The practice of breastfeeding among female formal workers: integrative literature review

ABSTRACT
Objective: to identify the contribution of research carried out, nationally and internationally, on the practice of breastfeeding among formal workers. Method: Integrative Literature review, with 18 scientific articles, collected from six data sources: CINAHL, LILACS, BDENF, SciELO, Scopus and Medline / PubMed, published between 2010 and 2014, analyzed through the Content Analysis of the categorical type Laurence Bardin theme, with the help of Atlas.ti software. Results: there were two categories: types of support during breastfeeding maintenance and a working environment that is friendly to the breastfeeding worker. Conclusion: scientific production on this topic is scarce, however, studies show that despite the difficulties faced after returning to work on maternity leave, the results reveal that there is a possibility of reconciling work with breastfeeding as long as there is a well-supported support network. established and a workplace that supports breastfeeding beyond what is required by legislation.

DESCRIPTORS: Breast Feeding; Women, working; Legislation, Labor; Public Health Policy; Organizations.

RESUMEN
Objetivo: identificar el aporte de las investigaciones realizadas, a nivel nacional e internacional, sobre la práctica de la lactancia materna en trabajadoras formales. Método: Revisión de Literatura Integrativa, con 18 artículos científicos, recolectados de seis fuentes de datos: CINAHL, LILACS, BDENF, SciELO, Scopus y Medline / PubMed, publicados en el período de 2010 a 2014, analizados mediante Análisis de Contenido categórico. Tema Laurence Bardin, con la ayuda del software Atlas.ti. Resultados: hubo dos categorías: tipos de apoyo durante el mantenimiento de la lactancia y un ambiente de trabajo amigable para la trabajadora que amamanta. Conclusión: la producción científica sobre este tema es escasa, sin embargo, los estudios muestran que a pesar de las dificultades que se enfrentan luego de la reincorporación al trabajo en baja por maternidad, los resultados revelan que existe la posibilidad de conciliar el trabajo con la lactancia materna siempre que se cuente con una red de apoyo bien sustentada. establecido y un lugar de trabajo que apoye la lactancia materna más allá de lo que exige la legislación.

DESCRIPTORES: Lactancia Materna; Mujeres trabajadoras; Legislación Laboral; Políticas Públicas de Salud; Organizaciones.

RESUMO

DESCRIPTORES: Aleitamento materno; Mulheres trabalhadoras; Legislação Trabalhista; Políticas Públicas de Saúde; Organizações.
INTRODUCTION

The industrial revolution was a historic moment known as responsible for early weaning in the world from the 19th to the 21st century, due to the mass entry of women into the labor market.\(^{(1)}\) In the contemporary age, family structures have been reconfigured and advances have been made in the insertion of women in the labor market. Therefore, it is inevitable to reorganize work processes to reconcile maternal functions, which is in line with mutual benefits and the prevention of morbidities.\(^{(2)}\)

Despite the advances, no country in the world meets the financial investment recommendations directed at breastfeeding actions and only 23 countries have reached the global goal of 2030 of reaching the rate of 60% for exclusive breastfeeding.\(^{(3)}\)

The difficulty in breastfeeding and working is presented as a reason for women to quit their jobs, in contrast, studies show that it is more common for them to remain at work, use artificial milk or wean early. Women workers do not receive adequate support to reconcile work with breastfeeding, those who work in an informal regime do not even have labor rights.\(^{(4)}\)

Evidence corroborates the importance of covering professional practice in addition to the biological aspects of breastfeeding, including all the complexity involved in this practice and considering the multifaceted dimensions that involve women as mothers, nursing mothers, wives, workers and citizens, contributing to breastfeeding is satisfactory for the mother-child binomial.\(^{(5)}\)

In order to provide an overview of the breastfeeding practice of formal
workers (women who have labor rights) and to learn how workers from other parts of the world do to reconcile work and breastfeeding, we have developed the present integrative literature review (ILR), with the aim of guiding question: What is the scientific knowledge produced in national and international literature about the formal worker who breastfeeding? And as an objective: To identify the contribution of research developed, at national and international level, on the practice of breastfeeding among formal workers.

METHOD

It is an ILR, a research method that performs critical analysis, compiles scientific evidence on a theme and identifies gaps, following six steps according to the flowchart below (6), with protocol prepared by the main author and checklist of the PRISMA checklist.

In the 1st stage, the theme was identified, the research question and the aforementioned objective were elaborated. For the collection of the articles, the descriptors were defined, according to the Health Sciences Descriptors (DeCS): breastfeeding/breastfeeding/maternity lactation and female work/working, women / trabajo de mujeres. In the 2nd stage, the inclusion criteria were established: publications with a time limit between the years 2010 to 2014. Among the exclusion criteria were all types of studies that were not characterized as a scientific article. Six data sources were selected: CINAHL, LILACS, BDENF, SciELO, Scopus and Medline / PubMed. A total of 125 articles were collected. In the 3rd stage, the information to be extracted from the selected studies, the organization of this information and the formation of a database were defined, using the Endnote Program for storage and organization of bibliographic references and the Microsoft Office Word 2007 Program to organize the information retrieved. of the materials. For the 4th stage, the articles were evaluated, including and excluding them through general reading and selection of 18 studies. In the 5th stage, the results were interpreted through the Atlas.ti Program, in version 7.0, which helps in the analysis of qualitative research data. The 6th stage consisted of presenting the results in the form of a manuscript.

RESULTS

The synthesis of the results showed two categories and the description of the studies is shown in the following figure:

Category 1: Types of support during breastfeeding maintenance

Family support is a source of encouragement in building the bond between the mother and her child. In addition, the possibility of early weaning is greater in those who do not participate in breastfeeding incentive programs or do not obtain professional support.

Assistance by health professionals has been linked to improved breastfeeding in Indonesia. In Taiwan, staying in a care center in the first postpartum month had a positive influence on the practice, due to the support and advice of professionals, especially nurses. And Hong Kong mothers, return to work and receive additional professional education.

However, not all women return to work due to a lack of support. Some employers have positive attitu-
des towards providing a mother-friendly environment at work. However, the perception of those who oppose and defend beliefs of disadvantages for the company is clear. (14)

The support of technology, through the internet, fits into the contemporary lifestyle, including non-interactive and interactive sites, being a flexible, anonymous resource, with a lot of information and social support through groups of mothers, who motivate them to breastfeed and share their experiences. (10)

The government, through support in laws and policies, must provide support for mothers to continue breastfeeding (11), this has reduced barriers in some workplaces, even in the United States, where most companies still do not have formal breastfeeding support programs. (16) Job security can play an important role in delaying return to work after childbirth. (17)

Category 2: Breastfeeding worker-friendly work environment

Workers may feel uncomfortable when asking for places to breastfeed. (15) For this benefit to be successful, she needs to be trained to properly milk, store and offer her milk.8 A private space for lactating women is a small investment, raising the awareness of managers can calm their uncertainty of cost-effectiveness (14), because they care about its functionality, suggesting that the room is multipurpose. (14,18) However, the environment that is not exclusive leads to the cessation of breastfeeding. (13)

Women also have insufficient breaks to express breast milk. (19) The chances of weaning before the sixth month are greater than for mothers who are entitled to a breastfeeding break. (8,20) However, the woman may need a longer break, policies suggest that she can use her vacation time, in addition to making arrangements like unpaid leave or combining flexible hours. (21)

Another form of agreement is the return to work part-time. (18) Studies show that the decline in breastfeeding intensity is less in relation to the woman’s return to full-time work. (13,16,18)

The worker who has an increased paid maternity leave is more likely to maintain breastfeeding (8,12,14,23), should be properly complied with. (9,19) In contrast, one of the studies revealed that women believe that work does not influence weaning, as they did not give up breastfeeding after returning. (11)

Another factor that increases the anxiety of women, and the family as a whole, is limited access to daycare centers. (19) Breastfeeding requires close proximity throughout the workday, so it is necessary to establish day care centers at work or close to it. (12)

Effective policies can influence and accelerate the process of maintaining breastfeeding. (21) Campaigns to raise public awareness of the importance and legal rights of women related to breastfeeding can begin to change the social norms around breastfeeding. (24) In addition to the managers’ knowledge regarding breastfeeding, the experience can also influence their attitudes. (15) Companies in general are not very open to receiving requests for breastfeeding support. (18) Their minority has a written breastfeeding policy. Creating this policy can help define an environment and expect support (18), significantly increasing the chance of the worker continuing to breastfeed. (12,13)
DISCUSSION

Family support has a significant influence on the maintenance of breastfeeding, as well as other types of non-family support. Support for breastfeeding workers is essential for the process to develop smoothly. The workers highlight the need for support from health professionals, welcoming and qualified listening can produce security and confidence in maintaining breastfeeding. Informal support networks also provide opportunities for exchanging experience and knowledge, groups of puerperal women and breastfeeding consultancy can be innovative strategies and are little used.

Breastfeeding is not only a woman’s responsibility, it is essential to seek ways together, aiming at raising the awareness of managers and discussing working conditions, laws and policies.

Within workplaces, there may or may not be resistance to support breastfeeding workers, which can be harmful behaviors: ignorance and non-compliance with some legislation already conquered by Brazil, ignorance of the situation of their workers, lack of written policy of BF in the company, the lack of adequate information during the entire maternity process, the negative opinion of some managers on the provision of adequate space for expressing breast milk, such as the breastfeeding support room, not providing a daycare center for children of breastfeeding workers, provision of maternity leave of up to 120 days as a result of non-adherence to the Programa Empresa Cidadã, inflexibility of schedules, among others.

In addition to the full support network, a number of essential factors were detected so that upon returning to work, the mother can find a friendly environment for the breastfeeding worker. In Brazil, as of 2010, more specific actions related to support for breastfeeding workers were implemented in the country, as an incentive for the implantation of breastfeeding support rooms in companies, for the provision of daycare centers throughout the national territory and for an increase in leave-maternity for 180 days.

In Brazil, breastfeeding support rooms are not mandatory by law. The duration of maternity leave in Brazil is at least 120 days, private companies, through the Programa Empresa Cidadã, can increase it to 180 days, and all federal and state public servants are entitled to 180 days. The pause for breastfeeding is guaranteed by law only for the employee on a celetist regime, providing two half-hour breaks each until the child reaches six months of age, setting up in an inappropiate time. As for daycare centers, the celetist regime obliges every company with at least 30 women over 16 years of age to have a daycare or health insurance during the breastfeeding period. Without commitment and dynamic investment, support for breastfeeding will continue to be inappropriate, imputing negative consequences to future generations.

CONCLUSION

The present study identified that studies on this theme are scarce, even though the results demonstrate the feasibility in combining the activities of working and breastfeeding. In order for this to be possible, this support runs through laws and policies for the protection, promotion and support of breastfeeding workers and the knowledge and compliance by managers and co-workers. In addition, the worker needs a complete support network, both inside and outside the workplace.

The need for improvements in legislation and mobilization by the whole society is reinforced and studies are carried out with the objective of improving support for breastfeeding in the workplace.
REFERENCES