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Tiny Tusks Internship: The Importance of Breastfeeding Education in the Workplace

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INTRODUCTION

My internship with the Tiny Tusks organization was an education based internship that focused on breastfeeding and infant support, as well as breastfeeding promotion and education. While I participated in many community events, I also created an education module for others to utilize to provide evidenced based information about breastfeeding and breastfeeding in public. In this module, I created a video for women of all ages on the benefits of breastfeeding to both mother and baby, and the importance of decreasing the stigma around breastfeeding in public. Information provided in this video included the discussion of spaces available for women to breastfeed in the workplace and legislation that can help increase the likelihood of designated breastfeeding areas to be enacted. This internship allowed me to understand why breastfeeding is so important, and how it can affect the child's health beyond infancy. It allowed me to prepare for my future profession as a pediatric nurse, and showed me the importance of time management, independence, and the affect nurses can have on legislation to support community initiatives. Allowing me to realize, that being active in a political arena enables nurses to advocate for their patients at the highest level, and create policies that will positively impact community health. This experience made me recognize that I can promote the importance of breastfeeding education in my own workplace in the future, and how I could be a part of a movement that allows women to continue to breastfeed even when they are no longer at home with their baby. This internship was not only important to me as a future nurse, but also as a

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woman, and one day as a mother. It allowed me to see firsthand the stigma that women experience when breastfeeding in public, and enabled me to realize how little resources there are for women to breastfeed in a public arena.

REFLECTION

Duties and Responsibilities

Throughout my internship, I have held a multitude of different duties and responsibilities, all which have allowed me to grow personally and professionally throughout this experience. One of the main duties throughout my internship was to promote Tiny Tusks and breastfeeding education at University events. I went to each football game this season, as well as some basketball games, and monitored the Tiny Tusks room as well as promoted the organization. Other duties I performed at the football games include taking the temperature of the arena staff, and monitoring the use of masks in the stadium. Due to the COVID-19 pandemic, many of the games had a limited number of volunteers that were able to participate, in addition, some games had to be cancelled and rescheduled. Due to this, additional opportunities to gain internship hours had to be created. These opportunities included the participation in vaccine clinics in Northwest Arkansas. Since I participated in many of these clinics, another important responsibility I held in this internship was participating in the COVID-19 vaccine clinic, administering the vaccination, as well as discussing with patients the importance of the vaccine and side effects to be aware of. These clinics provided the University staff and community members with the COVID-19 vaccine, and allowed us to participate in an event that greatly benefited the community. It was a wonderful opportunity to be a part of such a groundbreaking event, and allowed me to practice my skills and see firsthand how the COVID-19 vaccine impacts my community. Lastly, another responsibility I held during this internship was to create

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an education module on the importance of breastfeeding and breastfeeding in public. Throughout this video, I mentioned the benefits of breastfeeding to mother and baby, and how important it is for there to be legislation created that encourages mothers to continue breastfeeding while working. I also described the importance of decreasing the stigma about breastfeeding in public, and how providing public areas for breastfeeding would increase the likelihood of the number of mothers who engage in breastfeeding.

Challenges

One of the most prominent challenges when it came to my internship was trying to obtain the 120 hours required, especially during the COVID-19 pandemic. Having started the internship only last semester, I was stressed about how I was going to obtain all the hours needed. Due to the pandemic, many of the opportunities to participate were limited due to the number of people in the organization, the number of people allowed to work the events, and the limited opportunity to find events where hours could be obtained. I participated in all opportunities possible to gain the experience and meet the requirements. Another challenge throughout this internship was learning how to manage my time effectively. Trying to obtain hours, maintain a high GPA, apply and interview for jobs, work, and not feel overwhelmed was a huge challenge for me. I tried to space out events, homework, interviews, and appointments, but at times it did seem as if everything was happening at once. These past two semesters have taught me a lot about how perfectionism can be both a strength and weakness, and how adding too many things on your plate can take a toll. Although these were the challenges that I faced, there were still many more positive aspects to this internship than negative, and I am grateful that I had the opportunity to learn and grow in this area, especially since I plan on working in women's health and pediatrics in the near future.

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Lessons Learned

I learned many lessons throughout my time in Tiny Tusks and have grown so much as a person throughout these last 7 months of my life. One of the biggest lessons that I have learned is how important it is to manage my time effectively. There have been a multitude of events going on the past few months, both personal and professional. These events consisted of job interviews, planning a wedding, my job while in school, and also class and clinical. Having multiple commitments has allowed me to not only learn how to plan out and manage my time, but also showed me that it is ok to not say yes to everything. I learned how important it is to not procrastinate, and how satisfying it is when a goal is reached. Another important lesson I learned is the impact we as nurses have on the community. It was amazing to see how grateful people were during the vaccination clinics, and the huge appreciation they had for volunteers. It showed me how just one moment can make a huge difference in someone's life, and encouraged me to participate in as many clinics as I was able to. Lastly, I learned how much this internship could affect my future career as a pediatric nurse. This internship allowed me to increase my knowledge about breastfeeding, the importance of decreasing stigmas, and the need for places to be available in public where women are able to breastfeed. It showed me that throughout my career I can promote the benefits of breastfeeding for mother and baby, and make a difference for generations to come by being an active member of an organization that impacts breastfeeding policies.

REVIEW OF LITERATURE

INTRODUCTION

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In today's society, breastfeeding in the workplace, is an extremely controversial topic among Americans. In many places throughout our country women do not have the tools necessary to pump and continue breastfeeding once their maternity leave is over. The prevalence of breastfeeding is very common, with 81.1% of mothers breastfeeding as of 2017 (Keitt et al., 2018). Although according to the Journal of Human Lactation, "only 44.4% and 22.3% of mothers are exclusively breastfeeding at 3 and 6 months, respectively" (Kahin et al., 2017, pg.1). This significant decrease in breastfeeding rates throughout the duration of an infancy can be for many reasons although many are attributed to the lack of available breastfeeding spaces in the workplace, the stigmatization mothers feel when breastfeeding, and poor breastfeeding environments where they live and receive health care. Recognizing the different factors that affect breastfeeding rates is influential in the ways experts handle the issue of breastfeeding in public in the United States today.

In order to impact breastfeeding legislation in the workplace, women must be educated about breastfeeding and the benefits it has on mother and baby, the importance of passing legislation on required areas for women to breastfeed/pump in the workplace, and how important it is for stigmatization of breastfeeding to decrease in order to set the trend for the next generation. This cycle of women stopping and cutting short the duration of breastfeeding due to lack of resources not only affects the infant's health, but the trajectory of other infant's health for generations to come. This literature review has been conducted to analyze the barriers to breastfeeding in the workplace and the interventions needed for stigmatization about breastfeeding in public to decrease. The articles included in this study include, the *Creating Environments to Support Breastfeeding: The Challenges and Facilitators of Policy Development in Hospitals, Clinics, Early Care and Education, and Worksites*, which utilized a year-long semi-

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structured interview process and qualitative analysis regarding breastfeeding policy development and implementation(Bradford et al., 2017);*Barriers and Contributors to Breastfeeding in WIC Mothers: A Social Ecological Perspective*, an article which utilized a cross-sectional design in Southern New Hampshire that analyzed breastfeeding initiation and duration(Dunn et al., 2015);*Exploring Human Resource Managers' Decision-Making Process for Workplace Breastfeeding-Support Benefits Following the Passage of the Affordable Care Act*, an article which included a semi-structured in depth interview with human resource managers (MacMillan Uribe et al., 2019); and the *Infant Feeding Practice, Workplace Breastfeeding/Lactation Practices, and Perception of Unit/Service Support Among Primiparous Active Duty Servicewomen* article, which featured a study that utilized a non-blind randomized controlled trial designed to determine the effect of postpartum appointment timing on breastfeeding rates 6 months post-delivery and perception of unit and service support(Abbott et al., 2019).

METHODS

Study Design

This is a literature review of research on the importance of breastfeeding in public and the impact legislation can have on breastfeeding duration while in the workplace.

Information Sources

PubMed and CINAHL were searched systematically. A manual search of references from all articles that met eligibility criteria, including peer reviewed articles and primary studies, was conducted.

Search Strategy

I searched PubMed and CINAHL databases for journal articles from 2015 to 2020. The search terms “breastfeeding in public” and “breastfeeding in the workplace” were the MeSH term used

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to search for articles in PubMed. The CINAHL subject headings were “breastfeeding in public”, “breastfeeding in the workplace”, and “breastfeeding duration”.

Inclusion/ Exclusion criteria

The study eligibility was determined using the PICO elements: (a) working women 18 years and older that are breastfeeding, (b) perceptions of workforce about breastfeeding in public; (c) compared to the availability of accessible lactation rooms when at work; (d) the barriers the mother faced in her home, work, and healthcare environment; and (d) percent of mothers still participating in breastfeeding after 3 months. Studies were excluded of the mothers (a) breast and bottle fed, (b) if the mothers were younger 18 years of age, and (c) if the study was not conducted in the United States.

Data Extraction

Information extracted from each study included information on study location, publication year, sample size, study design, and the purpose of the study. To ensure the accuracy of the data, I made sure the studies were peer reviewed and had reliable sources. If any discrepancies were noted, I did not include them in my review.

Search Results

The search of two databases led to the retrieval of 773 studies (43 from PubMed and 730 from CINAHL). From these studies, 4 could not be used from PubMed due to the date they were published. In addition, 724 articles were taken out of following full text review in CINAHL due to incorrect area studied, or because the articles did not conduct analysis on all the interventions stated. Furthermore, 45 articles were taken out of following full text review in PubMed due to not discussing breastfeeding in public and workplace barriers. Finally, a total of ten articles were included for this review.

RESULTS

Characteristics of Identified Studies

The search of the two databases generated 10 peer-reviewed primary studies. Four studies were selected in the literature review based on the quality information they provided and the diverse populations and work environments that they focused on. These studies include one randomized control trial, two semi-structured interview processes, and one cross sectional design. These studies in total included 521 participants.

The *Creating Environments to Support Breastfeeding: The Challenges and Facilitators of Policy Development in Hospitals, Clinics, Early Care and Education, and Worksites*, utilized a semi-structured interview process that identified facilitators and barriers to breastfeeding and breastfeeding policies in hospitals, clinics, day care, education, and worksite settings (Bradford et al., 2017). The 125 participants were randomly chosen from 110 organizations in Washington State, and were a part of a year-long semi-structured interview process regarding their policy development and breastfeeding implementation process. The *Barriers and Contributors to Breastfeeding in WIC Mothers: A Social Ecological Perspective* article utilized a cross-sectional survey designed in Southern New Hampshire that analyzed the initiation and duration of breastfeeding at the individual level by using the social ecological model. In this study, 283 mothers in the Women, Infants, and Children (WIC) program were chosen and the results were evaluated on an interpersonal, community, and organizational level (Dunn et al., 2015). In the study by MacMillan Uribe et al. (2019) about exploring human resource managers decision-making process for workplace breastfeeding support a semi-structured in-depth interview process with human resource managers was used to explore factors that shape decisions made regarding employee benefits, and compared the decision-making process for workplace breastfeeding

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support. In this study, 16 human resource managers were selected who previously participated in breastfeeding support surveys and were asked in depth questions regarding employee needs, benefits, and the affordable care act as it relates to breastfeeding. Abbott et al. (2019) used a non-blind randomized controlled trial designed to determine the effect of postpartum appointment timing on breastfeeding rates 6 months post-delivery. This study also evaluated the servicewomen's breastfeeding and lactation practices as well as the perception of unit and service report regarding breastfeeding (Abbott et al., 2019). In this study, 97 primiparous women from Madigan Army Medical Center in Tacoma, Washington participated in this study, and were evaluated based on their what they answered in a survey and throughout the interview process.

Major Findings

The four studies evaluated breastfeeding barriers in the workplace and policies which support or are barriers for breastfeeding. Abbott et al. (2019) assessed breastfeeding rates 6 months after delivery. Only 80 of the 97 women enrolled in the study participated in the follow up survey 6 months after delivery. This study found that “43.8% were still breastfeeding” and that “93.6% of [the women] indicated an intent to breastfeed for a duration of 6 months or longer” (Abbott et al., 2019, pg. 317). In addition, this study found that only 13% of the women had access on the army base to a private room, sink, and refrigerator, even though 50% of the women felt “mostly” or “very” supported in their breastfeeding by the Army (Abbott et al., 2019, pg.318).

Bradford et al. (2017) interviewed 125 individuals in Washington State regarding their organizations breastfeeding policy development and implementation process based on the baby-friendly hospital initiatives and the Washington State Department of Health's ten steps for worksites. These ten steps include, having a written policy, training the staff to implement that policy, informing pregnant women on breastfeeding, initiating breastfeeding within an hour of

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birth, helping maintain lactation, providing the infant with no other food or drink unless medically needed, practicing rooming in, encouraging breastfeeding on demand, not providing the infant with pacifiers, and lastly fostering breastfeeding support groups and referrals. This study also utilized Greenhalgh's diffusion of innovations framework to help guide the interviews and the qualitative analysis. Researchers conducted 45 minute interviews and discussed the barriers and facilitators to breastfeeding in the workplace. Results supported facilitators in breastfeeding included "national and state laws and regulations, performance tracking requirements, and an increasingly supportive sociopolitical climate" (Bradford et al., 2017, pg.2188). The barriers that were found during this study were "limited resources and appreciation about the needs for breastfeeding policies...[and] workforce age" (Bradford et al., 2017, pg.2188). This study also found that while hospitals have more written policies regarding breastfeeding, worksites and clinics had fewer formal policies and less supportive practices. For example, only 56% of worksites in the study had written policies about breastfeeding compared to the 89% of hospitals. In addition, it was suggested that the workplace or organization could help increase support for breastfeeding policy development by "building networks to support training and collaboration, and disseminating strategies that reflect the personal nature of breastfeeding" (Bradford et al., 2017, pg. 2188).

Using a cross-sectional design Dunn et al. (2015) assessed barriers and contributors to breastfeeding in WIC mothers. Results indicated that breastfeeding duration was significantly related to employment status, with 15% of women who breast fed 6 months or longer employed fulltime, 30% part-time, 55% unemployed or stay at home mothers. This study utilized a survey that focused on breastfeeding initiation and duration in mothers in the WIC program in Southern New Hampshire. The survey focused on different work environments in Southern New

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Hampshire, and how each work environment impacted the women in the WIC program when it came to breastfeeding duration. Informing women in the prenatal and postpartum period improved their home and work environments, and advocated for policies in support of breastfeeding (Dunn et al., 2015).

Lastly, the article titled, *Exploring Human Resource Managers' Decision-Making Process for Workplace Breastfeeding-Support Benefits Following the Passage of the Affordable Care Act*, utilized a semi-structured in-depth interview process with human resource managers that explored factors that shape employee benefits and workplace breastfeeding support. The results indicated that the major concern for human resource managers was meeting the needs of their employees regardless of the type of benefit. In addition, the study also found that breastfeeding benefits were viewed as discretionary compared to health insurance benefits that were viewed as essential to recruitment and retention (MacMillan Uribe et al., 2019). Supported was the need for human resource managers to complete an assessment regarding breastfeeding support benefits for employees. Reframing breastfeeding support documents in terms of retention and recruitment could be effective in improving a company's adoption of these policies.

While six of the ten studies were not provided as part of the selected discussion in this literature review, these articles still yielded important results when it comes to breastfeeding in the workplace. For instance, Foss & Blake (2018) concluded that negative media messages are a main contributor to the lack of public support for breastfeeding. In contrast to the other studies in this literature review, the researchers focused on the attitudes of people who did not have any children to see how the media impacted their perception of breastfeeding, rather than the perception of mothers. Similar to the study completed on mothers in Southern New Hampshire in

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the WIC program, the study by Gonzalez-Nahm et al. (2019) focused on socioeconomic factors that impact duration of breastfeeding while in the workplace. Rather than solely focusing on socioeconomic barriers, this study also studied policy factors that affect where a woman is able to breastfeed and concluded that although states have some laws when it comes to breastfeeding, none of these policies included race, language, income, or education. In comparison, the Baby-Friendly Hawaii Project by Kahin et al. (2017) found that the initiation of breastfeeding trainings and specialized maternity care increased from 59.7% in 2009 to 77.0% in 2014, emphasizing that implementation of statewide policies on breastfeeding yield positive results. The articles by Lilleston et al. (2015) and Keitt et al. (2018) were similar in that both of the studies concluded that key implementations in the work environment that facilitate breastfeeding include policy, environment, stakeholder commitment, resource networking for the mothers, and proper training of staff. Lastly, the study by Wood & Woods (2018) concluded that there are still currently gaps in literature when it comes to breastfeeding facilitators and barriers, and without specification of barriers and facilitators in these studies, researchers would not be able to reach their breastfeeding goals. Each article provided in this literature review was consistent in results, and discussed policy factors to be one of the biggest barriers when it comes to breastfeeding in the workplace. For more information on the research discussed see Table one.

Table 1:

Title, Authors, year, Publication, Country	Study Design, Sample Size	Purpose of the Study	Participants
Infant Feeding Practices, Workplace Breastfeeding/Lactation Practices, and	Randomized Control Study; Sample Size: 97	-To determine the effect of postpartum appointment timing on breastfeeding rates 6	-97 primiparous women from Madigan Army Medical Center in Tacoma, Washington

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<p>Perception of Unit/Service Support Among Primiparous Active Duty Servicewomen, Abbott et al., 2019, United States</p>		<p>months post-delivery, and determine breastfeeding support among Primiparous women in the U.S. Army</p>	
<p>Creating Environments to Support Breastfeeding: The Challenges and Facilitators of Policy Development in Hospitals, Clinics, Early Care and Education, and Worksites, Bradford et al., 2017, United States</p>	<p>Semi-Structured Interview; Sample Size: 125</p>	<p>- To identify facilitators and barriers to the development, adoption, and implementations of supportive breastfeeding policies and practices in hospitals, clinics, early care centers, education settings, and worksites.</p>	<p>-125 individuals representing 110 organizations from hospitals, clinics, early care, education, and worksites in Washington State</p>
<p>Barriers and Contributors to Breastfeeding in WIC Mothers: A Social Ecological Perspective, Dunn et al., 2015, United States</p>	<p>Cross Sectional Design; Sample Size: 283</p>	<p>-To determine barriers to breastfeeding on the interpersonal, community, and organization level in women who participate in the WIC program</p>	<p>-283 women participating in the WIC program in Southern New Hampshire</p>
<p>“It’s natural and healthy, but I don’t</p>	<p>Blind Study; Sample Size: 375</p>	<p>-To explore the influence of media on the</p>	<p>-375 undergraduate students at a southeastern</p>

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<p>want to see it”: Using entertainment-education to improve attitudes toward breastfeeding in public, Foss & Blake, 2018, United States</p>		<p>knowledge and attitudes towards breastfeeding and how entertainment media can positively impact these perceptions.</p>	<p>public university ranging from ages 18 to 39 years</p>
<p>The Role of Equity in US States’ Breastfeeding Policies, Gonzalez-Nahm et al., 2019, United States</p>	<p>-Review of all 50 states legislation and policies regarding breastfeeding in public and the workplace</p>	<p>-To determine whether states have enacted policies supporting breastfeeding and whether existing policies promoted equity</p>	<p>-Review of federal policy efforts including the Family and Medical Leave Act and the Affordable Care Act</p>
<p>Key Program Findings and Insights From the Baby-Friendly Hawaii Project, Kahin et al., 2017, United States</p>	<p>Literature review; Sample Size: 750</p>	<p>-To identify the role of the Baby Friendly Hawaii Project in facilitating improvements in maternity care practices and breastfeeding rates</p>	<p>-750 staff and health professionals were trained and evaluated in BFHP policies</p>
<p>Breastfeeding in the Community: Sharing Stories on Implementations That Work, Keitt et al., 2018, United States</p>	<p>Literature review: Sample Size: Nine studies</p>	<p>-To evaluate the increase access and availability of breastfeeding support programs to African American and low-income women provided direct services</p>	<p>-Throughout the review of literature, 15,072 participants were incorporated. 43% African American, and 22% with people of</p>

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			Asian/Pacific Islander descent
Exploring Human Resource Managers' Decision-Making Process for Workplace Breastfeeding-Support Benefits Following the Passage of the Affordable Care Act, MacMillan Uribe et al., 2019, United States	Semi- Structured Interview; Sample Size: 16	-To explore factors that shape decisions made regarding employee benefits and compare the decision- making process for workplace breastfeeding support to that of other benefits	-16 human resource managers from Michigan that participated in a previous pilot study
An Evaluation of the CDC's Community-Based Breastfeeding Supplemental Cooperative Agreement, Lilleston et al., 2015, United States	Literature Review; Sample Size: 59,256	-To describe breastfeeding support strategies implemented by state health departments and CBOs and understand the barriers and facilitators to implementing community based breastfeeding support strategies	-6 states funded by the Cooperative Agreement, 66 primary CBOs, and 59, 256 mothers throughout the U.S.
Outcome Measures in Interventions That Enhance Breastfeeding Initiation, Duration,	Literature Review; Sample Size: Nine Studies	-To examine outcome measures used in interventions that focus on enhancement of	-Nine studies used interviews, self-report, observation, and/or feeding logs in order to

<p>and Exclusivity, Wood & Woods, 2018, United States</p>		<p>breastfeeding initiation, duration, and exclusivity</p>	<p>examine breastfeeding duration and exclusivity</p>
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DISCUSSION

Each study included in this literature review provided multiple examples of barriers and policies as to why conditions for breastfeeding mothers in the workplace and in public decreases the duration of breastfeeding. One important barrier was limited resources (Bradford et al., 2019). The study by MacMillan Uribe et al. (2019) found that a needs assessments in the workplace was necessary to better incorporate breastfeeding policies. Having a needs assessment would allow the organization to understand the gaps in the work environment that are preventing the organization to reach its' goals. Understanding these needs, will enable the organization to create policies that support breastfeeding and allow mothers to extend their breastfeeding after returning to the workplace. Abbott et al. (2019) reported that the lack of lactation rooms directly impacts how long a mother plans on breastfeeding her infant, causing this lack of resources to be a huge barrier when it comes to workplace breastfeeding. Additionally, the study about the barriers and contributors to breastfeeding in WIC Mothers (Dunn et al., 2015) found employment status such as part time work, full time, and unemployment as being directly related to breastfeeding duration. When comparing these studies, it is noted that all four studies measured barriers mothers face in the workplace and how to better support their breastfeeding practices. Often, policies enacted in the work environment are not geared towards supporting lactating women. One could hypothesize that if multiple studies were to conduct research on work

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environments that provide private lactating rooms, there would be a greater chance women would maintain their breastfeeding practices.

Upon reviewing the predetermined parameters of my literature review, my results are strictly limited to women in the United States, in the workforce, and ages 18 and up. Barriers to breastfeeding in public and in the workplace, will not decrease until policies are changed and the stigmatization of breastfeeding is eliminated.

There are limitations in the studies that prevent a definite conclusion of the best method to help decrease barriers in the workplace for breastfeeding. If redone, the literary review should have been narrowed, and focused on barriers and facilitators in the workplace. Incorporating research on companies that have specialized lactation rooms for working mothers. One limitation is the measurement of private rooms and refrigerators in the workplace of the environments that were studied. Only one of these studies, Abbott et al. (2019), measured the number of private rooms available for lactation and pumping in the workplace. Although the other studies provided ideas of policies and barriers at the workplace, no study provided a direct number of private rooms available as well as information on breaks for breastfeeding. Additionally, Dunn et al., (2015), only provided quantitative results such as the percent of women working and exclusively breastfeeding for 6 months or longer, but did not provide information on what barriers those mothers faced. The work environments studied produce another limitation. All studies addressed women in the workforce, but only two of the studies specified which type of work environment being evaluated. It is possible to complete a comparison and contrast of the facilities mentioned, but I believe the results would be more beneficial if the studies all evaluated a similar work environment.

Other limitations that could have affected the outcomes were small sample sizes and the type of study designs that were utilized. MacMillan Uribe et al. (2019) completed a semi-structured interview process, whereas a longitudinal study could be more effective in determining if enacting a needs assessment is beneficial. This would be more effective because it would allow for comparison after implementation of changes made based on the needs over a longer period of time. Abbott et al. (2019), stated the authors utilized a randomized controlled study when conducting their research. However, the technique of the randomization is never stated. In addition, only 80 out of the 97 participants completed the final survey that was conducted 6 months post-delivery.

Conclusion

The available evidence of the association of breastfeeding policies in the workplace and the shortened duration of breastfeeding practices is provided. Because many of the barriers in these studies overlap, it is important for nurses to understand how to help improve legislation and create environments where breastfeeding is supported. With this idea in mind, the Tiny Tusks organization provides clean areas for a woman to breastfeed, pump, and change diapers, as well as provides education on the importance of breastfeeding. If more places were to implement specified lactation rooms, breastfeeding practices would more likely be accepted and maintained for longer periods of time. Additional research on policies that are effective in workplaces to support breastfeeding is needed. Having tools and pathways for breastfeeding mothers would improve the likelihood that women feel supported and support maintaining their breastfeeding practice.

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