Workplace Lactation Support on Low-income Women Exclusively Breastfeeding

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NUR 456: Professional Practice through the Lifespan

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February 28, 2023

Abstract

Low-socioeconomic-status new mothers who wish to exclusively breastfeed, face significant challenges associated with available resources, finances, and maternal leave. To address this issue, the authors explored the following evidence-based PICOT question: among lowsocioeconomic-status new mothers that breastfeed, does access to lactation supports in the workplace, compared to no or limited access, affect their ability to exclusively breastfeed for the baby's first six months? This project conducted a search of the literature in CINAHL and PubMed databases using the terms breastfeeding, low-socioeconomic-status, and workplace lactational support. Inclusion criteria included peer-reviewed articles published between 2017 to present, containing keywords/phrases used in the search. Articles that did not discuss lactation support for low-socioeconomic-status breastfeeding women were excluded. Longer maternity leave is associated with increased breastfeeding duration. The literature highlights for working new mothers, lactation support in the workplace includes breastfeeding breaks, flexible work arrangements, private spaces, and facilities for expressing breast milk (Dinour & Szaro, 2017). For women of low-socioeconomic status an extended maternity leave may not be feasible, presenting women with challenges to exclusively breastfeed for the first six months. Additionally, research indicates that for women returning to work, workplace lactational supports are needed to improve the duration of exclusive breastfeeding. Low-income mothers are significantly less likely to have access to extended maternity leave, and lack necessary accommodations within the workplace, including break time and/or a private space to express breast milk. When workplace lactation is supported there is a positive influence on exclusive breastfeeding for 6 months.

Keywords: breastfeeding, low-socioeconomic-status, workplace lactational support

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