Occupation	No. of Children	Age of Baby (in months)
Cm1	29	Nurse	1	1
Cm2	33	Secretary	4	1
Cm3	31	Nurse	2	1
Cm4	34	Nurse	2	4
Cm5	32	Nurse	3	5
Cm6	32	Nurse	3	3
Cm7	36	Pharmacy Technician	3	9
Cm8	33	Teacher	1	2
Cm9	29	Teacher	1	2
Cm10	24	Nurse	1	2
Cm11	32	Nurse	2	1
Cm12	31	Nurse	2	2
Cm13	32	Midwife	2	9
Cm14	29	Midwife	2	7
Cm15	29	Midwife	2	12

Organisation of themes and subthemes

Two major themes and seven subthemes emerged from the study, as described in [Table 2](#).

Table 2. Themes and sub-themes

Theme	Sub-Themes
Workplace challenges	a. Time constraints
	b. Work schedule
	c. Workplace policies
	d. Workplace environment
Maternal challenges	a. Conflict between work and breastfeeding
	b. Maternal stress
	c. Maternal stigma and discrimination

Theme 1: Workplace challenges

Career mothers encountered numerous challenges at the workplace as they tried to meet the demands and practice exclusive breastfeeding, as expressed in the data. Work role challenges include time constraints, workplace policies, conflict, the impact on mothers and children, stigma, discrimination, and discouragement from co-workers.

Time constraint

Most of the participants complained about limited break time and difficulty breastfeeding due to time constraints at work, and the demanding nature of work makes it difficult to find time to breastfeed.

“Resuming work in the third month and then sending the baby to work. Putting a baby at the breastfeeding corner while working, when the work becomes serious, you will not get the time to really feed the baby up to expectations” (CM14).

“Sometimes you just end up even deviating from the exclusive breastfeeding because of time constraints. The fact is that it’s not everyone who can practice exclusive breastfeeding” (CM3).

Some have stopped exclusive breastfeeding practices before six (6) months due to time constraints and workload. Below are some views of the participants regarding time constraints.

“I had no option, that was why I introduced complementary feeding, but it’s not that I don’t believe in exclusive breastfeeding. Even though it was risky, I had to opt for it because I wanted my babies also to grow so that I could get a chance to work” (CM2).

“So when I resumed work, I had to supplement or complement with other food because the time you have to breastfeed at least every two hours, you will be working, and that is why almost

everybody in my ward, it's difficult for us to practice exclusive breastfeeding. It has gotten an impact. Because the time you would have given to the baby, you are working" (CM13).

Work schedule

Most women expressed dissatisfaction with their work schedules since they frequently conflicted with breastfeeding demands, especially for nursing and midwifery services, due to insufficient staff per shift.

"It's tedious for us, the breastfeeding mothers. Because when we are at the worksite, especially in the afternoon shift, before they will come and take over from us, it will be around 7:30 before you take over or before you hand everything over to the incoming nurse. It will be getting to 8 pm or 9 pm at that time in the evening" (CM4).

"So, sometimes you wish to go and breastfeed, but the place is busy. If you ask for permission, they will tell you that the place is busy. Assuming you are two or three people who are breastfeeding and you are on duty, all of you cannot all go at the same time to breastfeed. So, it might be that your baby is crying, and another person's baby is crying too. So, it's only one person they will allow to go and breastfeed at a time" (CM13).

Workplace policies

The study indicates that workplace policies and the environment have a significant influence on breastfeeding practices, with participants expressing concerns about the inadequacy of the government's 3-month maternity leave policy.

"Because the practice of exclusive breastfeeding is six months, and we are given three months maternity leave, so if you use three months at home, when you come back to your workplace, it will be difficult to continue breastfeeding" (CM6).

"Actually, it's not enough. We always get three months. Actually, within the first three months that I was in the house, I was on maternity leave, I was able to breastfeed exclusively, but when I resumed work, I could not continue exclusive breastfeeding" (CM13).

Workplace environment

Many career mothers face challenges in exclusive breastfeeding due to a lack of workplace support, inadequate breastfeeding areas, privacy, and staff restrooms.

"Nobody is having a place for breastfeeding, so we don't even have a nurse's office or nurse's station. There's no privacy in the ward, so it is difficult sitting there exposing yourself and breastfeeding your child" (CM1).

"So the moment you are removing your seat to bring the breast out, everybody's eyes are on you. So you see that you'll not be comfortable bringing the breast out" (CM4).

Theme 2: Maternal challenges

Career mothers also reported personal parenting challenges practising exclusive breastfeeding. These maternal challenges included conflict between work and breastfeeding, maternal stress and maternal stigma and discrimination.

Conflict between work and breastfeeding

Workplace conflicts negatively impact breastfeeding mothers, with tight schedules and demanding workloads causing frustration and difficulty in attending to the infants' needs.

"So when I resumed work, I had to supplement or complement with other food because the time you have to breastfeed at least every two hours, you will be working, and that is why almost everybody in my ward, it's difficult for us to practice exclusive breastfeeding. It has gotten an impact. Because the time you would have given to the baby, you are working" (CM13).

"The time you will be busy teaching, that's the time your child wants to breastfeed. You don't know whether to attend to the baby or continue teaching. So, it has been my challenge" (CM8).

Maternal stress

The results revealed that balancing work and breastfeeding demands can cause psychological strain, leading to divided attention and stress among mothers who may need to leave work to care for their infants.

"So sometimes I would want to breastfeed much and also want to execute my work professionally and take care of the client's work. So psychologically, if you are not stable, you can't also take good care of the client's needs" (CM13).

“Yes. As I spoke about stress, I personally, when I’m stressed out, all my breasts run empty. You will not see anything in my breasts. They can stress you till you even get depression. If you are not strong and your family are not helpful to you, you can get depression out of it. You see, my mind will not be stable. So maybe I can cause harm to the client or baby” (CM14).

Maternal stigma and discrimination

It was deduced that most breastfeeding mothers face stigma and discrimination in the workplace. These mothers described how they suffered the effects of discrimination in the hands of their employers. A breastfeeding mother can only be employed or offered a job when there is no competitor, or it is the last option for the employer.

“They will never give you a job because you are breastfeeding or someone is breastfeeding. If you are two or more people and you are looking for work, the moment they see you carrying baby at your back, no one wants to pick you because they feel like you can’t get a chance to work well so they will rather choose the one without a child because the person is free unless maybe there is no one else to do it and you are the only option” (CM2).

“The co-workers feel like they’ve never given birth before or something. You don’t even understand. And my boss would say, ‘You give your child too much attention.’ Mm-hmm. So they will just be murmuring, and you see, those are the things that will give you emotional trauma and stuff” (CM11).

4. Discussion

The challenges and difficulties the career mothers faced in this current study in meeting their breastfeeding and work demands included limited time and work schedule when returning to work, inadequate work policies and support, such as limited maternity leave, discrimination, discouragement and stigma from co-workers, and physical and psychological stress.

According to the current research, many mothers struggle to find time to breastfeed their newborns at work or after resuming work, making exclusive breastfeeding practically impossible. Similarly, a study conducted in Dukem Town of Central Ethiopia indicated that mothers’ cessation of exclusive breastfeeding was related to short or limited breastfeeding break time (Kebede et al., 2020).

From the study findings, there is a need for the government to reduce working hours for breastfeeding mothers in Bunkpurugu District, as they face physical and psychological stress due to their professional roles and motherhood demands. This agrees with similar study findings by Valizadeh et al. (2018), which stated that stress was a rising issue for all employees, but more particularly for working breastfeeding mothers. This study found that working mothers experience emotional stress, worry, and instability in their daily endeavours, corroborating previous Ethiopian findings (Wolde et al., 2022). Additionally, it supports the notion that the dual role of work and breastfeeding may lead to maternal physical and mental exhaustion (Guo et al., 2022). This revealed that career mothers often prioritise work and family responsibilities, sacrificing personal time for rest and self-care, resulting in a lack of balance in their lives.

The study revealed that some breastfeeding mothers in the district encounter discrimination from superiors and co-workers, resulting in a hostile work environment that makes it difficult for them to manage their work and breastfeeding duties (Hendarto et al., 2018). The study corroborates the findings that criticism and discouragement from employers and co-workers greatly reduce breastfeeding mothers’ ability to continue practising exclusive breastfeeding (Hirani, Karmaliani, 2013; Jantzer et al., 2018). This study found that workplace policies, including flexible hours and supportive conditions such as lactation rooms and maternity leave, were often inadequate. Despite using three months of maternity leave, the majority of participants complained about its inadequacy, which is consistent with Ethiopian findings that indicate the existing 3-month maternity leave is unjust and brief, not complying with the global EBF standard (Wolde et al., 2021). This suggests that the country’s maternity leave policy is inadequate, thereby not providing career mothers with the opportunity to work full-time and practice EBF as recommended.

According to the study, some mothers started formula feeding after returning to work because their work environment conflicted with EBF practices, and this is supported by findings that indicated that working mothers frequently forfeit breastfeeding for work in China, despite recognising its benefits, instead resorting to formula feeding due to job-related difficulties (Chen et al., 2019; Tulley, 2015; Wolde et al., 2021).

The study found that many participants struggled with work role challenges, citing a lack of breastfeeding or lactation rooms, leading them to use offices or consultation spaces to breastfeed their babies. Similarly, in the USA, employed mothers struggle to find suitable spaces to breastfeed and express milk at work, and as a result, mothers in Ghana often resort to car or office breastfeeding (McCardel, Padilla, 2020; Kubuga, Tindana, 2023).

Moreover, some mothers also introduced formula feeding early due to the conflict between work demand and exclusive breastfeeding practice, which is supported by a study in the USA that suggests that some mothers quit breastfeeding earlier due to potential work-related conflicts. (Van Egdom et al., 2023). Workplaces may be hostile towards breastfeeding mothers, suggesting that the government and authorities should implement policies to prevent workplace barriers and discourage formula-feeding practices.

5. Conclusion

The study concludes that most working mothers have a strong desire to practice exclusive breastfeeding (EBF) for the recommended six months because of its recognised benefits for infant health and development; however, workplace challenges may prevent them from achieving this goal. These conclusions highlight the complexities surrounding breastfeeding practices among working mothers and underscore the need for systemic changes to support their efforts.

6. Strengths and limitations

Participants from different facilities provide rich information that helps them appreciate the challenges that career mothers face in their efforts to balance professional demands and motherhood responsibilities. The study focused on the health and educational sectors for participant recruitment, leaving other sectors where career mothers might have provided additional or different information.

7. Implications of the study

Nursing and midwifery professionals should provide more comprehensive support for breastfeeding mothers. This includes educating mothers about the importance of exclusive breastfeeding and providing practical support in managing breastfeeding alongside work responsibilities.

Educators should equip future nurses and midwives with advocacy skills that will help promote and improve policies supporting breastfeeding mothers in their workplaces. This will empower them to be effective advocates of maternal and child health.

8. Declarations

Ethics statement and consent to participate

Ethical clearance was obtained from the Nugochi Memorial Institute for Medical Research (NMIMR) Review Board with NMIMR-IRB CPN: 130/23-24.

Consent for publication

Not applicable.

Availability of data and materials

Raw data is available upon request from the corresponding author.

Conflict of interest

The authors have declared that no competing interests exist.

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Authors' contributions

This study was designed by all authors (F.M.D., E.A.A., M.A.A., and E.Y.). The manuscript was written and reviewed by all the authors. All authors have read and approved the manuscript.

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References

- Alshammari, Haridi, 2021 – Alshammari, M.B., Haridi, H.K. (2021). Prevalence and determinants of exclusive breastfeeding practice among mothers of children aged 6–24 months in hail, Saudi Arabia. *Scientifica*. 2021(1): 2761213. DOI: <https://doi.org/10.1155/2021/2761213>
- Bhandari et al., 2019 – Bhandari, M.S., Manandhar, P., Tamrakar, D. (2019). Practice of breastfeeding and its barriers among women working in tertiary level hospitals. *Journal of the Nepal Medical Association*. 57(215): 8-13. DOI: 10.31729/jnma.4035
- Bhattacharjee et al., 2017 – Bhattacharjee, N.V., Schaeffer, L.E., Marczak, L.B., Ross, J.M., Swartz, S.J., Albright, J., ... , Hay, S.I. (2019). Mapping exclusive breastfeeding in Africa between 2000 and 2017. *Nature Medicine*. 25(8): 1205-1212. DOI: 10.1038/s41591-019-0525-0
- Braun & Clarke, 2021 – Braun, V., Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*. 21(1): 37-47. DOI: <https://doi.org/10.1002/capr.12360>
- Chen et al., 2019 – Chen, J., Xin, T., Gaoshan, J., Li, Q., Zou, K., Tan, S., ... Tang, K. (2019). The association between work related factors and breastfeeding practices among Chinese working mothers: a mixed-method approach. *International Breastfeeding Journal*. 14(1): 28. DOI: 10.1186/s13006-019-0223-z
- Creswell, 2014 – Creswell, J.W. (2014). Research design: Qualitative, quantitative, and mixed methods approaches. Sage Publications.
- Dinour, Szaro, 2017 – Dinour, L.M., Szaro, J.M. (2017). Employer-based programs to support breastfeeding among working mothers: a systematic review. *Breastfeeding Medicine*. 12(3): 131-141. DOI:10.1089/bfm.2016.0182
- Guba and Lincoln, 1994 – Guba, E.G., Lincoln, Y.S. (1994). Competing paradigms in qualitative research. *Handbook of Qualitative Research*. 2(163–194): 105.
- Guo et al., 2022 – Guo, H., Zhou, R., Li, M., Zhang, S., Yi, H., Wang, L., ... Lu, H. (2022). The use of Kumpfer's resilience framework in understanding the breastfeeding experience of employed mothers after returning to work: A qualitative study in China. *International Breastfeeding Journal*. 17(1): 13. DOI: 10.1186/s13006-022-00459-8
- Smith, Becker, 2022 – Smith, H.A., Becker, G.E. (2016). Early additional food and fluids for healthy breastfed full-term infants. *Cochrane Database of Systematic Reviews*. (8). DOI: 10.1002/14651858.CD006462.pub4
- Hansen, 2016 – Hansen, K. (2016). Breastfeeding: A smart investment in people and in economies. *The Lancet*. 387(10017): 416. DOI:10.1016/S0140-6736(16)00012-X
- Hemingway et al., 2021 – Hemingway, S., Forson-dare, Z., Ebeling, M., Taylor, S.N. (2021). Racial disparities in sustaining breastfeeding in a baby-friendly designated Southeastern United States Hospital: An opportunity to investigate systemic racism. 16(2): 150-155. DOI: 10.1089/bfm.2020.0306
- Hendarto et al., 2018 – Basrowi, R.W., Sastroasmoro, S., Sulistomo, A.W., Bardosono, S., Hendarto, A., Soemarmo, D.S., ... Vandenplas, Y. (2018). Challenges and supports of breastfeeding at workplace in Indonesia. *Pediatric Gastroenterology, Hepatology & Nutrition*. 21(4): 248.
- Hirani, Karmaliani, 2013 – Hirani, S.A.A., Karmaliani, R. (2013). The experiences of urban, professional women when combining breastfeeding with paid employment in Karachi, Pakistan: A qualitative study. *Women and Birth*. 26(2): 147-151. DOI: 10.1016/j.wombi.2012.10.007
- Ickes et al., 2021 – Ickes, S.B., Sanders, H., Denno, D.M., Myhre, J.A., Kinyua, J., Singa, B., ... , Nduati, R. (2021). Exclusive breastfeeding among working mothers in Kenya: Perspectives from women, families and employers. *Maternal & Child Nutrition*. 17(4): e13194. DOI: 10.1111/mcn.13194
- Jantzer et al., 2018 – Jantzer, A.M., Anderson, J., Kuehl, R.A. (2018). Breastfeeding support in the workplace: The relationships among breastfeeding support, work-life balance, and job satisfaction. *Journal of Human Lactation*. 34(2): 379-385. DOI: 10.1177/0890334417707956
- Kadale et al., 2018 – Kadale, P.G., Pandey, A.N., Raje, S.S. (2018). Challenges of working mothers: balancing motherhood and profession. *International Journal of Community Medicine and Public Health*. 5(7): 2905-2910. DOI: 10.18203/2394-6040.ijcmph20182620

- Kebede et al., 2020 – Kebede, T., Woldemichael, K., Jarso, H., Bekele, B.B. (2020). Exclusive breastfeeding cessation and associated factors among employed mothers in Dukem town, Central Ethiopia. *International Breastfeeding Journal*. 15(1): 1-10. DOI: 10.1186/s13006-019-0250-9
- Kubuga, Tindana, 2023 – Kubuga, C.K., Tindana, J. (2023). Breastfeeding environment and experiences at the workplace among health workers in the Upper East Region of Ghana. *International Breastfeeding Journal*. 18(1): 1-13. DOI: 10.1186/s13006-023-00565-1
- McCardel, Padilla, 2020 – McCardel, R.E., Padilla, H.M. (2020). Assessing workplace breastfeeding support among working mothers in the United States. *Workplace Health and Safety*. 68(4): 182-189. DOI:10.1177/2165079919890358
- Nkrumah, 2017 – Nkrumah, J. (2017). Maternal work and exclusive breastfeeding practice: A community based cross-sectional study in Efutu Municipal, Ghana. *International Breastfeeding Journal*. 12(1): 1-9. DOI: 10.1186/s13006-017-0100-6
- Olmos-vega et al., 2023 – Olmos-vega, F.M., Stalmeijer, R.E., Varpio, L., Kahlke, R., Stalmeijer, R.E., Varpio, L., Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher*. 45(3): 241-251. DOI: 10.1080/0142159X.2022.2057287
- Polit, Beck, 2014 – Polit, D.F., Beck, C.T. (2014). Essentials of nursing research seventh edition appraising evidence for nursing practice. In Lippincott Williams & Wilkins.
- Sarfo et al., 2021 – Sarfo, J.O., Debrah, T., Gbordzoe, N.I., Afful, W.T., Obeng, P. (2021). Qualitative research designs, sample size and saturation: Is enough always enough? *Journal of Advocacy, Research and Education*. 8(3): 60-65.
- Sarfo, Attigah, 2025 – Sarfo, J.O., Attigah, D.K. (2025). Reflecting on reflexivity and positionality in qualitative research: What, why, when, and how? *Journal of Advocacy, Research and Education*. 12(1): 75-81.
- Sandelowski, 2010 – Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing and Health*. 33(1): 77-84. DOI: 10.1002/nur.20362
- Soumah et al., 2021 – Soumah, A.M., Baldé, M.D., Tassembledo, M., Ouédraogo, O., Garanet, F., Ouédraogo, A.M., ... , Kouanda, S. (2021). Determinants of the practice of exclusive breastfeeding in Guinea: evidence from 2018 Guinean demographic and health survey. *BMC Nutrition*. 7(1): 44.
- Tsegaw et al., 2021 – Tsegaw, S.A., Ali Dawed, Y., Tadesse Amsalu, E. (2021). Exploring the determinants of exclusive breastfeeding among infants under-six months in Ethiopia using multilevel analysis. *PloS ONE*. 16(1): e0245034. DOI:10.1371/journal.pone.0245034
- Tulley, 2015 – Tulley, G. (2015). Annual report. [Electronic resource]. URL: <https://www.gov.uk/government/publications/forensic-science-regulator-annual-report-2015>
- Valizadeh et al., 2018 – Valizadeh, S., Hosseinzadeh, M., Mohammadi, E., Hassankhani, H., Fooladi, M.M., Cummins, A. (2018). Coping mechanism against high levels of daily stress by working breastfeeding mothers in Iran. *International Journal of Nursing Sciences*. 5(1): 39-44. DOI: 10.1016/j.ijnss.2017.12.005
- Van Egdom et al., 2023 – Van Egdom, D., Piszczek, M.M., Wen, X., Zhang, J., Granillo-Velasquez, K.E., Spitzmueller, C. (2024). I don't want to leave my child: How mothers and fathers affect mother's breastfeeding duration and leave length. *Journal of Occupational and Organizational Psychology*. 97(1): 301-320. DOI: 10.1111/joop.12472
- Victoria et al., 2016 – Victoria, C.G., Bahl, R., Barros, A.J., França, G.V., Horton, S., Krasevec, J., ... , Rollins, N.C. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*. 387(10017): 475-490. DOI: 10.1016/S0140-6736(15)01024-7
- WHO, 2014 – WHO, U. Breastfeeding policy brief (WHO/NMH/NHD/WHO/UNICEF. *Global Nutrition Target*. 14(7): 21-22.
- World Health Organization, 2014 – World Health Organization. (2019, August 1). Empower parents, enable breastfeeding: World Breastfeeding Week message. [Electronic resource]. URL: <https://www.who.int/news-room/commentaries/detail/world-breastfeeding-week-2019-message>
- Wolde et al., 2021 – Wolde, F.B., Ali, J.H., Mengistu, Y.G. (2021). Employed mothers' breastfeeding: Exploring breastfeeding experience of employed mothers in different work environments in Ethiopia. *PLoS ONE*. 16(11 November): 1-16. DOI: 10.1371/journal.pone.0259831
- Wolde et al., 2022 – Wolde, F.B., Haidar, J., Getnet, Y. (2022). Employers' perceptions of breastfeeding practice of employed mothers in Addis Ababa, Ethiopia: A qualitative study. *International Breastfeeding Journal*. 17(1): 1-7. DOI: 10.1186/s13006-022-00482-9