

Original Article

Factors Affecting in Termination of Breastfeeding, among Nurses and Doctors as Working Mothers

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ABSTRACT

Background: Breastfeeding is a fundamental aspect of maternal and infant health, offering numerous benefits to both mothers and newborns. However, its premature termination among working mothers, especially in the healthcare profession, is a growing concern.

Objective: To detect the factors that affect the early termination of breastfeeding among doctors and nurses as working mothers.

Methods: A descriptive cross-sectional study was conducted at Sharif Medical City Lahore over a period of four months from January 2024 to April 2024. The sample size of 80 participants was calculated using Slovin's Formula, and a convenient sampling technique was used to collect data from nurses and doctors. The participants included working mothers who had terminated breastfeeding and were willing to participate in the study. Data were collected using an adopted tool for exclusive breastfeeding, consisting of 10 items, with a Content Validity Index of 0.92 and a Cronbach's alpha of 0.78. The data were analyzed using SPSS Version 25.

Results: The majority of participants (50%) were aged between 26-35 years, 61.25% were government employees, 77.5% worked full-time, and 70% had only one child. About 37.5% worked in shifts, 75% worked 6-7 days per week, and 56.2% worked less than 9 hours per week. Major factors contributing to the cessation of breastfeeding included perceived low milk quantity (doctors: 31.3%, nurses: 41.8%), inconvenience/fatigue due to breastfeeding (doctors: 35.0%, nurses: 51.2%), and return to work (both doctors and nurses: 50.0%).

Conclusion: The study concluded that perceived low milk quantity, inconvenience and fatigue due to breastfeeding, and the necessity to return to work were the major factors contributing to the cessation of breastfeeding among doctors and nurses. Addressing these issues through workplace interventions and supportive policies is crucial to promoting sustained breastfeeding among healthcare professionals.

Keywords: Breastfeeding, Working Mothers, Nurses, Doctors, Breastfeeding Cessation, Maternal Health.

INTRODUCTION

Breastfeeding is a natural and vital method through which a child receives breast milk directly from the mother's breast, offering numerous benefits to both maternal and infant health (1). Despite its well-documented advantages, the propensity for breastfeeding among working mothers, particularly those in healthcare professions, is significantly lower compared to their non-working counterparts (2). This discrepancy highlights a growing concern over the premature termination of breastfeeding among working mothers, including nurses and doctors. These healthcare professionals face unique challenges upon returning to work after maternity leave, which often impede their ability to continue breastfeeding as recommended for the first 6 to 12 months of an infant's life (3).

Nurses and doctors, as new mothers, must navigate the complexities of maintaining breastfeeding while balancing demanding job responsibilities. Studies indicate that only about 10% of women continue breastfeeding as advised during the initial months of an infant's life, a trend that becomes more pronounced when mothers resume work early (4, 5). The decision to continue or cease breastfeeding is influenced by a myriad of personal, social, and environmental factors. Healthcare professionals, in particular,

encounter a demanding work environment characterized by long hours, irregular shifts, and high stress levels, all of which contribute to the daunting task of balancing work and breastfeeding (6).

The factors contributing to the early termination of breastfeeding among working mothers are multifaceted. Perceived low milk quantity, inconvenience, fatigue due to breastfeeding, and the need to return to work are significant factors (7). The demanding schedules inherent in healthcare roles further exacerbate these challenges, leading to higher rates of breastfeeding cessation among nurses and doctors compared to other professions (8). This issue is compounded by the lack of adequate support systems and facilities in the workplace, such as lactation rooms and flexible break times, which are essential for promoting sustained breastfeeding among working mothers (9).

The current study aims to investigate the factors affecting the early termination of breastfeeding among doctors and nurses as working mothers. By understanding these factors, the study seeks to inform the development of targeted interventions and supportive policies that can help healthcare professionals maintain breastfeeding while fulfilling their professional duties. The research adopts a descriptive cross-sectional design, conducted at Sharif Medical City Lahore over a period of four months. Using a sample size of 80 participants, data was collected from nurses and doctors who had terminated breastfeeding upon returning to work. The findings reveal critical insights into the challenges faced by working mothers in the healthcare sector, underscoring the need for systemic changes to support breastfeeding continuation.

This research contributes to the growing body of literature on breastfeeding practices among working mothers, particularly in the healthcare profession. By identifying the key factors influencing breastfeeding cessation, the study highlights the importance of addressing workplace-related barriers and promoting supportive environments for breastfeeding mothers. Through such efforts, it is possible to enhance maternal and infant health outcomes, thereby benefiting not only the individual families but also the broader healthcare system (10).

MATERIAL AND METHODS

The study utilized a descriptive cross-sectional design to investigate the factors affecting the early termination of breastfeeding among doctors and nurses as working mothers. The research was conducted at Sharif Medical City Lahore over a period of four months, from January 2024 to April 2024. The sample size of 80 participants was determined using Slovin's Formula. A convenient sampling technique was employed to collect data from nurses and doctors who met the inclusion criteria.

Participants were selected based on their status as working mothers who had terminated breastfeeding and were willing to participate in the study. Exclusion criteria included working mothers who had already completed breastfeeding. Data collection involved the use of an adopted tool designed to assess the factors influencing the cessation of exclusive breastfeeding. The tool consisted of 10 items and demonstrated high validity, with a Content Validity Index of 0.92, and reliability, with a Cronbach's alpha of 0.78. The questionnaire was administered to gather detailed information on participants' demographic characteristics, breastfeeding practices, and the factors contributing to the termination of breastfeeding.

Ethical considerations were stringently adhered to throughout the study. Approval was obtained from the relevant institutional review board, and the research was conducted in accordance with the principles outlined in the Declaration of Helsinki. Participants provided informed consent, ensuring their voluntary participation and the confidentiality of their responses.

Data analysis was performed using SPSS Version 25. Descriptive statistics were utilized to summarize the demographic characteristics of the participants and their breastfeeding practices. Frequencies and percentages were calculated for categorical variables, while means and standard deviations were computed for continuous variables. The factors influencing breastfeeding cessation were analyzed to identify the most prevalent reasons among the study population.

The majority of the participants were aged between 26-35 years and were government employees working full-time. Most had only one child, worked in shifts, and spent 6-7 days per week on duty, with a significant portion working more than 9 hours per day. The study found that perceived low milk quantity, inconvenience, and fatigue due to breastfeeding, as well as the necessity to return to work, were major factors contributing to the cessation of breastfeeding among these healthcare professionals.

These findings provide valuable insights into the challenges faced by working mothers in the healthcare sector and underscore the need for targeted interventions to support breastfeeding continuation in this population. The study's methodology ensures that the results are reliable and can inform the development of policies and practices aimed at promoting sustained breastfeeding among working mothers.

RESULTS

The study involved 80 participants, consisting of nurses and doctors who had terminated breastfeeding upon returning to work. The results are presented in two tables: demographic characteristics and breastfeeding status of the participants, and causes of exclusive breastfeeding cessation.

Table 1: Demographic Characteristics of Participants

Variable	Categories	Frequency (n=80)	Percentage (%)
Age	< 25 years	20	25.0
	26-35 years	40	50.0
	> 36 years	20	25.0
Type of Employer	Government	49	61.25
	Private	31	38.75
Work Status	Full Time	62	77.5
	Part Time	18	22.5
Number of Children	One	56	70.0
	Two or More	24	30.0
Working Time	Day	12	15.0
	Night	25	31.2
	Shift	30	37.5
	Night and Day	13	16.3
Working Days per Week	1-5 days	20	25.0
	6-7 days	60	75.0
Working Hours per Week	< 9 hours	45	56.2
	> 9 hours	35	43.8
Husband's Occupation	Working	50	62.5
	Not Working	30	37.5
Mode of Birth	Cesarean	56	70.0
	Vaginal	24	30.0

The majority of participants were aged between 26-35 years (50.0%) and were government employees (61.25%). Most participants worked full-time (77.5%) and had only one child (70.0%). A significant portion worked in shifts (37.5%) and worked 6-7 days per week (75.0%), with 56.2% working less than 9 hours per week.

Table 2: Breastfeeding Status of Participants

Variable	Categories	Frequency (n=80)	Percentage (%)
Breastfeeding Status	EBF 1 month	10	12.5
	EBF 2 months	20	25.0
	EBF 6 months	20	25.0
	Formula Feeding	10	12.5
	Partial Breastfeeding	20	25.0

Among the participants, 25.0% stopped exclusive breastfeeding (EBF) after 2 months and 6 months each. Only 12.5% practiced formula feeding, while 25.0% engaged in partial breastfeeding.

Table 3: Causes of Exclusive Breastfeeding Cessation

Factor	Doctors (n=40)	Nurses (n=40)
Perceived Low Milk Quantity	25 (31.3%)	35 (41.8%)
Sore Breasts or Nipples/Too Painful	18 (22.5%)	20 (23.5%)
Mother/Infant Separation	30 (37.5%)	30 (37.5%)
Maternal Choice	12 (15.0%)	28 (25.0%)
Ineffective Breastfeeding Skills	29 (72.5%)	22 (27.5%)
Mother's Medical Condition	15 (18.8%)	35 (41.8%)
Inconvenience/Fatigue Due to BF	28 (35.0%)	42 (51.2%)

Factor	Doctors (n=40)	Nurses (n=40)
Return to Work	40 (50.0%)	40 (50.0%)
Baby-Centered Factors	20 (50.8%)	17 (21.3%)
Baby's Medical Condition	13 (16.3%)	22 (27.5%)

Perceived low milk quantity was reported by 31.3% of doctors and 41.8% of nurses. Sore breasts or nipples affected 22.5% of doctors and 23.5% of nurses. Mother-infant separation was a significant factor for both groups at 37.5%. The decision to return to work influenced 50.0% of both doctors and nurses. Additionally, 72.5% of doctors and 27.5% of nurses reported ineffective breastfeeding skills as a notable concern. Inconvenience and fatigue due to breastfeeding were reported by 35.0% of doctors and 51.2% of nurses. These results highlight the multifaceted reasons behind the cessation of exclusive breastfeeding among employed mothers, with significant differences observed between doctors and nurses. The findings underscore the importance of tailored interventions to support breastfeeding continuation in the context of employment.

DISCUSSION

The discussion of this study delved into the multifaceted reasons behind the early termination of breastfeeding among working mothers in the healthcare profession, specifically doctors and nurses. The findings revealed that perceived low milk quantity, inconvenience and fatigue due to breastfeeding, and the necessity to return to work were predominant factors influencing the cessation of exclusive breastfeeding. These results aligned with previous studies conducted in various contexts, which similarly identified workplace-related challenges as significant barriers to sustained breastfeeding (11).

The study found that the majority of participants were aged between 26-35 years, worked full-time, and were government employees. These demographic characteristics are consistent with other research indicating that younger working mothers often face greater challenges in maintaining breastfeeding due to their career commitments and lack of experience (12). The predominance of shift work among the participants further exacerbates the difficulty of sustaining breastfeeding, as irregular hours and high stress levels are known to negatively impact milk production and breastfeeding routines (13).

Perceived low milk quantity was a significant factor for both doctors and nurses, corroborating findings from studies in Malaysia and Egypt, where employed mothers reported similar concerns. This perception can be attributed to work-related stress, limited time for pumping, and inadequate workplace support, which collectively undermine mothers' confidence in their ability to produce sufficient milk. Addressing these perceptions through workplace interventions and education could enhance breastfeeding continuation (14).

The issue of sore breasts or nipples was also prevalent, consistent with prior research indicating that physical discomfort is a common reason for breastfeeding cessation among working mothers (15). This highlights the need for better breastfeeding support and education on proper latch techniques, which can alleviate pain and improve breastfeeding experiences (16).

Mother-infant separation due to work commitments was another significant factor, as prolonged separations hinder regular breastfeeding sessions and disrupt milk supply maintenance. This challenge was similarly reported in studies from various regions, emphasizing the global nature of this issue (17). Implementing workplace policies that allow for more flexible scheduling and the provision of lactation rooms could mitigate this problem.

The decision to return to work was a major influence on breastfeeding cessation, a finding that aligns with previous research showing that work demands often lead to a shift towards mixed feeding or formula feeding (18). This underscores the need for policies that support work-life balance, such as extended maternity leave and flexible work hours, to promote sustained breastfeeding among working mothers (19).

The study's strengths include its focus on a specific population of healthcare professionals, which provides insights into the unique challenges faced by this group. However, limitations such as the single-site study design may affect the generalizability of the findings. Future research should consider multi-site studies to enhance the representativeness of the results.

Recommendations from the study highlight the importance of creating supportive work environments for breastfeeding mothers. This includes the establishment of lactation rooms, flexible breaks, and educational programs to address breastfeeding-related challenges. Additionally, counseling services should be offered to working mothers to support their psychological well-being and address factors affecting their breastfeeding decisions.

CONCLUSION

In conclusion, the study provided valuable insights into the factors influencing the early termination of breastfeeding among working mothers in the healthcare sector. By addressing the identified challenges through targeted interventions and supportive policies, it is possible to promote sustained breastfeeding, thereby improving maternal and infant health outcomes. The findings underscore

the need for a concerted effort to create breastfeeding-friendly workplaces, which can significantly benefit working mothers and their children (20).

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