



Breastfeeding support for working mothers: a literature review

Dukungan menyusui untuk ibu bekerja: a literature review

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ABSTRACT

Background: Breastfeeding is essential for maternal and infant health. however, employed mothers face multiple workplace-related barriers. Insufficient support exacerbates the challenges, particularly for full-time working women, in maintaining breastfeeding practices.

Aim: To analyse and evaluate the conceptual frameworks and physiological elements within existing research concerning breastfeeding support for employed women.

Methods: This literature review utilised databases including PubMed, ScienceDirect, and EBSCO. An initial search yielded 1,583 titles, of which 8 articles met the inclusion criteria.

Results: The findings indicate that successful breastfeeding among working mothers is influenced by institutional workplace support, maternal psychological conditions, knowledge of exclusive breastfeeding, partner perceptions and involvement, as well as technical barriers related to milk expression.

Conclusion: There is a pressing need for breastfeeding support for employed mothers, encompassing workplace environment, family involvement, maternal attitudes, and knowledge. This review aims to inform future research and assess the extent of breastfeeding support available to working women.

Keywords: Breastfeeding, Literature Review, Support, Working Mothers

INTRODUCTION

Breastfeeding, defined as the provision of breast milk to infants for a minimum of six months, plays a pivotal role in strengthening the immune system, fulfilling nutritional needs, and significantly reducing child mortality¹. As of 2023, the global prevalence of exclusive breastfeeding within the first six months reached 48%, nearing the WHO's target of at least 50% by 2025. Despite this progress, suboptimal breastfeeding practices persist as a major global public health concern, contributing to an estimated 11.6% of under-five child mortality, equating to approximately 804,000 deaths annually².

In the Indonesian context, data from the Ministry of Health indicate that 62.5% of working mothers are able to continue breastfeeding upon returning to the workplace. However, this figure masks systemic deficiencies in workplace support for lactating employees. In many professional environments, particularly those located outside metropolitan centres, institutional frameworks for breastfeeding support remain insufficient, poorly enforced, or entirely absent³. Critical resources such as designated lactation rooms, protected time for expressing milk, and formal breastfeeding leave policies are often unavailable. Such structural neglect significantly impedes working mothers' ability to maintain breastfeeding, ultimately

compromising infant health outcomes and maternal well-being⁴.

Maternal employment has been consistently identified as a critical determinant in breastfeeding discontinuation. Evidence suggests that mothers engaged in full-time employment face greater challenges in sustaining breastfeeding practices compared to those working part-time⁵. These challenges often stem from the difficulty of balancing professional responsibilities with breastfeeding, compounded by rigid work schedules and the absence of organisational accommodations. In turn, this results in the premature cessation of exclusive breastfeeding⁶.

Multiple studies affirm that the lack of workplace support is one of the most significant barriers to continued breastfeeding among employed mothers⁷. Conversely, workplace environments that actively promote and support breastfeeding through facilities, policies, and cultural norms have been shown to enhance maternal capacity to breastfeed while maintaining professional responsibilities⁸.

Creating a workplace that is supportive of breastfeeding does more than benefit infant nutrition and maternal health; it also fosters a productive, motivated, and stable female workforce. Ensuring women's rights to breastfeed in the workplace contributes not only to maternal and child health but also to economic equity and job retention⁹.

Nonetheless, widespread concerns persist regarding the potential impact of breastfeeding on women's career trajectories and reintegration into the workforce following maternity leave. These concerns demand comprehensive and proactive policy interventions¹⁰.

In light of these issues, the present study aims to critically examine both the theoretical and physiological dimensions of breastfeeding support for employed mothers¹¹. By employing a literature review methodology, the study seeks to address gaps in existing knowledge and to contribute to a deeper understanding of the mechanisms through which breastfeeding can be supported within diverse occupational and social contexts.

METHODS

This review uses the literature review method, which is analyzed and collected to obtain accurate and systematic results. The databases used in this literature review are PubMed, Science Direct, and EBSCO. This study uses the PEO framework: Population: Working mothers, Exposure: Breastfeeding, Outcome: Support. The search strategy used keywords or synonyms combined in one search related to working mothers' support for breastfeeding. The keywords were based on Medical Subject Headings (MeSH) and included: "Working Mothers," "Employed Women," "Maternal

Employment," "Breast Feeding," "Lactation," "Infant Feeding," "Social Support," "Workplace," "Occupational Health," and "Health Promotion." Boolean operators such as AND and OR were used to combine these terms in various combinations.

Study selection criteria

The selection of articles was based on the inclusion criteria, namely 1) articles published in 2018-2022; 2) Original articles; 3) Articles that discuss working mothers' support for breastfeeding; 4) English language articles; 5) Free full-text articles. Exclusion criteria in this literature are 1) Research review articles and 2) Books, theses, dissertations, and opinion articles.

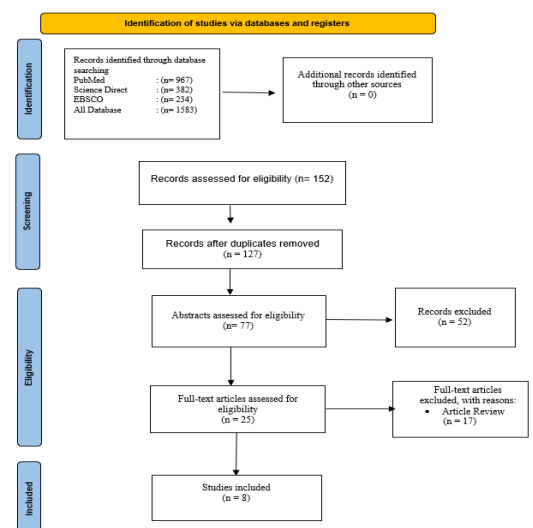


Figure 1. PRISMA Flowchart

The search results identified 1583 titles, 152 markers were eligible for inclusion, and 127 duplicate articles were removed. Seventy-seven articles were screened by title/abstract, and 52 were excluded because they did not

address breastfeeding support in working mothers. Thus, 25 eligible articles were analyzed and reviewed together. Seventeen articles were review articles and were excluded from the review, resulting in eight that met the inclusion criteria.

RESULTS

The author organizes the articles into a tabular format, subsequently using filters to

extract article-specific information and consolidating all pertinent articles into a data visualization.

No	Author's / Years	Country	Methods	Research Design	Results
A1	Kailash Timilsina / 2023 ¹²	Nepal	The study sampled 2,994 live births from the three years preceding the interview date.	cross-sectional study	The study highlights the critical role of breastfeeding in enhancing child survival under 36 months in Nepal, while acknowledging the potential impact of maternal employment. The intervention positively influences child survival, underscoring the need to actively involve mothers in such initiatives. Many strive to balance professional duties with sustained breastfeeding practices.
A2	Firmaye Bogale Wolde / 2021 ¹³	Ethiopia	The study sample consisted of full-time female employees in various roles with a breastfeeding child aged two years or younger. Data were collected between December 2016 and May 2017 in Addis Ababa, Ethiopia, from governmental, private, and non-governmental organisations.	Qualitative study	Onsite Child Care Centres (CCCs) offer a superior approach to promoting continuous breastfeeding and improved childcare by providing designated breastfeeding breaks, enabling sustained breastfeeding alongside enhanced services. Mothers play a crucial role in maintaining affordability of services.
A3	Gordon Abekah-Nkrumah / 2020 ¹⁴	Ghana	A research study was conducted in Accra, the capital of Ghana, a metropolitan hub and centre for formal sector activities, housing numerous enterprises within Ghana's	Qualitative study	The primary determinants of exclusive breastfeeding among women are knowledge, experience, and workplace factors. This challenges the prevailing emphasis on individual-level aspects, such as knowledge transmission and maternal

No	Author's / Years	Country	Methods	Research Design	Results
			geographical boundaries.		education, in scholarly and policy discourse. Therefore, government interventions should prioritise addressing workplace issues.
A4	Swastika Chetri / 2018 ¹⁵	India	The study sample comprised employed breastfeeding mothers with infants under six months, excluding those with severe illnesses requiring hospitalization. The sample size was based on the prevalence of exclusive breastfeeding (67.4%) in the Udupi district.	cross-sectional study	Employed mothers granted work breaks were more likely to practise exclusive breastfeeding (EBF), consistent with findings from a cross-national study by Jody et al., which linked higher EBF rates to policies supporting breastfeeding. Breaks are recommended for children up to six months of age.
A5	Rachel E. McCardel / 2020 ¹⁶	United States	The study examined workplace breastfeeding resources, their utilization, and the challenges and facilitators faced by working mothers in balancing breastfeeding with employment. Data were collected through quantitative surveys and qualitative interviews with a diverse sample. The findings highlight access to resources and factors influencing successful breastfeeding while working.	mixed-methods study	This study utilised mixed-methods research to examine workplace breastfeeding resources, identifying facilitators, barriers, and support strategies. Findings highlight disparities in healthcare access and quality among racial and ethnic groups within US workplaces.
A6	Jiawen Chen / 2019 ¹⁷	China	This population-based study, conducted in 12 randomly selected county-level regions using multistage and probability proportional to size sampling, included 10,408 mothers with children under 12 months between July	mixed-methods study	In non-agricultural occupations, informal work negatively correlated with current breastfeeding among both local and migrant populations. Notably, 99% of agricultural occupations were informal and positively associated with breastfeeding practices, including early initiation, current breastfeeding, ever-breastfeeding, exclusive

No	Author's / Years	Country	Methods	Research Design	Results
			2017 and January 2018.		breastfeeding (EBF), and predominant breastfeeding. Conversely, business and white-collar occupations were positively linked to early initiation and breastfeeding but showed a negative association with predominant breastfeeding.
A7	Rita Surianee Ahmad / 2022 ¹⁸	Malaysia	Semi-structured in-depth interviews were chosen for their suitability in exploring nursing experiences, particularly employment challenges faced by working mothers engaged in both self-employment and salaried work.	Qualitative study	Data analysis identified three main topics: perceptions of breastfeeding, and breastfeeding support. Two subthemes emerged under perceptions: attitudes towards nursing and infant formula. Challenges included perceived milk insufficiency and breastfeeding difficulties. Support was categorised into internal support (from spouses and family) and external support (from friends, employers, and healthcare staff).
A8	Clement Kubreziga Kubuga / 2023 ⁴	Ghana	The study focused on female nurses employed at healthcare facilities for at least six months. Researchers conducted in-depth interviews to assess management awareness of workplace breastfeeding support policies and their perceived necessity.	mixed-methods study	This study reveals that healthcare professionals provide suboptimal breastfeeding support and face numerous obstacles, categorised as job-related and psychological. Women rely on familial and social support networks to navigate career challenges, employing strategies to adapt. Psychological issues are primarily addressed through family and social support.

Table 1. Data Charting

The study characteristics, such as the research design, country of origin, and year of publication, were obtained from the selected publications identified in the literature review.

During the final phase of article selection, eight papers were identified that satisfied the inclusion criteria, which were determined based on the research design.

Specifically, (n=2) articles were classified as cross-sectional studies, while (n=3) articles employed a mixed method approach, and (n=3) utilized a qualitative methodology.

DISCUSSION

Breastfeeding among employed mothers remains a multifaceted issue

influenced by individual, organizational, and structural factors. The following discussion explores key themes emerging from the reviewed literature, beginning with the challenges associated with breastfeeding in the workplace.

Challenges of breastfeeding in the workplace

The efficacy and stability of working mothers can be achieved through the provision of support from both supervisors and co-workers. It is imperative for working mothers to receive assistance from their supervisors to maintain their presence in the workplace while simultaneously providing exclusive breastfeeding¹⁹. Employers should acknowledge that mothers experience fewer work absences when their children are in good health and that breastfed infants when their children are in good health and that breastfeed infant. Generally exhibit better health outcomes than formula-fed children. Emphasizing these benefits as positive organizational contributions is crucial¹³.

Additional environmental and policy-related barriers significantly affect the ability of working mothers to engage in exclusive breastfeeding. Among these, short maternity leave remains one of the most substantial obstacles, disrupting the critical early period required to establish successful breastfeeding practices¹⁴. The World Health Organization (WHO) and the International Labour Organization (ILO) recommend a minimum of

18 weeks of paid maternity leave, aligning with the aim to support exclusive breastfeeding for the first six months of life^{2,20}. Despite these recommendations, many countries including Indonesia offer only 12 weeks or less, which is insufficient to establish exclusive breastfeeding effectively²¹.

Short maternity leave reduces not only breastfeeding initiation but also overall duration, as mothers face pressure to return to work before lactation is well established. Mothers with at least 12 weeks of leave are significantly more likely to continue exclusive breastfeeding at six months compared to those with shorter leave durations. Furthermore, mothers returning early often experience challenges maintaining milk supply due to limited time and inadequate lactation support in the workplace²².

These challenges are strongly associated with increased maternal anxiety, stemming from concerns about maintaining breastfeeding, infant nutrition, and the fear of milk supply reduction²³. For many mothers, the stress of juggling work responsibilities with expressing milk, especially in unsupportive environments, leads to emotional exhaustion and early cessation of breastfeeding²⁴. The cumulative effect of these stressors often undermines maternal confidence and threatens the emotional bond between mother and infant during a critical period of attachment formation.

Psychological Support

Breastfeeding is linked to enhancing the emotional bond between mother and child, fostering emotions of safety and security. Consequently, it plays a crucial role in the cognitive and emotional development of the child, benefiting both the mother and the child's overall well-being ²⁵. The correlation between maternal psychological factors and breastfeeding practices has been shown. By assessing and addressing maternal psychological concerns, particularly among employed breastfeeding women, it is possible to enhance adherence to breastfeeding ²⁶.

Breastfeeding mums face additional barriers of emotional stress when practicing breastfeeding in the workplace ²⁷. Breastfeeding and parenting within health facilities is a demanding endeavor compounded by employment responsibilities and the expectations of clients ²⁸. Previous research has indicated a notable rise in stress levels experienced by women as they prepare to resume their professional duties, particularly when they are faced with identifying appropriate strategies for breastfeeding their infants.

Knowledge of working mothers toward EBF

The correlation between the amount of knowledge and exclusive breastfeeding practices among employed moms has a beneficial influence on the well-being of their infants, as those working mothers who possess sufficient information are more likely

to engage in exclusive breastfeeding for their newborns ²⁹. Approximately 33% of maternal individuals adhere to a breastfeeding regimen of 6-8 sessions during 24 hours. Additionally, 31.4% of maternal individuals engage in on-demand nursing, aligning their feeding patterns with their infants' cues. Moreover, maternal individuals who typically express and store breast milk before they depart for work demonstrate the capacity to nurse their infants ¹⁵.

Existing literature has established a strong correlation between breastfeeding and child survival rates among Nepalese children below 36 months. Additionally, maternal employment has been found to influence child survival positively. Given the importance of this knowledge, it is imperative to promote the dual engagement of mothers in both work and breastfeeding to ensure optimal outcomes for their children ¹². The presence of non-working mothers is associated with an increased likelihood of mothers being able to engage in exclusive breastfeeding. The duration of breastfeeding and individuals' views toward breastfeeding are factors that exert an effect on breastfeeding practices within the workplace ³⁰. The experience of being a novice mother who engages in breastfeeding her child while in the workplace might be perceived as burdensome due to the additional responsibilities associated with caring for an infant and providing breast milk ³¹.

Partner Perception

Partner perception plays a critical role in sustaining breastfeeding, particularly among working mothers who must navigate the dual responsibilities of employment and infant care. Working women frequently acknowledge that their partners significantly contribute to the success of breastfeeding and anticipate practical and emotional support from their immediate social environment, especially from spouses and family members³². This support often includes sharing household duties, offering childcare during the mother's working hours, and providing encouragement to continue exclusive breastfeeding.

The involvement of partners becomes especially vital as mothers return to work and face logistical and emotional stressors, such as time constraints for expressing milk, fatigue, and concern over milk supply. Studies show that mothers who receive instrumental support from their partners, such as help with nighttime feedings, preparing breast pumps, or caring for the infant during breaks, are more likely to continue breastfeeding for longer durations³³. Moreover, emotional validation from partners has been found to buffer

maternal anxiety related to breastfeeding performance and work-life conflict³⁴.

Conversely, the absence of spousal involvement can exacerbate maternal stress and foster a sense of isolation, leading to early cessation of breastfeeding. Importantly, partner support needs to extend beyond verbal encouragement. Tangible assistance with domestic tasks, empathetic communication, flexibility with shared responsibilities, and supportive attitudes toward expressing breast milk in the home or workplace environment all contribute to maternal self-efficacy in breastfeeding³⁵.

Furthermore, fostering male engagement in parenting from the prenatal period has been linked to more successful breastfeeding outcomes. Husbands who are educated about breastfeeding benefits and actively participate in early infant care often serve as critical allies in helping mothers balance work demands with breastfeeding goals³⁶. Therefore, strategies to promote breastfeeding among employed mothers should incorporate family-based interventions and couple-focused education to optimize both maternal attachment and breastfeeding continuity.

Conversely, other hindrances are more universally encountered by working mothers, such as the absence of suitable accommodations for breastfeeding in private. Conversely, the prevailing factors that aid in

Barriers to Expressing Breastmilk at Work

The experience of employed mothers in expressing breastmilk while at work is contingent upon the unique attributes of their occupation. Certain obstacles are specific to job-related duties, such as the requirement to travel for work.

this process include the availability of breaks for breastfeeding, the provision of private spaces for breastfeeding, and the provision of social support from colleagues or supervisors ¹⁶.

While informal workers' moms encounter several obstacles, such as the absence of job benefits, the precarious nature of their profession may offer increased prospects and adaptability ³⁷. Obtaining support inside the work environment is comparatively more accessible for certain independent workers who operate outside traditional office spaces' formal and structured limits ¹⁷.

Many moms typically begin incorporating formula into their infants' diets approximately two months after giving birth, primarily due to the many obstacles they face in their professional and domestic spheres. Nevertheless, in cases where the early introduction of the formula is insufficient, women frequently opt to leave their employment due to structural obstacles ²⁸. The presence of shift work among healthcare professionals in medical settings has hurt breastfeeding practices, primarily due to many hospitals' lack of childcare services ³⁸.

CONCLUSION

This literature review classifies the scientific evidence of previous research that the support of working and breastfeeding mothers has various supporting and inhibiting factors, namely the challenges of breastfeeding in the workplace, psychological support, working mothers' knowledge of EBF, partner perceptions and barriers to expressing breast milk in the workplace.

Breastfeeding support is needed from both superiors and facilities from the main workplace as well as from partners that work and breastfeeding can be undertaken by a mother if she gets this support. Knowledge and attitude have an important role in the life of a breastfeeding mother because in the future if the mother has obstacles at work, the mother is able to take a wise attitude in breastfeeding.

In the future, it is anticipated that this literature analysis would encompass more searches on accessible databases to thoroughly support subsequent study and ascertain the level of support among working women for breastfeeding.

REFERENCES

1. Bueno-Gutiérrez D, Castillo EUR, Mondragón AEH. Breastfeeding counseling based on formative research at primary healthcare Services in Mexico. *Int J Equity Health* 2021; **20**. doi:10.1186/s12939-021-01491-6.
2. World Health Organization. Infant and young child feeding. 2023. <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>.
3. Basrowi RW, Sastroasmoro S, Sulistomo AW, Bardosono S, Hendarto A, Soemarko DS *et al*. Challenges and supports of breastfeeding at workplace in Indonesia. *Pediatr Gastroenterol Hepatol Nutr* 2018; **21**: 248–256.
4. Kubuga CK, Tindana J. Breastfeeding environment and experiences at the workplace among health workers in the Upper East Region of Ghana. *Int Breastfeed J* 2023; **18**. doi:10.1186/s13006-023-00565-1.
5. Rollins NC, Bhandari N, Hajeerbhoy N, Horton S, Lutter CK, Martinez JC *et al*. Why invest, and what it will take to improve breastfeeding practices?

- Lancet (London, England)* 2016; **387**: 491–504.
- 6 Castetbon K, Boudet-Berquier J, Salanave B. Combining breastfeeding and work: Findings from the Epifane population-based birth cohort. *BMC Pregnancy Childbirth* 2020; **20**: 1–10.
 - 7 Scott PJ, Dunscombe R, Evans D, Mukherjee M, Wyatt JC. Learning health systems need to bridge the 'two cultures' of clinical informatics and data science. *J Innov Heal Informatics* 2018; **25**: 126–131.
 - 8 Scott VC, Taylor YJ, Basquin C, Venkitesubramanian K. Impact of Key Workplace Breastfeeding Support Characteristics on Job Satisfaction, Breastfeeding Duration, and Exclusive Breastfeeding Among Health Care Employees. *Breastfeed Med* 2019; **14**: 416–423.
 - 9 Mgongo M, Ickes SB, Leyaro BJ, Mboya IB, Grounds S, Seiger ER *et al*. Early Infant Feeding Practices among Women Engaged in Paid Work in Africa: A Systematic Scoping Review. *Adv Nutr* 2024; **15**: 100179.
 - 10 Dinour LM, Pole A. Evaluation of Breastfeeding App Features: Content Analysis Study. *JMIR Pediatr Parent* 2022; **5**: e37581.
 - 11 Kavle JA, Lacroix E, Dau H, Engmann C. Addressing barriers to exclusive breast-feeding in low- and middle-income countries: A systematic review and programmatic implications. *Public Health Nutr* 2017; **20**: 3120–3134.
 - 12 Timilsina K, Sawangdee Y, Bhandari R, Tiwari S, Adhikari A. Breastfeeding and female labor force participation: the probability of survival of children in Nepal under 3 years old. *Int Breastfeed J* 2023; **18**. doi:10.1186/s13006-023-00560-6.
 - 13 Wolde FB, Ali JH, Mengistu YG. Employed mothers' breastfeeding: Exploring breastfeeding experience of employed mothers in different work environments in Ethiopia. *PLoS One* 2021; **16**. doi:10.1371/journal.pone.0259831.
 - 14 Abekah-Nkrumah G, Antwi MY, Nkrumah J, Gbagbo FY. Examining working mothers' experience of exclusive breastfeeding in Ghana. *Int Breastfeed J* 2020; **15**. doi:10.1186/s13006-020-00300-0.
 - 15 Chhetri S, Rao AP, Guddattu V. Factors affecting exclusive breastfeeding (EBF) among working mothers in Udupi taluk, Karnataka. *Clin Epidemiol Glob Heal* 2018; **6**: 216–219.
 - 16 McCardel RE, Padilla HM. Assessing Workplace Breastfeeding Support Among Working Mothers in the United States. *Work Heal Saf* 2020; **68**: 182–189.
 - 17 Chen J, Xin T, Gaoshan J, Li Q, Zou K, Tan S *et al*. The association between work related factors and breastfeeding practices among Chinese working mothers: A mixed-method approach. *Int Breastfeed J* 2019; **14**. doi:10.1186/s13006-019-0223-z.
 - 18 Ahmad RS, Sulaiman Z, Nik Hussain NH, Mohd Noor N. Working mothers' breastfeeding experience: a phenomenology qualitative approach. *BMC Pregnancy Childbirth* 2022; **22**. doi:10.1186/s12884-021-04304-4.
 - 19 Al-Thubaity DAD, Alshahrani MA, Elgzar WT, Ibrahim HA. Determinants of High Breastfeeding Self-Efficacy among Nursing Mothers in Najran, Saudi Arabia. *Nutrients* 2023; **15**. doi:10.3390/nu15081919.
 - 20 INTERNATIONAL LABOUR OFFICE. Maternity and paternity at work. 2023. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_242615.pdf.
 - 21 Kementerian kesehatan. Profil Kesehatan Indonesia 2023. 2023. <https://kemkes.go.id/id/profil-kesehatan-indonesia-2023>.
 - 22 Mirkovic KR, Perrine CG, Scanlon KS. Paid Maternity Leave and Breastfeeding Outcomes. *Birth* 2016; **43**: 233–239.
 - 23 Leeming D, Marshall J, Hinsliff S. Self-conscious emotions and breastfeeding support: A focused synthesis of UK qualitative research. *Matern Child Nutr* 2022; **18**: 1–23.
 - 24 Sriraman NK, Kellams A. Breastfeeding: What are the Barriers? Why Women Struggle to Achieve Their

- Goals. *J Womens Health (Larchmt)* 2016; **25**: 714–722.
- 25 Mikšić Š, Uglešić B, Jakab J, Holik D, Milostić Srb A, Degmečić D. Positive effect of breastfeeding on child development, anxiety, and postpartum depression. *Int J Environ Res Public Health* 2020; **17**. doi:10.3390/ijerph17082725.
- 26 Gila-Díaz A, Carrillo GH, de Pablo ÁLL, Arribas SM, Ramiro-Cortijo D. Association between maternal postpartum depression, stress, optimism, and breastfeeding pattern in the first six months. *Int J Environ Res Public Health* 2020; **17**: 1–13.
- 27 Krol KM, Grossmann T. Psychological effects of breastfeeding on children and mothers. *Bundesgesundheitsblatt - Gesundheitsforsch. - Gesundheitsschutz*. 2018; **61**: 977–985.
- 28 Winingsih GAM, Salmah U, Masni, Indriasari R, Amiruddin R, Birawida AB. Prevent postpartum blues with the implementation of breastfeeding father education model to increase the frequency of breastfeeding in mothers: A systematic review. *Gac Sanit* 2021; **35**: S400–S403.
- 29 Isnaini F, Ratnasari V, Mashuri M. Modeling of Exclusive Breastfeeding and Mother Working Status with Recursive Bivariate Probit Model (Case Study in Surabaya City 2017). In: *IOP Conference Series: Materials Science and Engineering*. Institute of Physics Publishing, 2019 doi:10.1088/1757-899X/546/5/052034.
- 30 Čatipović M, Puharić Z. The Influence of Participation in Pregnancy Courses and Breastfeeding Support Groups on Attitudes and Knowledge of Health Professionals about Breastfeeding. *Children* 2023; **10**. doi:10.3390/children10040632.
- 31 Considine M, Stocks N. Breastfeeding knowledge, experiences and support of first-time mothers in rural South Australia. 2022.
- 32 Ummah F, Sulistyaningsih, Rosida L. Family Support And Exclusive Breastfeeding Among Working Mothers At The Hospital. *J Aisyah J Ilmu Kesehat* 2023; **8**: 1917–1929.
- 33 Sihota H, Oliffe J, Kelly MT, McCuaig F. Fathers' Experiences and Perspectives of Breastfeeding: A Scoping Review. *Am J Mens Health* 2019; **13**: 1557988319851616–1557988319851616.
- 34 Ngoenthong P, Sansiriphun N, Fongkaew W, Chaloumsuk N. Integrative Review of Fathers' Perspectives on Breastfeeding Support. *J Obstet Gynecol neonatal Nurs JOGNN* 2020; **49**: 16–26.
- 35 Gebremariam KT, Wynter K, Zheng M, Rawstorn JC, Denney-Wilson E, Laws R. Breastfeeding – a survey of fathers' support needs and preferred sources of information. *Int Breastfeed J* 2024; **19**. doi:10.1186/s13006-024-00654-9.
- 36 Davis J, Vyankandondera J, Luchters S, Simon D, Holmes W. Male involvement in reproductive, maternal and child health: A qualitative study of policymaker and practitioner perspectives in the Pacific. *Reprod Health* 2016; **13**: 1–11.
- 37 Topothai C, Topothai T, Suphanchaimat R, Waleewong O, Putthasri W, Patcharanarumol W *et al*. Exclusive Breastfeeding Experiences of Thai Mothers in Metropolitan Bangkok. *Int J Womens Health* 2022; **14**: 155–166.
- 38 Nanthakomon T, Nukaw S, Kositamongkol S. Exclusive Breastfeeding in Health Personnel: Incidence and Barriers. *Children* 2023; **10**. doi:10.3390/children10081424.